

Sexuality: Old Struggles and New Challenges

LEANNE O'SHEA

This paper begins by highlighting the degree to which the discussion of sexuality and its relationship to therapeutic practice has been absent, both from our literature and from our training programs. The paper then goes on to suggest that this "silence" may be attributable to a number of factors in the field, these being the way in which sexuality is understood in the wider cultural field, the history of sexual misconduct in psychotherapy generally, the place of sexuality in the founding of Gestalt, and the impact of shame in the experience of individuals. The paper then goes on to suggest a range of outcomes and learning conditions for a Gestalt therapy training program that might contribute to sexuality again becoming a vital component in the training and work of the Gestalt psychotherapist.

OVER THE PAST FEW MONTHS, people have invariably asked me the question, "What are you going to speak about at the conference?" "Sex!" I have responded! It is certainly a response that gets people's attention. But why talk about sex? And what exactly is it about sex, or sexuality, that I want to explore in this paper?

Central to my interest is the question of how we as practitioners and trainers manage, interact, and deal with, not only the sexuality of our clients and trainees, but also our own sexuality. In part, my interest has been provoked by what seems to be an absence of any real discussion, theoretical or otherwise on this subject. Almost nothing has been written by Gestalt practitioners or theoreticians on the subject of sexuality.

Leanne O'Shea is a faculty member of Gestalt Therapy Australia in Melbourne, Australia. She also runs a private practice and is a student member of G.P.T.I. in the United Kingdom.

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In recent years, even the more significant of Gestalt texts have made only passing reference to sexuality. Carodoc-Davies (1997) and Melnick, Nevis, and Melnick (1994) are two notable exceptions, while Latner's (1998) more recent article is a wonderfully provocative piece that dares us to think about sex and love in therapy. However, what is missing is not so much an articulation of what a Gestalt approach to sexuality might be, for indeed the idea that there might be one approach is neither practical nor desirable, but rather an open and lively debate, a conversation about how our experience and understanding of sexuality impacts the work we do as therapists, trainers, and even clients.

Reflecting on my training in Gestalt psychotherapy, I have been surprised by just how little attention was given to the issue of sexuality. In over 5 years of training, sexuality, as an individual or group process issue, emerged explicitly only a handful of times and never as an issue raised by one of the leaders. As something the client might bring to therapy, the training tended to focus on the types of presenting problems people might have, with almost no attention being given to teaching trainees how to talk about sexual issues or problems in ways that might support, rather than shame, clients. In well over 600 hours of training, only several hours were given to addressing the specific needs of clients presenting with a history of sexual abuse. What little theoretical input there was reflected a strong heterosexual bias, with no attention being given to the specific therapeutic issues facing gay, lesbian, or bisexual clients. The issue of erotic transference emerged only incidentally, with erotic countertransference receiving even less attention. Being sexually attracted to clients and managing that process was something never talked about within the confines of the training group. The few discussions I either had or knew of took place over lunch or during breaks. It was an issue that some trainees were able to explore in supervision, but as a specific training issue it remained unacknowledged and unaddressed. Sadly, but perhaps not surprisingly, the various ethical codes by which we were bound received what seemed to be a disproportionate degree of attention.

Having raised my concerns with a number of other Gestalt trainers and trainees, I know that this experience is not unique to the United Kingdom. Colleagues in Australia and the United States have made similar observations. So then, as a community of Gestalt therapists, trainers, and theoreticians, what has become of our sexuality?

I do not believe this "absence" indicates a kind of ambivalence toward sexuality or that sexuality has ceased to be of any importance. Of the groups I have been involved with in recent years, sexuality has almost always been a potent force. As heightened energy, often emerging as interest, desire, or attraction between members of the group and

between trainers and trainees, sexuality has been a powerful force, shaping the processes of the group in particular and often significant ways. What seems to have been absent in these groups is not so much sex or sexual energy, but rather the space or support to make its presence and its power explicit.

On those occasions where people did raise issues relating to sexuality within the context of such groups, the responses and discussions that followed were frequently shaped by a kind of therapeutic correctness. All too often, sexual attraction, on those rare occasions when it was acknowledged, was acknowledged by making reference to the ethical prohibition against sexual intimacy: "Well, yes, I do find you attractive, but I am bound by a code of ethics and therefore won't act out on my feelings in any way." There is a cautiousness and a defensiveness in this type of response, which is at odds with Gestalt's insistence on authenticity. It is also deflective in a way that diminishes energy, discouraging both dialogue and any real exploration of process. Also problematic is the assumption that the restating of an ethical principle resolves and manages the actuality of sexual attraction. This response demonstrates the caution and conservatism that has emerged in much therapeutic practice, perhaps as a consequence of increasing professional regulation, and is indicative of the fear and mistrust that has become so pervasive where sexuality and intimacy are at risk of "encroaching" the therapeutic relationship.

It would seem that this apparent failure to deal adequately with sexuality has more to do with fear and uncertainty than it does with sexuality having become somehow absent or irrelevant to our interactions. Nor can it be argued that our apparent silence as psychotherapists is in some way due to sexuality being unimportant to the people we work with or the wider cultural field of which we are a part. In so many respects, Western culture seems utterly obsessed with sex and fraught by conflict and contradiction as to the meaning of sex, its value, and the place it has in our collective lives.

I find the polarities fascinating. On the one hand it is evident that there are attitudes of increasing tolerance and openness, and on the other there is, indisputably, a growing moral conservatism. While there seems to be a willingness to embrace diverse models of family and relationships, there is, at the same time, an insistent restating that traditional family values are the only means of creating a stable society. In the media, we are witness to an overexposure and exploitation of sexuality that is unprecedented, the tolerance of which seems out of place when viewed against the increasingly intolerant way individuals guilty of sexual misconduct are often treated.

Recently, in the United Kingdom, the House of Commons, by an overwhelming majority, voted to lower the age of consent for homosexual sex. The House of Lords then overturned the decision. This conservatism was reflected several weeks later in the decision of the Lambeth Council to reassert the Church of England's position against homosexuality. For some it was a decision that reestablished the moral integrity of the institution; for others it was a decision that consigned the church to a position of ineptitude and irrelevance. The recent impeachment proceedings have become a part of presidential history, but the tale of "Monica and Bill" is one of further contradiction and confusion; apparent moral outrage on the one hand, insatiable appetite for detail on the other—prudity juxtaposed against voyeuristic obsession.

What sense or meaning are we to make of this and all the other contradictions, polarities, and obsessions that our Western society demonstrates? It was Freud who suggested that we display outrageously and obsessively that which we do not fully possess or have deeply at our disposal (Moore, 1998). As such, it seems not unreasonable to conclude that if sexuality emerges in ways that seem outrageous, exaggerated, unseemly, inconsistent, or obsessive, then it may be that what we are in fact demonstrating is our failure to integrate sexuality into our individual and collective lives. If indeed the struggles and contradictions of our culture reflect a yearning for a sexuality that is more fully integrated, more connected to our sense of self, and for a sexuality that touches people at their deepest level of need, then our silence as therapists is all the more perplexing.

Silence as a Response to the Field

In raising these issues, I want to open and invite an exploration of what it is that might be supporting this silence or at least this struggle to deal with sexuality in ways that are more explicit, more open, and more comprehensive. In doing so, I want to employ an approach that is field sensitive. From this perspective the task is not to point out what is wrong, but to explore what might be "in the field" that supports or shapes the way our training as Gestalt psychotherapists is or appears to be. From this position of increased awareness, supporting change may become more of a realistic possibility (Parlett, 1997).

So, in exploring this question of what is, I want to look at four dimensions of the field that may interact and shape the way sexuality emerges in training and therapeutic work. The first dimension has to do with sexuality in our wider culture; the second with sexuality in psychotherapy generally; the third with the impact of our history as

Gestaltists; and the fourth, has to do with the way in which our personal experience and expressions of sexuality impact the work we do.

Sexuality in the Wider Culture

In recent months, one of my clients has been examining a range of issues centered around her sexuality. As she explored her beliefs, her introjects, and her desires, a complex and often contradictory picture emerged. Lingering questions about the appropriateness of sex outside of marriage sit against a determination to be sexually active without consenting to the constraints of a traditionally conceived marriage. A desire to delight in and abandon herself to her own pleasure struggles against a set of introjects that assert that "good girls don't." A profound longing to embrace her deeply erotic sensuality fights against a narrow conception of what it means to be beautiful and attractive in this society. Embedded even more deeply in her struggle are profound, barely articulated questions that have to do with gender and power, questions about what it means to be a woman, and the rules, myths, and the stories that shape the way she makes contact in the world.

In essence her struggle has been and continues to be to construct an experience of her sexual self that is coherent, accessible, stable, and meaningful and that also has the corresponding flexibility to adapt to her changing desires and needs. It's no easy task! And it is precisely this same struggle that underlies any attempt to define, understand, or even talk about sexuality in our cultural context. Over the past 50 years, shifts in the meaning and place of sexuality in our culture have been profound. Conservative attitudes based in religious morality have been challenged; challenged by the liberal and anarchistic voices that began to emerge in the 1950s; the social, political, and sexual revolution of the 1960s; and the hedonistic individualism of the 1970s and 1980s—in effect, a complex and multilayered redefinition and reconfiguration of values, beliefs, and experiences. In this same period, the emergence of the women's movement and its exposure of the inherent sexism and inequality of patriarchy, together with the widespread availability of safe and effective contraception gave further impetus to the shift in values and beliefs.

In many respects, these are all changes that have supported more tolerant, more open, and more responsible attitudes toward sexuality. In some parts of the world homosexuality has been decriminalized. Sexual abuse, especially that of children, is taken seriously, and there is some recognition of the relationship between power and the violation of sexual boundaries. But just as there has been a shift toward tolerance, so also have we seen a growth in right-wing fundamentalism. As

women have sought to redefine themselves, others have argued that they have done so at the expense of men. In this debate between genders, there has been much bitterness, a great deal of confusion, and for some, a sense of hopelessness about the place men have in this post-1960s, postmodern world.

More pragmatically, the promise of sexual liberation has been dulled by the specter of HIV and AIDS. For the conservative and right-wing fundamentalists, the disease has been heralded as a judgment of the Divine. If so, it could only have been the judgment of a god that had no capacity for mercy. For even now as the availability of drugs makes the disease less of a threat than it was, those who live with the inequalities of wealth suffered by the two-thirds world face a social and economic disaster that the West would prefer to ignore.

These changes are profound and represent a fundamental restructuring of the cultural field. I think we are only just beginning to integrate and make sense of these shifts. As such, it is perhaps not surprising that Gestalt theoreticians have said little on the issue of sexuality. Nor should it surprise us that our clients come with complex and contradictory attitudes toward their own sexuality or that couples present in ways that mirror what is a wider cultural confusion. Nor should we be shocked that beneath the political correctness that so readily seems to manifest itself in training groups, there exist beliefs that are narcissistically individualistic, homophobic, patriarchal, sexist, exploitative, and moralistic. More important than the condemnation of such attitudes is the creation of supported spaces in which they can be exposed and explored, with the hope that a more integrated and coherent experience of sexuality and self might emerge.

Psychotherapeutic Field

Without question, the entire psychotherapeutic endeavor of the past 100 years has been instrumental in opening a space in which sexuality can be explored. However, in several important respects, the practice of psychotherapy has contributed to the difficulty with which we are now faced.

It is not possible to explore the issue of sexuality without addressing the reality of sexual attraction and sexual intimacy between the therapist and the client. Although therapist–client sexual intimacies have long been considered inappropriate, it is only since the 1970s that there has been any open acknowledgment of the ways in which this prohibition has been violated. While there is now compelling evidence that sexual relationships between the therapist and the client can be very damaging, it remains an area shrouded in shame, secrecy, and even

self-righteousness, all of which make any discussion of the subject highly charged and deeply emotive.

However, it would seem that it has been equally difficult to acknowledge the attraction that therapists routinely experience toward their clients. While the first research findings on therapist–client sex were not published until 1973, the results of the first surveys focusing on the sexual attraction of psychologists to their clients were not published until 1986 (Pope, 1986). Why then has this issue received so little attention? It cannot be because it hardly ever happens. Research undertaken by Pope in the late 1980s indicated that 87 percent of their sample experienced sexual attraction towards their clients. In the same study, respondents were asked if their training had supported them in terms of dealing with this phenomena. Over half, 55 percent, indicated that they had received no training, 24 percent had received very little, 12 percent had received some, and only 9 percent felt the issues had been given adequate coverage. This survey was conducted among psychologists, and it may be tempting to think that if the same survey were conducted among Gestalt practitioners, the results would differ markedly. However, reflecting on my own experience, the figure of 9 percent, as representing adequate coverage of the topic, seems optimistic.

What then might contribute to the issue of therapist–client attraction being primarily overlooked in training programs, Gestalt or otherwise? I suspect that we are suffering from a kind of guilt by association. Certainly, being sexually attracted to a client is not the same as having sex with them, but in an environment where the risks of misunderstanding, litigation, and even prosecution are increasing, it can only become harder to find the space to talk about what it might mean to be sexually attracted to a client and how it might be managed as an issue of the psychotherapeutic process. Nor can the issue of shame be discounted. As we become more emphatic in our statements that sexual intimacy with clients can only be damaging, our response, as we find ourselves becoming aroused by our clients and fantasizing about what we know we should not do, is more likely to be one of shame, further contributing to the silence and secrecy that already surrounds this issue.

Of course, the matter of sexual attraction between client and therapist has not been entirely ignored. A great deal of material has been written on the process of erotic transference and countertransference. However, one of the difficulties with the notion of countertransference, especially when used in the stricter psychoanalytic sense, is that therapists can and do use it as a means of not acknowledging or taking responsibility for what are their own experiences or proactive countertransferential responses to the client (Mackewn, 1997). Furthermore, from a field theoretical perspective, I do not believe it is possible

to see the transference process as something that “just” happens to the therapist because of what the client thinks, feels, or does. It is a co-created experience, better described by the term co-transference (Sapriel, 1998). As therapists, we cannot afford to ignore what we contribute to the experience of heightened erotic tension, nor can we fail to take responsibility for or recognize our reactions as being a part of what we bring to the process. Little has yet been written about sexuality and co-transference from this more field-dependent position.

With respect to the wider psychotherapeutic field, I want to make one other brief comment. I think it’s worth reminding ourselves that it wasn’t until 1973 that homosexuality was removed as a diagnostic category from the American Psychiatric Association. There has continued to be an attitude toward homosexuality that regards conversion or cure as the only successful therapeutic outcome (Rosenblatt, 1998). It is a judgment about what constitutes “normal” behavior that has and continues to narrow the ways in which we conceive of and respond to issues of sexuality in our practice and psychotherapeutic theory.

Gestalt Field

And what of the history of Gestalt therapy? In what measure has our history and experience either supported or dissuaded us from dealing more comprehensively with the matter of sexuality?

Thinking about this I am reminded of an incident that happened several years ago. During a training weekend and in one of the breaks, I passed one of my peers on the stairs, who, in full flight, was waving around a copy of *Gestalt Therapy*, announcing, “For sale, for sale . . . going cheap.” When I asked her why she was selling it, she responded, saying that Perls was just a “sexist pervert” and that she had no intention of reading anything written by him. In some respects the comment came as no surprise. The environment we were in certainly advocated a view of Gestalt that was heavily biased toward the support end of the “toughness–tenderness” continuum, and in that environment, Perls’s more uncompromising attitude toward authenticity was less understood and respected than it might have been. What surprised me was that her comment had the flavor of orthodoxy rather than heresy.

Even in spite of the efforts of authors like Clarkson and Mackewn (1993), who have sought to present a more balanced account of Perls’s life and work, there remains a persistent desire to cast him out as the “dirty old man” of Gestalt. Perls has been rather more easy to vilify, perhaps because his shortcomings were displayed more theatrically, but his attitude toward sexuality was certainly not unique. Goodman pursued sexual relationships with his students (Stoehr, 1994). In these

more conservative times, I wonder if we really know what to do with this heritage. Have we been shamed and silenced by our own past? Have we become afraid of our own potency?

For contemporary students of Gestalt, the approach to training more directly influenced by the later and often caricatured style of Perls seems surrounded by mystery and suspicion. There are wild stories, some probably apocryphal, some probably not, about the strange things that used to happen in training groups—risky, provocative, and probably unethical experiments that pushed people to their limits and beyond, or so any number of students would believe. The truth of what actually happened during the latter years of the 1970s and 1980s seems far less accessible, but without doubt people were damaged and indeed continue to be at risk by a therapeutic style that upholds the needs of the therapist and the demand for authenticity in the moment, above what is best for the client.

While I think it remains likely that some of the experiential training of that period was undertaken without sufficient attention being given to boundaries or the necessity of providing adequate environmental support, I suspect that what has been even more damaging was the failure to be clear that exercises used in training groups for the purpose of raising awareness were not generally appropriate for work with clients. In more recent years, this lack of discrimination has given rise to cautiousness and even a fear and suspicion of the more experiential and experimental style of training and practice. In turn, this seems to have led to an impoverishing of the experience base available to trainees and has led to a narrowing of their therapeutic range.

Faced with an ambiguous history, the potential for ongoing abuse, and a pervasive fear about the more experimental style of Gestalt as practiced and learnt by some trainers, an attitude of “therapeutic correctness” has emerged, although this is not unique to Gestalt. The belief that somehow the adoption of codes of practice will resolve whatever issues we have around sexuality and our practice as therapists is both naïve and dangerous. While I understand that ethical guidelines are a necessary safeguard, I am unsure regarding the degree to which the imposition of rules is ever successful in preventing undesired behavior. What I am certain about is that rules, on their own, do little to holistically manage the range of feelings that are bound to emerge between two people in an environment that is intense and often intimate.

Personal Field

Inevitably, how we manage sexuality in both the training and therapeutic context will be shaped by the way in which sexuality is config-

ured in our own lives. For some people the issue of sexuality barely emerges. I recall a particular training weekend where, for me at least, sexuality had figured prominently in the various interactions between people. Toward the end of the weekend, I expressed my surprise that, despite its obviousness, no overt acknowledgment had been made of the emergent sexuality of the group. I commented, "This is the most sexual weekend we've ever had." One group member looked at me somewhat incredulously and said, "Do you think so?" He had not experienced the weekend in the same way. He simply did not see the sexuality that was present, and in many ways, his own sexuality was not present in the group. The same thing can happen with client work. Issues of sexuality might be present, or the client's sexuality may be alive in the therapeutic work, but to a large extent the capacity of the therapist to recognize this will be dependent on the therapist's own relationship with his or her sexuality. At the other end of the polarity, therapists may oversexualize, configure everything around their sexuality. A more ideal position is one in which sexuality is neither excluded nor overemphasized. However, our capacity to be choiceful about sexuality and how it emerges in our work will depend on how we have managed these issues for ourselves.

Of those issues that impact how sexuality is organized in our own lives, the presence of shame is perhaps the most potent. Shame and sexuality are deeply and inextricably tangled, both culturally and at the deepest level of self. The ease with which we are able to contact our sexuality, our ability to experience desire or pleasure, and our awareness of sexual energy will all be shaped by the way in which shame and sexuality have become entwined in our patterns of self-organization. Indeed, the way we understand and give meaning to sexuality is itself deeply embedded with issues of shame and beliefs about what is right and wrong. This whole area is one that deserves more urgent attention.

Finding Ways of Moving Forward

All of these factors, or conditions of the field, interact, making sexuality less easy to deal with openly, directly, experientially, and creatively. So, what might a training course look like if it were to take a different approach?

Over these past months, I have spent time reflecting on training programs and have thought about what has been missing, what has been avoided, what has been included, what has been useful, and what might be different. As a part of that process, I have come up with an outline of what I personally feel to be important training outcomes and necessary learning conditions. It is an ideal list, and for that I make no apology.

Whether or not it is possible to cover such a broad and comprehensive range of issues is open to debate; whether or not it is necessary is, I believe, less debatable. Issues of sexuality are so fundamental to our experience of self that I think we exclude or minimize them at our own peril. Either way, this list serves as a point of reference and a way of highlighting what might be either missing or already included in current training courses.

Outcomes and Learning Conditions for a Gestalt Training Program

Trainees need to be educated about sex.

Trainees need to be sufficiently educated about sex. It is important that they have a good understanding of sexual function and be able to deal with and manage basic issues of sexual dysfunction that clients are likely to present with. This means being able to recognize when a problem might require medical or other specialist intervention, while also maintaining an openness to explore what other meanings a particular problem might suggest or symbolize. It also means being informed about the wide range of sexual practices that people engage in, while also having the space and support in training to explore and examine personal responses and prejudices to sexual practices and preferences that fall outside of the trainees' own. Trainees also need to be aware of the complex web of practices and beliefs that sexuality can generate, while at the same time not being naive about the inexperience or difficulties faced by some people.

Trainees must have the ability to talk about sex openly and easily with people who do not normally talk about sex, sexual problems, or sexual pleasure.

The ability to talk about sex in a way that is open and easy and without obvious self-consciousness is a critically important skill and not one that comes without practice. Role-playing exercises provide trainees with useful and often humorous opportunities for developing these skills. In a recent workshop, I was role-playing a rather shy and embarrassed girl who eventually admitted that she didn't really know what oral sex was. My well-meaning but inexperienced therapist just about fell off her chair laughing. It was a human enough response, but one that may not have been so useful in the therapeutic situation.

Trainees need to be able to understand, speak about, and work within the complex web of erotic co-transference.

Erotic transference, particularly between male therapists and female clients, has received considerable attention, particularly in the psycho-

analytic literature. But as I have already indicated, I think there are some dangers in seeing transference as something the client does, while countertransference is the therapist's response. Understanding the transference process from a field perspective means seeing it not as a cause and effect phenomena, but as a function and consequence of the therapeutic relationship itself.

Trainees will also understand that transferential eroticism emerges naturally in relationships with authority figures (i.e., trainers, supervisors, and therapists), and both appreciate and accept that what is easily triggered in such environments may include sexual longings, seductiveness, and promiscuity.

In teaching people about the transference process, I believe that we need to be explicit, openly acknowledging that erotic transference is something that happens naturally as a part of the relationship process and that it is more likely to happen in relationships where the power balance is not equal. While I think we are more adept at acknowledging this reality in the client/therapist relationship, I think we have been less clear that this attraction also emerges, somewhat routinely, in the trainer/trainee and supervisory relationship.

If we are to give support to the idea that erotic transference is something that happens as a consequence of the co-created relationship, then the risk of shaming or humiliating trainees who find themselves "in love" with their trainers will be diminished. Making this process explicit also serves to remind trainers that the attention they sometimes receive comes not just because of who they are, but because of the positions they hold, and that as such they or we have a responsibility to hold certain boundaries.

In a safe and supported training group, trainees will have the opportunity to explore what happens in an intense learning environment where energy rises and is eroticized. They will be able to talk about and process their feelings, responses, and desires in ways that avoid acting out.

At least from a theoretical perspective, Gestalt offers some very useful ways of understanding sexuality. Most simply, sexuality can be described as energy. The cycle of awareness describes the flow of energy—how it is blocked, how it is managed, and how to hold or increase energy and excitement at certain points. As such, training groups provide places in which this flow of energy can be explored. What can be made explicit in this setting is the process of eroticization, where energy rises to the point where it becomes sexual. By focusing on this process, trainees are given important opportunities to explore and become aware of their

own reactions and responses. They can, provided the group is sufficiently safe and that the necessary boundaries are maintained, explore and learn how to stay with their increased or eroticized energy, and that they learn to choose options other than those of acting out or withdrawing, both of which are responses to arousal that can be unhelpful or even damaging in the therapeutic relationship.

Also of value is the opportunity to develop a greater degree of awareness of individual contact styles in relation to sexuality. For instance, the important question is not "Do I retroflect my sexuality?" but rather, "What situations are likely to trigger a more retroflective response, and will this be helpful?" "In what circumstances am I likely to express my sexuality, and what impact will this have?" This way of mapping contact styles against the various polarities in relation to sexuality is a very useful way of understanding and describing how it is that individuals respond in differing circumstances.

In the training group, trainees will have the opportunity to acknowledge and explore their own sexual responses to clients.

If 86 percent of therapists find themselves sexually attracted to their clients at some point (Pope, 1986), then I think the training group is the place where this needs to be acknowledged. The research suggests that when sexual attraction to clients is not acknowledged in the training process, trainee therapists can end up experiencing shame, guilt, inadequacy, and distress. Such feelings may encourage a therapist to look for support in supervision, but they may not. Shame can lead to increased isolation and withdrawal, and if these issues are only raised in the relative privacy of supervision, then what is lost is a collective acknowledgment that this is something that happens to most of us.

The training environment must necessarily be one in which sexual favors do not flow to trainers or supervisors.

There is some suggestion in the research (Pope 1986) that trainees who have experienced a training environment where sexual boundaries between trainers and trainees were either unclear or crossed are more likely to cross those same boundaries with their own clients. Even if this is not the case, the environment that is created when trainers are unclear about their boundaries or when in fact they choose to engage in sexual relationships with their students is one that is often full of fear, competition, and jealousy. Such groups can end up being very conflicted and divided, and invariably, they lack enough safety or support to deal with or resolve what is happening in the group.

Trainees need to understand and take responsibility for the power differential that necessarily exists in the therapeutic relationship and the implications that this has for intimacy, nurture, and abuse.

Despite what might be our desires to the contrary, most of our training institutes are structured, if not by intention, then at least by practice on models that are essentially hierarchical. Trainees, for a variety of reasons, are almost always in a position of having less power than those who train them. The same is also true of the relationship between client and therapist, and these differences in power have critical implications for the possible emergence of intimacy. While it is not uncommon for us to think about the therapeutic relationship as being an intimate relationship, it is arguable whether in fact it can be described in this way. Melnick and Nevis (1994) argue that genuine intimacy emerges between two people within the context of a long-term relationship where there is an experience of power being balanced over time. Clearly, within the therapeutic relationship, the therapist is in the position of having more power, and while this increases the therapist's capacity to provide nurture, it also increases the capacity for abuse. However, what is possible in therapeutic and training relationships are moments that are intimate. At such times, the boundaries and power differences that normally exist collapse or are momentarily transcended. Sadly, such moments can and have led therapists to ignore the power differential that does and must continue to exist, and in some instances the abdication of professional responsibility has led to either the emotional or sexual abuse of clients.

Trainees will have learned to use important contact functions like touch in ways that are ethical and in ways that do not risk misunderstanding or litigation.

Unspoken prohibitions against touch and against the deepening of intimacy do not remove the longing or the need for such contact, either in training or in therapy. Touch can be a potent healing force. But in this climate where misunderstanding and litigation are real risks, touch as a legitimate therapeutic strategy has become deeply problematic. How to work within the very real constraints that face us both culturally and legally, without compromising what we have to offer, is a real challenge and one that deserves more thought and a good deal more exploration in our training programs.

This "climate of fear" has impacted training courses in other ways. I have heard people comment that by the end of their training they knew the most incredibly intimate details of each other's lives. What they

didn't know was each other's last names. Of the training I have done more recently, I would have to say that the opposite has been true. In most cases I have had a full address list of group participants before the course started. However, there are people I have trained with whom I have never touched and details of people's lives of which I have no knowledge. It is a professionalized approach to training that doesn't require the substance of peoples' stories or life journeys, but it may also be a defense against the kind of risks detailed above. Without doubt, it is an approach to training that is deeply impoverished as a result.

Trainees will have experienced an approach to training that, rather than supporting an assumed understanding of what is normal sexual practice, will acknowledge its own bias and will have sought to create an atmosphere in which values, beliefs, assumptions, and prejudices about sexual practice can be brought into individual awareness and made available to the group as a whole.

The problem with political correctness is that it leaves little or no space for us to own or even acknowledge the very un-politically correct thoughts, beliefs, and feelings that lurk somewhere in our souls. We need to give space for the expression of these less acceptable parts of our selves, thereby encouraging integration rather than further splitting or desensitization.

Trainees will need to understand the current climate around sexuality and therapy.

I simply want to highlight the importance of being aware of the wider field of which we are a part, so that we can be attentive to ways in which it may be contributing to how we work and give meaning to experience. At least one of the important issues that we need to give some thought to is that of gender. I suspect that our thinking, our training, and our practice are gendered in ways that we have not yet even begun to realize.

Concluding Remarks

Rather than feel daunted by this list, I feel excited by the possibilities it suggests. I believe that Gestalt inherently lends itself to working with sexuality in ways that can be both transformative and liberating. Some of what needs to be done has to do with making explicit things that are already or have already been a part of our Gestalt tradition. However, there is also much new and exciting work to be done. Also important,

in the face of increasing professional regulation, is the need to find a way back to a more experientially based style of training. As various Gestalt training institutions have sought accreditation with universities, the balance between the more traditional didactic styles of learning and the more experientially based training methods has become harder to maintain. As Gestalt finds its way forward in this increasingly academic climate, it may be that it needs to rediscover its anarchistic roots and ask whether or not institutions can continue to be or even become subversive.

But having made the case that sexuality deserves more attention in training courses and supervisory practice than it does at present, it needs to be acknowledged that there are other issues of importance that remain neglected or receive a good deal less attention than might be useful. The time constraints and economic limitations that are necessarily a part of training programs means that choices do need to be made about what is taught in depth and what receives only fleeting attention. I am not wanting either to dismiss or overlook these difficulties. What I am suggesting is that, as trainers, supervisors, and therapists, we do need to remain mindful of what is missing. If it is that we rarely talk about money or tend only to talk about what we charge and how such charges can be justified without any rigorous examination of the Western middle-class assumptions that might shape our attitudes, then I would argue that something is missing from our conversation. The same can be said of our thinking about death and, more particularly, suicide and euthanasia. Time constraints aside, these are not issues dealt with easily or simply. In different ways, conversations about money and death have the capacity to touch us at our deepest level, pushing well beyond our practiced rhetoric. But as trainers, how might we encourage such conversations about money or the sense that we make of death or even the social and political responsibility that we share as therapists?

Perhaps one response is to encourage students to read more broadly. Irving Yalom's books, for instance, *Love's Executioner* (1991) and *Lying on the Couch* (1997), both open for examination the "less than perfect" inner world of the therapist. Becker's book, *The Denial of Death* (1973), is a forceful reminder of the existentialism that is so fundamental to the roots of Gestalt psychotherapy. It is also a timely challenge to the medical models that are becoming so dominant, both in terms of how courses are funded and the way therapy itself is increasingly paid for or subsidized.

But while making changes to the content of training courses may go some of the way to opening up a space in which these conversations can occur, I suspect that it will only go part of the way in addressing

the problem. How could it be otherwise? Continuing conversations, honest confrontational dialogue about the work we are engaged in as therapists and trainers, is, I believe, the work of a training community. When we are able to move away from models of therapy that train individuals to work in semi-isolation, toward a vision of a therapeutic community that holds as central the support and nurture of its members and the work they do, it may then be possible for such conversations to emerge, and they will emerge not as a necessity of the curriculum, but more as an essential support to the work in which the community is engaged. We can change our teaching practices and continue to struggle with the constraints of time and the choices it imposes, but when as a community of therapists we can sit and talk together about what it is that matters—our terror, our fears, our desires, our fantasies, our hopes—then, and perhaps only then, is the possibility for change and healing likely to emerge.

And so to end where I began. I believe we live in a world that has a deep longing to be reconnected and access the kind of sexuality that enlivens, liberates, and fills life up with richness and pleasure. But I also think we live in a world unsure of how to do this. If we take seriously the notion that support in the field for change allows for the possibility of change, then as a therapeutic community, our voices, our practice, and the way in which we understand and give meaning to and value to the expression of sexuality could be that support that will create the conditions for change. Correspondingly our ability to take hold of and integrate sexuality more fully may well be that which allows it to become a reality for the wider community of which we are a part.

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Gestalt Therapy Australia
18 Glenlyon Road
Brunswick, VIC, 3056
Australia
email: leanne@gestalt.cc