CHALLENGES OF A THERAPIST:

PROCESSING THE EMOTIONAL

TABOO

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INTRODUCTION TO THE PORTFOLIO

This portfolio begins with a piece of research exploring therapists' experiences of sexual feelings when working with male sex offenders and goes on to present a client case study which held many challenges for me as a therapist. Lastly, a condensed version of the thesis with the most important findings is presented in the format required by the journal *Professional Psychology: Research and Practice*. It is hoped that a submission to this journal will allow for dissemination of findings.

The research, client case study and publishable piece intend to highlight some of the challenges that I faced as a Counselling Psychologist in training and how I overcame these challenges. The common theme throughout the portfolio relates to my process as a trainee and highlights my belief that in order to be an effective practitioner, a psychologist must be aware of their own process in conjunction with the clients' process. Although seemingly quite opposed pieces of work, the research, publishable piece and client case study all explore therapist experiences of taboo feelings and emphasise the importance of self-reflection and the use of self.

At the beginning of the Counselling Psychology training, I remember thinking that I had so much to learn about the therapeutic process and felt overwhelmed about how many therapeutic tools I needed to familiarise myself with. Looking back, I now wonder if I became so bogged down in building up my therapeutic tool box that I forgot to focus on what I now see as the most important element to therapy; the relationship. However, as my training progressed I became increasingly interested in the use of 'self'. I began to understand the importance of 'being versus doing' (Walsh & Frankland, 2009) and learnt more about the importance of holding the therapeutic space and interacting relationally rather than trying to 'fix' a client.

Throughout my training I have worked in a wide range of therapeutic settings and each individual institution has taught me so much about myself as a Counselling Psychologist. Indeed one of the most important learning curves for me as a professional is embedded in my interest in working with complex clients. Through working in both long-term and short-term therapeutic models, in generic mental health services and more intensive specialist services, I have developed a strong sense of the client group with which I would like to continue to work. I now feel confident in my ability to work with complex mental health issues and understand that the therapeutic relationship should be seen as a collaborative process – whereby the therapist and client work together to attend to the client's needs.

When working in a forensic personality disorder unit I learnt about the use of self, but also about the concept of working with countertransference. Working with sex offenders often felt challenging and it was during this time that I became interested in researching this area. I felt that some of my emotional reactions to the offenders were so powerful that they should be discussed. Although I had supportive supervision, I became increasingly aware that despite holistic training, there continue to be taboo areas, which my colleagues would not discuss. Through my own supervision and therapy I began to talk about intense reactions to clients: ranging from hating sex offenders to feelings of disgust, repulsion and even fascination. I felt that through self-reflection and by exploring my own countertransferential reactions, my therapeutic relationships were strengthened. It is my belief that to ignore and suppress feelings could be detrimental to the therapeutic relationship. Consequently, given my interest in the subject of taboo feelings, choosing my area of research felt simple; I wanted to break the silence around the difficulty experienced by therapists in talking about sexual feelings – particularly in relation to sex offenders.

From my second year onwards I decided to work in a diametrically opposed placement - with survivors of sexual abuse. Such a shift in my caseload was fascinating and self-awareness continued to be of great importance to me. I felt as if I was learning how to process my own challenging emotions and that in doing so I was becoming a better Counselling Psychologist. By attending to my own needs in supervision and personal therapy, I was being more attentive to my clients.

It is my opinion that one of the strongest and most important qualities of a Counselling Psychologist is the ability to be reflexive, and through my training – both theoretical and practical – I believe I have developed this ability. In choosing to explore therapists' experiences of sexual feelings with male sex offenders, I intended to break a taboo and encourage therapists to reflect on feelings that may be uncomfortable. Additionally, by presenting this client case study, I intend to highlight my ability to overcome some challenging feelings with clients.

For me, one of the biggest challenges I have encountered throughout my training (and continue to encounter) are feelings of boredom. At times I have felt so disinterested in a client that I have felt almost sleepy and wanted to abandon the session. Learning how to work through such feelings has been incredibly important for me as a practitioner and has felt entirely rewarding when successful. As such it seemed appropriate to present the particular client case study I have chosen (section B). Although initially very challenging, this piece of work felt very important in my training and allowed me to grow as a practitioner. By working through my boredom and feelings of incongruence, the therapy entered a deep level of therapeutic trust and allowed me and the client to move in and out of relational depth, in an encounter that felt empathic and congruent.

Additionally (as I feel passionate about talking about taboo feelings and in keeping with my doctoral research), it felt important for me to explore another area of taboo.

As a Counselling Psychologist I intend to continue developing myself both personally and professionally. I endeavour to continue to pay close attention to the use of self and be aware of the impact that my own process may have on my clients. I intend to continue promoting awareness around taboo feelings and discussing difficult feelings with my Counselling Psychology colleagues. It is my wish to continue working with challenging clients and to hold the relationship at the centre of every therapeutic encounter.

SECTION A: DOCTORAL RESEARCH

This section consists of the Doctoral Research entitled, 'An Interpretative Phenomenological Analysis of Therapists' Experiences of Sexual Feelings when Working with Male Sex Offenders'. Following a thorough literature review, it was recognised that there was a dearth of literature exploring therapists' experiences of sexual feelings. Literature exploring such feelings with sex offenders is even more insufficient. This research explored six therapists' experiences of sexual feelings in their therapeutic work with male sex offenders. Three Clinical Psychologists and three psychotherapists with experience of working with male sex offenders took part in a telephone interview – followed by a semi-structured interview. Using an Interpretative Phenomenological Approach, data was analysed and categorised into superordinate and subordinate themes. The findings of the research are examined within the context of existing literature. Lastly, implications for Counselling Psychology practice and potential areas for future research are identified.

SECTION B: CLIENT CASE STUDY

This section presents a case study of clinical work with a client who self-referred to therapy due to feelings of isolation and loneliness. Additionally, the client felt she needed a space to explore feelings related to her medical condition of polycystic ovaries. The case study is a written summary of the key interactions and challenges that occurred between the client and me over 24 sessions. This piece of work highlights the use of Person-Centred Therapy with a client with problems of self-loathing, low self-esteem and frequent low moods. It presents the development of therapy and intends to highlight the shift that occurred in the therapeutic relationship.

This case was chosen as it presented challenges for me as a Trainee Counselling Psychologist and taught me about the importance of working through difficulties in order to achieve a deep therapeutic relationship. It demonstrates some of the major challenges I experienced as a therapist (such as feelings of boredom), which felt incongruent when working in a person-centred model. Perhaps most importantly, it is through such work that I learnt about the importance of the use of self. The work with this client compounded my belief in therapy as a collaborative process and highlighted my development as a Counselling Psychologist.

SECTION C: PUBLISHABLE PIECE

This section presents the superordinate theme 'Disturbance', which is arguably one of the most important findings from this research due to its direct implications for psychological practice. The condensed version of the thesis is presented with the aim of being published in the peer-reviewed journal *Professional Psychology: Research and Practice* and has been formatted according to the journal's guidelines. This particular journal was chosen as the implications of the research are directly related to the guidelines set out by *Professional Psychology: Research and Practice* – that 'research and theory as they concern the interests of those in the practice of psychology' are presented. Furthermore, a wide range of psychologists and other professionals access this journal and the findings from this research are relevant to all therapists working with male sex offenders – including clinical, counselling and forensic psychologists and psychotherapists.

The publication of this article in this journal would mean that a wide range of psychologists would have access to its findings and practical implications for psychological practice. The aim of this article is to highlight the findings that therapists

do experience sexual feelings with male sex offenders and to create greater awareness around related issues that practitioners experience. Ultimately, I hope that the dissemination of my findings will impact the future training of psychologists and psychotherapists and will act as a catalyst for greater discussion on the subject.

SUMMARY

Through presenting research, a publishable piece and a clinical case study, this portfolio intends to identify some of the challenges that can be experienced by Counselling Psychologists. It aims to highlight to the reader that despite clinical training and knowledge, challenges will arise in the therapeutic work. Finally, it is hoped that the portfolio presents suggestions and examples on working through challenges. The portfolio focuses on therapists' experiences of the taboo – from boredom to sexual feelings – and intends to normalise such occurrences. By doing so, it is hoped that Counselling Psychologists will more openly explore their feelings towards clients through the use of self and supervision.

SECTION A: DOCTORAL RESEARCH

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THERAPISTS' EXPERIENCES OF SEXUAL FEELINGS WHEN WORKING WITH MALE SEX OFFENDERS

Joanna Rachel King

Supervised by Dr Soren Petter

ABSTRACT

Talking about sexual feelings within a therapeutic setting can prove extremely challenging for therapists. Indeed, such a dialogue appears to be absent in literature, with the exception of psychoanalytical theory exploring this phenomenon. Across all theoretical models, previous literature has failed to explore the occurrence and experience of therapists' sexual feelings when working with male sex offenders. Using an interpretative phenomenological method, this research explored six therapists' experiences of sexual feelings when working therapeutically with male sex offenders. Analysis revealed three superordinate themes and a range of subordinate themes within each superordinate theme. The therapists described a need to protect the self in their work with sexual offenders in order to feel safe. Hence this theme is conceptualised as 'protecting the self'. The theme 'polarisation' focuses on the therapists' divided and at times opposing experiences of specific events. The last theme 'disturbance' highlights the therapists' experiences of feeling both seduced and victimised during their work with male sex offenders. These findings are discussed in relation to the existing literature. One of the major implications of this research relates to the need for greater training around this phenomenon in order to aid therapists who avoid the exploration of sexual feelings with male sex offenders. The importance of using supervision and creating a dialogue around sexual feelings is discussed. Subsequently, recommendations are made for future research in this area.

Chapter 1

INTRODUCTION

1.1 Preamble

'There is interfusion between sexuality and existence, which means that existence permeates sexuality and vice versa, so that it is impossible to determine, in a given decision or action, the proportion of sexual to other motivations, impossible to label a decision or act 'sexual' or 'non-sexual'.'

(Merleau-Ponty, 1962, p. 196)

As the above quotation suggests, the phenomenological perspective of sexuality is not fixed; sexuality is fluid and experienced by all. Our very existence is entwined with sexuality and our motivations can be simultaneously sexual and non-sexual. Any decision or action can be viewed through a theory of sexuality. If sexuality is part of the essence of our being as a human body then the research posits that sexual feelings are present in all relationships. As human beings, we relate to each other through the body and as such our sexuality is present at all times, hence, it is suggested that sexual feelings can be experienced in a therapeutic setting and even with the most unlikely clients: sex offenders.

1.2 Situating myself in the present research

As a Trainee Counselling Psychologist, the unspeakable, the taboo and the areas that other practitioners do not seem to want to address fascinate me. I found this particularly pertinent when, in the first year of my doctorate, I began working in a forensic personality disorder unit with male offenders – predominantly sex offenders. Under a

very supportive supervisor I began to wonder about the feelings that were elicited in me when I worked with such clients.

All too often when asked about my therapeutic work, I would be quizzed, ‘how do you work with these people?’ or ‘how do you feel about your clients?’ Such emotive questioning made me begin to wonder: ‘what do I feel when I work with sex offenders?’ In answering, I realised that I feel a wide range of emotions when working with this client group. My feelings can oscillate between a sense of intense anger, shame, sadness, and hopefulness, to feeling perverse and victimised. What really became interesting to me was the sexual component to the therapeutic work with sex offenders. After all, as a Trainee Psychologist working therapeutically with clients, I was required to ask some sexually explicit questions. I cannot deny the sexual component to the work when asking such questions as ‘how often do you masturbate?’ and ‘to what material are you currently masturbating?’

The curiosity that I found I had around sexual feelings with sex offenders peaked with two particular clients of whom I had very opposing experiences. In my work with one elderly man who had been committing offences against a young girl, I found myself feeling quite repulsed. At times in his dialogue I would find myself becoming introverted, almost as if he was abusing me. My countertransference was to experience him as a perpetrator and me as a young girl. I felt sexually violated by this man, like a young girl stripped of her virginity. These feelings were so severe that I actually felt physical pain in my genitals, a searing pain I associated with sexual assault. Through supervision I was able to identify my feelings as those of a sexual nature – not sexual in gratification – but sexual in the essence of my being.

A diametrically opposed experience was with a young male client who had been convicted of a violent offence where there was a sexual component to the motive. On initially meeting this client, I found myself feeling embarrassed and that my behaviour was almost flirtatious in nature. Deeply ashamed, I did not initially speak to my supervisor about this but after a couple of sessions I began to realise that the client was treating me as a sexual object. Throughout sessions he would sexualise me and I began to feel like an object – creating a significant disturbance to the work. After one month, I spoke again to my supervisor about this and became enraged with my client's behaviour. Through recognising that my reaction comprised of both sexual and aggressive feelings, I felt better equipped to continue with my therapeutic work with said client and to explore my own countertransference.

One of the specific things I noticed in my work with sex offenders is that many of my colleagues would not talk about sexual feelings, but would readily talk about negative transferential reactions such as their feelings of disgust and anger. There appeared to be a social construction of sexual feelings; sexual feelings were predominately viewed as those of a positive nature and to be associated with gratification. This was interesting to me given my view that sexual feelings could be both positive and negative - that a positive feeling would relate to gratification, but that a negative feeling may feel like an attack on my sexuality – such as the experience of repulsion or disgust. No one would talk about sexual feelings – particularly with (or about) sex offenders. I then moved on to working with survivors of sexual abuse and now find that the therapists around me will openly engage in dialogues around sexual feelings, and this further intrigued me.

What is it about the experience of sexual feelings with male sex offenders that is so taboo or unspeakable? This research seeks to further explore this question. My intention

is to break the silence around this area and to look forward to a place where Counselling Psychologists can explore any sexual feelings they experience in therapy with sex offenders without the guilt of experiencing or talking about unsolicited feelings.

1.3 What I am referring to when exploring 'sexual feelings'

In an introduction to a book on sexuality, Dr. Elena Manafi wrote: 'some forms of sexual expressions of our being are still a taboo; they are far from being welcomed and accepted. Yet the fact remains that what you and I might consider perverse is for someone else their everyday, lived, sexual experience' (2014, p. xi).

In this quotation, something essential to the definition of sexual feelings is highlighted: there is no universal sexual feeling. Every sexual expression and experience is individualised. And indeed, how the individual makes sense of sexual feelings is an entirely individual process. As Manafi suggests, what one considers perverse, another considers everyday sexuality. She also touches on the 'taboo', that there are still areas of sexuality that are left un-discussed and unacceptable.

This research relates to the above quotation, there does not appear to be a universally accepted understanding of sexual feelings. The literature does not even appear to have a clear-cut definition of sexual feelings. On a personal level, I view a sexual feeling as any sensation that creates a reaction related to me physically, as I view my body as the essence of being and my sexuality as my existence. For me, sexual feelings can range from gratification to repulsion, sexual feelings can be enticing but they can also be repellent. Put simply, there can be both positive and negative sexual feelings, although these are not mutually exclusive.

However, given the phenomenological nature of the research, the important element for *this* research was to allow the participant to make sense of 'sexual feelings' in whatever way they experienced such feelings. The research intends to explore the participants' internal worlds and their personal experiences of the specific phenomenon of sexual feelings. Therefore, for the purpose of this research, sexual feelings are not specifically defined but are viewed through the personal experience of the phenomenon of sexual feelings.

Chapter 2

EXISTING RESEARCH AND LITERATURE REVIEW

2.1 Introduction

As human beings, we experience a wide range of emotions in our everyday lives and relationships. A therapist-client relationship is like any other relationship; both the client and therapist will experience a range of emotions and feelings during their time together. Counselling Psychologists work in many different therapeutic modalities, but it is psychoanalysis that has most readily and widely explored therapists' personal feelings in their therapeutic work. Freud (1912) was the first psychologist to talk about the feelings that occur in the therapist-client relationship, a term he coined 'transference'.

Hughes and Kerr (2000) explain that 'transference is the phenomenon whereby we unconsciously transfer feelings and attitudes from a person or situation in the past, on to a person or situation in the present.' (p. 58). Freud's (1912) research argued that transference occurs in everyone, including clients. However, he labelled the therapist's experience of transference in a therapeutic relationship as countertransference. More recent research asserts that countertransference is the response elicited in the therapist by the client's unconscious transference communications (Hughes & Kerr, 2000). Therefore, countertransference is a redirection of the therapist's feelings towards the client, or the therapist's emotional entanglement with the client. Countertransference applies to the thoughts and feelings the therapist experiences that relate to the client's internal world (Bateman & Holmes, 1995). Furthermore, Gabbard (2001) succinctly

suggests that countertransference is not only determined by the therapist's pre-existing internal world but is also influenced by feelings induced by the client.

One of the countertransference reactions that therapists less commonly explore is the experience of erotic countertransference, whereby the therapist experiences feelings of love, sexual attraction and sexual desire. Mann (1995) wrote extensively on erotic countertransference and suggested that the phenomenon encompasses all the feelings, fantasies, wishes and physical sensations a therapist might experience when working with a client. Marcus and Buffington-Vollum (2008) suggested that initial psychoanalytical literature on erotic countertransference relied heavily on the belief that such feelings would only occur if the clients had put these feelings *into* the therapist. However, when viewing a large amount of psychoanalytical literature on erotic countertransference, it is clear to see that most psychodynamic theorists do not share this view.

Marcus and Buffington-Vollum (2008) also observed that countertransference is no longer confined to psychoanalysis, noting that other modalities including interpersonal and cognitive models all recognise the central role that the therapist holds in using and exploring their personal reactions to their clients.

Therapists working with male sex offenders will experience many different feelings and emotions during their therapeutic work. Some of these feelings may be erotic in nature, given the occurrence of erotic countertransference with other client groups. However, there is a large gap in the research in exploring sexual feelings in the therapy room. There is an even larger void of literature exploring such feelings with male sex offenders. Hence, for the purpose of this literature review and its relevance to

Counselling Psychology, the literature is separated into different modalities in which the Counselling Psychologist may practice. The literature is separated according to each modality's approach to working with male sex offenders and each modality's approach to working with sexual feelings. The rationale for this current research is then situated in the context of the small amount of research that explores therapists' experiences of sexual feelings when working with male sex offenders.

2.2 The Psychoanalytical model of countertransference with male sex offenders

The literature relating to therapists' countertransference with male sex offenders focuses on therapists' negative experiences towards their clients, such as anger, disgust and the more severe 'vicarious trauma phenomenon'. The most common labels used to describe secondary trauma include countertransference, therapist burnout, compassion fatigue and vicarious trauma (Moulden & Firestone, 2007). For the purpose of this research, 'vicarious trauma' will be used to discuss this phenomenon. While countertransference refers to the therapist's emotional response to the client, vicarious traumatisation relates to the changes that occur in the therapist's life.

According to Steed and Bicknell (2001), nearly half their sample of therapists working with sex offenders (46%) reported a moderate to high risk of developing burnout. Moulden and Firestone (2007) note that vicarious trauma includes three main features:

1. The therapist will experience a persistent impact across every aspect of their life
2. There will be a cumulative effect so that each exposure to trauma reported by the victim will increase the risk and impact of trauma response in the helper (therapist).
3. There will potentially be permanent effects for the therapist.

The major symptoms of vicarious trauma include: disturbance in relationships, cognitive abilities identity, affect tolerance and the therapist's psychological needs. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013) states that more research is necessary in order to note the prevalence of vicarious trauma in clinicians as well as the risk and protective factors. The DSM-5 reports vicarious trauma as a subset of PTSD experienced through repeated exposure to traumatic material. Trauma symptoms include: re-experiencing the event through images and thoughts, and physiological feelings such as numbing and avoidance of trauma-related stimuli. Those experiencing trauma may also experience hyper-vigilance and difficulty concentrating. Moulden and Firestone (2007) argue that such trauma is inevitable in therapeutic work with sex offenders since clinicians, in particular 84% of female therapists, described a violation of boundaries and 42% as being sexualised by male sex offenders (Ellerby, 1998). The therapist is clearly experiencing intense emotional reactions to their therapeutic work with these offenders. Norcross and Guy (2007) explain that, when clinicians are near to experiencing burnout, they may act out and behave in a punitive confrontational way towards clients. Such findings have strong implications for therapeutic work with male sex offenders.

Ellerby (1997) explains that as a clinician working with sex offenders, one is relentlessly exposed to disturbing and offensive material. In turn the clinician may become either desensitised or become more vulnerable in the therapy. Ellerby also noted that clinicians would often find themselves comparing sexual offending cases, rather than referring to standards of appropriate sexual behaviour. If this happens then the clinician loses sight of the possible risk that the offender poses. The therapist must be aware of their own reactions in their therapeutic work so as to counteract these risks.

Exploring one's own countertransference is therefore crucial in working with sex offenders.

Weisman (2004) argues that the small amount of research available on countertransference and the impact of working with sex offenders is accumulated from surveys and focuses on trauma and therapist burnout. Weisman also states that the existing research on the impact of working with sex offenders is limited in both quantity and quality. Furthermore, she argues for the transparency of clinical work with sex offenders and the importance of reducing shame in order to illicit the potential for recovery. It is asserted that, given the histories of abuse that get re-enacted in sex offenders' criminal behaviour, there will be a complex transference-countertransference apparent in therapeutic work with sex offenders. Searles (1986) identified the importance of self-awareness in his findings, that clinicians who ignore their countertransference are likely to be placing the treatment and themselves at risk. This is crucial to therapeutic work with sex offenders as, if therapists place themselves at risk with a sex offender; they are leaving themselves in a position where they could be seriously harmed.

Allen and Brekke (1996) theorise that in the transference, the offender may victimise the therapist in a similar manner to how he sexually assaulted his victim. Such behaviours would include seduction, imitation, intimidation and invalidation. If the therapist is enticed by such behaviours then the treatment may be compromised. However, if the therapist is aware of their own countertransference then they may be able to understand such behaviours in conjunction with the sexual offender.

Researchers have explored the occurrence of anger and disgust when therapists are confronted with a history of abuse and abusive behaviour (Freeman-Longo & Blanchard, 1998). Furthermore, it is posited that therapists working with sex offenders may also experience reactions to the abuse such as denial, victim blaming and arousal. In conjunction with the negative effects that other researchers found that therapists experience with sex offenders, Edmunds (1997) found that therapists experienced high levels of depression, cynicism, mistrust and hopelessness. Edmunds noted the occurrence of fatigue, cynicism and frustration. Although such findings suggest the therapist experiences negative reactions to working with sex offenders, the findings are not necessarily conclusive, due to limitations in study design and appropriate comparison (Weisman 2004). Also, negative emotional reactions are more widely explored and discussed than positive reactions that clinicians may experience towards male sex offenders.

Mitchell and Melikian (1995) highlight that although countertransference is of great significance when working with male sex offenders, limited research inhibits the potential of using countertransference for the good of the therapeutic relationship. Their case study identifies countertransference issues specific to sex offenders including experiencing sadistic fantasies, polarisation of the client and barriers to empathically engaging with the client. It is posited that Mitchell and Melikian's (1995) analysis of a case study indicates an eroticised countertransferential reaction of a female therapist working with a male sex offender. Although not explicitly labelled as 'erotic countertransference', but rather 'countertransference reactions' – it is arguable that the findings of this paper are erotically charged.

Through their case study they explore a therapist's violent and sadistic countertransferential reaction to a male sexual offender. They argue that in working with sexual offenders the therapist will not only confront sadistic acts and fantasies of the client, but will also be required to confront their own sadistic fantasies and impulses. Their research argues that this countertransference reaction may be in direct conflict with the therapist's personal view of him/herself as a helping professional. The therapist may see their fantasies to hurt the client as wrong or unacceptable. Mitchell and Melikian's research (1995) further suggests that such sadistic feelings are likely to be more challenging for female therapists as they oppose the more normalised image of a woman as accepting and maternal. Lastly, this research talks about the role of power and suggests that the therapist working with sex offenders may at times feel like a victim, but will at other times assume the role of the perpetrator acting in a sadistic manner. As a result they argue that therapists may choose to only superficially engage with clients, so that they are able to protect themselves from further distress. Although directly relevant to my own research, Mitchell and Melikian's paper is limited to the experience of one female therapist working with one male sex offender; therefore it is difficult to assume that these reactions are consistent across all therapists working with sex offenders. Furthermore, the research is reliant on anecdotal evidence.

Peaslee (1995) commented on Mitchell and Melikian's research and stated that in her experience, sadistic sexual fantasy does not occur in therapy with sex offenders. She further suggested that such reactions could be connected to a lack of training or experience. She argued that countertransference issues involved feelings of anger towards the client for continual involvement in activities associated with sexual abuse. Weisman (2004) noted that some therapists had found they experienced admiration, envy and protectiveness towards their sex-offending clients. However, it was noted that

feeling attracted to criminal behaviour comes with discomfort for the therapist. It is arguable that it is more socially acceptable and less taboo to admit to feelings of anger, disgust and manipulation than to attraction and interest in the sex offender.

Despite the possible presence of erotic countertransference in some of the literature presented in this section, there continues to be a discomfort for researchers to link erotic countertransference with therapeutic work with sex offenders or indeed to label the countertransference as 'erotic'. Given the erotic nature of the 'sadistic', it is alarming that Mitchell and Melikian continue to label the research as 'countertransference reactions'. Erotic countertransference will be discussed in greater depth later in this chapter, but again, without reference to work with sex offenders, which further highlights the need for this research.

2.3 Cognitive Behavioural Therapy and other models of working with male sex offenders

Moster, Wnuk and Jeglic (2008) wrote about the use of CBT interventions with sex offenders. Their paper chronicles the shift from using purist behavioural therapy with sex offenders to including cognitive processes as a significant element to sex offending. Although CBT is the most common treatment for sexual offenders, and their paper offers insight into the use of CBT with this client group, it appears to be significant that there is no mention of the therapist-client relationship and the feelings present in the room. It is most striking that, despite the deviant sexual behaviour presented by male sex offenders, a paper exploring CBT with this client group does not mention the feelings that may occur between therapist and client. Furthermore, their article suggests that they will provide guidelines for treatment providers and yet does not offer any advice on managing the feelings that may occur for the therapist. Weisman (2004) put

this down to CBT's reliance on techniques that limit emotional involvement and reduce awareness of countertransference in treatment. She argued that CBT dominates sex offender treatment and that it also ignores the existence or importance of countertransference. Weisman's concern was that because of this approach, countertransference would not be used in treatment and this could have a negative effect on the therapeutic process.

Although not specifically CBT focused, Moulden and Firestone (2010) wrote about therapists' awareness and responsibility when working with sexual offenders. Although the article is not model specific, both Moulden and Firestone practice from a Cognitive Behavioural approach and reference a large amount of research in order to explore the regular feelings that therapists experience when working with sex offenders.

Moulden and Firestone's (2010) research found that therapists working with sex offenders described experiencing deeply emotional responses to their therapeutic work. They found that some therapists experienced fear or anger in response to details of some cases, and noted an emotional hardening or desensitisation to material over time. They also found that therapists working with sex offenders experienced hyper-vigilance about their own and other's behaviour, and that therapists had increased levels of anxiety, and increased avoidance of disturbing material. Although Moulden and Firestone's (2010) research comments on the emotional experience of therapists working with sex offenders, as mentioned earlier, their research is not written from a purist CBT approach. Indeed, there is no specific CBT research that explores therapists' feelings when working with sex offenders, let alone therapists' sexual feelings with male sex offenders.

This gap in the literature suggests that the CBT therapist does not explore their own feelings or does not talk about their feelings in their work with sex offenders. Perhaps the CBT therapist experiences discomfort in exploring their own feelings when working with male sex offenders? Finally, given the more recent emphasis of reflective practice in CBT, it is noteworthy that there appears to be a distinct lack of literature focusing on the CBT therapist's emotional response towards the male sex offender.

2.4 Phenomenological approach to working with male sex offenders

Despite the obvious link between the presence of sex and sexual offending, the lack of literature on therapists' experiences of sexual feelings with male sex offenders is particularly interesting from a phenomenological perspective; given that one could argue that therapists' lived experiences of working therapeutically with male sex offenders would include the presence of sexual feelings by the very nature of 'sex' being present. Later in this chapter, the phenomenological approach to sexuality is explored. While exploring approaches to perversions, Swales (2012) briefly touches on common countertransference reactions of therapists working with male sex offenders.

Swales (2012) argued that when working with the perverse, specifically sex offenders, clinicians might experience feelings of disgust and hatred. Thus, she warns of the importance of supervision or analysis to correct these feelings. Conversely, she also explores the presence of jouissance between clinician and sex offender. Jouissance was first explored by the psychoanalyst Lacan and directly translates as 'enjoyment', but he suggested that it is an excess of life and enjoyment that goes beyond the pleasure principle.

Swales argued that one of the common pitfalls for a neurotic clinician is that they may become fascinated by the 'jouissance of perverts' (p. 246). Swales suggests the reason for this fascination may be that neurotics often assume that perverts have access to a large amount of pleasure in comparison to their own jouissance. However, her literature suggests that 'perverts' do not have excessive jouissance and that therapy can be compromised if the perverse client picks up the therapist's jouissance on hearing about the client's exploits. Therefore, the occurrence of sexual feelings, according to Swales, is highly likely as the neurotic clinician may become entwined and enthralled by the jouissance of the sex offender. Swales' final advice for dealing with the jouissance is to recognise what the client is talking about. She suggests that if the clinician suspects that the client is talking about certain things to provoke an interest or jouissance in the therapist, then the therapist should comment that s/he is not interested in that material. Swales suggests that in order to communicate his/her awareness of the sex in the therapy with sex offenders, the therapist must express her disinterest in their jouissance.

Although Swales' discussion of the phenomenological approach to perversion only briefly explores working with sex offenders; it is posited that her arguments are applicable to the relationship between sex offenders and therapists given the perversions of sex offenders.

2.5 The relevance of sexuality in Counselling Psychology

As mentioned earlier in this chapter, for the purpose of this research sexual feelings are defined through the lived experience of a person. It is argued that such innate feelings cannot be universally defined but are rather experienced differently by each individual.

Pope, Sonne and Greene (2006) noted that as late as 1986, the topic of therapist sexual attraction to clients was only explored in psychodynamic literature. The only literature available in this area focused on sexual misconduct between therapist and client. Sonne and Jochai (2014) further express that in the 1980s and 1990s there was an increase in research on romantic and sexual feelings in psychotherapy. However, they argue that after this period, there has been little research and a lack of integration of research in this area.

Perhaps this is due to sexuality continuing to be a relatively taboo topic within the framework of Counselling Psychologist and client relationships. Pope, Sonne and Holroyd (1993) note the historic position of considering sexual matters a topic not to be discussed and suggest that if a particular area is taboo then the therapist is less likely to acknowledge or discuss the presence of such feelings. Stirzaker (2000) believes the silence in this area is due to a societal discomfort where therapists are reluctant to enter a dialogue on the subject matter of sexual feelings.

Discomfort in experiencing sexual feelings towards clients may be rooted in the experience of guilt and anxiety. Pope, Keith-Speigel and Tabachnick (1986) found this to be the case for 63% of male therapists and that only 9% felt that their training was adequate in teaching them how to deal with sexual attraction. Kumin (1985) argued that the client and therapist might avoid exploring sexual attraction, for fear of shame, humiliation, disgust and dysphoria. Pope et al. (1993) found that the most common reactions to sexual feelings in therapy were shock, guilt, anxiety, surprise, a fear of being criticised, confusion around boundaries and a fear of speaking about their feelings.

Although there is a stark contrast between experiencing sexual feelings and acting on them, therapists have, in the past, bracketed them into the same category. Ladany et al. (1997) suggested that this in turn would lead to guilt, fear and embarrassment around recognising these feelings. As such, therapists struggle to acknowledge their feelings, which may be essential to the therapeutic process. However, Giovazolias and Davis (2001) present opposing findings to Ladany et al. (1997), as they suggest that only 6.3% reported a negative impact of sexual feelings in therapy. Giovazolias and Davis (2001) assert that it is important for Counselling Psychologists who experience sexual feelings in therapy to know that they are not alone in this, that such feelings occur more frequently than is discussed and that there is a shared discomfort in speaking about these feelings. They comment that the lack of documenting such feelings impacts the learning from such a phenomenon, for example, understanding what effects the feelings have on the relationship and how the therapist handles their feelings.

One of the major concerns is that there are currently no guidelines on managing and understanding sexual feelings in the therapeutic relationship. This is arguably of great concern to Counselling Psychology, given some of the statistics presented by previous research on the occurrence of sexual feelings in the therapy room. Research findings clearly highlight the presence of sexual feelings occurring between a therapist and client during sessions. Rodolfa et al. (1994) found that 88% of the psychologists who completed their survey had experienced attraction to at least one client. Following similar findings, Pope et al. (1986) found that 87% of the psychologists in their research admitted to experiencing sexual attraction to clients. In more recent research, Gelso, Pérez Rojas and Marmarosh (2014) explore the role of love and sexuality in the therapeutic relationship and acknowledge that both loving and even sexual feelings are common in therapeutic relationships, particularly within longer-term models.

Giovazolias and Davis (2001) specifically looked at Counselling Psychologists' experiences of sexual attraction to clients and found that only 22% reported never being attracted to a client. Over one third of respondents, 39%, described feelings of shock, surprise and guilt at their feelings towards their clients. In addition, 45% of participants normalised their sexual feelings and reacted more positively to such feelings, and 48% spoke to their supervisors about their sexual feelings. Giovazolias and Davis' research argued that the 45% who normalised their feelings might have done so in the context of a shift in experiencing sexual feelings as less taboo than has historically been the case. In light of the possible argument that talking about sexual feelings is becoming less taboo, one would expect to see a higher percentage of return rates for this research. It is therefore theorised that the low response rate of 45% is interconnected to the continued discomfort in exploring this area.

Given the taboo nature of exploring sexual feelings with a non-offending population, there is an even greater gap in the literature focusing on therapists' sexual feelings with male sex offenders. However, given the occurrence of sexual feelings between therapist and client in non-offending populations, it is maintained that therapists working with male sex offenders will experience a host of feelings, which may include ones of a sexual nature. Therefore, it seems important to explore the generic experience of sexual feelings in the different therapeutic approaches adopted by Counselling Psychologists.

2.6 Psychoanalytical approach to sexual feelings in the therapy room

2.6.1 Erotic transference

Psychoanalysis continues to be the theoretical modality that has most frequently addressed the occurrence of sexual feelings between therapist and client. As mentioned earlier in this chapter, Sigmund Freud first wrote about the phenomenon of erotic

transference in his paper, ‘Observations on Transference-Love’, in 1915 – which was subsequently explored in 1993. The paper on erotic transference was written in the wake of Breuer’s therapeutic work with Anna ‘O’, whereby she expressed her sexual feelings to him, leaving Breuer to flee the situation.

Ladson and Welton (2007) comment that erotic transference is where the client’s fantasies about the analyst contain elements that are romantic, intimate, sensual or sexual. Thus, erotic countertransference is the redirection of the therapist’s erotic feelings to the client, or is a reaction relevant to the clinician’s own erotic experiences.

Mann (1999) noted that, ‘the erotic has a paradoxical status in psychoanalysis’ (p. 2), and that despite psychoanalysis’ acceptance of the erotic in therapeutic relationships, there continues to be a considerable lack of discussion around sexual feelings in therapy. Having said this, Mann suggests that since 1985 there has been a more open discussion about erotic transference and countertransference. Conversely, other researchers such as Stirzaker (2000) and Celenza (2010) have continued to express concerns around the continued silence around erotic countertransference.

Psychoanalysis has accepted that the erotic is primarily object related – as two people have an erotic transference their mutual need for object relating leads to the creation of an erotic bond. The erotic subjectivity of the individual becomes entrenched in the psyche; the erotic is a universal experience. Therefore, Mann argues, the erotic is part of every therapeutic transaction. Psychoanalysis more readily explores the erotic within the transferential relationship.

Mann (1994) asserts that the erotic transference is both progressive and regressive. On the one hand, the erotic can be viewed as an expression of the client's infantile experience and therefore can be seen as a form of resistance, given the compulsion to repeat. On the other hand, the erotic can be seen as progressive, as the client is looking for a different outcome to his previous erotic encounters – the client is looking for a: '"new transformational object" whereby infantile patterns can be relinquished in favour of a more mature erotic attachment less dependent on incestuous repetitions' (p. 12).

Freud (1993) asserted that transference-love should be repressed and not acted out, because it would destroy the therapy and therapeutic relationship. Despite developments in psychology, according to Marshall and Milton (2014), many psychoanalysts still intend to adhere to Freud's teachings. Although there are still strict guidelines surrounding sexual behaviour between clients and therapists, the occurrence of experiencing sexual feelings but not acting out sexually cannot be written into the same guidelines.

2.6.2 Erotic countertransference

Psychoanalytical literature identifies many reasons for therapists being unwilling to talk about their sexual feelings towards clients, ranging from fearing they will be branded unprofessional to feeling ashamed and guilty. Pope et al. (2006) suggest the therapist may fear that if they are to admit to experiencing sexual feelings towards clients their admission may be taken out of context. Furthermore, the occurrence of such feelings may be at odds with the therapists' constructed view of themselves: by experiencing such feelings they may stop viewing themselves as an altruistic helper. Such a reaction is embedded in early psychoanalysis, as Tower (1956) noted; although countertransference was beginning to be written about as inevitable, nearly every writer

on the subject around this time stated that no erotic reaction to the client by the analyst should be tolerated.

In much more recent research, Stirzaker (2000) explored the erotic transference in the therapeutic relationship. The research found that four therapists found it difficult to experience erotic countertransference because of feelings of vulnerability and a lack of clarity around erotic issues; three therapists struggled with the clients having difficulties around sex, for example, sexual abuse; two therapists struggled due to the client's sexuality and two due to the therapist's attraction to the client. However, results were obtained through a questionnaire and only had a response rate of 16%, leaving a need for more detailed research.

Pitre (2008) conducted a study on countertransferential shame with four participants and found that participants who had experienced erotic countertransference felt ashamed, unfocused and anxious regarding their feelings towards their clients. Furthermore, her research highlighted that most participants felt too ashamed to even discuss their experiences in clinical supervision. One participant labelled his erotic feelings towards his client as 'taboo', whereas another participant experienced self-doubt and difficulty focusing on therapeutic goals. Such powerful reactions to the occurrence of erotic countertransference highlight the significance of this phenomenon in therapeutic settings. However, with such a small sample size, the reader is forced to question the applicability of this research to other therapeutic relationships.

Celenza (2010) comments on the difficulty analysts face in admitting experiencing erotic feelings for a client, even when protected by supervision. Furthermore, she notes that clinicians often self-neglect due to cautionary tales of violating boundaries due to

erotic countertransference. She concludes that analysts should not apologise for experiencing such countertransference, but hints at the importance of exploring one's own feelings to achieve more effective therapeutic outcomes.

Stirzaker (2000) argues that 'the taboo which silences' (erotic countertransference) must be addressed in order to help therapists feel more confident when dealing with erotic issues. Mann (1994) emphasises the importance of examining erotic feelings in therapy, in order to maintain a healthy therapeutic relationship. He argues that during therapy, a re-enactment of oedipal desires may occur, whereby the therapist may begin to engage in the emotional mother/child relationship, harnessing libidinous desires while simultaneously possessing motherly tenderness and caring love. It is with these possibilities that Mann argues the importance of discussing erotic countertransference in order to work effectively with clients. Winnicott (1965) believes that if therapists do not see erotic countertransference as client resistance, and are willing to accept their own susceptibility and vulnerability, then there may be a great therapeutic potential provided – allowing both therapist and client to work with transparency. Furthermore, accounting for the gender differences experienced in erotic countertransference is essential given the potential for therapeutic growth in exploring this area.

2.6.3 Gender differences in erotic countertransference

Given the fact that the focus of this research is on male clients only, Schaverien's research on the male client/female therapist is important to consider. Schaverien (1997) speaks about men who leave therapeutic relationships due to erotic transference or erotic countertransference. She suggests that men often terminate therapy when the erotic transference begins, but she also argues for the possibility that female therapists

are more likely to remain within the frame of reference of the maternal instead of addressing the sexual transference.

Initially it was argued that erotic countertransference was seduction by the client to the therapist. However, in more recent literature, therapists have more openly written about their own sexual arousals during therapy. Schaverien (1997) notes that, although female therapists predominantly began the writing on countertransference in the late 1940s to early 1950s (for example, Heimann and Little), there is little literature focusing on female therapists' experiences of erotic countertransference, or even acting out sexually. She concludes that both female and male therapists experience this countertransference and that the experience of guilt prevents us from being open about this phenomenon. Schaverien (1997) comments that female therapists may feel blame if arousal occurs in the therapy; however, she stresses the importance of owning and admitting to our sexuality in the therapeutic context. She further argues that male clients may leave to avoid dependency and confusion around their own feelings of sexual and aggressive impulses.

Psychoanalysis asserts that all human relations are bound by Eros and as such, the first erotic bond is found in the early mother/infant relationship. Schaverien (1997) uses this to argue that erotic transference is attributed to its infantile origins, especially when the therapist is female. She further argues that the female/male sexual dynamic is rarely examined: a major reason for this may be due to the therapist's ease in adopting the maternal role, rather than the role of potential sexual partner. She proposes that sexual arousal will occur with every gender combination in the therapeutic relationship but that erotic transference will most often be directed towards the female therapist, thus the

danger of the countertransference is that it will be viewed as infantile and may be reduced to a maternal frame of reference.

Specific research focusing on erotic countertransference with male clients is limited and often confined to literature reviews. However, Gornick (1988) suggests that female therapists working with any male clients will experience issues relating to power, sexuality and countertransference. Furthermore, Gornick argues that a female therapist must work differently to a male therapist, given the issue of erotic countertransference and the potential, for example, of being cast as a 'bad mother'.

Schaverien (1997) believes that the power imbalance of the therapeutic relationship, if the client is a male and the clinician a female, is that the client may re-experience the childhood experience of the mother as powerful and as such the transference will be enmeshed with the client's early experiences. If the mother is the primary caregiver, she is the first object of desire and a source of dependence. The male client may struggle entering a therapeutic relationship with a woman, due to the conflicted feelings around gender and power. Thus, she asserts, the client may be awed by the power of the therapist, but may defend against dependent transference.

There is another type of transference, according to Schaverien, that relates to the man who enters a dependent transference with a pronounced erotic atmosphere very early on in therapy. He becomes the helpless male child, overpowered by the 'Great Mother', who has an ability to engulf or destroy. As such, the female therapist's countertransference leads her to experience such power that she may sever connection to the client, due to the fear of being experienced as seductive or an engulfing maternal presence. This piece of research is particularly pertinent to the topic at hand given the

high proportion of male offenders seeing female therapists. However, Schaverien's research focuses heavily on the female therapist, neglecting the role of the male therapist and the possible paternal transferential relationship. Conversely, this research will explore both female and male therapist experiences of working with male sex offenders.

2.6.4 Working through erotic countertransference

Some of the more recent research has focused on the importance of the therapist acknowledging their sexual feelings in therapy. Gelso et al. (2014) suggest that the therapist must look deeply into their inner world to admit their sexual feelings and to try to understand their role in the therapeutic relationship. They suggest that to deny these feelings can lead to acting out in indirect or direct ways. Asheri (2004) also comments on the important role the therapist holds in exploring the client's sexuality and erotic desires and suggests that detaching themselves from their own sexual feelings can lead to the client withdrawing. She further argues that by being honest in the therapeutic relationship, the client and therapist could reach a deeper level of intimacy.

It is important to note that a major criticism of Asheri's (2004), Giovazolias and Davis' (2001) and Marshall and Milton's (2014) work is that they all focused purely on the therapist's experience of disclosing sexual feelings and failed to account for the client's experience of the disclosure and the work following the disclosure. It is posited that, should a therapist disclose sexual feelings to a male sex offender, the client may experience complex feelings including shame and guilt. This is suggested, as the male sex offender is often also a victim of sexual abuse and thus may interpret this as an abuse of trust.

Mann (1995) highlighted that certain countertransferential issues are more likely to arise with victims of sexual abuse. Blum (1973) talked about the client who had been sexually abused or intruded upon as a child as flooding the analysis with erotic material in the hope that the analyst would share these feelings. Blum argued that the role of the therapist would be to disentangle the past and present and detach reality from fantasy. This notion is incredibly pertinent to this research, as Handy, Wright and Langevin (1989) found that 42% of sex offenders reported they had themselves suffered from childhood sexual abuse. Thus, it is suggested that when working with male sex offenders, specific countertransferential issues may appear due to the potential presence of childhood sexual abuse with this client group.

McIlwain (2014) discusses the different origins of sexual feelings in therapy and notes that literature has previously suggested that erotic countertransference sometimes occurs due to the client recreating a past trauma with the therapist. Perhaps, in this instance, the therapist is placed in the perpetrator role and, as Luca (2003) says, the therapist is filled with 'excitement and titillation' (p. 660).

McIlwain (2014) candidly explores the balance of reflecting on the occurrence of sexual feelings in the therapy room. She suggests that avoidance that is perpetuated by guilt and shame can lead to the therapist feeling incompetent – arguing that in order to work effectively, the therapist must distinguish between her own feelings and projective identification. McIlwain comments that the occurrence of sexual desire should be recognised in therapy, not just ethically, but also in terms of how therapists should handle this because it is counterproductive for this subject to remain a taboo.

Brantbjerg (2012) proposes that there are some basic ways in which a therapist must process and work through sexual feelings with a client. It is suggested that the arousal must be contained in order for healthy coping to be maintained by both clinician and therapist. Brantbjerg (2012) states that if the therapist is able to contain the arousal, then they are able to curiously observe and examine the phenomena, and reflect on and name, (either internally or externally), these phenomena in order to explore these with the client. However, this literature does not account for therapists working with male sex offenders and, as explored above, the countertransference related to therapeutic work with this client group contains a different level of complexities.

As Weisman (2004) notes, while we may at times be ambivalent about sex and sexuality, we are simultaneously fascinated and apprehensive. Sex is exciting, terrifying, known and unknown all at once. Mitchell and Melikian (1995) suggest, as clinicians we need to be able to examine our own feelings and apprehensions in order to work effectively with our clients. This is particularly pertinent when working with sex offenders, due to the shame and difficult sexual fantasies and impulses that we may experience as therapists. In order to work effectively with sex offenders and understand their experience we need to explore our own sexuality and erotic countertransference.

2.7 The approach of CBT and other models to sexual feelings in the therapy room

According to Worrell (2014), when comparing psychodynamic and cognitive behavioural therapy (CBT) literature focusing on sexual feelings in therapy, one becomes aware of the abundance of psychodynamic literature in this area and the sparse offerings from other therapeutic modalities. Thus, one may assume that there is an absence of sexual feelings in cognitive behavioural therapy, or indeed that it is not viewed as important. Worrell argues that a very possible justification for the lack of

research into this area is that CBT therapists would see sexual dynamics in therapy as a psychodynamic focus rather than a CBT focus. This is perhaps a plausible argument, but it seems remarkable that given the more recent development of third wave CBT and a deeper focus on emotions and the clinician's response to the client, sexual feelings would not be more thoroughly researched.

Worrell (2014) argues that due to the structured and highly focused nature of CBT, that awareness of sexual attraction may be prevented for both the therapist and client. Furthermore, through having clear goals and a specific focus for the therapy, it is arguable that even if there is an awareness of sexual feelings in the therapy room, that the therapist and client can keep this in the background as they work towards a common structured goal.

It seems highly unlikely, given the prevalence of psychodynamic literature identifying the presence of sexual feelings in therapeutic relationships, that this phenomenon is not present in CBT. Indeed, as previously mentioned, Rodolfa et al. (1994) took a survey of 900 members of the American Psychological Association and found that a staggering 88% of psychologists (94% men and 81.3% women) reported experiencing sexual attraction towards a client. Although the therapists' theoretical orientation was not reported, it seems highly likely that some of these therapists will have been working within a CBT approach. One major criticism of this study was that there was only a 43% return rate of the surveys. Although one is not able to identify the reasons for such a low return rate, it is arguable that the embarrassment and taboo around exploring sexuality in a therapeutic relationship may have contributed to the low result, much as with Giovazolias and Davis' (2001) research. Furthermore, Rodolfa et al. (1994) found that psychologists experienced distress due to their experience of sexual attraction

towards a client. However, they found that 48% of the respondents who admitted to experiencing sexual feelings in therapy also stated that these feelings had been beneficial to the therapy at least in some instance. Their research concluded by urging training routes to include greater focus on working with sexual feelings in the therapy room.

Many clinicians have argued for the development of CBT to include a focus on sexuality, particularly, as Worrell (2014) argues, since the topic of sexual attraction in therapy is not addressed in generic CBT training workshops or lectures. Worrell (2014) argues that integrating different modalities would advance a CBT perspective on sexuality and sexual attraction in therapy. He believes that an existential phenomenological approach could challenge and develop the CBT approach. His argument ties in with that of Clark, Beck and Allford (1999), who have explored the compatibility of CBT and existential phenomenology, thus suggesting that a therapist practising CBT could be helped by adopting an existential phenomenological approach to sexuality.

The phenomenological approach to sexuality in the therapy room will be discussed in more detail later in this chapter. Here we discuss the possibility of using an existential perspective on sexuality to inform a CBT perspective on sexual attraction in therapy.

Worrell (2014) argues that in CBT, emotions have been seen as secondary to interpretative processes and as a consequence of cognitive processing. As such, theorists have developed this perspective and created new models such as Wells' (1995) 'metacognitive' model and Robert Leahy's (2002) emotional schema model. The roots

of Leahy's model can be traced back to existential philosophy as the model draws on emotion-focused therapy.

Leahy's model integrates aspects of emotion-focused therapy, humanistic models and existential philosophy. The model prioritises emotional experiencing and processing because it is believed that emotions are themselves a form of information processing, whereby the experiencing of an emotion allows access to meaning-making of the event. Emotion is seen as the 'prime mover' of cognition instead of a consequence of 'cold cognition'. As such, the model intends to integrate this into CBT, stressing the different forms of cognitive and emotional processing and behavioural coping styles that come to light when an individual experiences the emotion. Therefore, an emotion around a sexual feeling will be experienced and then processed via *'emotional schemas' or beliefs, rules and action plans, regarding what emotions may mean and how emotion should be responded to.' (p. 12).* Thus, if a sexual feeling is experienced in a specific context then the individual may in the future respond to the same experience with the same set of rules, beliefs and action tendencies. Therefore, it is posited that if the CBT therapist experiences sexual feelings and then develops rules and beliefs around appropriateness and disclosure, future feelings may lead to the same responses, thus hindering the therapeutic process.

Worrell (2014) argues that a more recent contribution to developing a CBT perspective on effective therapy was developed by Bennett-Levy (2006). The 'declarative-procedural-reflective' model notes that the CBT therapist may pay closer attention to the embodiment of him/herself and the client's embodiment. Using this model the CBT therapist can open themselves up to reflect on and accept their own experience in the therapeutic relationship. By using reflective skills, it is argued that the CBT therapist

may more openly explore their own feelings and use this in their therapeutic practice. Therefore, if the therapist can use their interpersonal perceptual skills then they can develop the opportunity to explore any sexual feelings, or even at a minor level to explore the presence of emotions attached to sexual feelings such as shame, guilt and embarrassment.

Using a third wave model of CBT such as an Acceptance Commitment Therapy (ACT) approach to sexual attraction in therapy, Blonna (2014) suggests that the majority of therapists experience unhelpful sexual thoughts and feelings towards their clients. He does not specify which particular client groups but rather stresses the role of the clinician in working with sexual attraction in therapy. Following the common theme throughout this research, although there does not appear to be specific literature focusing on ACT's approach to the occurrence of sexual feelings in therapeutic work with male sex offenders, the author uses writings from different therapeutic modalities to explore sexual feelings in working with clients. He argues for the importance of the therapist to take responsibility for their attraction: that such feelings should not be controlled, eliminated or avoided but instead the focus should be on using the key principles of ACT to address such feelings. Thus, the clinician's role is to shift both their and the client's attention away from unhelpful thoughts, scripts, mental images and emotions onto purposeful behaviour; to shift their focus from their attraction to the client's needs. Luoma, Hayes and Walser (2007) argue this will in turn allow for unhelpful cognitions to dilute on their own. ACT allows both the therapist and client to understand that one does not have to control, avoid or eliminate in order to behave appropriately. Blonna suggests that while ACT encourages the therapist to accept their sexual thoughts, that the therapist may not be able to control their thoughts (though they are able to control their behaviour). Therefore, the therapist is able to control their

sexual behaviour towards a client, despite their thought patterns behind this. Much as with other modalities, the importance for the therapist is to acknowledge and accept these feelings and then control their on-going behaviour.

ACT's awareness and acceptance of sexual feelings in the therapeutic relationship highlights a progression of the purist behavioural approach that initially did not recognise the presence of such feelings. Although in its essence CBT continues to not discuss the therapist's own feelings in the therapy room, including those of a sexual nature, it is promising to see third wave approaches and more authors beginning to discuss sex within the behavioural model.

2.8 Phenomenological approach to working with sexuality and sexual feelings in the therapy room

An essential phenomenological perspective to sexuality, but more specifically to sexual feelings in the therapy room, is succinctly summarised by Smith-Pickard (2014):

> We carry our histories in our bodies, and exploring sexual attraction and feelings can provide insights into habitual patterns and structures of relating unmet needs and desires, as well as the manner in which someone projects himself or herself into the world. This may sound like transference under another name, but that is not the case. What we are exploring is an actual person-to-person, body-to-body encounter, occurring in the present moment that is impacting on both therapist and client. The encounter is always co-constructed out of a mutual reciprocity, as is sexual attraction (p. 78).

In phenomenology of perception, Merleau-Ponty (1962) describes the body-subject. He states that our bodies are not just objects of perception, but are *'our anchorage in the world' (1962, p144)* and our manner of being in the world. He further argues that a person's body and sexuality is a basic way of relating to the world. Sexuality is inter-subjective and our sexuality connects us to each other. Heinämaa (2003) focuses on Simone de Beavouir's argument that sexuality and embodiment are essential to our human existence. Therefore, following a phenomenological approach, it is suggested that sexual feelings and sexuality will play a role in all psychotherapies, including CBT.

Heinämaa (2003) explores Merleau-Ponty's interpretation of Freud's writings: that sexuality is 'interfused' with 'existence'. Heinämaa (2003) argues that the sexual part of a person's life or the life of a community can be understood only by studying the whole behaviour. Adopting a phenomenological approach to sexuality, one can deduce that that there would be sexual feelings present in therapeutic work between client and therapist, due to the role that sexuality holds – that by the nature of our existence our sexuality allows us to relate to others and the world. As a client and therapist, our sexuality is part of our relating to the other.

Merleau-Ponty posits that there is an erotic structure through which we perceive the world (1996, p.156) and as such, we will always be looking for sexual value or meaning in any given situation. Thus, if two people are to meet, then there is always a possibility of sexual interest developing. Although Merleau-Ponty (1996) is not talking specifically about the therapist-client relationship, or indeed the therapist-sex offender relationship, if this theory is applied to this research, then there is certainly the potential for sexual feelings to be present.

Smith-Pickard (2014) highlights that when sexual feelings in the therapy room are discussed it is only when there has been a professional misconduct, therefore leading to disapproval and avoidance of the topic. His research notes the importance of accepting 'certain existential givens' (p .68) and suggests that embodiment is central to our existence.

Much as psychoanalytical literature suggests in terms of therapists experiencing sexual feelings with clients, Smith-Pickard (2014) found that therapists experienced a feeling of failure and shame when they experienced sexual feelings towards a client. Some of the therapists reported that they would disconnect from their client and only some of the therapists recognised any potential for therapeutic gain. Therefore, the importance of discourse is once again stressed – sexuality is present by the very nature of our existence, and so by exploring these feelings we gain power and the ability to work through potentially uncomfortable emotions.

2.9 Reflecting on sexual feelings in supervision in Counselling Psychology

Murray and Sommers-Flanagan (2014) have addressed the issue of sexual attraction in supervision. They noted that, despite there being the obvious presence of sexual feelings in some therapeutic relationships, when Ladany (2004) completed a review of research, it was found that supervisors would rarely explore the possibility of sexual attraction. This disparity is perplexing given that sexual feelings are explored in depth in some of the therapeutic modalities. It is arguable that the lack of reporting surrounding sexual feelings in therapy is entwined with the idea that such feelings are 'taboo'. This argument is consistent with Pope et al.'s (2006) findings that during training and supervision sex and sexuality are often viewed as taboo by the therapists.

Since the time of Freud (1900's), sex between therapist and client has been prohibited. It is arguable that as a consequence it may be challenging for both clinician and client to explore their own sexual feelings in therapy, as they are so closely connected to unethical behaviour. To even admit one's own thoughts and feelings being related to sex in some capacity may be deeply shaming. As Murray and Sommers-Flanagan (2014) note, talking directly about sex and sexuality is a socially constructed taboo. Furthermore, shame and guilt often accompany the experience of sexual feelings, and the therapist needs to experience the environment as safe and supportive in order for them to explore their feelings.

Another reason that Murray and Sommers-Flanagan (2014) suggest that sexuality is often unexplored in supervision lies in the fact that the therapist has to fulfil a requirement by attending supervision. All therapists enter into a supervisory relationship whereby the supervisor is evaluative. Therefore, it is posited that some therapists may feel that, if they were to discuss such a taboo topic, such a disclosure may be associated with damage to the supervisory relationship and concerns over therapeutic practice.

Stake and Oliver (1991) found that only half of psychologists experiencing sexual feelings would seek supervision and consultation in this area and only 19% disclosed their feelings to their own therapist. Their research found that those who did not explore their feelings in supervision did not do so due to anxiety and shame and a fear their supervisor might judge them. Pope et al. (1993) built on this research, suggesting that therapists may feel that if they are to disclose their sexual feelings, their motivation and behaviour towards their clients might be questioned.

The importance of supervision or analysis cannot be undervalued and it is particularly relevant with a topic that is predominantly seen as 'taboo' and 'unspoken'. This research intends to explore the un-explorable, with the intention of breaking a silence within which the therapist feels constricted in what they can and cannot explore.

2.10 Building on current research

Although this literature review has predominantly commented on the relative dearth of literature exploring sexual feelings with male sex offenders, there is a small amount of research that has explored this phenomenon. Hence, the existing research in this area will be presented, in order to provide a solid rationale for the development of the current research.

Ellerby, Gutkin, Smith and Atkinson (1993), as cited in Ellerby (1997), explored the effect that working with sex offenders may have on clinicians' sexuality. Ellerby et al. (1993) found that over a quarter of therapists experienced a reduced interest in sex and a reduction in sexual behaviour. His research also found that some therapists, approximately 11%, experienced sexual thoughts, fantasies and feelings towards offenders. The research found that 32% of male therapists and 21% of female therapists also acknowledged experiencing sexual arousal with regard to the clients' non-offending sexual history. An even higher proportion of male therapists (42%) reported sexual arousal with regard to offenders' accounts of deviant and sexual offending behaviours. However, only 16% of female therapists reported arousal concerning sexual offending details. It is important to note that despite Ellerby's interesting findings, the research can only be seen as preliminary given the small sample sizes and the focus purely on specialists working in sex offender treatment. Perhaps one of the most

enticing components to Ellerby's (1997) contribution is the recognition that managing the risk of sex offending is crucial to community protection, hence, clinicians working with such clients should be supported in every way possible.

In similar research, Jackson, Holzman, Barnard and Paradis (1997) studied the professional and personal impact of working with sex offenders on practitioners. The research found that a high proportion (67%) of the clinicians working with sex offenders experienced visual images of sexual assaults committed by the clients. This high percentage is astonishing and highly significant, given the reactions the clinicians allocated to experiencing such images: 21% described the images as painful and disturbing; 19% described them as repulsive; and 1% described them as arousing. Although Jackson et al. described feeling surprised at the amount of clinicians who acknowledged experiencing sexual fantasies triggered by offending behaviour, the research did not explore in depth the personal experience of such feelings.

Perhaps the most significant literature connected to the current research is by Gerber (1995). Given that this literature is over 20 years old, it seems extraordinary that this is the most recent, connected research. Gerber (1995) wrote an insightful commentary on the occurrence of sexual attraction in the countertransference with sex offenders. Gerber argues that discussing fantasies and sexual attraction in therapeutic work is not acceptable in American culture. Moreover, he comments that although discussing sadistic sexual fantasies is taboo, acknowledging and exploring 'positive' sexual ideation and arousal around clinical work with sex offenders comes with an extreme reluctance. He argues that by ignoring the 'positive' sexual arousal, we are neglecting to acknowledge the powerful influence that such countertransference can hold on our therapeutic practice.

Gerber's phenomenological approach recognises that the clinician and the client both come to the relationship as sensing, sexual beings, whereby our sexual behaviour is predetermined – not by our personal experiences and fantasies – but socially constructed by what we deem 'sexual'. He again notes something crucial to this area of research, that whether sexualised reactions are examined in therapy will largely depend on the therapeutic modality, as explored earlier with the greater recognition of sexual feelings explored in therapy using the psychoanalysis model of erotic countertransference. Lastly, he notes that sexual arousal can occur to the offender particularly when working with the victim side of them, but, he re-asserts, sexual thoughts and feelings are rarely discussed in therapeutic work with sex offenders, either in a formal or informal setting.

Although insightful and stimulating to read, Gerber does not provide any of his own research to back up his commentary, but rather uses his experience of working in an adolescent sex offender unit and his knowledge of existing research to reinforce his claims. Hence, a more thorough analysis of the experience of sexual attraction/feelings when working with sex offenders is necessary.

2.11 Rationale and aims for the present research

Although there is research highlighting the occurrence of erotic countertransference and a couple of papers even with a focus on sexual offenders, much detail is lacking in exploring the personal impacts of such therapeutic work. Furthermore, there is no research that adopts a phenomenological approach to explore subjective experience of sexual feelings with sex offenders. Counselling Psychology would benefit from understanding clinicians personal experiences of erotic countertransference or sexual feelings and exploring the meaning and emotions surrounding this subject matter.

Tapping this unexplored area would enable therapists to investigate a relatively 'taboo' phenomenon, which, instead of creating distress and discomfort for the clinician, could be used to create an opportunity for both therapist and client growth.

By not exploring this phenomenon it is arguable that therapists are colluding with their clients; that by not entertaining the possible occurrence of sexual feelings in therapy with sex offenders they are continuing to present sexual feelings as 'taboo'. An additional risk of not exploring this phenomenon is that therapists will continue to experience feelings such as shame and guilt around perhaps quite 'normal' feelings. This in turn will continue to create discomfort and a feeling of incompetence. If there were greater training and dialogue around sexual feelings with sex offenders then the clinician would be likely to feel more comfortable in exploring such experiences. The sex offending client group is marginalised and vilified; hence the therapist is already experiencing emotions and feelings prior to meeting the client. Thus, Counselling Psychology would profit from breaking the silence around our sexual feelings with sexual offenders, so that our awareness can influence our practice. By exploring the phenomenon the silence is broken and this is likely to have a great impact on therapy and supervision. Arguably, if therapists are allowed to explore all of their feelings towards their clients, then they can be more congruent and confident in the therapeutic relationship.

Lastly, on a personal level, I would have liked to have known about other therapists' lived experiences of sexual feelings when working with sex offenders when I was experiencing difficult and uncomfortable feelings myself. There are so many questions still to be answered in this area:

How do therapists experience their feelings with sex offenders? What is the impact of sexual feelings with sex offenders? How does one manage sexual feelings? How does a therapist talk about the ‘taboo’? Are there unique aspects to sexual feelings with sex offenders? How does one make sense of their experiences?

All of these questions are connected to the central aim of this research: **To explore therapists’ experiences of sexual feelings when working with male sex offenders.**

Chapter 3

METHODOLOGY AND PROCEDURES

3.1 Methodology

3.1.1 Research design

This research seeks to explore therapists' experiences of sexual feelings when working therapeutically with male sex offenders: it was found that following a qualitative approach allowed for a deep exploration of the individual's personal experience of sexual feelings when working with this client group. Semi-structured interviews were conducted to gather data. From the epistemological position of interpretative/hermeneutic phenomenology, data was analysed using an Interpretative Phenomenological Analysis (IPA) approach.

3.1.2 Choice of methodology and philosophical considerations

3.1.2.1 Rationale for using qualitative research

A qualitative approach was adopted for this research as it is concerned with the quality of a phenomenon and creating original meaning. Quantitative research was not used as it focuses on quantifying and measuring a phenomenon (Langdridge, 2004). Quantitative research is also concerned with numbers and frequencies and on creating results that are generalisable to a wider population. In contrast, this research was interested in the description and interpretation of the research participants' own lived experience and how they make sense of this. Another major reason for using a qualitative approach was that this research adopted an inductive approach – the intention was to understand the phenomena in its appearance rather than from a particular theoretical standpoint. Therefore the quantitative use of a hypothetico-deductive approach to obtaining knowledge was not suitable for this research.

Neither did this research want to follow a quantitative approach that set out to test a hypotheses or theory. If it were to have adopted a quantitative approach, its intention would have been to compare groups and investigate the number of occurrences of sexual feelings in a therapeutic setting when working with male sex offenders. Conversely, this research wanted to use a phenomenological approach allowing exploration of the individual's lived experience (Husserl, 1970) rather than drawing on convergences within a larger sample to support wider conceptual explanations (Nunn, 2009). Furthermore, by using a, '*bottom-up'* approach, it was possible to explore small amounts of data in great depth, thereby creating context-specific rich data (Willig, 2012).

3.1.2.2 Epistemological position

The primary interest for this research is that of experience; the research intends to interpret and analyse individuals' personal experiences of the specific phenomenon of sexual feelings when working with male sex offenders. Therefore, the research adopted a phenomenological approach to acquire knowledge through understanding experience. Furthermore, given the interpretative nature of the analysis, the epistemological position of this research is placed in interpretative/hermeneutic phenomenology[1].

In understanding the epistemological position adopted for this research it is important to first understand the foundations of phenomenology and then my decision to go further and adopt an interpretative phenomenology position rather than a descriptive phenomenology stance.

[1] For the purpose of this chapter interpretative and hermeneutic will be used interchangeably for the epistemological stance.

Phenomenology is a philosophical approach to the study of subjective experience. The intention of phenomenology is to return to embodied experiential meanings aiming for rich, detailed, complex descriptions of how the phenomenon is concretely lived (Finlay, 2009). A phenomenologist's intention is not to understand what is 'going on' but to understand the experience of a phenomenon. Giorgi (1989) concisely argues that phenomenology is descriptive, uses phenomenological reductions, explores the intentional relationship between people and situations and discloses the structures/essences of meaning in human experiences. According to Smith, Flowers & Larkin, (2009), the founder of phenomenology, Husserl (1962) was concerned with how someone might come to know and understand their own experience of a given phenomenon, potentially allowing them to identify some of the qualities of the specific experience. Smith et al (2009) provide a summary of Husserl's (1962) works stating that Husserl believed that if an individual were able to do this they might be able to 'transcend' the circumstances of their appearance, which might highlight a given experience for others. Husserl (1962) spoke of the importance of stepping outside our 'everyday experience' in order to study that 'everyday experience' – he spoke of the reflexive move whereby the phenomenologist will turn their gaze from an object in the world to the perception of those objects (Smith et al, 2009). He spoke of 'intentionality' and argued that every 'act of consciousness' is an experience 'of something' (Langdridge, 2004).

Husserl (1962) spoke of the epoché, a process where we attempt to remove our preconceived ideas from things we are investigating. He suggested that in adopting a phenomenological attitude the researcher must 'bracket' the outside world through a series of reductions. Husserl believed that in order to understand the experience as a given phenomenon, the researcher must use these reductions to move away from the

distraction and misdirection of their own preconceptions and assumptions (Smith et al, 2009).

At this stage I would argue that my epistemological position is phenomenological, given my intention to explore rich descriptions of lived experience while adopting a phenomenological attitude. By refraining from allowing external frameworks to become entwined in the participant's lived world, I intend to set aside judgements about the 'realness' of a phenomenon (Finlay, 2009). Furthermore, adopting this stance allows me as the researcher to step into and enter an individual's world – thus gaining access to the experiential world of the participant (Willig, 2012). Consequently, although it is suggested that this research could have adopted a purely descriptive phenomenological stance, it is important to understand my decision to adopt an interpretative/hermeneutic phenomenological approach.

My epistemological position is deeply rooted in the philosophy developed by Heidegger. Heidegger (1962) began to move away from a transcendental phenomenological approach and started to develop a hermeneutic phenomenological philosophy. He questioned the possibility of acquiring knowledge outside an interpretative stance and was concerned with how the world appears to an individual and how that individual makes meaning of their world. Furthermore, he argued that 'intersubjectivity' – the relational nature of our engagement in the world – is central to phenomenology (Smith et al., 2009) and to our ability to make sense of the world and each other. Consequently, Heidegger (1962) shifted phenomenology from the descriptive and transcendental approach of Husserl (1962) to a more interpretative position.

Descriptive phenomenology is concerned with capturing experience. However, it does not go beyond the data because it does not aim to account for and explain the experience or attribute any meaning to it from outside the actual experience (Willig, 2012). Interpretative phenomenology, in contrast, does not take the data at 'face value' and allows the researcher to consider the individual's account and reflect on its position in relation to its wider meanings. Heidegger suggested that '*the meaning of phenomenological description as a method lies in interpretation' (1962, p. 37).* Interpretative phenomenology was borne out of the work of hermeneutic philosophers and it is through this work that my epistemological position of interpretative hermeneutic phenomenology has developed.

Hermeneutics relates to the philosophical notion of interpretation. Heidegger taught that hermeneutic phenomenology is interested in examining something that is hidden or latent as it comes to light (Smith et al, 2009). As such, a hermeneutic phenomenologist's intention is to examine the phenomenon as it appears to them and then to move beyond describing the phenomenon and on to using analytic thinking to make sense of what has appeared. In addition, Heidegger (1962) comments that although it is important to be aware of one's own fore-conceptions (prior experiences and preconceptions), through interpretation, priority should always be placed on the new object rather than on our preconceptions (Smith et al., 2009).

Thus, hermeneutic phenomenologists do not have to 'bracket' but rather be aware of our fore-structure and the impact that these fore-conceptions could have on our interpretation of the phenomenon (Davidsen, 2013). As a hermeneutic phenomenologist it is arguable that the importance lies in being aware of pre-existing beliefs but not closing these off. As Finlay (2009) asserts, the researcher must bring 'critical

awareness' to her own subjectivity and assumptions and be conscious of what impact this may hold for the research process.

By adopting an epistemological position of interpretative/hermeneutic phenomenology the intention was to position the initial 'description' of the phenomenon into a wider social, cultural and theoretical context (Willig, 2012). This then allowed for a critical commentary to be made on the participant's sense making of the phenomenon. In conjunction with Willig's (2012) discussion on phenomenological epistemology, by adopting this interpretative phenomenological position, I intended to reach further into providing meaning to participants' experience in a way that the participants may not have been able to. Much like Heidegger (1962), as a researcher I believe that phenomenology cannot be purely descriptive as it will always involve an element of interpretation and it is this interpretative element of phenomenology that drove this research.

3.1.2.3 Rationale for IPA

Although it is obvious from my epistemological position why a phenomenological approach and indeed an interpretative phenomenological approach was chosen for this research, it is essential to comment on the other reasons why IPA was chosen rather than another qualitative approach. For example, it is arguable that grounded theory could have been an appropriate methodological approach for this research. However, this research did not intend to create and develop theory. Grounded theory strives to create new theory separate from previous theory and to create a model of what is going on (Coolican, 2014). Conversely, this research aimed to take an exploratory approach to therapists' sexual feelings when working with male sex offenders as a novel experience.

Another alternative theoretical approach for this research may have been discourse analysis. However, discourse analysis was not considered due to its heavy emphasis on language. The way in which participants talk and provide meaning through language was not the focal point of this research; therefore discourse analysis was not considered an appropriate method.

A phenomenological approach was adopted for this research as it involves a rich description of the participants' life or lived experience while the researcher holds an open phenomenological attitude, ignoring judgments about the phenomenon (Finlay, 2009). In addition, using a phenomenological approach allows exploration of embodied experiential meanings, aiming for rich descriptions of a phenomenon in the way it is concretely lived (Finlay, 2009). This approach was identified as the most appropriate, as it is not deductive but explorative and thereby allowed experience to be explored in its own terms (Smith et al., 2009).

It is important to highlight that an interpretative phenomenological approach was adopted rather than a descriptive phenomenological approach. Although all phenomenological research is descriptive in that it attempts to describe rather than explain, descriptive phenomenologists stay close to the meaning structures whereas interpretative phenomenologists interpret the data and focus on 'being in the world' (Finlay, 2009, p. 11) of the participant. By adopting an interpretative phenomenological approach, I was able to take on the individual's account (descriptive) but also reflect on its position in relation to its wider meanings. The interpretative element means that it is also possible to explore the experiences in the context in which they appear.

IPA was chosen as it attempts to explore what certain experiences may be like for a particular person and how that person individually makes sense of his/her experiences,

consequently intending to reveal something of the experience of the participant (Smith et al., 2009). This idiographic and inductive approach seeks to explore participants' lived experience and is phenomenological, based on its concern for individual's perceptions. It permits exploration of a personal experience, positive or negative, while focusing on the significance that this experience holds for the participant. Another reason for using IPA was that adopting an interpretative approach allowed me to become a part of the phenomenon without having to bracket the self. This is in contrast to descriptive phenomenology that insists on bracketing all biases.

Furthermore, Smith et al. (2009) comment that IPA is widely adopted for research on sex and sexuality due to its ability to challenge understandings based around 'othering people' (pp. 143.), pathologising and medicalising behaviours. Therefore, given that the essence of this research was to explore therapists' individual experience of sexual feelings, and how they make sense of these experiences – with the intention of revealing something about the participants' experience – IPA was the most appropriate method to use.

3.1.2.4 Overview of IPA

IPA was developed in the UK by Jonathan Smith in the 1990s and has grown increasingly popular as a qualitative approach in psychology. IPA is interested in the detailed examination of lived experience (Smith et al., 2009). Moreover, IPA aims to explore how participants make sense of their personal and social world and what meaning they provide to these experiences (Smith & Osborn, 2003).

Smith et al (2009) show that IPA has philosophical underpinnings in phenomenology, hermeneutics and idiography. They argue that IPA is phenomenological as it intends to

explore experience in its natural occurrence and as Heidegger (1962) suggested, phenomenology includes an interpretative element and it is this that connects IPA to hermeneutics. Lastly, Smith et al comment that IPA adopts an idiographic approach in its commitment to explore people's experience in particular contexts as a single case, before moving to making general claims.

Husserl was the founder of phenomenology in the early 20th century and spoke about the careful examination of human experience. IPA continues to adopt Husserl's argument that everyday experience can be either first-order activity or second-order mental or affective responses to that activity (Smith et al, 2009). Thus, IPA is interested in examining subjective experience of 'something'. Smith et al (2009) state that phenomenology explores 'something' that already exists; that without research the phenomenon would already be in existence. Consequently, IPA explores the 'everyday' where it becomes an experience, of a particular moment or 'thing', which holds significance to a person. Smith et al (2009) argue that experience is never accessible as we witness it after the event. As such it is argued that IPA holds that a person is sense making and meaning is only placed on the experience after the experience is itself experienced. Furthermore, it is through the work of philosophers such as Husserl (1962/70) and Heidegger (1962) that IPA was developed as an experiential phenomenological approach.

IPA is hermeneutic as analysis involves interpretation. It was Heidegger (1962) who first spoke of the interpretation in phenomenology and argued for the notion of 'appearing' suggesting that there is always a phenomenon visible but that the researcher must work hard to bring this to the forefront and then make sense of it when they have done so. The IPA researcher holds an active role in order to make sense of what is being

said by the participant and to get closer to their world (Smith & Osborn 2003). IPA speaks of the researcher gaining an 'insider's perspective', although it is agreed that the researcher cannot do this completely, due to the presence of their own conceptions (Smith & Osborn, 2003). Thus, the dynamics of preconceptions can be viewed as a 'hermeneutic circle' within the research process.

Smith wrote about the 'whole' as the researcher's ongoing biography and the 'part' as the new encounter with the participant (Smith et al., 2009). The hermeneutic circle identifies that the process of analysis is iterative and that the researcher will move back and forth as they complete each step of the analytic process. The researcher's relationship to the data will shift back and forth, meaning that their understanding of the data and meaning-making may happen at any stage, offering different perspectives on the part-whole coherence of the text (Smith et al., 2009).

In order to access the participant's world the researcher must be aware of their own pre conceptions, while acknowledging that these are necessary in order for the researcher to make sense of their own world and the participant's world through interpretation. This process is called the 'double hermeneutic', whereby the participant attempts to make sense of their world while the researcher attempts to make sense of the *participant* making sense of their world (Smith & Osborn, 2003). Thus, the participant's meaning making is 'first order' and the researcher's is 'second order'. Moreover, Smith and Osborn (2003) argue that IPA combines an empathic and questioning hermeneutic position. As such the IPA researcher attempts to adopt the 'insider's perspective' to see what the participant's view is like while simultaneously looking at them from a different perspective and asking critical questions of the texts from participants.

Larkin, Watts and Clifton (2006) comment that IPA is generally pitched as idiographic – a term generally associated with researching 'individual persons', as well as accounting for the more historic philosophical approach to idiography, which is concerned with the 'particular'. IPA is committed to the 'particular' and must be thorough and systematic in its attention to detail and depth of analysis. IPA's second idiographic principle emphasises the importance of understanding how particular experiential phenomena can be understood from the perspective of 'particular people, in a particular context' (Smith et al., 2009). IPA is not interested in creating generalisations but focuses on single cases in their own right. By using this idiographic approach IPA is able to offer accounts of particular experiences in great depth – thus intending to create data that when analysed could contribute significantly to the field of psychology.

Smith and Osborn (2003) focus on the importance of IPA as an idiographic approach. They say that by completing a case-by-case analysis of a small number of participant transcripts, the researcher can say something detailed about the individual's lived experience but also about the particular group. Although this approach opposes the more dominant nomothetic approach to psychological research, it does allow for the research to make specific statements about the individuals taking part in the research.

Given the three philosophical approaches underpinning the foundations of Smith's IPA, I believe that this is a sturdy approach for this research. Furthermore, as this research intends to explore a small sample's experience of a specific phenomenon in great depth, IPA is the most appropriate research method. Limitations to this approach will be explored in the discussion chapter.

3.1.3 Reflexivity

On commencing this research, I was unaware of how important reflexivity would be in the on-going development of both the interview process and analysis. As my research journey continued I focused on spending more time reflecting on my role as a researcher – in particular on how my own preconceptions may affect my interpretations, but also on my self and how the research could affect me as an individual.

3.1.3.1 Personal reflexivity

This area of research was of particular interest to me as a trainee Counselling Psychologist, given that I worked with male sex offenders for three years and experienced the phenomenon I was researching.

As a trainee psychologist working in a forensic setting, I often felt an inability to explore some of the intense feelings I experienced when working with offenders. In particular I found the greatest challenge to be in my therapeutic work with male sex offenders. I recall feeling extremely uncomfortable and lacking in confidence when discussing some of the feelings I was experiencing, both non-sexual and sexual. Working with such sexual content felt suffocating when unable to explore this with other clinicians and supervisors. Furthermore, I felt unable to use this content and phenomenon to nourish the therapeutic relationship and the more I began to think about how I couldn't talk about some of my feelings, the more I felt compelled to research this area.

I feel it is important to recognise that I experienced feelings of embarrassment about feeling sexualised by some of the male sex offenders I worked with. I often felt objectified and at the more severe end of the spectrum I felt abused and psychologically

violently sexualised. I sometimes experienced such anger towards these clients that I felt repulsed and experienced a desire to run away from them. I also noted that different sexual crimes would elicit different responses in me. It was these intense experiences that made me question why this subject was not talked about, that I could not be the only therapist experiencing such feelings.

I felt confused around some of my feelings and experienced the 'taboo silence', a phenomenon referring to the silence around discussing taboo topics. Thus, I felt this to be an extremely important area to explore, suspecting that the societal taboo of experiencing sexual feelings may hinder potential therapeutic growth. As a trainee psychologist I believed that allowing a discussion of such a subject would enable a greater understanding of sexuality and how to use these experiences productively to encourage therapeutic growth.

Conducting the research was at times very challenging. While intending to remain neutral I often felt disempowered and frustrated. I realised that at times I felt angry that participants had agreed to be interviewed, but then they felt unable to talk about sexual feelings in their therapeutic work. I also became concerned that my desire for them to talk about sexual feelings and their fear to explore this phenomenon might lead me to influence the research – and that I might hold opposing views to participants rather than an impartial view. However, in conducting the research I felt able to withhold my own views and enter the participant's world. Perhaps it is due to my Counselling Psychology training that I felt comfortable in conducting flexible yet concise interviews with participants.

On a personal level, I feel that learning about other therapists' subjective experiences of sexual feelings has allowed me to grow as a therapist and helped me to hold a more objective view of my research. I also feel that researching sexual feelings has allowed me to understand and validate my own experiences as well as normalise the occurrence of a taboo phenomenon. Through conducting this research I was able to interpret a phenomenon while drawing themes from personal individual experiences and accounting for my own influence on the research.

3.1.3.2 Methodological reflexivity

One of the most challenging notions for me in constructing my research was the phenomenological idea of 'bracketing' pre-existing thoughts and beliefs when completing my interviews and analysis. To me, this notion seemed not only impossible but also undesirable. I think it was at this point that I realised that I was a hermeneutic phenomenologist rather than a descriptive phenomenologist and that I follow the work of Heidegger most prominently. I learned that, while I could strive to be aware of my fore-conceptions, bracketing could probably only be partially achieved. In reality I felt comfortable with trying to achieve bracketing but also allowing my pre-existing ideas and conceptions to move me forward with my interpretations of the data. Instead of trying to achieve epoché, I attempted to remain neutral so as not to impose my own way of seeing the world onto my participants.

Another challenge for me in conducting this research lay in my confidence as a researcher at doctoral level. I recall receiving an email from a clinician stating that they would not be willing to participate in my research as they felt the topic was too sensitive for a trainee. Upon receiving this email I felt disempowered and began to feel concerned that this may indeed be too sensitive an area for me. I could not help but wonder why

this therapist had felt compelled to respond to my recruitment email, only to tell me they did not agree with it. I wondered whether this might be another example of their feeling such discomfort that they felt enraged merely by my recruitment flyer – maybe my topic was such a taboo that it could elicit such a response from someone with no intention of participating. However, I received responses from six participants who felt comfortable to be interviewed and this immediately restored my confidence in my ability to conduct this research.

At the beginning of analysis I was concerned about the length of the interviews – the shortest was only 40 minutes. However, upon more detailed examination I found there was great depth to the material provided by all six participants. I was initially surprised by the content of the interviews, naively believing that participants' might speak of very similar experiences to my own. This served as a clear reminder of the importance of interpreting personal experiences. I felt it was essential to be aware of my own work with this client group and although I intended to remain neutral during interpretation of data, it is likely that my own experiences may have shaped the way in which I interpreted some of the data. It is also likely that my own interests and experiences may have impacted the areas that I pursued during interviews. However, I am aware that this serves as a part of the hermeneutic circle and is important for the discussion section of this research.

Lastly, when reflecting on my methodology I think it is important to highlight my decision to recruit only therapists working with male sex offenders. I made this decision as my personal experience is in working with male sex offenders and I felt that this phenomenon was a taboo topic that I nevertheless felt unable to discuss. Furthermore, I felt that given the limited number of convicted perpetrators of sexual offences, the

research might have suffered in trying to expand to include therapists working with both female and male offenders.

3.1.4 Rigour

In order to assess the quality of qualitative research I focused on Yardley's (2000) criteria for establishing quality research. It is my intention to display how I intended to conduct research that would meet Yardley's criteria for what she labels 'validity' – but only the reader can decide if they feel that these criteria have been met. Yardley (2000) presents four principles that can be used to assess the quality of qualitative research: (1) Sensitivity to context, (2) Commitment and rigour, (3) Transparency and coherence and (4) Impact and importance. I will identify how I attempted to meet each of these criteria.

Sensitivity to context

From the early stages of research my intention was to achieve sensitivity to context. By adopting IPA I was able to explore a sensitive topic in a non-invasive way for participants. I conducted a thorough literature review and investigated the most sensitive ways in which to conduct the interview process. I intended to show sensitivity to context by showing empathy and attempting to help the participant feel comfortable so they could begin to try to make sense of their own experiences. Lastly, I provided verbatim extracts in the research, which Yardley argues will allow the participants to have a voice in the project, where the reader can check the interpretations being made.

Commitment and rigour

I attempted to show commitment and rigour to the research by conducting detailed, in-depth interviews where I could attend closely to the participant while striving to ensure that the participant felt comfortable and heard. In order to show rigour, I carefully

selected participants who had experience of working therapeutically with male sex offenders, in order to match the intentions of the research question. I also intended to provide idiographic engagement, moving from simple descriptions in analysis to concrete interpretations, thus allowing the reader to understand something important about the individual and the themes identified through analysis.

Transparency and coherence

I carefully described all the processes of the research and intended to demonstrate transparency by detailing the methodological and analytic process used for the research. Furthermore, coherence is hopefully demonstrated through my concise and coherent argument for the theory, epistemology and analysis chosen.

Impact and importance

Yardley's final principle is that of impact and importance. She argues that one of the key ways in which to access 'validity' is to identify whether the researcher has provided something useful to the field or something that is important or interesting. Given that there is limited research in this area, this research intended to provide an important insight into personal experiences of sexual feelings when working with male sex offenders. I argue that this is important and interesting in that it fills a necessary gap in Counselling Psychology research. The relevance of this research and this last criterion is examined further in the discussion section of this portfolio.

Finally, as Yin (1989) suggests, another way of ensuring validity in qualitative research is to file all data in a way whereby any person could follow the chain of evidence from initial thoughts and documentation all the way through to the final report and submission. Therefore, I consistently kept all data in a methodical order so that there

was a logical step-by-step process leading to the completed report. This intended to illustrate the rigour of this work.

3.2 Procedures

3.2.1 Sampling and participants

This research focused on the experience of therapists' current or historic therapeutic work with male sex offenders. Any therapists who currently or historically worked therapeutically with at least one male sex offender were eligible for participation – therefore participants varied in job title from psychotherapists to psychologists. However, there was a strict inclusion criterion that the participant had to be currently providing therapy/assessment for, or have previously provided therapy/assessment for, male sex offenders for a minimum of four sessions. This allowed for a richness of therapist experience and the possibility of therapeutic rapport to have been developed. Any interested participants who had not provided direct therapy/assessment to male sex offenders or who had completed less than four sessions with their client were excluded from this research.

Although there may have been some merit in assessing therapists working with female sex offenders, for this piece of research only therapists working with male sex offenders were approached. I felt that if therapists working with female sex offenders were to be included the research would change its area of interest. Participants' therapeutic experience may have come from individual or group therapeutic work with male sex offenders.

Due to the nature of Interpretative Phenomenological Analysis and its emphasis on depth of experience, recruiting six to eight participants was deemed suitable for the

research. After gaining both University Ethical Approval (appendix 1) and National Health Service[2] Research and Development Approval (appendix 2), I was approved to place advertising through one of the NHS Trusts.

A recruitment flyer was sent (appendix 3), via email, to a Director of Service within this Trust, which was then distributed to potential participants working with sex offenders in the Trust. Private practices where clinicians work with male sex offenders were also contacted. In the recruitment of participants working in private practice, I emailed information about the research to practices and suggested that they make contact with me should they be interested in participating. In order to be a transparent researcher and avoid deception, I ensured that all recruitment materials explained the details of the research and clearly stated that the research intended to explore experiences of sexual feelings when working with male sex offenders. All six participants who responded to the recruitment flyer met the recruitment criteria and were interviewed and included in this research.

3.2.1.1 Participants

Six therapists responded to the recruitment flyer, stating that they would be interested in taking part in this research. All six were currently working with male sex offenders. There were four male therapists interviewed and two female therapists interviewed. Three of the participants were Clinical Psychologists and three were Psychotherapists. The three Clinical Psychologists were recruited from the NHS site and the three Psychotherapists responded to emails sent to private practices where therapists working with sex offenders are based. Basic biographical details of the participants were collected, including their profession, gender, age, country of origin and sexuality (appendix 4) and this information was collated in a participants' table (appendix 5). In

[2] Referred to as NHS thereafter.

particular gender, age and sexuality were deemed important when exploring personal experiences of working with this client group, due to the nature of the research.

3.2.2 Interview schedule and data collection

The preliminary stage of this research was an initial conversation on the telephone with potential participants, where the nature of the research was explained and they were given the opportunity to ask questions. The reason for the pre-interview was to ascertain for how long, and in what context, the potential participants had been working with male sex offenders and whether they were willing to speak about their experiences.

By using initial telephone consultations, appropriate participants were highlighted prior to receiving consent forms and information sheets. Those interested were given the chance to learn about the research before committing to participation.

All six participants who engaged in this pre-interview were provided with an information sheet (appendix 6) via email. Identified participants were then invited to meet at their work place or at the City University campus in an interview room in order to complete a one- to two-hour interview. All participants opted to be interviewed in their work place. Interviews lasted between 40 and 60 minutes. Although this seemed relatively short in comparison to what was initially anticipated, the depth and richness of data obtained was surprising. The apparent resistance to speak for longer than 60 minutes also provided rich material for analysis.

Initially, participants were asked to read through the information sheet again and to provide biographical information. This was to allow participants to be sure they wished to take part and to take demographic information. Each participant was provided with a

consent form (appendix 7) detailing that their interview would be audio recorded and the collected data used for analysis purposes. The form also stated that all data would remain confidential and that the participant could withdraw from the research at any stage prior to analysis. After signing the relevant forms, participants engaged in a semi-structured interview.

The interview schedule adopted the guidelines set out by Smith and Osborn (2003) and was designed to take an explorative stance, remaining neutral while exploring the participants' lived experience while accounting for my own personal agenda. Given the nature of semi-structured interviews, I was able to dually engage in a dialogue with the participants, where initial questions from the interview schedule could be modified in light of the participants' response. Furthermore, participants were able to lead the questions if the content of their initial answers was of an area of interest for both participant and/or myself. Therefore, there was a loose interview schedule with example questions (appendix 8) but this was flexible for each individual interview.

The initial question on the interview schedule asked participants about their general experience of working with male sex offenders. Participants were invited to talk about their previous and current employment. They were then asked about their feelings about working with male sex offenders. These questions were asked in order to make the participant feel at ease and comfortable enough to be open. Participants were then asked about a specific time in which they had experienced sexual feelings towards a male sex offender. Depending on their responses they were asked about specific emotions – how long these feelings lasted, feeling perturbed or negative about the feelings and how they worked through the feelings. Participants who were evasive during these questions were

asked about their generic feelings towards their therapeutic work with male sex offenders and the experience of 'sexual feelings' was explored.

Although this research was not intending to explore a particular theory, it was interested in exploring the phenomenon of sexual feelings in therapy when working with male sex offenders. Therefore, specific interview questions were designed to explore this phenomenon. However, due to the individual nature of this research and the desire to explore individual experiences, every interview was different in the questions that were asked.

Upon completion of the interview, participants were provided with a debrief sheet (appendix 9), detailing organisations which could be spoken to in confidence. This was provided as an assurance for participants if they had felt that participation in the research had caused harm or distress. They were then given the opportunity to ask any final questions and were thanked for their participation.

This research did not require any materials apart from a digital audio recording device and semi-structured interview guide. The audio recorder was used with every participant in order to transcribe the interview.

3.2.3 Transcription

Audio recordings of all six interviews were uploaded to the secure laptop being used for this research. I listened to the audio file at least once before transcription and then twice post-transcription to ensure accuracy. Each interview was then transcribed in full individually. As such I was able to remain close to the data. Transcripts were written verbatim; for example for every long pause '…' was used and all vocal utterances such

as ‘umm’ and ‘ahh’ were included. This was to allow the written transcript to be as close to the audio file as possible.

3.2.4 Ethical considerations

This research adhered to the ethical guidelines set out by the British Psychological Society code of conduct (2009). The research was granted full ethical approval by City University (appendix 1) before gaining ethical approval through NHS Research and Development (appendix 2) to recruit participants from one specific NHS Trust.

One of the directors at the selected NHS site was given the recruitment flyer to approve before distributing via email to colleagues. Participants recruited through private practice were given the autonomy to offer themselves for participation or ignore the recruitment email. Informed consent was collected before participation in the interviews and the research aims and objectives were clearly explained. Participants were advised that should they wish to withdraw, they could do so at any stage, without explanation, up until the beginning of analysis. Participants were ensured of confidentiality throughout, with the exception of participants reporting risk, for example sexual, violent, to himself/herself or another person. Furthermore, participants were advised that if they were to disclose that they had acted on their sexual feelings, this information would be discussed with the research supervisor and due to professional obligation would be elevated to the professional body to which the participant belonged.

To ensure anonymity, any identifying information was changed and pseudonyms were provided for participants’ transcripts. Participants were asked if there were any areas they would not discuss, this was then accounted for in order to reduce the possibility of embarrassment and discomfort during interview. Participants were advised that they had the right to refuse to answer any question they did not wish to answer.

Audio recordings and transcripts were encrypted and placed in a locked cabinet in my home. Transcription was completed in private through headphones. The biographical information sheet showing the participant's real name was kept in a separate locked cabinet and was not shown to anyone. Any digital recordings or records were password protected on my computer at home.

After the interview, participants were provided with details of support and counselling services in a debriefing form (appendix 9). Information on external supervision was also offered should participants have expressed discomfort in discussing sexual feelings with their supervisor. Participants were then invited to discuss anything that they had found difficult in their interview. Participants were offered the possibility of receiving a condensed version of the research and its findings, should they wish, at the completion of the research.

Any effects on myself were explored in personal therapy and clinical supervision, safeguarding against personal psychological distress.

3.2.5 Analytic strategy

The following analytic process was conducted with all six participants' transcriptions. After the transcriptions were completed, I listened to each interview before initial analysis began on the transcript. The transcripts were also read twice while listening to the audio recordings so as to ensure that all of the transcriptions were verbatim and to allow myself to become closer to the data.

Initially I made notes and wrote anything that felt relevant in the left-hand margin of the text. This included thoughts, interpretations, observations, feelings and reactions. This

initial note taking was of great importance in beginning to understand the way in which the participant views the world and in interpreting the world through their eyes. In the early stages of analysis, Smith, Flowers and Larkin's (2009) argument that there are three types of comments was followed. These are: descriptive comments, where the theme of the speech is summarised; linguistic comments, which focus on the language and paralinguistic features, such as laughter and long pauses; and conceptual comments, which make up the interpretative component of IPA.

Following the structure of IPA the second stage of analysis was concerned with identifying themes. Here I began to highlight initial themes through finding meaning in the text – these initial themes were then placed in the right-hand margin. The next stage of the analysis was to create structure between the themes. The initial themes were then developed and structured into clusters according to their meaning. Thus, depending on the interpreted hierarchy, themes were formed as superordinate or subordinate and all clusters of themes were labelled. An example of note taking and how the themes emerged can be found in appendix 10.

It is important to note that when analysing data, I returned to the text throughout to ensure that interpretation could develop and remain consistent with the participants' lived experience and that I was not moving away from the data.

As the themes began to develop I produced a development of themes table (appendix 11). I also made a table of superordinate and subordinate themes with all their quote locations (appendix 12). Although some themes were removed and reconceptualised at this stage and at the prior stage of solidifying themes and clusters, I was mindful not to remove too many so as not to lose meaningful data and interpretations. An example of

one superordinate theme and all of its subordinate themes and quotations can be found in appendix 13.

3.2.6 Research question

The title of the research 'An Interpretative Phenomenological Analysis of Therapists' experiences of sexual feelings when working with male sex offenders' relates to the phenomenological approach the research uses to explore individual therapists' lived experiences of sexual feelings with male sex offenders. Therefore the research question for this research is:

How do therapists experience sexual feelings when working therapeutically with male sex offenders?

Chapter 4

ANALYSIS

4.1 Introduction

The analysis of the interview transcripts produced a large amount of rich data covering different aspects of the therapists' lived experience. In-depth analysis of the data showed similar and different experiences by the therapists. Therefore, a number of themes were identified during the analysis process. The themes are described and illustrated with extracts from the transcripts of the participants' interviews; the themes and quotations most relevant to the research question are presented rather than producing an exhaustive list of all the themes and quotations analysed. A more detailed table of all the initial themes can be found in appendix 11.

Three superordinate themes emerged from the analysis of the data. Within these themes subordinate themes were extracted and labelled illustrating the therapists' experiences of sexual feelings when working with male sex offenders. Themes are described and illustrated by verbatim extracts from the transcripts of the therapists' interviews. To preserve anonymity therapists were given pseudonyms and any other identifying information has been changed or omitted. In Chapter 5 themes will be linked with existing literature.

The location of each quotation is provided through a three-number system, referring to participant, page and line number(s) respectively, for example, (1.6.10-12). When the participant's quotation spans two pages, the page and line numbers will be presented as follows: (1.6.10–1.7.2). Below is a table of the participants' numbers and corresponding pseudonyms. Further demographic information is available in appendix 5.

4.1.1 Table A.1: Participants and Pseudonyms

Participant Number	Pseudonym
1	Mike
2	Sam
3	Katie
4	Tania
5	Jeremy
6	Daniel

Omitted text and identifying details are illustrated with a '*' symbol. Pauses and silences are indicated by three dots '…'. In some circumstances, more or fewer dots will be used to emphasise the length of pause or silence. Brief hesitations are indicated by a dash, '-'. Quotes are included directly as they were spoken, including utterances, for example, 'ummm', allowing the reader to get a sense of each participant's lived experience.

A list of all the superordinate themes and their subordinate themes is presented below.

4.1.2 Table A.2: Superordinate and Subordinate Themes

Superordinate Theme	Subordinate Themes
Protecting the Self	Sanitising the experience Viewing the offender as other Experience of parenting Role of time
Polarisation	Dichotomising experience Polarised victim/perpetrator Power shifts A gendered experience
Disturbance	Seduction Victimisation 'Caught off Guard'

4.2 Superordinate Theme One: Protecting the Self

This superordinate theme captures how working with male sex offenders led the participants to experience a need to protect the self. Interestingly, given the research was specifically interested in exploring therapists' experiences of sexual feelings with male sex offenders, and the therapists' agreed to participate, they continued to avoid talking about the very topic of sexual feelings. There was a shared experience of engaging in self-protective behaviours, striving to remain safe in a professional domain so as to avoid sexual feelings. 'Sanitising the experience' considers how the therapists' theorise sexual offender's behaviour and how they cleanse their experience and avoid sexual feelings by questioning the self. 'Viewing the offender as other' explores how the therapists' experienced a need to 'other' male sex offenders and conceptualise them as different to a norm in order to make sense of their experience. There was a shared experience whereby the therapists would find themselves assuming the role of parent to the sex offender or being forced into the role of parent. Lastly, 'The role of time' explores the way in which time is used to help the therapist remain safe during their therapeutic work with male sex offenders; time appears to be something that can aid a therapist in working through uncomfortable feelings.

4.2.1 Subordinate theme one: sanitising the experience

This theme labelled 'sanitising experience' refers to the therapists theorising their feelings towards sex offenders with the intention of sanitising such feelings. The therapists used medical language and spoke of removing themselves from situations in which they felt discomfort. It also explores the therapists experiences of self-questioning as a way to understand their own process and as a means of further sanitising the experience of working with sex offenders, possibly in order to reduce the possibility of experiencing sexual feelings. These experiences acted as a protective

factor for the therapists when working with male sex offenders. There were two different sides to the sanitisation, first where the therapist would sanitise their experience with the offender in session and the second where the therapist would sanitise the experience with me as a researcher. Both experiences of sanitisation were identified to act a means of protecting the self.

Mike describes experiencing a need to sanitise his feelings in session with male sex offenders. Mike explains that he sometimes experiences a need to run away from the offender. He feels out of control and experiences a need to regain the power by changing the content into a non-sexual dialogue:

'A sense of feeling quite different from my base line in sessions um and a sense of wanting the session to be over because I am not sure I am in control of it or I feel……. I don't know, sort of just feel a bit… I don't feel as in control as I'd like and it makes me feel uncomfortable and it makes me think I just want, I want to stop the session or I want to move on to talking about it that's, talking about something that's really sterile that's got nothing to do with – is far removed from any kind of sexual content as possible.' (1.6.4-6)

While some of the therapists protected the self by ignoring the very existence of sexual feelings, Mike is notable in that he fully acknowledges the presence of sex in his work with sex offenders and he identifies that this is frightening and perhaps even derails him, leaving him feeling out of control. Mike avoids the building of tension by taking back control of the therapeutic encounter. His use of the world sterile suggests there is something infectious in exploring content that is sexual and that he is being placed in a dangerous position if he is to enter this realm of exploration. By sanitising the

therapeutic session with the sex offender then he is able to distance himself from his experience and protect the self. Mike later talks of protecting himself from sexual feelings by putting a professional barrier up:

It's like I am sanitising it with, with a kind of… or I feel like I am taking it back within the professional realm and saying look this is what's happening with my professional hat on, with my guarded professional hat and then I can kind of process it from professionally rather than as it sits where it is a bit of a kind of elephant in the room' (1.6.21-24)

The analogy of the *'elephant in the room'* suggests that despite the possible presence of sexual feelings, Mike would not discuss these feelings in therapy with sex offenders. By re-assuming his professional role he is able to take back the power and theorise his experience rather than experiencing feelings at a primitive level. The use of the term *'sanitising'* also implies there is something dirty and contaminating about the experience of sexual feelings – hence his need to avoid these feelings. The repeated use of biological language that Mike adopts highlights his need to make his work clean and safe in order to feel protected against the offender.

Katie describes an experience of self-questioning when working with male sex offenders. This was a shared experience with many of the therapists. By questioning the self, the therapist is able to protect the self while trying to avoid being caught or slipping up. The therapists distanced themselves and sanitised their feelings by reflecting on their experiences in the session. Another way in which they sanitised their experience was by questioning their actions towards the sex offenders and theorising

why they behave in specific manners. Katie experiences very intense self-questioning during her work with a sex offender:

'am I being unboundaried and am I making jokes that kind of seem flirtatious, would I be making these jokes if he wasn't behaving in this way or would I be thinking about how I'm making those jokes differently if he wasn't a sex offender.' (3.4.8-11)

For Katie the knowledge that she is working with a sex offender changes her outlook on her therapeutic practice. In this moment she seems lost and perhaps out of control. Her quote highlights the confusion that she is experiencing in this moment and her self questioning suggests a need to move back into a safe place where there are clearer boundaries. As she oscillates between self-blaming and other blaming, she seeks to make sense of her experience. It seems that by the very nature of working with a sex offender, she feels derailed when she notices that there may be some flirtation and she notices that the discomfort around her behaviour may be linked to him being a sex offender. Ultimately by engaging in self-reflecting she is able to sanitise her experience in the session with the sex offender and as such protects herself from feeling sexualised feelings such as flirtation.

Sam also sanitises the therapeutic experience while in the room with the offender. In order to protect himself he describes a balance in which he has to be open but also has to be careful not to be victimised. By closely scrutinising what is happening to both himself and the offender in the therapy room, he seems to almost disinfect and dilute his experience, hence protecting the self:

'it can be, a kind of fine line of giving nothing away, so they don't know you although

they always know you. Um, but to do that means you're not receptive to them either…. They'll be a big wall between you and you'll not really get anywhere. Um, so I think that you have to let them in to at least some degree, but be ah, know what it is you value and be on the lookout for when they are torturing it and then interpret straight off, you know I, uh, I think you believe that I hold this valuable, and so you're going to pick it up and do horrible things to it…. to try and, I don't know, whatever they are trying to do, provoke me or get me to do something to, to get me to try and rescue that tortured part, which of course is them as well; it's the victim, them, inside me, whatever is good, you know' (2.20.11-26)

Sam's comment suggests that his experience is intense and complex. He sanitises the experience of letting both the perpetrator and victim infiltrate his experience. This is likely to feel exposing as he relives the sex offender's offence and falls into the realm of victim. In order to protect himself he brings out the disturbance by interpreting the offenders behaviour and as such he regains control of the session. His interpretation enables him to distance himself from his feelings and further sanitises the experience. Sam describes the need to balance the work with sex offenders, how the metaphorical wall needs to be broken but how the therapist simultaneously needs to be aware of not allowing the offender to enter their world too much. Sam seems to be mistrustful of the sex offenders' intentions feeling that he could be victimised in any moment in a most brutal way – by torturing. However, he sanitises his experience by assuming the role of the professional and interpreting their behaviour. By adding his theoretical professional knowledge to this experience he successfully makes sense of and cleanses his experience, which in turn protects him from further experiencing unwanted feelings.

The therapists also appeared to sanitise their experience in the interview session with myself. It seemed that in order to feel in control and comfortable they would not only sanitise their experience in the room with the offender but also when talking about their work with offenders. It is clear to see Mike's intention to sterilise his feelings in the interview through his self-questioning and defensive language:

'when I think about sexual feelings I, I associate sexual feelings as sort of gratification, pleasure so thinking about negative feelings associated with s – like I think if you are talking about kind of feeling repulsed, disgusted – for me they're not – are they sexual feelings?' (1.2.23-26)

Mike begins his comment confidently explaining what he deems a sexual feeling to be. However, while talking he seems to loose his confidence and begins to question his own experience '*they're not – are they sexual feelings?'* He appears to be lost in this moment and looks to me as a researcher to clarify what is deemed as sexual feelings[3]. There is a sense that Mike is removed in this moment and the abstract way in which he talks about some intense feelings such as disgust and repulsion highlight his need to cleanse the experience during the interview. The extract illuminates Mike's confusion around what is deemed 'sexual' and what is not deemed 'sexual', enabling the reader to witness the confusion and discomfort around acknowledging sex and sexuality. Katie talks further about what she sees a 'sexual feeling' as:

'You see I wouldn't say that disgust is a sexualised feeling; I mean it's, it's a raw, kind of primitive emotion like a sexual feeling might be, but I see it as very you know

[3] I recall in this moment feeling that Mike was trying to draw me into his experience. That perhaps in some way he was seeking my opinion or wanting me to join in with his sanitising the experience of repulsion and disgust.

possibly even polarised or very opposite to a sexual feeling because there is, there is, um, a sense of wanting to recoil rather than join, you know.' (3.5.19-22)

Katie protects the self by dichotomising her experience of sexual feelings so that disgust is being viewed as the opposite to something that is sexual. Like Mike, she sanitises the experience of disgust in the interview despite viewing both sexual feelings and disgust as primitive feelings.

Another way in which the therapists sanitised their experience was to ignore the presence of sexual feelings and re-conceptualise such feelings in order to feel comfortable. Sam denies the existence of his sexual feelings by theorising their occurrence according to hostility:

'I work in a way that I, by focusing on interpreting the negative transference, their hostility, first, and with this kind of patient its all, 90% is about their hostility... Um…. So, I.. I keep that in mind all the time. And if I did have sexual feelings then I wouldn't view them as erotic; I, I'd view them as just an icing on a hostile cake' (2.7.4-11)

By providing a fact about the offenders being hostile Sam is able to embed his experience in his truth. He sanitises his experience in the interview by providing himself with a theoretical framework in which to understand sexual feelings – that they are purely hostility rather than erotic. By denying his response to the sexual feelings with sex offenders he is able to remain within the professional realm where he avoids the tension of admitting to sexual feelings. It could be that if Sam were to view the sexual feelings as erotic he would then feel unsafe and vulnerable so he uses a psychoanalytical concept through which to regain the control and protect the self.

4.2.2 Subordinate theme two: viewing the offender as other

Throughout the analysis there was a shared experience of placing the self at a distance to the offender. The therapists tended to conceptualise and view sex offenders as different to a 'norm'. They appeared to generalise their experiences with all sex offenders by placing themselves in a different category, viewing all offenders as unappealing and not sexual. By othering the offender they are able to cast the sex offenders as the 'other' and establish and contain their own identification through opposing the other. In that way the therapists could be seen as striving to protect themselves from experiencing sexual feelings.

Tania 'others' all sex offenders by making a generalisation about their attractiveness:

'sex offenders generally, aren't people I'd look at and usually or feel attracted to, they tend to be more impaired, more socially awkward, less charismatic. Um, and in many ways they are not fanciable' (4.6.16-22)

In Tania's experience, sex offenders are not sexually or emotionally appealing. By grouping all offenders into this category and placing a blanket rule that offenders are not *'fanciable'* Tania is able to place herself at a distance from her sexuality. She creates overarching rules for all offenders when she states that they are '*impaired'* and *'less charismatic'.* By placing herself in a different category Tania is not only protected from the sex offender and his behaviour but also from experiencing attraction towards him. Later in the interview Tania further explains her experience of othering the offender:

'I mean they are not the men in your fantasies (laughs) they're not like a – like kind of inspiring sort of dynamic bunch whereas the violent offenders, some of them are I suppose more socially skilled in some ways… higher functioning, a bit more alpha male, umm potentially what people who don't know who've not worked with sexual offenders might assume that they are a little bit more like' (4.14.15-22)

This is a particularly interesting quote as Tania explains that she views violent and sexual offenders very differently. Indeed this experience was expressed by a few of the therapists, that sex offenders should be conceptualised in a different way to violent offenders. Tania views sex offenders in such a way that she finds the very thought of these men being in her fantasies as laughable. However, it was not possible to extrapolate whether this laugh was defensive or her experience of embarrassment at the thought of sex offenders being in her fantasies. Tania feels protected from sexual feelings with sex offenders due to her view of them – that they are not highly functioning or alpha male. She protects herself by placing the male sex offender into a different category to a violent offender and by suggesting that people in general might assume sexual offenders to be alpha males, leaving her feeling safe in the knowledge that this is not her experience. In the moment when Tania provides a rationale for why she does not find sexual offenders attractive, she implies that only those working with sex offenders could understand this. This was particularly interesting for me given my own experience of working with sexual offenders as it felt in this moment that Tania was implying that I may not understand her experience if I had not worked with sex offenders[4]. In this moment I interpreted her as othering me – that perhaps by bracketing

[4] Although Tania did not explictly say that I would not understand her experience, I recall feeling quite defensive in this moment. I remember feeling that Tania was implying that I could not understand how she may be feeling in that moment and I felt conflicted to whether it was me being behaving defensively or Tania. This is something I consider in my reflexive section.

her experience away from mine she was able to successfully group her experiences into something that only therapists working with sex offenders could understand.

Another notable moment in Tania's comment was the difference in her experience of violent offenders and sexual offenders. It is striking that she does not deny the existence of sexual feelings with violent offenders as she views them as *'more socially skilled'* and perhaps closer to her experience of 'norm'. She is not protected from violent offenders as she does not 'other' them but remains at a distance from sexual feelings with sex offenders due to her viewing them as the 'other'. Additionally, consistently across all of the therapists there seemed to be a shared experience of admitting to sexual feelings with other clients rather than sex offenders.

Katie experienced othering in a slightly different way to Tania as she described 'othering' an offender before even meeting them. She explained that when reading case files she would make assumptions about the sex offender – which arguably protects her from experiencing any unwanted feelings by setting up a barrier where all offenders are viewed as the 'other'. By labelling and typecasting she protects herself by othering the sex offender:

'I'd expected someone quite nasty and psychopathic and sadistic, umm, you know someone that I just wouldn't like immediately though I thought, you know intuitively I, I'd just get a very strong feeling that I just wouldn't want, you know any child next to them' (3.10.29-32)

Katie had very severe feelings towards this offender before meeting him – by reading his file she made an assumption that she would not like him and would feel threatened

by him. Arguably when she places the offender in the category of dangerous and undesirable, she simultaneously experiences maternal feelings and a need to protect children. By categorising both the offender and herself she is possibly placed in a position of safety as she has regained control over her feelings and the situation.

Another example of 'viewing the offender as other' is highlighted in Daniel's comparison of sex offenders as childlike in their sexuality:

'The abusive, the sexually abusive patients it sort of wasn't a problem very much because very rarely one felt that any, that you were with somebody that had any adult sexuality……. So one was dealing with very infantile perverse forms of sexuality so disgust with most of them would be too strong, it's just pathetic, you know, it's just feeling they're rather pathetic' (6.11.9-16)

In this moment Daniel is almost placed on a pedestal where he views the offenders as below him – *'it's just pathetic'.* By suggesting their sexuality is perverse in terms of his childlike qualities he effectively separates his own experience of what is sexual and their experience of what is sexual. Although Daniel mentions feelings of disgust he justifies his experiences of the offenders as '*pathetic'* – he appears to almost pity their sexuality. Daniel is unlikely to experience sexual feelings towards any sex offenders if he is to view them as the 'other' with infantile perversions – hence he is protecting himself just by the very nature of adopting this view. Additionally it is notable that Daniel does not own his experience but rather uses the third person '*one'.* This further alienates his process from the offender's and compounds his 'othering' of sex offenders.

Jeremy shares a similar experience to Daniel of viewing the offender as pitiful and placing the offenders below him. This is particularly interesting given that these two therapists are both middle aged heterosexual men. Their shared experience showed that they experienced the offender and his behaviour as unfathomable:

'that's quite difficult for a, an ordinary male since ordinary males are not rapists, to identify with because we don't have that – it's part of our normal make up that sex with children is just kind of you know ridiculous – it – it isn't in the – it's kind of unthinkable in a certain sort of way. Uh, I remember early on working with paedophiles realising that it was – this is really alien to me' (5.8.18-25)

Jeremy's repeated use of *'ordinary male'* emphasises his experience that sex offenders are abnormal and are different to the norm. He suggests that they are otherworldly referencing their behaviour as *'alien'* and *'unthinkable',* suggesting that there is something unknown and perhaps frightening about the 'other' (the sex offender). Jeremy's comment shows the offenders outrage him and that he cannot relate to them as they differ markedly from his experience of *'ordinary males'.* His use of the word *'ridiculous'* is particularly interesting as he suggests that the unordinary male may have sexual feelings towards children but for him this is an absurd and an illogical response. His language acts as a layer of protection as it allows Jeremy to separate himself from sex offenders and bracket them into a position of 'other' where he can remain at a safe distance. Such othering enables the therapists to protect themselves from anything that they find uncomfortable or undesirable about sex offenders.

Daniel also views himself as being entirely separate from sex offenders. He protects himself by self-questioning and rationalising his experience of male sex offenders compared to his own life experiences. Like Jeremy, it seems that he is viewing his experiences as normal and the sex offenders' as abnormal:

'I'm thinking about specifically about the kind of sexualised feelings…… Excitement - I very rarely, maybe I'm denying it, but I find a lot of their stuff not very exciting, I've always been lucky I've always had decent relationships with people who love me, people I love and the sexuality, actually to be honest I think the sexuality probably comes out more with ones fellow workers and things like that' (6.21.1-10)

This quote was particularly interesting to analyse given the direct comment on sexual feelings. Although Daniel suggests that he is protected from sexual feelings given his life experiences of healthy relationships, his self-questioning is particularly pertinent. When he questions whether he is possibly denying his sexual feelings he immediately goes back into rationalising why he does not experience such feelings with sex offenders. By suggesting that he has had healthy relationships he suggests that sex offenders' relationships are impoverished and therefore not exciting. He is too uncomfortable to even momentarily entertain the idea of having any sexualised feelings with this client group. It seems plausible that Daniel then comments about the possibility of sexuality being present with work colleagues, as he shows that he is not denying sexuality itself but rather its existence with sexual offenders. Perhaps he is suggesting that his work colleagues are in the same category as him, while the offender is viewed as the other. By remarking on his *'luck'* that he has had *'decent'* relationships he suggests that experiencing excitement for sex offenders is only possible if you have not experienced a loving relationship. As such he places the sex offenders in a position

whereby they are viewed as abnormal and the other while he is viewed as normal and *'decent'.*

4.2.3 Subordinate theme three: experience of parenting

Another way in which therapists protected the self was by viewing the self within a parental framework. By viewing the offender as a child there is a barrier that is erected which is more likely to keep the therapist safe from unwanted feelings or experiences. This theme also explores the reactions that the therapists experience when they are parents themselves and how their experiences are framed by their own role as a mother or father. The different stages of life appeared to impact the therapists and highlighted their need to protect themselves by acknowledging their own stage in life.

The therapists were aware of the importance of parenting and indeed of their role of re-parenting to create more healthy relationships with boundaries. It is this experience, the therapists suggest, that accounts for the warmth and empathy they often described feeling towards the offenders but that also protects the self. The relationship between a child and their parent is complex, not only due to the boundary keeping but also because the parent traditionally holds power over the child and as they grow up this power becomes less imbalanced and more equal. As a parent there is also a need to protect their offspring and this is potentially entirely removed from sexual feelings.

Katie explains that her experience of working with sex offenders has shifted due to becoming a mother. Becoming a mother has made Katie acknowledge a new layer to her perception of sex offenders, one in which may help her maintain a distance from them but may also open her up to vulnerability:

'having just had a child a year ago, um, I think my feelings towards child, um, sex offenders is slightly, slightly different. I wouldn't say significantly different, but I've noticed it's like, I'm, I'm sort of transferring my child on to their child victim' (3.3.10-16)

It is possible that Katie is defending her experience by saying only 'slightly different'. She likely engages in minimisation due to the discomfort she is feeling on the shift in her experience from just therapist to mother and therapist.

Additionally she is unable to separate her own experience from the offender's and as a result she begins to view her child as the victim of the offender. This difference in experience may possibly feel confusing and perhaps frightening given the notion that she is transferring her own child onto the victim. She may be experiencing an intrusion and a confusion of boundaries. However, by reflecting on the difference in experience pre and post child, Katie shows that her experience directly relates to her experience of becoming a parent and as such she is able to protect the self by understanding the process.

Similarly Jeremy comments that the stage of his life and the time in which he is working with sex offenders impacts his feelings towards sex offenders:

'as a parent as well because I've got, ah, a daughter and a son. Although they are grown up now, but, um if I had thought at that time or even in retrospect, you know if they were being molested or attacked, you know it would evoke a very – well it's a pretty primitive response' (5.3.25-28)

Jeremy acknowledges his role as a parent and the shift in his experience over time as his children have grown up. His comment shows he is experiencing a powerful response as a father despite his children now being able to protect themselves. When reflecting on his work with sex offenders it appears that he relapses to imagining himself as a father to young children and as such his biological instinct would drive him to not only protect himself but also protect his children. Through time progressing it is hinted that Jeremy feels safer with his children being *'grown up',* though he believes that if he was to review their childhood and view them as a victim he would still be evoked to act on a instinctive level. For Jeremy, the experience of parenting could be a protective factor as it may disallow alternative feelings for the sex offender, rather enabling him to focus on his role as a protecting father.

A different experience of parenting was not related to being a parent working with male sex offenders but rather the experience of assuming the parental role when working with male sex offenders. Both the female facilitators shared the experience that the offender was placing them in a maternal role. The maternal role is to nurture, love and care for the child and the female therapists shared this experience in their transcripts. They also both rationalised their experience of maternal feelings towards the offender as being elicited by the offender; that the offender would place the therapist in a position whereby they adopted the role of parent. Katie explained that with some offenders she immediately had a sense of being placed in a parenting role:

'I felt that a lot, um…, you know regardless of them being, you know, 20, 30 years older than me… I'd, you know I had strong maternal feelings. I felt they were relating to me often, umm, as, as a mother figure. (3.13.9-15)'

Katie experiences maternal feelings towards the offenders and believes that they often see her as a mother. This is another example of protecting the self as Katie views herself in a position whereby sexual feelings are not present. The mother's role is to protect, feed, nurture and love her children. In many ways it is arguable that the motherly role, although intimate, is as far away from sexual as possible in a relationship. She invokes a very powerful taboo – to see herself as mother so therefore un-sexual in order to keep herself safe. It seems likely that by adopting this position in the relationship that Katie can remain close to the offender but within a safe remit. She sanitises her experience by relating to the offender as a mother. The mother also normally has power over her children so it is possible that by viewing her experience as a parent-child relationship she keeps herself at a safe distance from unwanted feelings.

Tania shares the same experience as Katie in that she often feels maternal towards the sex offenders:

'so usually lots of empathy or warmth and quite maternal feelings, even though I don't like what they do, the actual person usually stands out as being quite, quite vulnerable and very impaired in many ways' (4.1.15-23)

Tania rationalises her experience of maternal feelings as being connected to the offender's vulnerability. Tania describes the sex offenders in a manner similar of that expected to describe a child, as being reliant on someone else and being impaired in their abilities. It is posited that the feelings of empathy and warmth act as a way to protect the self from unwanted feelings – by placing the self in a position of all loving mother.

Only half the male therapists described feeling that they were being placed in a paternal role where they would act in a nurturing fatherly manner. Daniel explains his experience of parenting when working with male sex offenders:

'these men are looking for a father figure because they haven't had one. The role of the father, the boundary of the father has never been there so they find women frightening so they attack women because they're a threat but the real threat is that they never had anybody for masculine identification so they attack women because women make them aware of their vulnerability' (6.13.20-24)

Daniel attempts to make sense of the meaning of his experience of being placed in the parental figure role by exploring the role of a father and the outcome that the offenders may have experienced by not having such a father figure. If Daniel is to play the role of the father, then he may experience a loving, nurturing feeling towards the offender, yet hold an important position to instil boundaries and provide a model, a *'father figure'*. Again by assuming the role of the father and witnessing the offenders' vulnerability, he is able to detach the self from alternative feelings, hence protecting the self.

4.2.4 Subordinate theme four: role of time

This theme explores the role of time in therapists' experiences with male sex offenders. The therapists described their experiences as shifting over time or being influenced by specific moments in time. An example of experience shifting according to time is shown in an extract of Mike's. Mike explained that over time his disgust for an offender reduced:

'I remember feeling quite negative towards him and maybe that was because he, that he didn't, he didn't own the disgust so I owned it, I owned it whereas when people talk with disgust it is kind of like they are containing it for me but I felt really, I think disgusted with his lack of disgust. Ummmm……. Yeah I think the more I got to know him, the less disgusted I felt about him' (1.3.20-27)

Mike suggests that the presence of time saves him from continuing to experience the disgust he holds towards a particular sex offender. His repeated use of 'disgust' and emphasis on his need to 'own' it highlights the intensity of his experience and suggests an internal need to process feelings that belong to the offender. His experience shifts due to the role of time, leaving him in a more secure position to work with the offender and keeping him at a safe distance from feelings of disgust. Mike experiences a need to feel contained and protected and time allows him to process his own experiences in a way that feels safe for him. It seems that time plays a significant role as Mike initially experiences disgust but over time he disowns his own disgust and begins to own the client's distress.

Sam experiences a more intolerable intrusion related to the process of time. For Sam there is a physical experience that feels very intense and intrusive which progresses with time:

'I'll bring it to supervision, my supervision and will try and distil what's going on essentially in biological, bodily terms to try and break down in a, because it's not a psychological thing, it's very much a bodily, um, faction that what, what is he doing to me, and why, and uhh, is he anxious or is it just purely violence, you know, sadism. And that can take some weeks, some months to try and process. And it, that is very much like

if there's something horrible in me that is undigestible, I can't process it, or it takes a long, long, time to process.' (2.8.10–16)

Time plays an essential role for Sam as it allows him to process his experience. It is only through supervision and time that he may possibly be able to process the physical violence. It seems that Sam uses time to make sense of his experience and digest the sadistic intrusion of the sex offender. His comment also suggests an internal struggle to understand his own process that is rectified over time. By holding time at the heart of his experience, and by using a biological metaphor Sam is able to sanitise his experience, which will in turn protect him from continuing to feel the intrusion of the sex offender. Sam moves himself into a place of safety whereby he is protected from a continued attack from the sex offender. However, without time it seems possible that Sam's experience would continue to be somatised leaving him exposed to on-going brutality perpetrated by the offender. Thus for Sam the role of time is crucial in enabling him to protect both his physical and emotional self.

Tania describes her experience of time in her work with sex offenders in a more positive way, explaining that with time she is able to understand more about sex offender's internal worlds and therefore empathise more deeply with them:

'people I work with over longer, sort of longer periods of time, I really get to know them and the more you're sort of understanding what they're trying to achieve with the offending, um I suppose more of a sense of being able to relate a bit more to their internal world' (4.2.14-17)

For Tania the process of working with sex offenders stabilises over time as she begins to understand the function of their offending that was perhaps initially perplexing and unknown. Time enables Tania to empathise with sex offenders and as such acts as a protective measure as she is no longer left in a naïve position of not knowing their world.

4.3 Superordinate Theme Two: Polarisation

This superordinate theme explores the polarised experiences of the therapists. Polarisation focuses on the divided and at times opposing experiences of specific events. 'Dichotomising experience' relates to the way in which the therapists would divide themselves and their opinions in order to make sense of a particular experience. The theme 'Polarised victim/perpetrator' recounts how the therapists oscillated between experiencing the offender as a victim and as a perpetrator. The therapists described power as being central to a large amount of their therapeutic work with sex offenders but described there being shifts in the power balance at times. Hence 'power shifts' was developed as a theme. Lastly, 'a gendered experience' highlights the polarisation in experience between the male and female therapists; it also shows how the therapists understood their feelings when working with sex offenders as being related to their gender.

4.3.1 Subordinate theme one: dichotomising experience

This theme explores the therapists' tendency to split their experiences so that the experience was dichotomised and could oscillate between two sides. Mike describes one of his experiences as dichotomised in that he could swing from one experience to another:

'I would oscillate between looking at him and feeling sexually attracted to him and then looking at him again and thinking, what like, what an earth, like absolutely not, like really kind of... um… like one minute I would look at him and feel sexually attracted and be surprised and think, really? And then another minute I would look at him and just think, nothing' (1.7.21-28)

There appears to be quite a high level of uncertainty in Mike's experience – that he cannot predict how he would feel towards this offender as his experience would move from feeling sexually attracted to feeling shocked and confused at his lack of feelings. This uncertainty means that Mike is not able to control his experiences as they will shift and change, leaving him in the uncomfortable position of not knowing if he will experience sexual feelings or not. It seems that when Mike experiences sexual attraction towards this offender that he immediately splits his experience off and assumes a position of shock at even experiencing such a thought. In order to neutralise his experience of sexual feelings he perhaps finds the opposite to sexual feelings by feeling *'nothing'.*

In a similar manner, Mike dichotomises when sharing his experience of what is deemed as inappropriate and appropriate behaviour with offenders:

'If I suddenly reflect and I think, oh my God, that, just now just felt really flirty like he said something, I said something, we both kind of giggled, oh my God, that feels really flirty then I might think, oh my God that's really inappropriate what… shouldn't be feeling like that with…. I shouldn't be feeling like that' (1.8.8-11)

Mike describes a dichotomous experience in which he oscillates from flirtation to experiencing disturbance. On one side he is a giggly flirtatious man and he is engaging in this behaviour with the sex offender but then he experiences the opposing side and feels guilt and a feeling that he is behaving in a manner that is wrong. The repetition of 'shouldn't' suggests he feels strongly that his behaviour is inappropriate and in some way reprehensible. His polarisation suggests a discomfort, he is uncomfortable when he engages in a sexualised behaviour (flirting) but then also feels uncomfortable when he recognises his behaviour – *'I shouldn't be feeling like that'.* There appears to be a deep level of complexity as Mike tries to make sense of his feelings. The two feelings are dichotomised in that he experiences a flirtation that he feels is forbidden. His comment suggest that in this moment he has lost his self control that usually feels protective and to regain control he has to reprimand himself by referring to his moral compass of what is deemed appropriate and inappropriate.

Within the dichotomising experience theme the therapists shared a common experience of needing to separate their experience of seduction from their experience of attack. They described a shift in their work with offenders and that the dichotomy would occur randomly and be unexpected. All of the therapists explained that their experience with the sex offenders could fluctuate from experiencing seduction to experiencing victimisation through the offender's attack. Two of the therapists describe such shifts:

'you are kind of seduced into that flirtation and it kind of feels like all this, um, there is a connection… then all of a sudden the hostility can just spring back in and you're, left feeling very, very vulnerable' (3.8.19-21)

'they are very good at seducing their therapist and making you feel that they are never in the right when they are and making you say the right things, pushing the right buttons - sometimes one goes along with that a bit possibly because to try and foster something positive, let a positive transference develop, but you don't know sometimes whether its just them playing you and you can turn a blind eye to their dangerousness.' (6.9.8-12)

Both Katie and Daniel describe being drawn into the offender's world and experiencing a seduction by them. There is a shared sense that although the seduction may be flirtatious and enticing, as you strive to feel connected or develop a relationship, that this may be dangerous as it may lead to feelings of vulnerability and victimisation due to shifts in experience. Their experiences are reminiscent of a victim of a sex offender – that they are seduced and groomed into wanting to please the offender and make a relationship, only to be abused and harmed at a deep personal level. Both therapists imply that there is something unknown and devious about the offenders' behaviour; that it is possible to be blind to their intentions. In Katie's experience it is this unpredictable attack after the seduction that results in feelings of helplessness and fear. Daniel equally describes his ease in turning a *'blind eye'.* This dichotomy appears to sometimes occur very quickly – Katie showed that her experiences with sex offenders could rapidly shift with her feelings suddenly moving from seduction to a mistrusting vulnerable position. This polarisation in experience will possibly leave the therapist feeling destabilised as they are forced to try and make sense of the shift in the therapeutic relationship very quickly.

4.3.2 Subordinate theme two: polarised victim/perpetrator

This theme relates to the polarisation between the victim and perpetrator sides of the offender. The therapists described working with the two sides of the sex offender - the victim and the perpetrator. This theme is different to the victimisation theme found in disturbance as this theme relates to the experience of there being a rapid shift between feelings of victimisation to feeling like the perpetrator.

Daniel describes that offenders will often victimise the therapist in order to test their resilience but this will be polarised with their enticing you into playing the perpetrator:

'First of all, I suppose what I was talking about they have to make you as a therapist feel quite vulnerable… and if you can demonstrate the capacity to bear what they are telling you, quite often they try and provoke you into acting out by you know not coming or messing about or bringing horrible material into the session etc etc I think is an attempt to see whether you can manage this sort of stuff they've had evacuated into them without becoming like that, that that's the beginning of them maybe trusting that they can bring some of their vulnerability into the room as if for the first time.' (6.18-25-19.2)

Daniel experiences both sides of the offender – the perpetrator making him feel victimised but also the victim looking to be abused. The experience of shifting between victim and perpetrator feels like a test for Daniel; initially he is made to feel like a victim but once he has proved himself, the offender attempts to goad him into the position of the perpetrator who acts out. Daniel feels that sex offenders will try and shock and repulse him and even internally displace their experiences into his own – however his belief is that if you are robust as a therapist that they may begin to trust you

should you withstand their test. Despite the trickery that is going on between the therapist and offender, Daniel describes this experience in a very matter of fact way. Perhaps the shift in moving between being the perpetrator and victim feels manageable rather than experiencing pure victimisation (abuse) or perpetration (sexual gratification). It is also plausible that in order to reduce discomfort, Daniel uses the polarisation to create a divergence between him and the experience.

The 'polarised victim/perpetrator' theme also relates to the therapists experiencing an oscillation in viewing the sex offenders as perpetrators and victims. For Tania, although she is aware of their sexual offences, she sometimes views the offenders as victims:

'there's a bit when the sexual offenders are talking about sexual abuse that they have experienced and that can be, the times when you are in front of the person who is on the victim end of something awful having happened to them, then it brings out a various host of emotions and sort of reactions to that' (4.30.12-18)

It seems that Tania finds the process of viewing the offender as a victim, as confusing and difficult. There is clearly a powerful emotional experience for Tania but it is also notable that this feels like a direct exposure to them. There is something about feeling and getting a sense of the person in front of you but it is only momentary. It is powerful and yet in some ways it is experienced as derailing. It is only in this specific moment that she experiences these emotions and reactions. This experience is also directly contrasted with the way in which she experiences them as perpetrators:

'sort of thinking how victim might um feel around them, either put down and subjugated, or sort of um wanting to react against that' (4.2.11-12)

The difference in her experiences is profound and likely to feel confusing and complex. As she begins to empathise with the victim and experience a simpatico with them, it is likely that she will then polarise the experience of the offender to being a perpetrator rather than a victim.

For Jeremy the experience is much more black and white – the offender will always be both a victim and perpetrator:

'therapeutically, um, there is both always, at any one time. And if a perpetrator is being very, sort of cynical and callous, and, uh defended, you know well, you'd be working towards bringing out the victim in him and reminding him of the harm that was done to him for example' (5.11.17-20)

Jeremy uses the polarisation of the perpetrator/victim to help make sense of his own experience of the sex offender but also to aid them in understanding their own process. By engaging in this process Jeremy is safe from becoming a victim himself as he strives to bring the offender in and out of victim mode.

Katie describes a powerful division in her experience varying from deep empathy to feeling intense emotional responses:

'often a feeling of empathy when their vulnerability is, is obviously very obvious and 99% of them that I've worked with have been sexually abused as children themselves. Um, so a lot of compassion really for those traumatic experiences that they've been through, so that's a huge part that remains in the room for a lot of them. Umm…. I also

can feel at times, since it's more intermittent, umm, a strong feeling of anger and/or hatred even towards the kind of more serious, um, types of offenses' (3.1.18-24)

By stating that 99% of her clients have been victims and perpetrators, Katie is able to embed her experience in a fact. Katie describes two different experiences, which sit on a continuum, from feeling deeply empathetic and concerned to feeling high levels of resentment. By polarising her reaction to the offender she is able to remain in control as she oscillates from feeling compassion to hatred for them, depending on their presentation.

Ultimately the experiences of polarisation between victim and perpetrator are very interesting when considering the therapists' experiences of sexual feelings. When experiencing the victim side they may experience an attack on their sexuality, which feels wounding and frightening. The victim side possibly feels like a total loss of control and a disempowerment akin to that of a sexual abuse victim. Conversely the perpetrator is likely to experience sexual gratification and total control in their perpetrating a sexual offence. By polarising the perpetrator and victim, the therapists are able to make more sense of their experiences with the sex offenders and are not drawn into just one side of the dichotomy (either experiencing possible sexual gratification through perpetration or sexual victimisation). They are able to make sense of the offenders' behaviour while remaining in a position of power as they can regain control if they find themselves in the position of victim, by presenting the offender with their victimhood.

4.3.3 Subordinate theme three: power shifts

This theme describes the polarisation of power – the therapists experienced a split in power whereby they could swing from being the powerful therapist to being the vulnerable therapist. These power imbalances are similar to those found in abusive relationships where one person will hold power over the other. The therapists experienced shifting in the dynamics leading them to potentially move between the victim and perpetrator stance. Mike explains his experience of the power shift:

'I feel this, like I am being drawn into simply kind of enacting this kind of sort of quite controlled forced tell me next, tell me next and they are crying and it all feels very kind of like the power differential is completely kind of polarised and I am thinking that's – and I do think then that's not, that's not the dynamic in which this kind of work needs to be done and I guess the importance of being mindful to try and be aware of that dynamic you are being pulled into' (1.14.19-25)

For Mike the power shifts are polarised in that he can be dragged into playing the powerful abusive side where he is usurping the role of the perpetrator rather than the role of the caring therapist. His comment suggests that he is out of control when he is drawn into the power dynamic and there is a sense of guilt present. In therapy there is an expectation that the therapist will not assume a position of power as this would disempower the client and it seems in this moment that Mike is feeling pulled into a position he does not want to be in. He realises that he is in a position of power and this is opposed to how he views himself as a clinician and as such he has to be aware of being placed in this position. Perhaps the fear of the power shifts links directly to the fear of assuming the perpetrator role with sex offenders, and the fear of the oscillation between perpetrator and victim.

Daniel believes that the power imbalances the offenders in such a way that they become unappealing and not sexual:

'I don't think anyone is ever excited to join on a sadomasochistic level - or propelled to rape or that sort of thing, certainly not have affairs with patients because they're not attractive - to be honest and very poor people, there are middle class people like me seeing people quite often, from social class four or five, with very impoverished people there's a power thing in that and it's not very sexual' (6.21.29-22.6-8)

Daniel implies that the difference in the sex offenders' social class and his own, means that he does not experience sexual feelings towards the offenders. He suggests that the sex offender's impoverishment means that the therapist is placed in a different category to the offenders and that the power that comes with this difference leaves him un-attracted to sex offenders. He makes a general assumption that no therapist would engage in a sadomasochistic dynamic with offenders, as he believes by the nature of being a sex offender they are unattractive. Perhaps Daniel seeks to hold the power over the sex offender in order to protect himself from the possible experience of sexual feelings. Interestingly only moments later in the interview Daniel speaks of an experience opposed to the above, whereby we see a sadomasochistic response to a sex offender. :

'Yeah. Evacuate back and I wanted to tell some to fuck off. And a part of me to say society wishes you were dead because you are hurting women and children' (6.25.16-17)

In this moment it looks like Daniel is experiencing high levels of anger and that the power has shifted back to the offender; he feels intruded upon and needs to *'evacuate back'* suggesting he has been interfered with by the offender and that he needs to regain the power. By dichotomising his experience he successfully splits his view on sexual feelings towards sex offenders, either deeming them not sexual due to their impoverishment or by banishing them by telling them to *'fuck off'*.

Sam experiences the power polarisation and reacts to this by relying on boundaries:

'It's very important to maintain my professional boundaries, my psychological boundaries. And because a) they're seducing to draw me in to get too close to them into their world, uh and b) my countertransference is a wish to eject them, to move away' (2.24.24-27)

This extract shows that Sam feels he will be drawn into their world and as such will loose the power but then his reaction to this will be to rebalance the power by trying to *'eject'* them. This experience is shared with Daniel in his need to *'evacuate'*. The therapists experienced an intrusion that felt intolerable; hence their intense desire to reject the offender. It seems that in order to deal with the sexual feelings and intrusion upon them, they would attempt to remove the offender from their world and move back to the position of powerful therapist with the underprivileged offender below them; this shifting of power again acts as a protective mechanism for not experiencing sexual feelings.

Tania describes an experience in which she is torn between being tricked into a victim mode and becoming angry and aggressive:

'it's very much easier for a female psychologist than a male, depending on the person I suppose and their background, but uh, to slip in to that bit of feeling like a victim in that moment, so feeling like, you're objectified - you're on the receiving end of that person's emotional venting that you've got, that sort of power being taken away and they've just decided that what they are doing is perfectly acceptable and should be acceptable and that people should – for them in that moment and that people should put up with it. So I think that's where my kind of urggh, kind of angst, kind of tends to come out more…. Yeah, I mean, I don't think I've ever had the sort of experience or feeling that someone was trying to do it. I think it's much more unspoken – sort of enact. And then I'll get an anger and sometimes it's a rage and they might look perfectly calm, but I'll feel enraged – but it's a paralysing rage.' (4.11.7-33)

For Tania there is an experience of risk. She feels that she is at risk of slipping into the victim stance where she will be abused and will loose control and most importantly the power. This seems frightening, as it appears to be something that could easily happen to Tania without her realising. There is a sense of trickery and living on the edge. However, she counteracts this sense of helplessness by becoming angry and sometimes even experiencing a *'paralysing rage'.* Interestingly for Tania this feels like a polarisation of power dynamics where she can channel her anger and reduce the experience of being sexually abused as a victim. However, Tania continues to display experiences akin to a victim going through particular stages of their trauma, mainly that she feels such intense rage and anger that she is physically stunted by her experience. Lastly, Tania references the difference in gender experience. Given how regularly the therapists mentioned their gender in relation to their experience, the next section will focus purely on this.

4.3.4 Subordinate theme four: a gendered experience

This theme relates to the polarised way in which male and female therapists described their experiences, both sexual and non sexual, of working with male sex offenders. There also appeared to be a polarisation between how the men and women made sense of their experiences. It seemed that both the male and female therapists used their own gender and other therapists gender in order to understand and make sense of their experiences. Understanding the difference in male/female experiences felt very important for this analysis, as it was possible to see that the men tended to share the same experiences and then there were shared different experiences between the women. Tania describes an experience co-facilitating a sex offenders group with a male therapist when she feels her sexuality is being attacked, which feels directly related to her gender.

'And you sit there silently or completely gloss over it, and its at that time we feel stuck on really this emotional state and its hard to collate our thoughts and something's just happened and we want the male whose not been involved to be able to step in and offer a reflection and insight to set a boundary or whatever might be needed at the time and for a while I thought that it was because the men didn't want to get into the arguments with the more anti-social males who would do this, I thought it was them, sort of avoiding that, and sort of leaving us as women to get on with it a bit. And then it became clear over time, they actually, they just don't notice it, they just don't pick up on it so you'll have a situation where as a female you're feeling paralysed that's someone's said or done something which has given you that feeling, it feels so obvious… It's such a strong emotional reaction, it feels so obvious and if you're thinking why is my colleague not doing anything to help out because the keys to are so subtle that as the observer rather than the recipient, they just don't, they just don't get it

or they see something that they don't quite, it's not got any emotional loads, so they don't see the need to step in' (4.20.2-15)

Tania describes feeling so intensely emotional and confused in her work with male sex offenders that she at times feels lost and is desperate to be rescued by a male colleague who can put in place a boundary and help to protect her. She initially experiences the male facilitators alongside her as weak in that she believes they are afraid of confrontation with certain offenders. However, over time Tania appears to have realised that her experiences are very different from that of the male therapists highlighted be her comment '*they just don't get it'.* She describes that she can feel such a reaction that she is physically unable to move and emotionally in turmoil but the male facilitators will not even recognise a glimpse of her pain. Tania's dialogue almost suggests an otherworldly experience – that the men don't understand the *'emotional loads'* in the same way as women as they are distanced to the extent that they are oblivious to the female experience. It seems that experiences of sexual feelings are so dichotomous that the females cannot even begin to comprehend the male therapist's position and vice versa. Tania's repeated use of *'it feels so obvious'* highlights her confusion at her co-facilitator's response to the situation and illuminates that her experience is specifically related to her gender.

Tania later goes on to describe the solidarity she experiences with other female therapists and how multifaceted she believes her experience is in comparison to those of the male therapists with whom she works:

'it can be quite complex because you have these different layers and spirals of emotions, you can go through quite quickly and also I think one of the difficult bits with it is it's

not always easy to identify what's happened, especially in the time, its not always easy to identify what's happened and focus on the emotional reaction and then be able to speak it and communicate it, so its quite often a sense of, so it's quite often, not that somebody said something explicit, they don't say explicit things like I wanna rape you or um touch you or anything like that….. It's it's a vibe, a gut feeling, it's also much more subtle that sometimes it's harder to, to process and I think that's when you often see the difference between, when you have a male and female facilitator in the room and we've completely understood the situation differently because they see it as quite innocent and innocuous but me or the other female facilitators might have got a really intense emotional reaction - and it can be on such a subtle level, it can be then quite hard to communicate and explain.

Interviewer: So your experience is normally that the woman facilitators might experience something similar to you, but the men…

Tania: Yeah.

Interviewer: experience something quite different?

Tania: Different, yeah. And often when we speak outside the group, the women will be saying to each other, yes!, its that, its that kind offf thing and the men will sit there and say, what? and you get different reactions from the male workers, so some of them will, umm and depending on what's happened at the time they're like, oh, did I kind of miss that, or other times there's a sort of sense of you being a bit like over or you being over sensitive to stuff' (4.26.1-34)

Tania's comment *'yes!'* almost sounds revelatory. She experiences a general understanding between women working with offenders, who are feeling confused with multiple layers of emotions. However, the experience seems to be polarised with the men as she experiences them as seeing the situation as *'innocuous'.* This is particularly interesting from a phenomenological perspective as it suggests that the very essence of the therapist – down to their biological sex – impacts their experiences of sex in the therapy room. For Tania the process feels very internal and somatic – *'it's a gut feeling'* that feels difficult to shake off. One gets the sense from her commentary that this is an internal experience that is specifically related to the female gender. She hypothesises that the men may see this as her being *'over sensitive'* but implies that her experience will be shared with other female therapists, although it will not be understood by male therapists.

Katie also explicitly talks about her experience of there being a division in the way that male and female therapists respond to sexual offenders. In this extract she is talking about her responses to sexual comments made by the sex offenders:

'Sometimes you know with male supervisors I'm not sure, they would kind of understand umm, how kind of undermining or how belittling you know that can feel in the moment when those sorts of comments are made' (3.18.26-28)

This commentary from Katie is not dissimilar to Tania's experience that men may not understand the experience of women. However, this is particularly interesting given the focus on supervision rather than colleagues. Katie posits that if she was to bring her material to supervision that the males might not understand her experiences of feeling undermined and belittled. However this is purely Katie's account and does not explore

the male supervisor's response to hearing that an offender has made sexual comments towards Katie.

One of the male therapists describes his experiences in a very different manner to the female therapists. He implies that the sexual content of the therapy with sex offenders has an impact on female therapists:

'I always felt sort of worried about my female colleagues, who either became very tough and sort of ball breaking type women or they sort of quite a few of them started wearing make up and wearing dresses and short skirts and all sorts of stuff, which seemed to be rather inappropriate, because I felt at the time, it was a way of keeping their sexuality alive under the assault of this sort of you know, constant exposure to violent patients, but it was sort of um, they became you know high heel shoes, well… in a time of feminism it was quite odd' (6.4.14-23)

In this moment Daniel seems to be confused about the role of the female therapist – his view is that they are becoming more sexualised and although he theorises that this is a coping mechanism he appears to feel uncomfortable with his colleagues' behaviour. This is particularly interesting as the experience is so gender specific that he cannot understand why the female clinicians are behaving in this way – he appears to feel such high levels of discomfort that he begins to make judgements about their appropriateness, questioning their role as women in light of feminism. Daniel is so baffled by this gender specific phenomenon that he becomes concerned for his female colleagues – perhaps assuming the position of the protective father who is uncomfortable with his daughter dressing in a provocative manner.

Daniel also describes his experience of running a group with a female co-facilitator and suggests that female therapists are more likely to be victimised by male sex offenders. Daniel experiences this so intensely that he recognises experiencing shame and a desire to condemn his own gender:

'Daniel: I think it's easier for men, actually in some ways to work with men who are aggressive towards women because its less threatening, so I don't blame her so I ended up I ended up running the group on my own.

Interviewer: And can you tell me a little bit about the kind of feelings because you've got huge amount of experience, so some of the kind of the feelings…

Daniel: Disgust and I think, um one was has to learn, at the Clinic• there was a very good paper written by Rob Hale which you might want to look up called 'gut feelings' about how patients like this, to begin with make you feel nauseous or disgusted and partly that's defensive because its not exactly news that men are horrible to women in particular ummm and sometimes to each other and then men to men, ugh, very few woman I saw, and ummm, one did, um, feel sort of ashamed of one's gender'. (6.1.23-34)

Daniel understands his experience of disgust towards sex offenders within his own gender role – he polarises his experience into 'female' and 'male' by identifying with the perpetrator and experiencing shame of his own gender. Daniel provides context for his experience stating that it is *'easier'* for male therapists to work with sex offenders. However, this polarisation suggests that perhaps the nausea and disgust he experiences both act as a barrier to being seduced into the offender's world. By polarising the

experience of male and female therapists he is placing himself in the position of protected male and the female therapists as vulnerable to victimisation.

4.4 Superordinate Theme Three: Disturbance

This superordinate theme highlights the therapists' experiences of disturbance. Throughout the analysis it became clear that there was a shared feeling that the therapists would feel intruded upon, derailed and troubled by their feelings when working with male sex offenders. The disturbance directly relates to their experience of sexual feelings, particularly within the subordinate theme 'seduction'. The therapists all experienced different levels of seduction; from feeling sadomasochistic towards the offender to feeling a desire to rescue and join their internal world. This disturbance is present as the therapists try to make sense of their sexual feelings with these clients. The second theme 'victimisation' explores a different disturbance where the therapists find themselves in the position of victim and feel the vulnerability of being a sexual abuse victim. The last subordinate theme 'caught off guard' highlights the therapists' internal battle to regain lost control in order to avoid experiencing disturbance. It also explores the feelings of shame, guilt and repulsion that occur when there is an experienced loss of control.

4.4.1 Subordinate theme one: seduction

This theme directly relates to the phenomenological essence of this research as it directly explores the explicit experience of sexual feelings with male sex offenders. The seduction was not only experienced as positive and desirable but also as frightening and intense. The therapists often experienced seduction in the form of a sexual abuse re enactment. Mike explains the complexities of such a dynamic:

'we kept enacting the sexual abuse between his uncle and himself like he'd regress and be sort of flirtatious, it felt like he was being flirtatious and needy and I found myself becoming more kind of dominant and… not directly sexually sort of perverse with him but I felt like I was, I'd be bullying him into talking about sexual experiences or bullying him into acting a certain way' (1.4.23-27)

For Mike there is an element of the perverse in that he experiences himself in a punitive manner in which he cannot seem to stop. He is unconsciously drawn into re-enacting the abuse between the offender and his uncle and Mike seems to be confused by his assuming a dominant position while victimising the offender. He is forcing the offender to act in a particular manner that parallels the abuser's position as they make their victim behave in a specific way. Mike appears to be questioning his motivation for his behaviour when he speaks of it as *'not directly sexually sort of perverse'*. It seems that he is struggling to make sense of his experience and that his confusion as to whether this encounter is sexually perverse leaves him feeling disturbed.

Later in his interview Mike also reflects on his experience of sadomasochism with this client group:

'I've noticed that I can get myself into a what I would call a sort of sadomasochistic dynamic with the… with the patient where I'm, you know they sort of talk about, when they do that thing about, with the therapist separating it so it says the rapist and sometimes I do feel like I am the rapist when I sort of ask questions, because you sort of ask questions about their sexual abuse, they start regressing and becoming submissive and fearful and I find myself becoming very um, very sort of dominant' (1.13.34-35 – 1.14.1-4)

Again Mike speaks of the re-enactment of abuse, which presents itself as a sadomasochistic dynamic. His commentary at this moment is very powerful as he refers to himself as *'the rapist'.* He experiences such heightened levels of emotion that his self is as disturbed as the sexual abuser's. By referring to this moment as a 'sadomasochistic dynamic' Mike suggests that the offender is the submissive and he is the dominant, as such it seems likely that there would be sexual gratification for both the offender and therapist. What is particularly interesting about this dynamic is that it seems that Mike is being seduced into a position of dominance and that he unconsciously begins to act as a rapist when he witnesses their regression. This seduction is likely to have been experienced as deeply disturbing given the loss of control.

A similar situation is described by Sam who experiences himself as moving between re-enacting the abuse where he is a perpetrator, to feeling seduced to engage in sadomasochistic behaviour:

'the temptation is always to evacuate them, to, and I have done it once or once they've gone out the room and I've just kind of silently said to myself, fuck you too, you know. Fuck off. And then it's like, uggh, um… they do provoke violence in me, you know, a kind of violent reaction. Um, because there is something masochistic about sitting here, allowing someone for 50 minutes to do something to you' (2.16.11-15)

Sam experiences a deep desire to repel the offender and reject them because they have intruded upon him. He talks of the need to *'evacuate'* suggesting that they are acting as unneeded internal toxins much like faeces. His repetition of *'fuck you'* highlights his anger and perhaps is a reaction to his vulnerability being triggered. Much like Mike it seems that Sam is unconsciously drawn into a masochistic dynamic and perhaps the

shock of this realisation enables the offender to *'provoke violence'* in him. This lack of control in being placed in a masochistic dynamic is particularly interesting as Sam oscillates between playing the submissive whereby he is '*allowing someone for 50 minutes to do something to you'* to playing the dominant whereby he is experiencing a *'violent reaction'* towards the offender. Given these shifts in control and power, Sam may have experienced a disturbance. It is also important to note that Sam implies that in the fifty-minute session he is experiencing something akin to masochism. This is a particularly pertinent comment as it shows a tiny glimpse into the therapist's explicit sexual feelings/disturbance when working with male sex offenders which most of them are not willing to explore.

Sam also provides an insight into how he believes a therapist can be removed from feelings of sex with sex offenders:

'I think the thing that makes us most vulnerable to being seduced and corrupted by a patient is feelings of wishing to rescue' (2.22.12-13)

A desire to rescue is also explored by the female therapists as they spoke about their need to mother the offenders. It seems that for Sam, to be seduced by an offender's vulnerability is dangerous because then you are at their mercy – the therapists' shared experiences suggested that if a therapist is seduced into wanting to rescue then they are at risk of entering the offender's world which will in turn lead to the therapists experiencing high levels of disturbance.

The seduction was also experienced as being dragged into the offender's world. There was an element of fear surrounding this and the therapists shared an experience of engaging in seduction that they felt was inappropriate or felt disturbing to them:

'he would be quite flirtatious and I found it very difficult not to get into a little bit of a cat and mouse game with him and to end up flirting back' (4.3.33-34)

'there have been times when I have certainly felt like someone's flirting with me and, um, that kind of flirtation can be quite seductive and I've thought about am I flirting back' (3.4.6-7)

Both female therapists talk about there being a mutual flirtation that simultaneously feels seductive and exciting but that the tantalisation in some ways feels disturbing and uncomfortable. Interestingly Katie does not admit to flirting with offenders but rather states that she has '*thought about'* it. In this moment it is not possible to ascertain whether Katie is experiencing a disturbance that stops her from admitting to engaging in flirtatious behaviour or that the offender's flirtation provokes her to question her own behaviour. Conversely, Tania finds herself in a *'cat and mouse'* game of flirtation. Her analogy suggests one of them is chasing the other in order to eat them – perhaps to avoid being attacked or pinned down like a mouse she engages in playful flirtatious behaviour to distract the offender. Tania is disturbed by her flirtation; it seems she does not want to engage in this behaviour but is dragged into it because it is *'difficult'* to ignore.

The difficulty experienced by the female therapists was also present in the words of the male therapists. For Sam, however, this experience was much more internal and hence deeply disturbing:

'So the onus, the countertransference, countertransference with them is kind of pressure on me to try and find something in the patient. And as soon as I do that I get drawn into their world with, I think it's how in my experience how they, they seduce me into joining them in their anal universe - Um, and the problem is, once I'm in, it's very difficult to get out again. It, it's like, then you go to the anus, the rectum, then the large bowel, it's a chute that slides down, stops us being incontinent everywhere. And once you slide down into this pit, this rectum, you can't crawl back out, it's too slippery…. And you get caught up in their world, um, and then our anxiety can come along' (2.10.20-33)

Sam speaks of being seduced into their anal world and when this happens he becomes stuck in their seduction and their anus. His use of the words *'anal universe'* suggests an otherworldly experience in which there are only faeces: a world unknown to most. Sam is a psychotherapist and seeks to fit his experience into his own theory and formulation. It seems that Sam is working psychodynamically with this client, which perhaps normalises his reference to the *'anal'* and enables him to theorise that he is working with someone that is stuck in the anal stage. By using psychodynamic theory he is able to understand his experience of being seduced into their "anal world". He suggests that once he has been caught by the seduction presented by the offender, that he is stuck, as he *'can't crawl back out'.* This sense of being lost in a world of faeces is profoundly disturbing for Sam and is likely to feel isolating – despite all his best efforts to leave this world he is caught up and keeps falling back into it.

The biological language Sam uses contrasts with the language normally associated with seduction but further compounds his experience of being seduced into the world of the offender and becoming lost in their inner world. His language is full of disgust and illuminates the complex feelings he experiences with sex offenders. His reference to incontinence suggests a total loss of control and a level of disgust that leaves him powerless once he has been seduced into this position. Most importantly his language suggests he is experiencing a deep level of internal disturbance.

Later on in the transcript, Sam comments that once he has experienced such strong seduction, he gets lost; he cannot find himself until a supervisor aids him – the supervisor has to pull him out of the world full of faeces. Although many of the therapists explored the seduction of the offender's world, it is only Sam who speaks frankly about the danger of becoming stuck and lost in their seduction. The fear around the seduction of the offender's world is presented here but it is also noteworthy that the fear may have been exacerbated due to the undesirability that the therapists associated with male sex offenders. Given that the sex offender is seen as an unappealing and undesirable client, the therapist's fear of being seduced into their world may have been heightened. For Sam it seems that he oscillates between feeling seduced into their world and feeling repulsion. The fear of being seduced and being stuck in this seduction is likely to be experienced as an internal disturbance for Sam.

Lastly, the female therapists presented another experience of seduction that felt particularly disturbing. There was a shared experience between Katie and Tania of being objectified by the male sex offenders:

'to put it quite crudely sometimes I can just be aware that I'm sitting there and I'm the one in the room with breasts' (4.7.26-27)

'what I've struggled with is when people, when men I've worked with, not only sex offenders, when you know they've directly made comments about how I look or, uhh, you know if I'd like to go out for a drink or they'd love, you know a woman like me' (3.17.28-31)

Both Katie and Tania describe feeling objectified by the male sex offender in this moment. They become physically aware and experience their body as being objectified. For Katie the only way to describe this experience is *'crudely';* that her physical presence is disturbed as she feels the difference between the male sex offender and herself. Likewise Tania's disturbance is related to the offenders placing her in a position of a desirable object.

The disturbance identified in this theme is seen through different avenues of seduction. For the therapists the explicit experience of seduction was disturbing for two reasons. One being that the seduction at times felt exciting and enticing and this disagreed with their view of sex offenders, and of themselves as a therapist. The second reason for the disturbance is related to the feeling that they were being pushed into this experience and would then struggle to remove themselves from it.

4.4.2 Subordinate theme two: victimisation

The shared experience of 'victimisation' was particularly profound for the therapists as they found themselves in the vulnerable position of feeling like a victim of sexual

abuse. These experiences varied from feeling humiliated and angry to feelings of shame and intrusion. Katie describes an experience of being shamed by a male sex offender:

'they intend to be more anti-social, more hostile, more, umm, looking for your vulnerabilities and weaknesses and you know on, on the kind of mild end taking the piss but on the sort of heavier end, um, actually undermining, derogatory you know directly, um, humiliating, you' (3.13.26-29)

When talking about sex offenders being *'more hostile'* and *'more anti-social'* it is not possible to ascertain who Katie is comparing these offenders to but it seems likely that by understanding the clients as having extra hostility and anti-social behaviour, she is able to understand her experience of victimisation more clearly. Her commentary highlights that she will at times feel a mild victimisation, that she might feel that they are mocking her but at other times will feel such a victimisation that she is shamed. By attacking Katie's innermost self the sex offenders are able to degrade her and in turn gain power over her in a vulnerable state. This victimisation is possibly experienced as frightening and as an attack on the sexual self, given the parallel with a sexual abuse victim.

Sam talks of the sadomasochistic component to the sex offender's perpetration and the victimisation that entails:

'I mean it's quite, with some of them its quite revolting, the things they say, um, the things they tell you, um, it's disturbing, and it's that psychotic side of them that, that, it's just kind of psychotic disturbance that, um its like.....It's like, they take, uuh its like whatever you hold as good in the world or value as being good, they occasionally take

it and do horrible things to it in front of you in a very cruel, horrible way, and that's disturbing, that is very uncomfortable. That what they will do to whatever I hold good, pure, and value that, that's, that's, I think that's cruelty at the, the maximum. (2.19.22-28)

Sam's experience is one of total destruction. Much like sexual abuse victims, he experiences a total annihilation of his inner world – of what he values in the world. Although this only happens occasionally it seems such an intense experience it is likely to leave Sam feeling lost and isolated. There also appears to be a masochistic element to his experience. Sam describes having his internal world exposed and destroyed in front of him in a way in which the offender is deriving pleasure from it. His experience is that the sex offender will harm him in a very punishing way – which again highlights his parallel experience to sexual abuse victims. Sam also describes this disturbance and victimisation as being unpredictable:

'They are very charming, uhh, and you let your guard down, and then Wompf!, something happens. And it almost feels they are going around the back, they are get, getting inside my anus while I'm not looking…Nothing upfront' (2.4.23-29)

In this moment Sam is shocked by the switch from feeling the offender is *'charming'* to being physically intruded upon. His experience is akin to that of a person experiencing grooming, that there is a comfort and seduction, which is shattered within moments with no warning. Sam experiences an internal intrusion, which feels deceitful and painful. He suggests that he is anally raped and it almost seems that his experience is of being tricked or perhaps even drugged by their seduction, which ends in a violent and degrading intrusion.

Likewise Tania describes an internal intrusion. However her victimisation feels more explicit throughout, that she is aware that she is moving in and out of being victimised by the sex offender:

'it will be there somewhere in the relationship, that sort of real sense of feeling intruded upon, feeling eroded, um, like the real boundary has broken down and although the boundaries are always very much there and nothing unsafe has ever happened, it can be the way somebody looks at, either eye contact, somebody holding really intense eye contact, that feels like a boundary violation, it feels like you've entered in me through my eyes because you're holding that gaze so intently or I can see you looking up and down my body and you know that I can see you looking up and down my body and you're, I know that you're, on some level conscious or not, you want me to feel, to feel that and notice that and that can be quite tricky. So the dynamics get complicated because there can be different emotions and then there's my reactions to my emotions' (4.18.25-32)

Tania describes being intruded upon by the offender and suggests that through her erosion she is slowly being victimised. Although she states that she is protected by boundaries, she also recognises that the boundary is broken and is violated at times. This experience is again akin to a sex offender's victim – that the boundaries will be broken. Tania is seduced into a dance with the offender where she moves from feeling seduced to feeling victimised – this is visible in the oscillated between 'you' and 'I' and highlights the intimacy that is occurring between herself and the offender.

Tania appears to be confused and experiences high levels of discomfort and disturbance – she feels sexualised and is aware that she is objectified in these moments and this

feels disturbing to her as she describes the dynamic as *'complicated'.* Tania does not explain what her reactions are to being sexualised by the offenders but instead comments on the complexities of her emotions. It seems plausible that she feels disturbed in her victimisation but also possibly disturbed in that she may be experiencing sexual feelings as a response to being sexualised by the offender. It is not possible to conclude what she may be feeling but it is clear that the experience feels complex and uncomfortable.

Tania and Sam presented a different illustration of victimisation when they spoke about the oscillation between seduction and victimisation. Sam generalises the experience of the victim and the disturbance they experience:

'the aim of a, lets say sex offender is to get the victim to trust them, that's, vanilla seduction side. And then just at the point where the victim trusts them, then they do the violence. The, the aim is to smash the victim's mind, um, the victim never trusts anyone again, there's no conviction in any good in the world whatsoever' (2.7.33-2.8.4)

Interestingly Sam refers to the victim throughout this extract but does not identify if he is talking about his own experience as a victim or the experience of the offender's victim – there seems to be a loss of boundaries. By methodically outlining the offender's actions and highlighting the change from seduction to attack, Sam emphasises the disturbance occurring in his work with sex offenders. Sam's experience is frightening and his language suggests his belief that once victimised everything will change. Perhaps Sam is suggesting that he is changed given his victimisation by male sex offenders and the disturbance this has created.

Tania describes needing to keep the offender on side in order not to be attacked. Tania is seduced into behaving in a specific way in which she feels safe but she is also required to balance this due to his attacking behaviour, which leaves her feeling victimised:

'I might try and placate him or show… maybe be too kind or too nice, not so assertive with him and have to work on sort of managing that balance, trying to keep him, in a sense that I need to keep him on sides otherwise he might be quite attacking' (4.3.25-28)

For Tania there is a fear that if she does not pacify the sex offender that she may be in danger of becoming a victim of his – hence to avoid being victimised she allows herself to be seduced and possibly less boundaried than with other clients. Tania shows that the experience of being seduced by the offender is less disturbing to her than the victimisation; so in order to remain in a more comfortable position she will allow herself to be seduced to reduce her disturbance.

The experience of victimisation is a particularly important component of disturbance as it highlights the vulnerability of the therapist and the disturbance such an experience can create in their lives. There is a shared feeling that there cannot be full control in the therapeutic relationship as the offender is unpredictable and can act in an intrusive manner at any moment.

4.4.3 Subordinate theme three: 'caught off guard'

The therapists shared the experience of being caught off guard in their work with sex offenders and loosing control. They also described sometimes feeling that the offender

had taken the control and stripped them of power. However, this theme is different to the 'power shifts' theme as 'caught off guard' does not mark the polarisation of power and control but rather focuses on the subjective experience of loosing control and the disturbing impact this had on the therapists. Mike talks of feeling derailed and confused when he is caught off guard:

'I think I associate with the clients I think… a slight nervousness… A slight tension, which slightly kind of which sort of I feel slightly – it derails me from how I usually am' (1.5.3-4)

Mike suggests that working with sex offenders is different from his other clinical work as he feels a discomfort and anxiety where he has to closely monitor himself. It seems that Mike is trying to minimise the impact that working with sex offenders has on him. This is highlighted through the contrasting language that he uses; Mike's repeated use of 'slight' in relation to his nerves and tension seems in direct juxtaposition to his experience of being derailed. The idea of being derailed implies a total loss of control and suggests there is a marked move away from Mike's experience of how he normally feels with clients. It seems likely that he adopts language to minimise his experience in order to minimise the disturbance.

Later on he states:

'I feel slightly, just slightly derailed from it. I don't feel as in control, I feel like they have control. I think I feel they have control, which makes me uncomfortable.' (1.5.28-30)

Mike describes a shift in control in working with male sex offenders. He suggests that by the very nature of providing therapy to a sex offender, he will loose control. His disturbance and discomfort are pertinent as they show a loss of control – his derailment possibly highlights a sense of feeling confused and unsettled. Mike is aware of his position, specifically in relation to the sex offender and feels disturbed that the offender has power. This can be viewed as a victimisation as Mike sits in a vulnerable position whereby the controlling offender may abuse him. However, Mike continues to use juxtaposed language in his use of *'slight'* and *'as in control'* that suggests that he is continuing to minimise his experience. It is notable that despite describing feeling derailed, he only recognises this as a discomfort, perhaps implying that by allowing himself to feel derailed, he would loose all control and then experience a deeper disturbance.

Sam describes the loss of control as being unpredictable. There is a sense of the unknown and this is what feels particularly disturbing to Sam, that the offender can suddenly catch you in a position of vulnerability:

'it's not subtle at all, it, it's, once they feel they have you, they have you to control you which they do in the transference, then they, they go to work quite quickly…. So when you begin focu-, when you are focusing purely on the vanilla side you, that's when you become aware….Yeah. We get caught off guard; ooh, what was that, a lot of surprises.' (2.6.31-7.4)

Sam describes being distracted by the *'vanilla side'* of the offender. This language is interesting as it is synonymous with that found to describe conventional sex. Hence he suggests that when the more conventional side of the offender seduces him, then he will

loose control as they will suddenly attack and *'go to work quite quickly'.* This feels like a deeply disturbing experience as he shows his vulnerability; that the offender will destroy and control in a quick and destructive manner. Sam's experience suggests that he is placed in a position of the puppet that has a master controlling his every move. This loss of control is again akin to a victim's: he is pushed into a position of vulnerability. It is also noteworthy that Sam's account is quite disjointed – it seems that his disturbance has infiltrated his experience to the extent that when he is explaining being caught off guard that he seems to be experiencing confusion.

Sam later talks about the shame he experiences in his reaction to being caught off guard in a punitive and punishing manner:

'I'm acting out, or I forget the name or I forget things, so……. which is another way that they work, or the dynamic like with your personality disorder patients that they act in such a way that our hatred of them is subtly built up, we're not aware of it, then we forget stuff, or turn up late. Then we feel guilty - We feel, got to make it up to them and be a bit kinder, and, and then we're in, we're in their world' (2.17.32-18.7)

Sam describes a deception that is inherent in his work with sex offenders. He has to be wary and on guard otherwise he is seduced into their world and will act out dynamics in which he does not feel comfortable. The sex offender manipulates him and he becomes disturbed by his realisation that he has been caught off guard and has lost control. As a result Sam moves into the role of perpetrator where he intentionally hurts the offender by acting out. He seems to be caught in a vicious cycle where he experiences feeling fearful and disturbed but also guilty and ashamed. There was a shared sense that when working with this client group, the therapists would either feel a total sense of control

through placing themselves in a protected position or would feel a total loss of control and derailment – which arguably would be more disturbing as they could not control their sexual feelings or their responses to the sexual offenders.

Mike explicitly describes the shame he feels around experiencing sexual feelings in session:

'Shame. Shame if I, shame if I got distracted by my sexual thoughts – so say we were having a conversation and I suddenly think I am feeling a sort of sexual attraction then maybe a bit of a preoccupation with um… maybe a preoccupation with um…. Feeling shame.' (1.7.32-35)

For Mike the experience of being caught off guard is particularly disturbing as it leads to heightened levels of shame and humiliation. His experience is much like Sam's in that it is unexpected. The therapists seem to be diverted by the offender's control and find themselves in uncomfortable positions whereby they may experience sexual feelings or a need to protect themselves from such feelings. Mike's repeated use of *'preoccupation'* highlights the intensity of his shame and his concern that he is experiencing sexual feelings. Despite sexual attraction being a normal part of every individual's biological existence, in working with sex offenders Mike will become fixated on this experience should such feelings arise. His shame suggests that he feels that his feelings are inappropriate and that he does not believe he should experience sexual feelings with sex offenders.

Tania describes her reaction to experiencing a loss of control through objectification in a different manner. For Tania there is a need to regain control in order to avoid feelings of discomfort. There is also an element of her feeling to blame for her discomfort:

'I feel awkward but I don't want you to know that I've let that happen, at which point I probably do let them know because I'll be slightly more defensive or sort of sit up and be slightly firmer and probably try and masculinise myself in some way, be a bit maybe over assertive or controlling in the group or bring back structure and order in some kind of way' (4.25.28-32)

Tania reacts to feeling uncomfortable by adapting her behaviour to be more masculine and controlling. This behaviour seems to be automatic and an immediate reaction to feeling objectified. Tania suggests that by behaving like a man or making her behaviour more masculine that she will reassert control over the sex offender and will remove the sexual component as she will not be objectified and will reduce sexual feelings. This is an interesting reaction to feelings of disturbance as it suggests that again this experience is gendered; that in order to have control and keep the group organised that Tania has to assume a different gender. Tania's automatic response of masculinising herself and being harder in her approach towards the sex offenders possibly means that she feels protected and her disturbance is reduced.

4.5 Conclusion

All of the therapists described similar experiences throughout the interviews which both directly and indirectly answered the research question of how therapists experience sexual feelings with male sex offenders. Despite agreeing to be interviewed regarding sexual feelings it seemed that some therapists continued to experience discomfort

talking about this. The therapists displayed a need to polarise in order to make sense of their experience and protect the self. The therapists also strived to avoid experiencing disturbance, however this theme illustrates that sometimes victimisation, seduction and being 'caught off guard' would be unavoidable. Therefore the three superordinate themes are interlinked. The finding that experience was gendered was particularly interesting as it allows the reader to understand the experience of working with male sex offenders as being gendered; hence providing context to the difference in experience between male and female therapists.

These findings are particularly interesting when viewed in the context of existing theory and literature. The following discussion section seeks to identify similarities and differences between these findings and existing theory. It also identifies the strengths and weaknesses of my analysis and provides a platform on which I could reflect on the process.

Chapter 5

DISCUSSION

5.1 Introduction

The discussion has been separated into four sections in order for the reader to gain a deep understanding of the themes identified in analysis in relation to existing literature. By dividing the 'connecting themes to literature' section, I am able to clearly identify similarities and differences between this research and existing research and theory. I then provide a reflexive account from both a personal and epistemological point of view. The limitations, both procedural and methodological, are then presented. Finally, there is a section on the strengths and implications of the research and a brief section on possible areas for future research.

5.2 Connecting Themes to Literature

For the purpose of connecting the themes identified in the analysis section back to the existing literature, this section will be divided into the similarities between the themes and literature, and the differences found between said themes and the *existing* literature.

Although I am fully aware of the contentions between psychoanalytic and phenomenological theory, given the phenomenological experience described by the therapists was often psychoanalytically constructed, these sections will draw upon both phenomenological and psychoanalytical theory. The therapists often relied on psychoanalytical language in order to embed their experience in theory and as such it is crucial to explore the research's findings in relation to psychological, phenomenological and psychoanalytical theory.

Although aware of the existing tensions between the two theories, Moya and Larrain (2016) explore the common links between the conception of the body and sexuality found in Freud (psychoanalysis) and Merleau-Ponty (phenomenology). Their article suggests that both Freud (1937) and Merleau-Ponty (1964) integrate sexuality and erotic perception into the person as a whole. Moya & Larrain claim that as Freud's theories evolved, he moved towards the belief that sexuality is integrated into the person as a whole. Heinamaa (2003) also argued that Merleau-Ponty (1964) interpreted Freud's (1937) idea into his understanding of the body and human sexuality and saw sexuality as being interfused with existence. Merleau-Ponty's theory sees sexuality as being integrated into the person as a whole human (1964). Moya & Larrain comment that Freud (1937) wished to generalise the notion of corporeality (existing in bodily form) and incorporating a bodily consciousness that expresses itself particularly in relation to others. They highlight that Merleau-Ponty considers sexuality to be the central focus of a corporeality – which acts as a mirror of our relationship with the body – hence, incorporating sexuality into the person as a whole. In the phenomenology of perception Merleau-Ponty (1962) argues that psychoanalysis has demonstrated that consciousness is integrated into the human being as a whole. Hence it is arguable that psychoanalysis contributes to the phenomenological method. Moreover, this research focused on sexuality and therefore is linked to the very existence of the human subject as seen in both psychoanalytical and phenomenological theory.

5.2.1 Similarities between themes and literature

Analysis identified many similarities between the existing theory/literature and the themes identified in this research. The themes also added to the existing literature and can be viewed as building on theory and creating new areas to be explored. As suggested in the introduction section of the research, a universal term for 'sexual

feelings' was not provided but rather the therapists were allowed to use their own experience to make sense of the phenomenon. However, upon reviewing the literature and the findings of this research, I agree with Mann's (1995) argument that erotic countertransference is the phenomenon relating to all the feelings, fantasies, wishes and physical sensations a therapist may experience when working with a client. Although erotic countertransference is a psychoanalytical concept, by using this as a base line from which to understand the phenomenological experience of sexual feelings, it is possible to see that all therapists experienced sexual feelings with the male sex offenders, but that each experience was individual. Merleau-Ponty's (1964) phenomenological theory that there is an erotic structure through which we perceive the world and look for sexual meaning in situations can be drawn upon here as all of the therapists spoke about their perceptions of sexuality in their work with male sex offenders, despite denying experiencing sexual feelings with the sex offenders.

Pope et al. (1993) asserted that the most common reactions to sexual feelings in therapy were shock, guilt, anxiety, surprise, confusion around boundaries and a fear of talking about 'feelings' and being criticised. Although their research did not focus on therapeutic work with sex offenders as a specific client group, the findings were very similar to this research. This research found that the therapists experienced the same issues, that they would experience complex emotions such as guilt, anger, anxiety and issues around boundaries, which felt disturbing for them. However, some of the therapists used techniques in order to protect themselves from sexual feelings. Such techniques included sanitising their experience whereby they would theorise the sex offenders' behaviours in order to cleanse their experience and 'other' the offender where the therapists would conceptualise the offender as different to a norm. These techniques arguably allowed the therapists to avoid experiencing explicit sexual

feelings. A way of protecting the self may have been to speak about experiences such as guilt, shock and fear due to their entrenched idea that these feelings are more 'normal'. In light of Pope et al's (1993) research it is interesting to comment that despite the existence of sexual feelings with sex offenders, therapists found it challenging to explore such feelings. Instead there seemed to be a desire to protect the self from unwanted experiences.

The finding that the therapists' all engaged in self protective behaviours is interesting when viewed in light of the DSM-V's (2013) criteria for vicarious trauma. The DSM V reports vicarious trauma as a subset of PTSD, which is experienced through repeated exposure to traumatic material. Trauma symptoms include: re-experiencing the event through images and thoughts, and physiological feelings such as numbing and avoidance of trauma-related stimuli. Although this is not necessarily the same as experiencing PTSD-related intrusive symptoms it is possible that the disturbance and intrusion the therapists felt was linked to an experience of trauma when working with male sex offenders. The possible presence of trauma like symptoms is pertinent as it recognised that through victimisation the therapist is likely re-experiencing the sexual offence. As a result it seems possible that the therapists engage in protecting the self through avoiding specific sexual stimuli. They bracket off their feelings and view the offender as the other or as a child. They also sanitise their experience perhaps as an adaptive coping strategy to counteract the experience of disturbance. Nevertheless it is crucial to notice the comparisons between the therapists' behaviours and the DSM's criteria for vicarious trauma.

The therapists appeared to construct sexual feelings as positive which they would view as separate to the sex offenders. This research found that there was a discourse around

sexual feelings only being related to sexual gratification rather than my view, which is akin to the phenomenological perspective that suggests that sex is entwined with our existence (Merleau-Ponty 1962) and therefore everything we do. Adopting a phenomenological approach would suggest that there will be the experience of all sexual feelings just by the very nature of two human beings interacting. The therapists' focus on only sexual feelings as being positive feelings is illuminating particularly as they often talked about experiencing attacks on their sexuality. They would not label this as an experience of a sexual feeling and perhaps a negative feeling, despite the presence of a negative attack on the sex and therefore the existence of the therapist. It seems that due to the nature of the work with sex offenders that the therapists' bracket off their own experiences of sex into positive (in their personal lives) and do not view themselves as sexual in relation to the offender.

In their brief case study, Mitchell and Melikian (1995) suggest that the professional's view of the client can become polarised. They argue that on one end the clinician will see the offender as a victim but that on the other end the clinician will focus on the offending behaviour. This is interesting when viewed in light of the polarisation that occurred for both the therapists and offenders. Much like in Mitchell and Melikian's research, the therapists oscillated from experiencing the offender as a victim to an offender. Mitchell and Melikian (1995) also showed the possibility that the therapist may feel victimised and yet simultaneously like a perpetrator. In this research such an oscillation occurred for every therapist; they could feel that they were moving from the position of the offender's victim to re-enacting abuse.

It is possible to associate the polarisation with a psychoanalytical construct, namely that the therapists were compartmentalising their experience. Compartmentalising is seen

when external objects are split into either good or bad categories (Freud, 1946). It is plausible that by compartmentalising the offender into victim/perpetrator and by dichotomising their experience that this allows them to continue to work with sex offenders. Perhaps by splitting into good and bad then their experience becomes more tolerable as they are able to attend to both the good and bad in the offender.

On researching the personal impact that working with sex offenders has on mental health therapists, Farrenkopf (1992) proposed a 'phases of impact' mode. Farrenkopf suggested that there is an initial phase to the work where clinicians will feel shocked and vulnerable and this will be felt on a personal level. The second phase is where the clinician strives to be professional in showing empathy and adopting a non-judgmental stance. Lastly they experienced anger, resentment and reportedly felt disenchanted. Farrenkopf's research is particularly interesting when viewed in relation to this research as it presents many similarities. The therapist's interviewed in this research experienced a disturbance on a personal level which often left them feeling vulnerable, for example when experiencing victimisation. They also disclosed experiencing the second phase that Farrenkopf presented whereby they would strive to enter the professional realm. This would in turn allow the therapists to protect themselves by sanitising their experience through techniques such as compartmentalising and intellectualisation – (this is discussed later in this chapter). Lastly, much like Farrenkopf's research the therapists spoke of feeling intense emotions such as anger. Farrenkopf writes from a Clinical Psychologist's perspective and although his research is not focused on sexual feelings it is important to notice the sexual component to some of these feelings.

One of the most powerful findings from the research was that all of the therapists experienced a seduction that felt disturbing to them. Such experiences included a re-

enactment of abuse and feeling sadomasochistic towards the offender. As the therapist moved into the position of the dominant, the offender would become the submissive and/or victim. It is here that one can see the connection to the work completed by Stoller (1985) who proposes that hostility is the essential ingredient in the erotic. Stoller suggests that the erotic can be destructive as it is the desire to harm that generates and enhances sexual excitement. If the therapist fuses with the abuser then the offender is left in a vulnerable position. Although the therapists felt aware of the re-enactment of abuse and their sadomasochistic behaviours at times, there appeared to be a lack of awareness around why this occurs. In line with McIlwain's (2014) research, it is likely that the erotic countertransference occurs as the client re-enacts past trauma with the therapist, be it his or her own trauma or the trauma of committing a sexual offence. It is important to query here whether therapists working with such material are likely to detach themselves from the offender's experience in order to protect the self from further disturbance. In this research the psychotherapists would more readily talk about the phenomenon of erotic countertransference but it seemed that the psychologists were more likely to be detached from such experiences. This is an area that is explored further on in this chapter.

The finding that the therapists' experiences with regards to sexual feelings with male sex offenders were different for each gender was a fascinating finding of this research. Much as the existing research has shown, both female therapists described an experience of feeling maternal love towards the offenders. Schaverien (1997) believes that the female/male sexual dynamic is rarely examined due to the ease for the female to adopt the maternal role, rather than that of potential sexual partner. She further argues that there is sexual arousal in all gender combinations, but that the female therapist may view the feelings as infantile (childlike) and as such will reduce them to a maternal

frame of reference. Following this literature, it is easy to see why the female therapists adopted the maternal role; it allows the female therapist to assume a position of the 'mother', in order to detach her from any sexual desires towards the offender. This is what Mann (1994) labels the re-enactment of Oedipal[5] desires, whereby the therapist engages in the mother/child relationship, harnessing sexual desires while simultaneously possessing motherly tenderness and caring love. Paralleling Schaverien's (1997) theory, it is arguable that the female/male sexual dynamic is unexplored by the female therapists, as it is easier to adopt the role of mother rather than that of the potential sexual partner. However, adopting the maternal position can lead to a power imbalance in the therapy room, as the mother sits in a powerful position as an object of desire/source of independence (Schaverien, 1997) and the client feels the need to defend against his dependence towards the therapist. The therapists experienced this in their awareness of their position of power – there was a common experience that the offender at times felt vulnerable and the therapist felt powerful.

Although both the male and female therapists experienced shifts in power, it seemed that the male therapists often framed their experiences differently in that such feelings would be entwined with feelings of guilt and shame. One male therapist described that when working with male offenders, he often experienced shame and guilt around his own gender. Edmunds (1997) suggested that such guilt could be linked to the therapists over-identifying with offenders. A similar finding to this research was by Farrenkopf (1992) who noted that some male therapists would feel shame on behalf of their own sex and would then analyse their own sexual behaviour. The experience of guilt and shame is likely to act as an obstacle to the therapeutic work and it is for this reason that Weisman (2004) argues for the importance of picking apart such feelings. However, it is

[5] The Oedipus Complex was first introduced as a concept by Freud in 'Interpretation of Dreams' in 1900 and suggests that the child will have a desire to be sexual involved with the parent of the opposite sex and will see the parent of the same sex as their enemy. He believed this to be a crucial stage of development. It is suggested that in all parent/child relationships that this will occur and that the mother will be both a sexually enticing women who is also a caring mother.

also possible that the experience of guilt and shame could be linked to the therapists' experience of polarising the offender between victim and perpetrator and their subsequent role as victim and perpetrator.

Another difference found between the male and female therapists was that the female therapists experienced objectification. This finding was consistent with Ellerby (1998) who found that 42% of female therapists felt sexualised by their offender clients. Alternatively, objectification may be seen as an experience of victimisation, which all the therapists, both male and female, had experienced. The victimisation that was experienced varied from experiencing a somatic response to feeling like an actual victim of their sexual offence. This research highlighted that therapists are more willing to talk about their psychological responses to working with sex offenders if they do not leave them in a vulnerable position. For example, talking about their negative responses to the sex offenders rather than their positive responses.

Farrenkopf (1992) found that female therapists working with male sex offenders were likely to feel increased vulnerability or a threat of abuse and reported an increase in paranoia and vigilance. This finding was paralleled in this research as the female therapists spoke of experiencing heightened levels of concern over their children and the possibility of abuse. Farrenkopf also said that working with sex offenders could re-sensitise female therapists to their own past victimisation with men and could result in developing a negative attitude towards men. However, such a finding was not seen in this research. Most notable was that the male therapists appeared to hold more negative attitudes towards their own gender then the female therapists as the male therapists' disclosed becoming increasingly aware of guilt and shame around male sexually abusive behaviour.

In a forensic psychology paper by Ermshar and Meier (2014), they suggest that due to the objectification that women experience with male sex offenders, clinicians' often reported having to 'de-feminise' themselves. In not wearing clothing associated with women such as heels, perfume and jewellery then the female clinicians intend to reduce the likelihood of advances or inappropriate behaviour. According to Ermshar and Meier if female clinicians are to experience inappropriate behaviour from offenders then they are reportedly more likely to self-question and blame themselves for the offender's behaviour. As a result this can lead to hyper-vigilance. This paper is crucial to this research as one of the findings of this research was that the female therapists experienced objectification and tended to question themselves more frequently than the men did. It is also noteworthy than one of the male therapists spoke about co-facilitating a group with a female colleague and voiced his concern about her dressing in an overtly feminine way such as with big heels, which he believed was due to her experiencing an attack on her sexuality. Such an assumption by the male therapist suggests that male clinicians too believe that women working with male sex offenders should 'de-feminise' themselves.

It is plausible that both male and female therapists adopt the belief that women should 'de-feminise' in a bid to reduce behaviour that they find uncomfortable. As such this need to 'de-feminise' is another way in which the female therapist can protect herself. Indeed it also helps men to protect themselves with the suggestion that if women do not follow the rule of dressing appropriately they are in some way allowing advances or inappropriate behaviour by the offender.

This is an area in which the importance of supervision cannot be underestimated as Ermshar and Meier (2014) suggest that discussing inappropriate behaviours (such as those that occur for women) is crucial to supervision. However, as this research and existing research identifies, clinicians struggle to discuss such feelings in supervision, particularly if they are psychologists. The function of supervision and effectiveness for sex offender therapists is explored later in this chapter.

This research found that psychotherapists were initially more ready to explore their experience of sexual feelings with sex offenders than the psychologists were. This finding is similar to that in the existing literature – that psychoanalysis more openly discusses erotic countertransference than other modalities (Gerber, 1995). However, existing literature has failed to explore such a phenomenon with male sex offenders; thus, this finding is consistent with findings related to generic erotic countertransference but differs in its specificity to male sex offenders. Nevertheless, this research did find that despite a difference between psychologists and psychotherapists, there was a lack of dialogue surrounding *explicit* sexual feelings for both the psychologists and psychotherapists. The psychotherapists more readily spoke about generic sexualised feelings, but both psychologists and psychotherapists struggled to talk openly about explicit sexual feelings. This is reminiscent of Freud's (1993) teachings highlighting that the transference-love (any loving feelings that happen in the transference or countertransference) should be repressed. As such I posit that in line with Marshall and Milton's (2014) argument, many therapists, (both psychotherapists and psychologists) may continue to follow Freud's (1993) teachings that any erotic or loving feelings within the therapeutic relationship must remain repressed and unexplored. Therefore, therapists may not admit to the presence of sexual feelings.

Another difference between the interviewed psychotherapists and psychologists was their experience of supervision. The psychotherapists spoke about feeling supervision to be essential for processing intolerable feelings. Indeed, one of the psychotherapists said the only way he could remove himself from the offender's world was through the supervisor. Conversely, the psychologists in the research spoke about feeling that supervision was unhelpful and that there was more support when talking to friends than supervisors. It is possible that the psychologists did not feel comfortable in talking about sexual feelings in supervision, due to a fear that this would be seen as a violation of boundaries. Celenza (2010) noted clinicians self-neglecting due to tales of violating boundaries or a fear of being viewed as unprofessional. This is a possible reason for the psychologists not discussing such feelings – one psychologist mentioned there is 'no space' for such feelings. Perhaps another reason for the difficulty for psychologists in using supervision to talk about sexual feelings is due to the role of power; they felt unable to disclose due to the power that the supervisor holds. This echoes Murray and Sommers-Flanagan's (2014) discussion on supervision; that the supervisor holds the power that can make it difficult for the supervisee to open up to and as a result the supervisee may fear discussing sexual feelings for fear that their therapeutic practice would be questioned. Ladany, Hill, Corbett and Nutt (1996) suggest that trainee forensic psychologists do not disclose such feelings due to a fear of being unsupported or for concerns that their supervisor would frame their behaviour as inappropriate and lacking in boundaries. Their findings are directly related to the findings of this research that for the psychologists there was a struggle in discussing sexual content in supervision. It is suggested that if supervisors were more forthcoming about discussing sexual feelings in the therapeutic setting, that therapists would more readily explore such areas. However, Ladany (2004) commented that supervisors rarely explore sexual attraction. As a result

the therapists are likely to continue to experience sexual feelings as taboo and unspeakable.

From a review of all the similarities between the findings of this research and the existing literature, it is clear to see that there continues to be a discomfort around discussing sexual feelings. Therapists are willing to talk about their experiences as long as they feel able to frame these in their own way – which is most often removed from the experience of sexual feelings. Additionally it is notable that supervisors are not able to or choose not to explore sexual feelings in their supervision of trainee's and qualified clinicians. Hence it seems that talking about sexual feelings with sex offenders continues to be seen as taboo. Some of the most important findings, however, lie in the differences between this research and the existing literature.

5.2.2 Differences between themes and literature

Despite there being many similarities between the existing literature and identified themes in this research, there are some important differences that must be noted.

The finding that therapists would often deny there being a presence of sexual feelings in therapy is particularly interesting given the phenomenological nature of this research and when viewed in light of Merleau-Ponty's theory of the body-subject (1962). At a basic level, by following Merleau-Ponty's argument that the body is the subject and Freud's suggestion that sexuality is interfused with existence (1937), then when therapists deny the sexual component of their therapeutic work they are denying their very existence. Merleau-Ponty (1962) suggests that our sexuality is our way of connecting with others and is our basic way of relating in the world. He theorises that our body alone is our anchorage in the world. By following this theory it would be

essential for sexuality to be a part of the therapeutic relationship as it would be necessary for both the therapist and client to relate to each other. Merleau-Ponty (1996) furthered his theory saying that people will always look for sexual value and meaning in situations, as we only perceive the world through an erotic structure. As suggested in the introduction, although Merleau-Ponty is not talking specifically about the therapist-client relationship, or indeed the therapist-sex offender relationship, if his theory is applied to this research, then the denial of sexual feelings by the therapists suggests that there is a barrier that overrides the ability to engage in a normal human to human manner. It is possible that one of the inhibitors around openly discussing sexual feelings is due to fears that one will be judged for professional misconduct (Smith-Pickard (2014) which may be even more pertinent with a criminal population.

The current literature commented on some of the impacts that working with sex offenders has had on therapists. Jackson et al. (1997) found that 67% of clinicians had experienced visual images of sexual assault. Ellerby et al. (1993) also spoke about a reduction in therapists' sexual behaviour and therapists openly talking about their feelings. Conversely, the findings of this research showed a continued discomfort in labelling one's own feelings as 'sexual' in the therapeutic relationship, to the extent that sexuality was seen as detached from oneself. For example, therapists did not seem to attach their own sexual behaviour on to their therapeutic work with sex offenders. Additionally, none of the therapists talked about experiencing visual images of any description during their work with sex offenders. I suggest that this is because the therapists engaged in a more cognitive style of coping with some of their feelings. The therapists needed to sanitise their experience and one of the ways in which they did this was to engage in defence mechanisms such as 'intellectualisation' and

'compartmentalising'. By doing this, the therapist is able to place a distance between the offender and them.

Bateman and Holmes (1995) explained that psychoanalysis views defences primarily from an intrapsychic (internal psychological processes of the individual) perspective. Conflict occurs between the individuals' wishes and their external reality, which produces inner tension and anxiety. The conflict also develops between the individual's different minds (intrapsychic, interpersonal and mixed) and they develop defence mechanisms as a way to adapt. Bateman and Holmes suggest that this happens outside of consciousness, which allows the individual to self-regulate and minimise conflict or tension. One of the main defence mechanisms present in this research was that of intellectualisation which was seen through the therapists' sanitising their experience. Bateman and Holmes recognise intellectualisation as a defence mechanism as a means to engage in thinking instead of experiencing and focusing on the abstract as a way to avoid intimacy. They speak about the rationalisation that some individuals will adopt to provide logical explanations for irrational behaviours that have been prompted by unconscious wishes. As such it is arguable that defence mechanisms allow the therapists to protect themselves by sanitising their experiences. The therapists may rationalise or perhaps even theorise their feelings in order to make sense of their inner experience. In that way it becomes possible for the therapists to either polarise or engage in self-protective behaviours when they begin to experience disturbance. Hence, if they were to experience sexual feelings, such as the feelings of seduction that this research found, then they are able to sanitise these feelings and ultimately protect themselves by using some basic defence mechanisms. It seems likely that this phenomenon has not been explored or found in existing literature due to the lack of research into sexual feelings with sex offenders.

Within the theme protecting the self, the role of time played a crucial role in the therapists' understanding of their experience. Therapists' experiences would change over time and with growing experience. This is interesting in light of Peaslee's (1995) argument that if sexual feelings were to occur in a therapeutic context, then this was down to inexperience. This research opposes Peaslee's finding, suggesting that experience and the time spent practising may well impact a therapist's sexual feelings, but that all therapists would be exposed to such feelings. All of the interviewed therapists had at least two years of experience with male sex offenders and all of them experienced seduction and other less explicit sexual feelings at different stages throughout their therapeutic work, thus, a lack of experience cannot be blamed for the sexual feelings reported with this client group. Rather, as suggested throughout the research, the very nature of our existence means there is likely to be the presence of sexual feelings. In fact by proposing that only inexperienced therapists may experience sexual feelings with sex offenders, Peaslee seems to be bracketing the inexperienced therapists away from the experienced therapists. This is particularly interesting given the polarisation that all of the therapists engaged in in this research. Peaslee is viewing the inexperienced therapist as the other in the same way that the therapists in this research viewed the offender as the 'other'. The polarisation that Peaslee is adopting further protects the self as an experienced clinician against the inexperienced and therefore perhaps vulnerable therapist.

This research also contradicted the findings by Marcus and Buffington Vollum (2008) who argues that all therapeutic models now explore their personal reactions to clients. Despite interviewing clinical psychologists and psychotherapists there was still a visible discomfort in labelling eroticised feelings as 'sexual'. The therapists were able to talk about some of their personal reactions, but the majority struggled to openly explore

some of these feelings as erotic. Although in the literature review the possibility of using CBT and ACT to address sexual feelings in the therapy room was explored, there were no concrete examples of this in the research. As the therapists did not comment on their specific modality, it is not possible to differentiate between the experiences of all the possible therapeutic modalities adopted.

Another finding connects to the experiences the therapists had when working with both the victim and perpetrator elements of the offender. This finding relates to the hypothesis that most sexual abuse offenders are also sexual abuse survivors. Blum (1973) found that when therapists were working with sexually abused clients, the client would flood the analysis with the erotic with the intention of making the therapist share these feelings. The therapists' role would then be to untangle the past and present. However, this research found that when the offender flooded the therapy with erotic material, the therapist would likely begin to take a perpetrator role and would sometimes enter a sadomasochistic dynamic in which they would re-enact the abuse, which the offender had experienced.

As recognised earlier, the offender is likely to be a victim of abuse as well as a perpetrator of abuse and as such it is likely that there will be a plethora of projections present in the therapy room. The offender may be projecting their experience of being abused onto the therapist and as a result the therapist's countertransference is to act in a sadistic abusive manner. As Hughes & Kerr (2000) suggest, countertransference is the response elicited by the client's unconscious transference communications. Therefore the therapist may experience the polarised victim/perpetrator because of the different projections they are experiencing from the offender, as the offender oscillates from projecting their inner experience as a sexual offender to a sexual abuse victim.

McIlwain (2014) suggests that erotic countertransference can occur when the client recreates a past trauma with their therapist and this can lead to an exciting and sadomasochistic dynamic. McIlwain's theory relates directly to this research as the therapists experience erotic countertransference in their re-enacting of abuse and engaging in sadomasochistic dynamics at times. As Gardner (1999) suggests, the child as innocent often carries the guilt of adult abuser and this may be manifested by a need for punishment. Therefore, the therapist may be seduced into playing the role of masochistic abuser but simultaneously can experience their own victimisation.

Swales (2012) wrote about the 'jouissance' of working with sex offenders and the physical and intellectual pleasure that the therapist may experience in their work. She simplified the work of Lacan by saying that 'jouissance' has a sexual meaning but that it includes a pain pleasure principle. She believes that if there is a lack of a sufficient separation between mother and child then this leads to the development of a perverse personality as the pervert 'experiences his penis as the object of the mother's desire, creating problematic feelings and symptoms' (Watson 2013). The findings of this research are not consistent with Swales and although the therapists spoke about the experience of being seduced and even engaging in sadomasochistic dynamics, the therapists did not talk about the presence of pleasure. Indeed, there was a shared view that sex offenders are undesirable and, as one interviewee explained, almost *'desexual'*. However, the 'jouissance' that Swales explored can be linked to three of the therapists who spoke about violent offenders as 'enthralling'. Perhaps the very nature of being labelled a 'sex offender' means that the therapist then struggles to allow the existence of any pleasure due to the societal taboo around sexual offending – or it is possible that the *'jouissance of perverts'* is more likely to be present with the more perverse violent offending.

One major finding of this research that was not echoed in the existing literature was the phenomenon that the therapists would experience being 'caught off guard' by the sex offenders. There was a sense of the unknown, which the therapists spoke about which left them feeling uneasy and unprepared. The therapists in this research described never feeling totally safe and feeling that the sex offender could shock them or attack them in any moment. Perhaps it is this vigilance that the therapists spoke about that eradicates the possibility of exploring sexual feelings with this client group. In contrast it is possible that therapists working with sex offenders are doing so in a criminal justice pathway and are therefore encouraged to focus on risk issues rather than issues such as the therapist's experience of working with them. As a result it is posited that the therapist may focuses more on risk and therefore phenomenon such as the unpredictability of the offender and their behaviour. Additionally by being aware of not being caught off guard the therapists can further protect themselves from experiencing unwanted feelings such as those that are sexual in nature.

By exploring the findings of this research in relation to existing theory, it is possible to place the research in context. Additionally, when connecting the themes back to the literature, both for their similarities and differences, I am able to make out the strengths and limitations and the potential areas for future research.

5.3 Post-Analysis Reflexivity

As Counselling Psychologists we are required to be reflexive throughout our practice. And our research is no different in this respect. I found that throughout the research, by questioning myself and reflecting on my process, I was able to remain as close to the research as possible, while being aware of the difficulties I was experiencing. The

reflexive process felt split between my personal feelings and the feelings I had towards the method and epistemology I had adopted. Therefore, the methodological reflexivity will be presented separately to the personal reflexivity.

5.3.1 Methodological reflexivity

By using IPA, it was possible to explore therapists' experiences of sexual feelings when working with male sex offenders while simultaneously using the results to potentially influence clinical application. IPA was chosen, as this research sought to interpret the phenomenon of an experience rather than just describe the phenomenon. As previously noted, the chosen epistemology allows the initial 'description' of the phenomenon to be viewed within a wider social, cultural and theoretical context (Willig, 2012). Using IPA allows the explored phenomenon to be integrated and viewed in light of existing research while remaining descriptive.

It is necessary to assess if the research has explored the phenomenon in light of existing research in accordance with the ontology and epistemology of IPA. By using both Willig's (2013) points on epistemology and Yardley's (2000) criteria on qualitative research, I was able to assess whether a language has been created that will integrate findings into existing theory. Willig (2013) produced three points on epistemology:

1. What kind of knowledge does IPA aim to produce?
2. What kind of assumptions does IPA make about the world?
3. How does IPA conceptualise the role of the researcher in the research process?

To answer Willig's first question, I recognise that this research adopted IPA due to the desire to explore an individual's experience while being mindful of the role of hermeneutics. By using IPA, the researcher is aware of the contribution s/he may have on the results, in the way the phenomenon may be interpreted and described. Reflecting

on this, I feel that the knowledge of the specific experience that this research aimed to produce is in line with the principles for the use of IPA.

The second question Willig asks relates to the assumptions that the method makes about the world. IPA believes in the meanings that individuals attribute to their experience. As this research explored therapists' individual experiences of sexual feelings with male sex offenders, and indeed focused on the meaning that they attached to their experiences, I believe that this methodology was appropriately selected.

Willig's third question asks how the role of the researcher is conceptualised in IPA. Willig notes that IPA is both phenomenological and interpretative and that the descriptions from the analysis are, in part, formed by the researcher's interpretations. Although as a researcher I intended to stay close to the participant's lived experience, I am aware that the themes are labelled and understood with reference to the meaning that I gave to the experience. While remaining descriptive, I am further aware that my interpretation of the data ultimately led to my labelling the experience.

Following the above, it is posited that this research is consistent with the epistemological stance used by IPA. As discussed earlier, Yardley's criteria suggests that researchers must demonstrate (1) sensitivity to context; (2) commitment and rigour; must show (3) transparency and coherence; and deliver (4) impact and importance in the field of study.

This research intended to demonstrate sensitivity to context in a number of ways. Firstly, only therapists who had worked therapeutically with male sex offenders were recruited. It was hoped that due to their experience of working with sex offenders and

having to engage in conversations about sex, that the therapists would be aware of the delicate nature of talking about sex with offenders. By using an interpretative phenomenological approach, which is an explorative descriptive methodology rather than a descriptive phenomenology method, I was able to closely explore the differences and similarities of the therapists' experience. Using IPA allowed me to adopt a 'microscopic' detail in the analysis of data. By doing this, I was able to show the complexity of their experiences through the 'microscopic' depth of detail. Finally, by providing verbatim extracts of the participants' transcripts, I made sure that the participants' voices were present in the project, allowing the reader to explore the interpretations being made. This, Yardley argues, is key to providing sensitivity to context.

I intended to meet Yardley's second criteria of commitment and rigour by meticulously outlining the methodological process, from planning and recruitment all the way to data analysis. By providing a step-by-step account, including the move from emerging themes to superordinate and subordinate themes, I intended to show commitment and rigour to the reader, leaving them able to trace all themes back to the original section of the individual transcript. Furthermore, I committed myself to providing the participant with my full attention and was attentive to their dialogue throughout – intending to follow Willig's argument for obtaining good-quality interviews and a complete analysis.

The third criterion that I aimed to demonstrate was transparency and coherence. By showing the reader the process I took from planning the research all the way through to analysis, and by linking all the different components of the research, I hoped to demonstrate transparency and coherence. Further, I aimed to demonstrate both coherence and transparency by using a consequential approach to presenting the

research so that the reader could see how each section was linked.

Yardley's final criteria focus on the impact and importance of research in the field of study. By interpreting and detailing therapists' experiences of sexual feelings with male sex offenders, it is hoped that the research will benefit any psychologist, or indeed any therapeutic practitioner, working with this client group. By reviewing this research, it is hoped that therapists will learn about the common experiences relating to sexual feelings when working with male sex offenders. Furthermore, one of the key findings relates to the difficulty surrounding discussing 'taboo' topics and the difficulty for psychologists to talk about sexual feelings with supervisors. This is potentially a very important finding for psychologists.

5.3.2 Personal reflexivity

Throughout conducting this research I intended to remain aware of my own processes and experiences. In order to effectively interpret the analysis and develop both the superordinate and subordinate themes, I had to be aware of my own experience, both in relation to working with male sex offenders and to the experience of interviewing therapists.

One of the most pertinent experiences I had in conducting this research was realising that my willingness to explore anything related to sexuality is not common. Although the research had stemmed out of my interest in this 'taboo' area, from which I experienced discomfort, as the process continued, I became more open to exploring my feelings and began to try to further understand them. One of the downfalls of my curiosity around this topic was that when a therapist said that they had not experienced sexual feelings with male sex offenders, I simply did not believe them. Being a

phenomenologist and, more specifically, agreeing with the work of Merleau-Ponty (1962), this is unfathomable to me. The research has allowed me to develop a greater sense of self and it is now that I realise I believe that the self is entwined with sex. By the very nature of existing, we experience ourselves as sexual.

Throughout the analysis, I was continually reminded of the complexities of experiencing sexual feelings with male sex offenders. Furthermore, I was amazed at the social construction around 'sexual feelings'. That on a basic level sex is seen as a positive and that asking someone about sexual feelings conjures up images of fantasy and sexual excitement. I was left wondering where and when did this view on what constitutes sexual feelings develop.

Throughout the interview process and analysis, I was aware of the interpretations I was making. Staying true to the interpretative phenomenological approach, I remained as close to the participants' world as possible but was mindful of the distinction between description and abstraction. At times, keeping the balance between interpreting and abstracting *and* staying close to the data was a challenge. I believe this was mostly due to the 'meaning-making' experience I *also* have when working with male sex offenders. I had to be mindful of not using my own 'meaning-making' experience to interpret the participants' data. As such, I was careful to interpret and abstract from *their* experience, while attempting to 'bracket' my own. I was acutely aware of the double hermeneutic process and my role within this process.

Finally, when reflecting back on the research I feel empowered by the therapists that I interviewed. I have shared many of their experiences and when speaking to the therapists, I felt impressed by their self-awareness – that, despite discomfort at times,

the therapists were willing to openly talk about their sexual self; or even the consequences on the sexual self, for example, 'victimisation'. At times I also experienced frustration in my realisation that therapists still experience discomfort in explicitly talking about sexual feelings with clients. In particular there were a few moments during my interviews that I became quite defensive towards the interviewees. I recall sometimes feeling that the therapists were denying their feelings and that they were implying that I may have felt sexual feelings with sex offenders due to inexperience or that I could not understand their experiences due to a lack of my own experience. Upon reflection I believe that the sensitive nature of the topic allowed me, at times, to become defensive and these feelings may have been similar to what the therapists were experiencing during their interviews.

However, overall on completing the research, I felt I had gained a solid understanding of the therapists' experiences of sexual feelings, which in turn impacted my own experience of sexual feelings when working with male sex offenders.

5.4 Limitations of Research

When critically evaluating this current research, it is important to comment on the limitations that may be present. This section will be separated into procedural limitations, such as those related to recruitment, and methodological limitations, for example, the difficulties of using IPA.

5.4.1 Procedural limitations

One of the major limitations of this research relates to my inability to recruit Counselling Psychologists. Although the therapeutic work is very similar across different types of therapy approach, particularly with Clinical Psychologists, this research struggled to recruit Counselling Psychologists. This was particularly frustrating given the holistic approach that Counselling Psychologists adopt in their therapeutic work. However, given that the research looked at both psychologists and psychotherapists, it is felt that this research has still adopted a holistic view that will influence Counselling Psychologists. Had the advert for the research been placed in a Counselling Psychology journal, perhaps there might have been more interest in taking part from Counselling Psychologists. Conversely, it is possible to argue that the lack of Counselling Psychologists is not a limitation, but an illustration of the 'taboo' nature of this research. Furthermore, despite the research flyer being sent to an NHS Trust, there were only 6 respondents willing to be interviewed. Perhaps by contacting more Trusts there would have been a higher number of responses from Counselling Psychologists.

In addition, it would have been beneficial to know what modality each therapist practiced in, and to know how this impacted his or her experience of sexual feelings. Given that the existing literature highlights that psychodynamic theory is more likely to address sexual feelings as erotic countertransference, it was possibly an oversight and limitation not to explore a range of therapists practicing from different therapeutic modalities.

Although there was a solid rationale for not providing a concrete explanation of what I constitute as 'sexual feelings', it is plausible that participants relied on a socially constructed view of 'sex' – namely that it relates only to gratification. This is evident in

some of the quotations, whereby the therapists talk about not 'fancying' sex offenders. Although the research stuck to the roots of phenomenology and explored the *experience* of sexual feelings (therefore allowing the participants to view sexual feelings as a subjective concept), it was limited in that it assumed a baseline understanding of 'sexual feelings'. However, this process allowed me to reflect on the role the researcher has in interviewing, as it became apparent that my view of 'sexual feelings' with sex offenders might have been different from that of other individuals. Thus, there is no way to definitively answer questions surrounding the experience of sexual feelings with male sex offenders – rather, this research comments on individual experience of the phenomenon.

5.4.2 Methodological limitations

Willig (2013) outlines the limitations that the IPA methodology may encounter. She comments that there are possible limitations around the role of language, suitability of accounts and practical limitations. Willig suggests that, given that language is used to communicate a participant's experience to the researcher, phenomenological research works on the assumption that participants can effectively use language to capture and describe their experience. It is arguable that language is a construction, rather than a description of reality – in as much as we choose our own language to describe an experience. Hence, the same event can be constructed in many different ways. If the transcripts tell us more about the way in which the individual talks about their experience, rather than the experience *itself*, then the results may indeed be impacted.

Conversely, an alternative view is that language precedes and shapes experience. Although I attempted to remain as close to the language as possible, I was aware of the

use of my own language in interpreting the participants' language and the potential limitations this had on exploring the 'experience of sexual feelings'.

Another methodological limitation is that IPA describes and documents the lived experience, but does not explore the 'why'. IPA does not attempt to explain the phenomenon, but rather the *experience* of the phenomenon. This research explores the experience of sexual feelings with male sex offenders, but not why they occur. Thus, a limitation is that the researcher is not able to explore the 'why' component of experience, such as, 'Why do therapists feel discomfort with sexual feelings?' and 'Why do they occur in the first place?' The methodology means the research focuses purely on the experience of the phenomenon.

The final methodological limitation relates to the meanings that may be underneath the experienced phenomenon of sexual feelings. At times, I would have liked to ask the participants more specific, deeper questions. However, this was not an option, as it would have vastly extended interview timings and therefore provided an unmanageable amount of data. Secondly, I would have possibly been entering into the domain of 'therapist' rather than 'researcher' if I had asked detailed questions on a topic such as sexual feelings, and as such this could have been viewed as unethical. Finally, the aim of the research was to explore the therapists' experiences of sexual feelings with male sex offenders and therefore, as a researcher, it was necessary to stay close to the participant's lived experience without delving into areas they did not present. Thus, a limitation is that there may have been more meanings and perhaps even alternative meanings underneath the therapists' experiences of sexual feelings. However, the results will only be read in their current presentation.

5.5 Strengths and Implications of Research

One of the major strengths as explored earlier in this chapter relates to the rigour that this research shows. By following Yardley's criteria and by using Willig's three points on IPA, I was able to explore whether the research had met the criteria for quality research and whether IPA had been used appropriately. I feel confident in demonstrating that IPA was the appropriate methodology and that this research is valid. By offering detailed phenomenological descriptions, the therapist's experience of sexual feelings with male sex offenders can be seen in depth, and is something that has never been researched before. Furthermore, a key strength lies in the open explorative approach that was adopted in order to research this phenomenon. By providing a non-judgmental, unstructured environment in which therapists could explore their own meaning making of the experience of sexual feelings, the phenomenon is explored through the lived experience of therapists. This is a strength that can be held above existing literature, particularly as the only existing literature is a 20-year-old commentary from one clinician's experience.

One of the major implications of this research is related to the clear discomfort and confusion therapists continue to experience around discussing 'sexual feelings'. The finding that clinicians would polarise their experience and would often assume the role of a parent illustrated that all the therapists would feel discomfort in their experiences with male sex offenders and would shy away from exploring such feelings. In accordance with existing literature, it was found that the dialogue around sexual feelings continues to be an area of 'taboo' – a topic in which clinicians feel conflicted in discussing. The therapists appeared to attempt to ignore the presence of sexual feelings or mask them by assuming alternative roles in the therapy. Despite evidence in the literature that over 80% of therapists experience sexual feelings in therapeutic work,

there are still no guidelines on managing and understanding sexual feelings in Counselling Psychology. Indeed there is barely a mention of sexual feelings in any theory aside from psychoanalysis despite sexual feelings having been mentioned for decades but not explored. Winnicott (1965) suggested that if therapists did not explore erotic countertransference and their own vulnerability then the potential for therapeutic growth would be diminished. Henceforth one of the major implications of this research is that both psychology and psychotherapy fields need to expand their training on sexual feelings in therapy.

It is my argument that as sexuality is entwined with our existence, there will be a sexual component to all relationships, including those of a therapeutic nature. As the analysis identified, some of these feelings are explicit and others are more complex and masked. However, a certainty is that these feelings are often seen as 'taboo' and are hidden, reducing the possibility of using these feelings to enhance the therapeutic relationship. Further to this lies the complication of these feelings with sex offenders. It is posited that if therapists were trained to explore sexual feelings in the same manner that they are encouraged to explore other countertransferential reactions, there might be a greater understanding of sex offenders and how to work effectively with them. There would possibly be a reduction in the profound emotional responses that the therapists experienced towards the male sex offenders. Finally, the offender and therapist would arguably be in a safer relationship with more understanding around countertransferential reactions.

One of the major strengths of this research is that both the male and female experience of providing therapy to sex offenders is explored. In particular, the finding that both female therapists placed themselves within the maternal frame of reference and often

the victim stance allowed me to highlight the complexities that a female clinician may experience when working with a male sexual offender. In addition, the research identified that the male therapists also found themselves in a paternal role at times and would have different experiences to the female therapists, such as shame towards their own gender. As such, the gender of the therapist when working with sex offenders must be accounted for as this can impact some of the experiences that the therapist may have in therapeutic work with this client group.

The findings that the therapists had all experienced themselves as victims of the male sex offender at some point in their work, and that they had also experienced themselves as perpetrators re-enacting abuse and carrying out sadomasochistic behaviour, have great implications for Counselling Psychology. By understanding the spilt between victim and perpetrator and the implications of adopting each of these roles, Counselling Psychologists would be better prepared to reflect on their own processes and be mindful of safeguarding both themselves and the offender. There are profound impacts on both the therapist and offender when there is an oscillation between the victim and abuser stance and greater reflexivity is created when there is greater awareness of these experiences. It is also arguable that the therapist and offender would reach a deeper therapeutic relationship with more support around the therapist's experience of being a victim and a perpetrator.

Although there was a discomfort in exploring sexual feelings, the psychotherapists that were interviewed were more able to talk about their experiences and spoke more openly about their feelings as explicitly sexual – albeit sometimes framed within psychodynamic literature. Thus, in accordance with existing literature and the findings of this research, it is noted that psychodynamic practitioners seem more able to discuss

sexual feelings. Hence, one of the theoretical implications of this research is that all therapeutic modalities and practitioners need to be aware of their own feelings, including those of a sexual nature. Sexual feelings need to be explored by all theories – rather than being confined to the psychoanalytical model of 'erotic countertransference'. Additionally, as Counselling Psychologists are taught with an integrative approach, greater awareness around the approaches of different modalities to feelings is necessary.

Finally, arguably one of the most important implications of the research is the conflict that occurred in the experience of supervision. The incongruence between the experiences of supervision are noteworthy, given the role supervision is meant to play for therapists. The three psychotherapists spoke about supervision as essential to working through their feelings, including those of a sexual nature. They recognised supervision as a safe place in which to explore all the necessary experiences they may have with sex offenders. They referred to supervision as crucial in understanding the sexual component to the therapy and spoke about the supervisor being essential in separating the offender and therapist or re-establishing boundaries. Conversely, the psychologists spoke about supervision as unhelpful, experiencing anxiety that if they admitted to having sexual feelings they might be viewed as unprofessional. They spoke of feeling that friends were more helpful for talking about sexual feelings due to their lack of judgment and openness to explore such a topic. Hence, for some of the psychologists the supervision appears to act as a hindrance as it creates a block to exploring sexual feelings.

Consequently, this has great implications for Counselling Psychologists providing and receiving supervision. I would argue for greater transparency around sexual feelings and an open dialogue in supervision. I suggest that supervision be constructed as a safe

space in which to discuss anything the supervisee wants and that the supervisor is open and explicit about the possibility of sexual feelings occurring – therefore the Counselling Psychologist should strive to create this space.

5.5.1 Areas for future research

This research presents potential areas for future growth and research, which will be outlined below. In some ways, this research can be seen as a starting point to explore sexual feelings with male sex offenders, but could be viewed as the foundations on which to build more detailed research in specific areas. One such area might focus on exploring the difference between male and female clinicians working with male sex offenders on a wider scale. This research did not explicitly explore the difference in experience between male and female clinicians and, given some of the findings relating to the difference in gender, this is an area that would benefit from further research. Moreover, this would provide invaluable insight into some of the challenges and differences that women and men face as therapists. Another area for future research would be to explore the phenomenon of 'protecting the self' and the function that this serves for therapists working with sex offenders. Similarly, future research could look at the difference in experiences of sexual feelings with male sex offenders depending on therapeutic modality or training route. Another potential area for research could be to look at female sex offenders and erotic countertransference – it is suggested that this is an even more 'taboo' topic, given the small amount of female sex offenders in comparison to male sex offenders and our social construct of women as 'maternal'. Finally, and perhaps most crucially to this research, the findings relating to supervision and the difficulties in exploring sexual feelings in this place invite further research. Given the clinical importance of supervision, I believe that future research could focus

on an in-depth analysis of the barriers to exploring sexual feelings in therapy and of how discussing such topics could become more normalised and comfortable.

Chapter 6

CONCLUSION

This research sought to understand therapists' experiences of sexual feelings when working with male sex offenders. Given the absence of direct research into this phenomenon and the generic discomfort that appears around 'taboo' feelings, such as those of a sexual nature, this research felt necessary for Counselling Psychologists. An Interpretative Phenomenological Analysis allowed an in-depth exploration of six therapists' experiences of sexual feelings when working therapeutically with male sex offenders. Three main experiential themes were identified which illuminated therapists' need to protect the self from feelings of a sexual nature with sex offenders. The second theme of polarisation showed the therapists polarising their experience in order to try to understand and make sense of their feelings. The last theme, disturbance highlights the explicit sexual feelings the therapists experienced and the impact these had on the therapists. These findings highlighted the complexities surrounding such a phenomenon and identified some key differences between male and female therapists and psychologists and psychotherapists when it comes to their experience of sexual feelings.

This research presents many implications for Counselling Psychology, particularly around the need to increase the awareness of sexual feelings in the therapeutic relationship, with specific reference to male sex offenders. As Counselling Psychologists are trained integratively, the importance of exploring sexual feelings across all therapeutic modalities is stressed.

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Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), Q*ualitative psychology: A practical guide to research methods* (pp. 235-251). London:

Sage.

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APPENDICES

1. City University Ethical Approval

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc M.Phil M.Sc **D.Psych** n/a

1

Please answer all of the following questions, circling yes or no where appropriate:

1.Title of project

Therapist's experience of sexual feelings when working with male sex offenders.

2. Name of student researcher (please include contact address and telephone number

Joanna Clancy – 34 Monkton Street, London, SE11 4TX

07796336213

3. Name of research supervisor

Dr. Soren Petter

4. Is a research proposal appended to this ethics release form? **Yes**

5. Does the research involve the use of human subjects/participants? **Yes**

If yes,

a. Approximately how many are planned to be involved? **8 -10**

b. How will you recruit them?

NHS ethics approval to be sought. Directors of NHS services will be contacted to obtain approval to post recruitment flyers in specific services. I intend to recruit participants through NHS Trusts – email alerts, posters, flyers. Participants will be asked to engage in an initial telephone consultation where they will be provided information on the research. Participants will then be selected & interviewed.

c. What are your recruitment criteria?

Any therapists who have worked with male sex offenders in a therapeutic setting. Must currently or previously have provided therapy / therapeutic assessments to male sexual offenders. See recruitment flyer.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent? **No**

d1. If yes, will signed parental/carer consent be obtained? N/A

d2. If yes, has a CRB check been obtained? **No**

6. What will be required of each subject/participant (e.g. time commitment, task/activity)?

Initial telephone consultation for 10-15 minutes. If selected then a semi-structured interview which will take 1-1.5 hours. Questions will focus on participant's experience of sexual feelings when working with male sex offenders.

---

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes

If yes

a. Please detail the possible harm?

As with any research that addresses complex psychological processes, this research by nature has the capacity to cause participants to recall difficult experiences. However, as I am a trainee clinician under supervision I feel I am capable of either containing such situations or linking participants into relevant services that would address these issues.

b. How can this be justified?

20

The nature of this topic is one that is potentially traumatic but highlights why research is so important. By researching such areas it is possible to address and identify areas of clinical concern. Participants will also be provided with debriefing information with psychological services information.

c. What precautions are you taking to address the risks posed?

I will be seeking NHS ethics approval and will conduct my interviews at the work place of the participant or City University in a safe space. I also feel confident in my ability to address any psychological distress during interviews. Due to researching NHS therapists I will be able to provide information on NHS support groups.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes – see attached

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research? **No**

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes – see attached

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

Audio recordings of interviews. Computer notes/transcripts of interviews

12. What provision will there be for the safe-keeping of these records?

All computer notes will be stored on a secure network key. Audio files will be uploaded to the network key and will be erased off the audio recording device. Alternative copies will be stored on the University database.

13. What will happen to the records at the end of the project?

All records will be destroyed after 10 years of completion of this research – following City University and NHS ethical requirements.

14. How will you protect the anonymity of the subjects/participants?

All participants will be provided with pseudonyms. I will be the only person who knows the link between pseudonyms and their identity.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

Participants will be provided with a de-briefing sheet that provides details of psychological services and support groups. They will also be made aware of their relevant NHS support group. See debriefing sheet attached.

Signature of student researcher: Joanna Clancy – Date: 21.01.2014 [redacted]

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal	✓
Recruitment Material	✓
Information Sheet	✓
Consent Form	✓

De-brief Information ✓

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself? **Yes**

If yes,

a. Please detail possible harm?

It is possible that upon hearing participant's responses, there may be some psychologically disturbing information shared. It is also possible that the content of such sessions may resonate with my own experiences.

b. How can this be justified?

As I have a clinical supervisor, research supervisor and personal therapist, I feel more than capable of containing myself and working through any psychological harm or distress caused when conducting my research.

c. What precautions are to be taken to address the risks posed?

I will prepare precautions with my research supervisor and will be mindful of my own triggers when conducting the interviews.

Section C: To be completed by the research supervisor

Research Proposal – Student Number: 120028653

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signatur[redacted]---------- Date---16/05/2014

Section D: To be completed by the 2nd Departmental staff member *(Please read this ethics release form fully and pay particular attention to any answers on the form where* ***underlined bold*** *items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signature ----------[redacted]---------- Date ---8.05.14

24

N.B Ethical approval was granted under my maiden name Joanna Clancy but all City University records have since been changed from Joanna Clancy to Joanna King.

2. NHS Research and Development Approval

Institute of Psychiatry

at The Maudsley

Research and Development Office

[redacted]
Tel [redacted]
Fax [redacted]
http://www.kcl.ac.uk/iop/research/office/index.aspx

KING'S College LONDON *Founded 1829*

Miss Joanna Clancy
Social Sciences Building
City University London
Northampton Square
St John Street
London
EC1V 0HB

25 July 2014

Dear Miss Clancy

Trust Approval: R&D2014/071
Title: An Interpretative Phenomenological Analysis of Therapist's Experience of Sexual Feelings when working with Male Sex Offenders

I am writing to confirm approval for the above research project at South London and Maudsley NHS Foundation Trust. This approval relates to work in the Behavioural and Developmental Psychiatry CAG and to the specific protocol and informed consent procedures described in your R&D Form. Any deviation from this document will be deemed to invalidate this approval. Your approval number has been quoted above and should be used at all times when contacting this office about this project.

Amendments, including extending to other Trust directorates will require further approval from this Trust and where appropriate the relevant Research Ethics Committee. Amendments should be submitted to this R&D Office by completion of an R&D Amendment form together with any supporting documents. A copy of this is attached (R and D Amendment Form V3.doc), but is also available on the R&D Office website.
King's College London - Research and development approval

I note that City University, London will be taking on the role of Sponsor for this study.

Approval is provided on the basis that you agree to adhere to the Department of Health's Research Governance requirements including:

- Ethical approval must be in place prior to the commencement of this project.
- As Chief Investigator and/or Principal Investigator for this study you have familiarised yourself with, and accept the responsibilities commensurate with this position, as outlined in the Research Governance Framework

  http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4122427.pdf.

- Compliance with all policies and procedures of the Trust which relate to research, and with all relevant requirements of the Research Governance Framework. In particular the Trust Confidentiality Policy. http://www.slam.nhs.uk/media/107386/confidentiality%20policy.pdf
.
- Co-operating with the Trust R&D Office's regular monitoring and auditing of all approved research projects as required by the research governance framework, including complying with ad hoc requests for information.
- Informing the Trust's Health and Safety Coordinators and/or the Complaints Department or of any adverse events or complaints, from participants recruited from within this Trust, which occurs in relation to this study in line with Trust policies. Contact details are available from the R&D Office if required.
- Sending a copy of any reports or publications which result from this study to the Trust Departments involved in the study if requested.
- Honorary Contracts must be in place prior to patient contact for all relevant members of the research team. Advice on this will be provided by the R&D Office at the point of obtaining R&D approval and on an ongoing basis for new members of staff joining the research team.
- Sending a copy of the annual reports and end of project notification submitted to ethics.

Failure to abide by the above requirements may result in the withdrawal of the Trust's approval for this research.

If you wish to discuss any aspect of this research approval with the R&D Office, please contact Jenny Liebscher [redacted] in the first instance.

I wish you every success with this study.

Yours sincerely

[redacted]

Adriana Fanigliulo
Research Governance Facilitator
SLaM/IoP R&D Office

Enc. R&D Approval Amendment Form

3. Recruitment Flyer

Department of Psychology

City University London

PARTICIPANTS NEEDED FOR RESEARCH IN:

The experience of sexual feelings when working with male sex offenders

Have you worked with male sex offenders for more than 4 sessions – therapy or assessment?

Have you ever experienced sexual feelings when working with a male sex offender?

Are you willing to talk about your experiences?

If you answered yes to the above questions then we would be very interested in interviewing you for a new piece of research.

We are looking for Therapists to take part in a study on *Therapists' personal experiences of sexual feelings when working with male sex offenders.*

You would be asked to: *Engage in a brief telephone consultation at your convenience. If you are then invited for phase 2 of the research you will be interviewed at your work place (if convenient) or at City University.*

Your participation would involve *one* session, an interview, which is approximately *60–90* minutes.

For more information about this study, or to take part,

please contact:

Joanna King supervised by Dr Soren Petter

Psychology Department

at

020 7040 5060 or

Email: [redacted] *or* [redacted]

This study has been reviewed by and received ethics clearance through the Psychology Department Research Ethics Committee, City University London. This research has also received NHS ethical clearance.

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: Anna.Ramberg.1@city.ac.uk

4. Contact Sheet

CONTACT SHEET

Name:

Address:

Gender:

Age:

Sexual Orientation:

Country of Origin:

Profession:

5. Table A.3: Participants' Demographic Table

Participant	Gender	Age	Sexual Orientation	Country of Origin	Profession
Pt 1	**M**	**37**	**Homosexual**	**UK**	**Clinical Psychologist**
Pt 2	**M**	**54**	**Heterosexual**	**UK**	**Psychotherapist**
Pt 3	**F**	**37**	**Heterosexual**	**UK**	**Clinical Psychologist**
Pt 4	**F**	**30**	**Heterosexual**	**UK**	**Clinical Psychologist**
Pt 5	**M**	**66**	**Heterosexual**	**UK**	**Psychotherapist**
Pt 6	**M**	**61**	**Heterosexual**	**UK**	**Psychotherapist**

6. Information Sheet

Therapists' experiences of sexual feelings when working with male sex offenders.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

I am currently undertaking a Doctorate of Counselling Psychology at City University. As part of my doctorate I am completing a thesis exploring the experiences of therapists that have worked with or are currently working with male sex offenders. This research has been passed through and approved by City University and NHS ethics.

The aim of this research is to explore therapists' experiences of sexual feelings when working with male sex offenders.

I am interested in this 'taboo' topic, as I believe that breaking the stigma is important for clinical practice. There is limited research in this area and I believe as a clinician that it would be beneficial to understand this sensitive area of clinical practice.

This research intends to be completed in September 2015.

Why have I been invited?

This research intends to interview between 8 and 12 participants. Given that you are a therapist who is currently working with or has worked with male sex offenders, you are being invited to participate in this research. This research encourages therapists with a

range of training, for example, Clinical/Counselling Psychologists, Psychotherapists, Counsellors, Cognitive Behavioural Therapists and Mental Health Practitioners. Participants must have worked therapeutically with male sex offenders either in the present or past.

Do I have to take part?

It is up to you to decide whether or not to take part in this research. Taking part is completely voluntary. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time up until the interview process. You may avoid answering any questions that you feel uncomfortable with and this will not affect your participation.

What will happen if I take part?

Phase 1 - Participants will initially engage in a brief telephone call with me where they will have the chance to ask any questions about the research and briefly answer a few questions.

Participants will then be contacted, they will either be asked to participate in an interview (phase 2) or will be provided with debriefing information. Participants who are asked to complete phase 2 of the research will be asked to attend City University or I will visit their workplace for an interview, which will last between 1–1.5 hours

What do I have to do?

Participants will be asked to answer some questions about their experiences of working with male sex offenders over a semi-structured interview that will last between 1 and 1.5 hours.

What are the possible disadvantages and risks of taking part?

There is a risk of feeling distressed if you are to take part in this research. Some participants may find that talking about such a topic is embarrassing or private. They may feel cautious regarding their responses and may feel the research will risk exposing their personal feelings. However, as a trainee clinician I feel able to provide the necessary support by containing participants and directing them to relevant sources should any distress be caused. Furthermore, all data will be anonymous and debriefing information is available.

What are the possible benefits of taking part?

There are many benefits for participation in this study. Many individuals find talking about their experiences helpful even when they are embarrassing or potentially shameful and this may be a good time for you to reflect. Another outcome of this research may be for clinicians to explore and try to understand their own responses to experiencing sexual feelings. This research could also highlight the importance for organisations to provide effective supervision focusing on sexual feelings when working with male sex offenders.

What will happen when the research study stops?

All original data, including audio recordings, will be stored on a secure network key and will be destroyed upon completion and marking of this research.

Will my taking part in the study be kept confidential?

For the purpose of this research all participants will be audio-recorded for transcription of the interview. This is necessary due to the form of analysis this research will adopt. This research will include exact quotes from the participants; therefore, an audio recording of the interview is necessary to accurately transcribe the participants' responses. Only the researcher will have access to the data before making audio

transcripts anonymous. A City University Research Supervisor will also have access to the raw data after it has been made anonymous. At all times audio recordings and participant notes will be stored on a secure network key and on City University's secure database. Pseudonyms will be used in all participant notes. Therefore individuals who take part in this study will remain anonymous. If this research is published then quotes from the interview may be publicly available, although the participants will not be identifiable, as all participants will be made anonymous. All original data, including audio recordings, will be destroyed upon completion and marking of this research. There will not be any data archiving or sharing unless consent is sought from participants.

Participants are reminded that although all data remains confidential, if there is any disclosure where there is a perceived risk to self or others, confidentiality may be broken. This may include reporting of violence, sexual abuse or criminal activity. However, participants would be made aware before any confidential information was used outside of this research.

What will happen to the results of the research study?

Data gathered from this research study will remain anonymous. Therefore, if this doctoral thesis is published there will not be any identifiable information published. Participants will be provided with contact details and will be offered to be informed if this research is published and they would like to see the doctoral paper.

What will happen if I don't want to carry on with the study?

Participants can withdraw from participation in this research up until the interview process without giving any reason for doing so.

What if there is a problem?

If there is any problem then do not hesitate to contact the researcher or research supervisor (contact details below).

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is 'Therapists' experiences of sexual feelings when working with male sex offenders'.

You could also write to the Secretary at:

Anna Ramberg

Secretary to Senate Research Ethics Committee

Research Office, E214

City University London

Northampton Square

London

EC1V 0HB

Email: Anna.Ramberg.1@city.ac.uk

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee. This research has also been approved by NHS Ethics.

Further information and contact details

Joanna King supervised by Dr Soren Petter

City University Psychology Department

at [redacted] or

Email: [redacted] or [redacted]

Thank you for taking the time to read this information sheet.

7. Consent Form

CONSENT FORM

Title of Study: **Therapists' experiences of sexual feelings when working with male sex offenders.**

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • An initial telephone consultation • Being interviewed by the researcher • Allowing the interview to be audio-taped	
2.	This information will be held and processed for the following purposes: Analysis of data. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisations.	

	I consent to anonymised transcripts of the audiotapes being shown to other researchers and interested professionals. I consent to the use of sections of the audiotapes in publications.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw until the interview process without being penalised or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purposes set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Joanna King

_____	_____	_____
Name of Researcher	Signature	Date

_____	_____	_____
Name of Participant	Signature	Date

8. Interview Schedule

Semi-structured interview example questions:

Can you recall a time in which you experienced sexual feelings when working with a client?

How did you know when these feelings began?

Did they change?

Did they stop?

How did you know when they ended?

How did you make sense of these feelings?

What were your overriding emotions?

Have you explored these feelings before?

Is there anything else relevant in your mind that we have not covered?

9. Debriefing Form

The study you have just completed aimed to explore your experiences of sexual feelings when working with male sex offenders.

If you feel any of the research process has caused you harm or distress then there are many organisations in which you can speak to someone in full confidentiality:

http://www.fht.org.uk/lsgs – group where therapists meet to discuss their experiences

www.mayoclinic.com – stress management

www.therapistsupportnetwork.com – therapist peer mentoring

www.nhs.co.uk – many services available.

Telephone Services:

Sane Line – 0845 767 8000

Samaritans – 0845 790 9090

We also advise that you discuss any pertinent material with your clinical supervisor if appropriate.

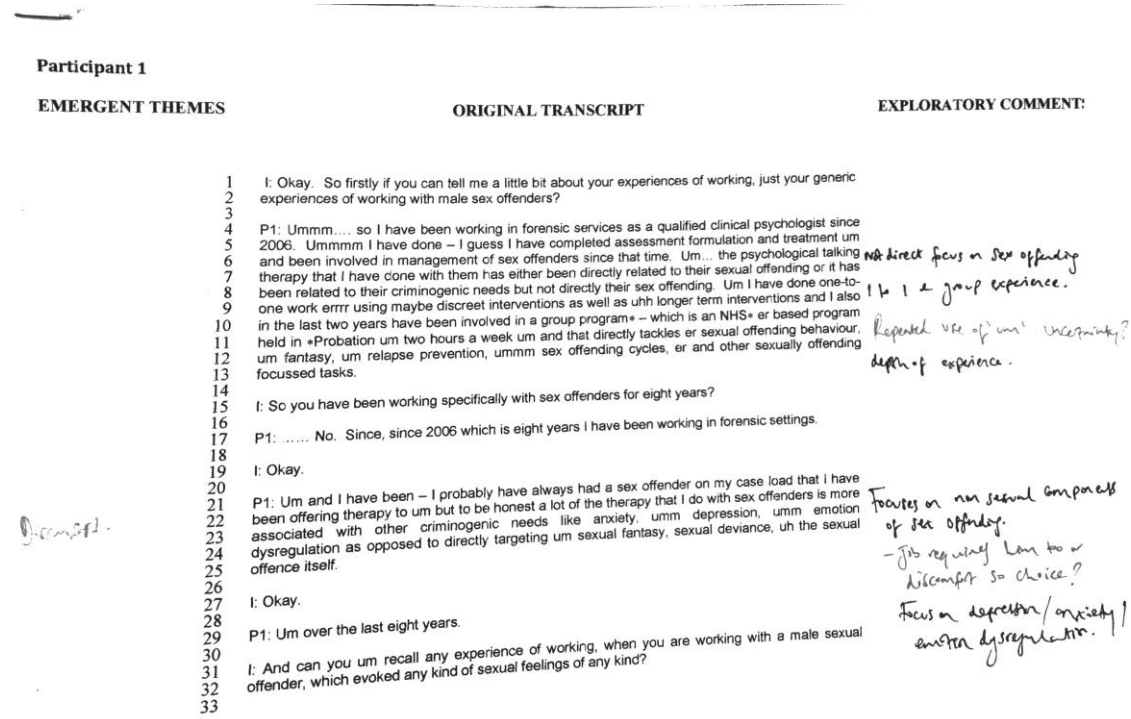
For further information or if you have any questions about the details of this study please do not hesitate to make contact:

joanna.king@city.ac.uk – researcher or

nils.petter.1@city.ac.uk – supervisor

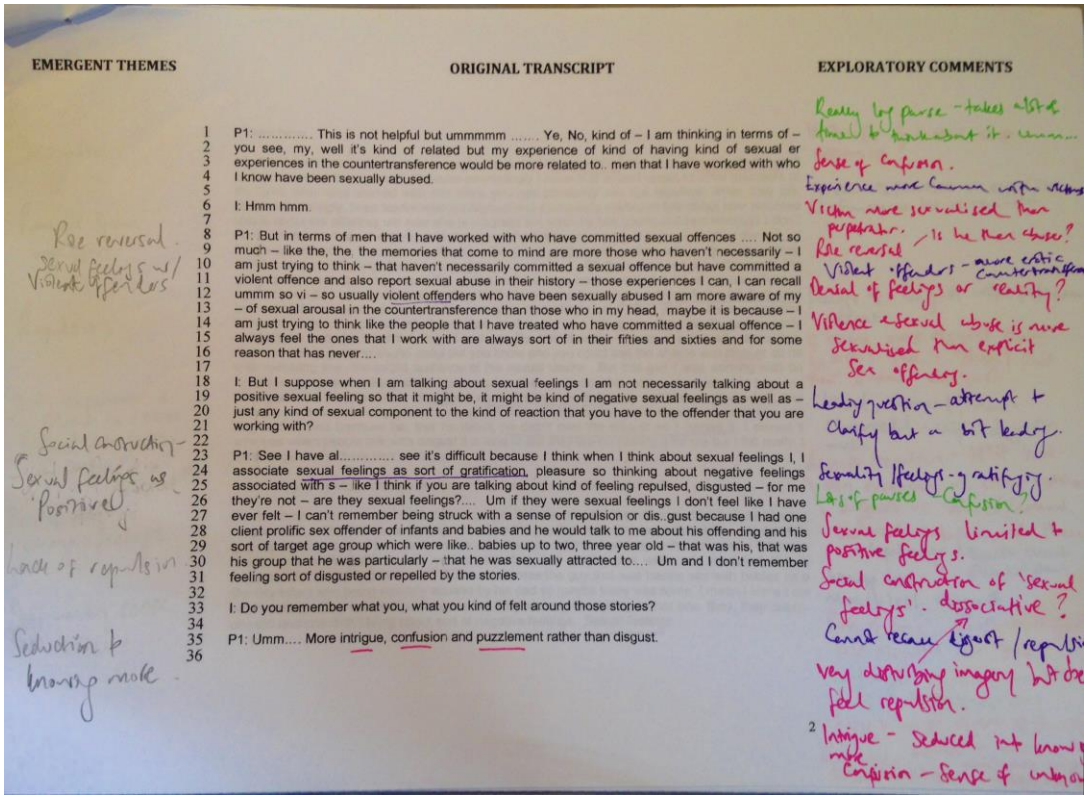
10. Transcript Example

Example of Transcript with Emerging Themes

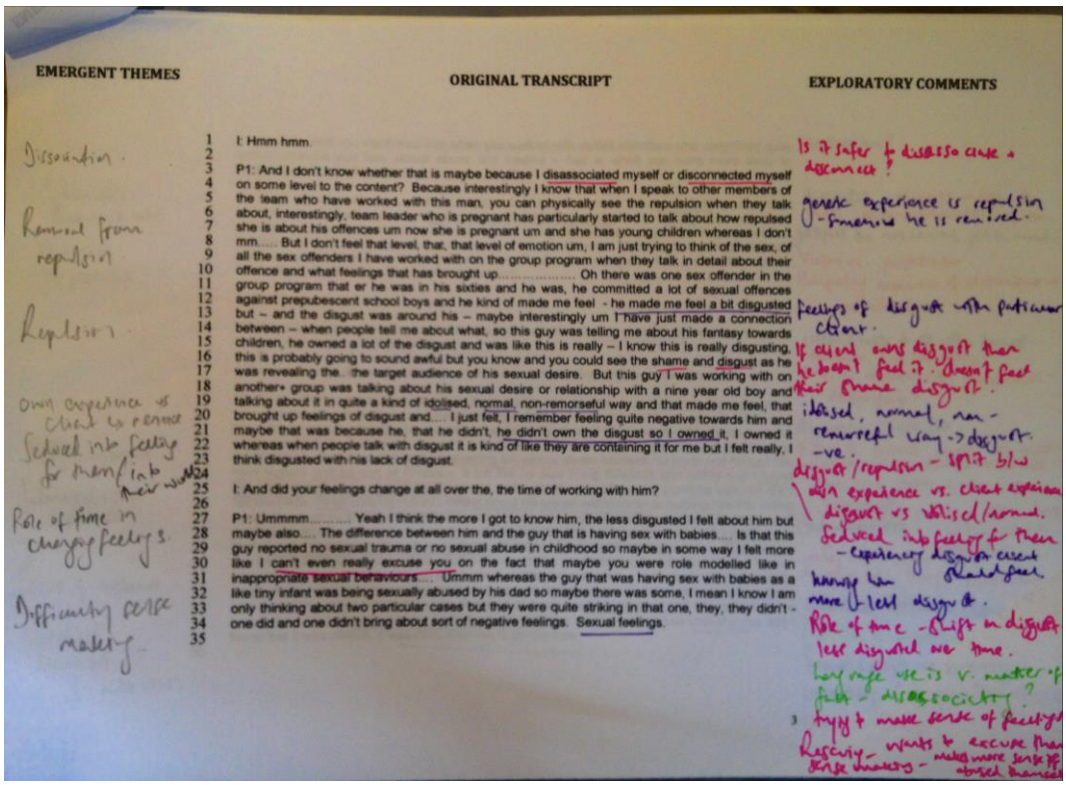


Participant 1

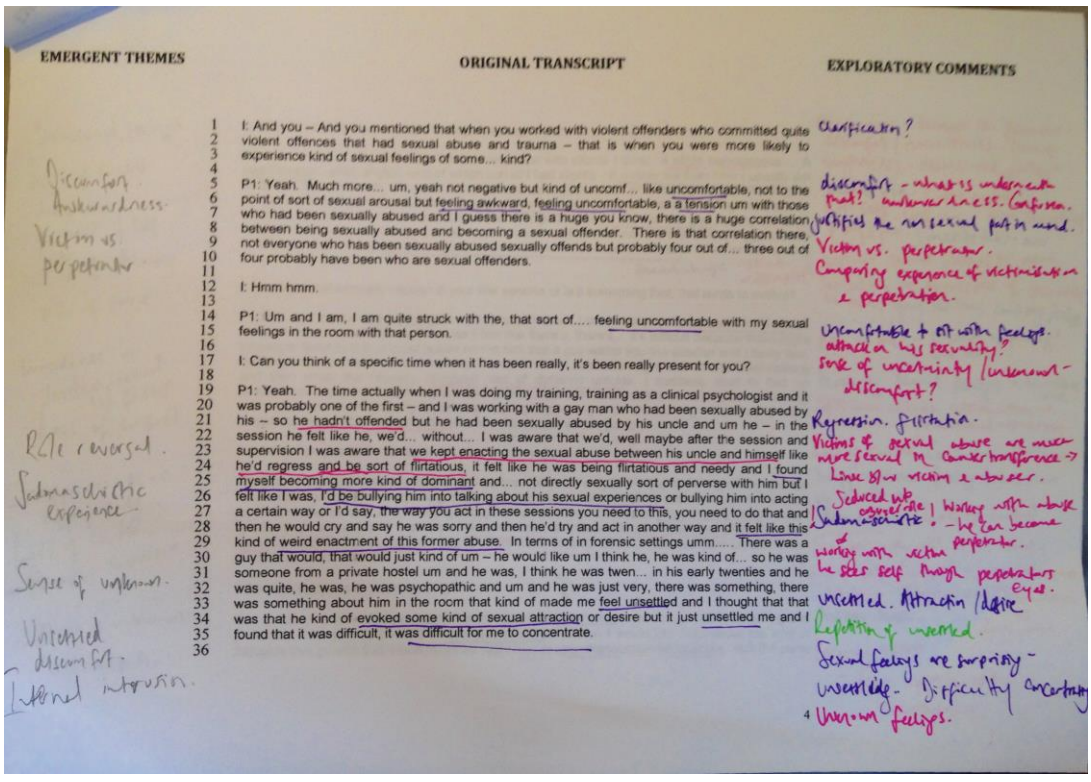
EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
	1	I: Okay. So firstly if you can tell me a little bit about your experiences of working, just your generic	
	2	experiences of working with male sex offenders?	
	3		
	4	P1: Ummm..... so I have been working in forensic services as a qualified clinical psychologist since	
	5	2006. Ummmm I have done – I guess I have completed assessment formulation and treatment um	
	6	and been involved in management of sex offenders since that time. Um... the psychological talking	not direct focus on sex offending
	7	therapy that I have done with them has either been directly related to their sexual offending or it has	1 to 1 & group experience.
	8	been related to their criminogenic needs but not directly their sex offending. Um I have done one-to-	
	9	one work errrr using maybe discreet interventions as well as uhh longer term interventions and I also	
	10	in the last two years have been involved in a group program* – which is an NHS* er based program	
	11	held in *Probation um two hours a week um and that directly tackles er sexual offending behaviour,	Repeated use of 'um' uncertainty?
	12	um fantasy, um relapse prevention, ummm sex offending cycles, er and other sexually offending	depth of experience.
	13	focussed tasks.	
	14		
	15	I: So you have been working specifically with sex offenders for eight years?	
	16		
	17	P1: ..... No. Since, since 2006 which is eight years I have been working in forensic settings.	
	18		
	19	I: Okay.	
	20		
	21	P1: Um and I have been – I probably have always had a sex offender on my case load that I have	Focuses on non sexual components
	22	been offering therapy to um but to be honest a lot of the therapy that I do with sex offenders is more	of sex offending.
	23	associated with other criminogenic needs like anxiety, umm depression, umm emotion	– Is requiring Low tolerance or
	24	dysregulation as opposed to directly targeting um sexual fantasy, sexual deviance, uh the sexual	discomfort so choice?
	25	offence itself.	
	26		Focus on depression/anxiety/
	27	I: Okay.	emotion dysregulation.
	28		
	29	P1: Um over the last eight years.	
	30		
	31	I: And can you um recall any experience of working, when you are working with a male sexual	
	32	offender, which evoked any kind of sexual feelings of any kind?	
	33		



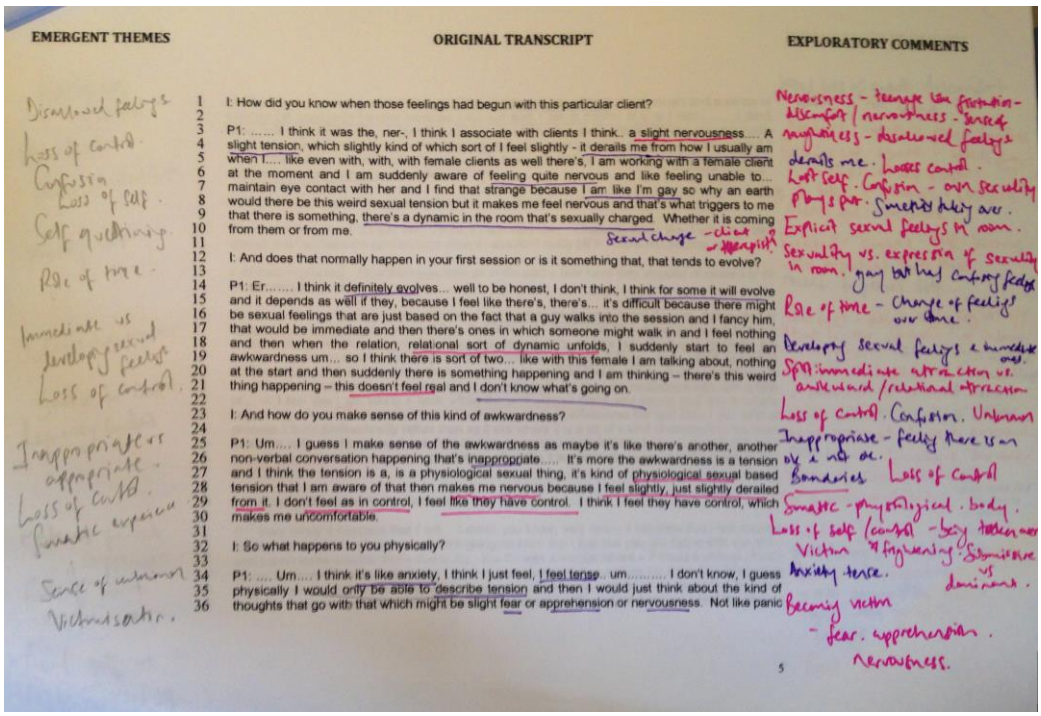
EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
	1	P1: ..... This is not helpful but ummmmm ..... Ye, No, kind of – I am thinking in terms of –	Really lot of pause – takes a bit of
	2	you see, my, well it's kind of related but my experience of kind of having kind of sexual er	thread to think about it. Umm...
	3	experiences in the countertransference would be more related to.. men that I have worked with who	Sense of confusion.
	4	I know have been sexually abused.	Experience more common with victim
	5		Victim more sexualised than
	6	I: Hmm hmm.	perpetrator. / Is he then abuse?
Role reversal.	7		Role reversal
Sexual feelings w/	8	P1: But in terms of men that I have worked with who have committed sexual offences .... Not so	Violent offenders – more erotic Countertransference
Violent offenders	9	much – like the, the the memories that come to mind are more those who haven't necessarily – I	Denial of feelings or reality?
	10	am just trying to think – that haven't necessarily committed a sexual offence but have committed a	
	11	violent offence and also report sexual abuse in their history – those experiences I can, I can recall	Violence & sexual abuse is more
	12	ummm so vi – so usually violent offenders who have been sexually abused I am more aware of my	sexualised than explicit
	13	– of sexual arousal in the countertransference than those who in my head, maybe it is because – I	Sex offending.
	14	am just trying to think like the people that I have treated who have committed a sexual offence – I	
	15	always feel the ones that I work with are always sort of in their fifties and sixties and for some	Leading question – attempt to
	16	reason that has never....	clarify but a bit leading.
	17		
	18	I: But I suppose when I am talking about sexual feelings I am not necessarily talking about a	
	19	positive sexual feeling so that it might be, it might be kind of negative sexual feelings as well as –	
	20	just any kind of sexual component to the kind of reaction that you have to the offender that you are	
	21	working with?	
	22		
Social construction –	23	P1: See I have al..... see it's difficult because I think when I think about sexual feelings I, I	Sexuality/feelings – gratifying.
Sexual feelings as	24	associate sexual feelings as sort of gratification, pleasure so thinking about negative feelings	Lots of pauses – confusion?
'positive'	25	associated with s – like I think if you are talking about kind of feeling repulsed, disgusted – for me	Sexual feelings limited to
	26	they're not – are they sexual feelings?... Um if they were sexual feelings I don't feel like I have	positive feelings.
	27	ever felt – I can't remember being struck with a sense of repulsion or dis..gust because I had one	Social construction of 'sexual
	28	client prolific sex offender of infants and babies and he would talk to me about his offending and his	feelings'. dissociative?
	29	sort of target age group which were like.. babies up to two, three year old – that was his, that was	
Lack of repulsion	30	his group that he was particularly – that he was sexually attracted to.... Um and I don't remember	Cannot recall disgust / repulsion
	31	feeling sort of disgusted or repelled by the stories.	very disturbing imagery but does
	32		not feel repulsion.
	33	I: Do you remember what you, what you kind of felt around those stories?	
	34		
Seduction &	35	P1: Umm.... More intrigue, confusion and puzzlement rather than disgust.	2 Intrigue – seduced into knowing
knowing more	36		more. Confusion – Sense of uncertainty



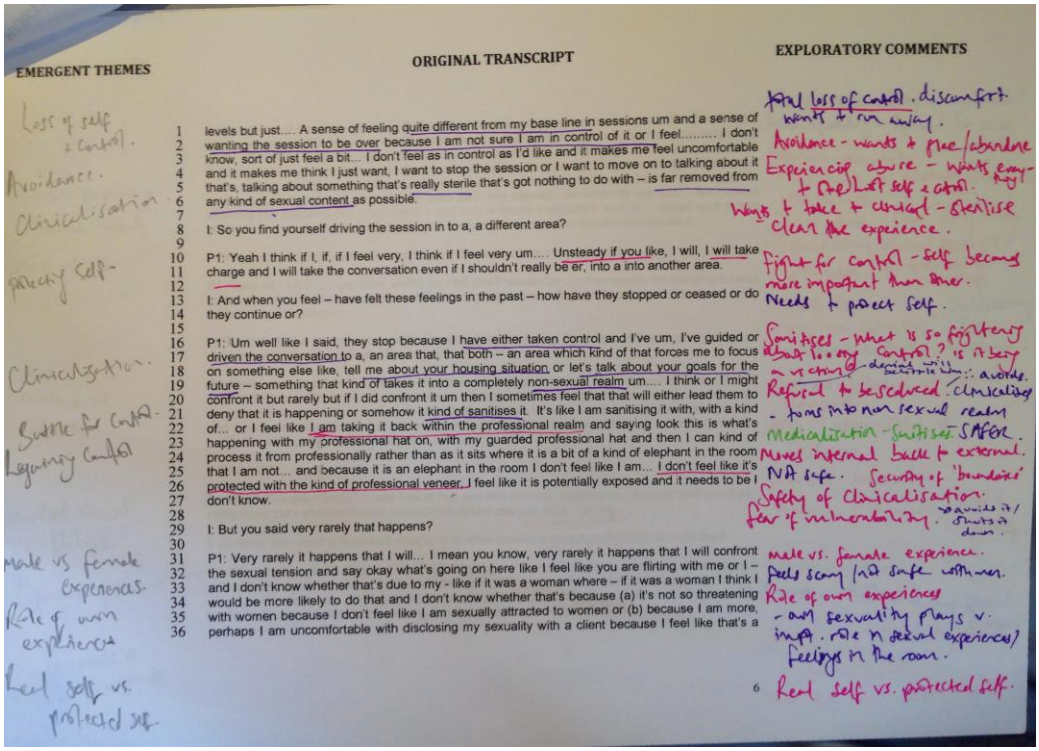
EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Dissociation.	I: Hmm hmm.	Is it safer to dissociate + disconnect?
Removal from repulsion	P1: And I don't know whether that is maybe because I disassociated myself or disconnected myself on some level to the content? Because interestingly I know that when I speak to other members of the team who have worked with this man, you can physically see the repulsion when they talk about, interestingly, team leader who is pregnant has particularly started to talk about how repulsed she is about his offences um now she is pregnant um and she has young children whereas I don't mm..... But I don't feel that level, that, that level of emotion um, I am just trying to think of the sex, of all the sex offenders I have worked with on the group program when they talk in detail about their offence and what feelings that has brought up..... Oh there was one sex offender in the group program that er he was in his sixties and he was, he committed a lot of sexual offences against prepubescent school boys and he kind of made me feel - he made me feel a bit disgusted but – and the disgust was around his – maybe interestingly um I have just made a connection between – when people tell me about what, so this guy was telling me about his fantasy towards children, he owned a lot of the disgust and was like this is really – I know this is really disgusting, this is probably going to sound awful but you know and you could see the shame and disgust as he was revealing the. the target audience of his sexual desire. But this guy I was working with on another+ group was talking about his sexual desire or relationship with a nine year old boy and talking about it in quite a kind of idolised, normal, non-remorseful way and that made me feel, that brought up feelings of disgust and.... I just felt, I remember feeling quite negative towards him and maybe that was because he, that he didn't, he didn't own the disgust so I owned it, I owned it whereas when people talk with disgust it is kind of like they are containing it for me but I felt really, I think disgusted with his lack of disgust.	generic experience is repulsion - Someone he is removed.
Own experience vs client is remove		feelings of disgust with particular client.
Seduced into feeling for men/lab their work		If client owns disgust then he doesn't feel it - doesn't feel their shame disgust.
		idolised, normal, non-remorseful way -> disgust. -ve.
		disgust/repulsion - diff b/w
		own experience vs. client experience
		disgust vs idolised/normal.
		Seduced into feelings for them - experiencing disgust at client
Role of time in changing feelings.	I: And did your feelings change at all over the, the time of working with him?	having less disgust.
	P1: Ummmm..... Yeah I think the more I got to know him, the less disgusted I felt about him but maybe also.... The difference between him and the guy that is having sex with babies.... Is that this guy reported no sexual trauma or no sexual abuse in childhood so maybe in some way I felt more like I can't even really excuse you on the fact that maybe you were role modelled like in inappropriate sexual behaviours.... Ummm whereas the guy that was having sex with babies as a like tiny infant was being sexually abused by his dad so maybe there was some, I mean I know I am only thinking about two particular cases but they were quite striking in that one, they, they didn't - one did and one didn't bring about sort of negative feelings. Sexual feelings.	Role of time - shift in disgust less disgusted over time.
Difficulty sense making.		long range vs. + matter of fact - dissociation?
		3 trying to make sense of feelings
		Rescuing - wants to excuse them sense making - making more sense of abused themself



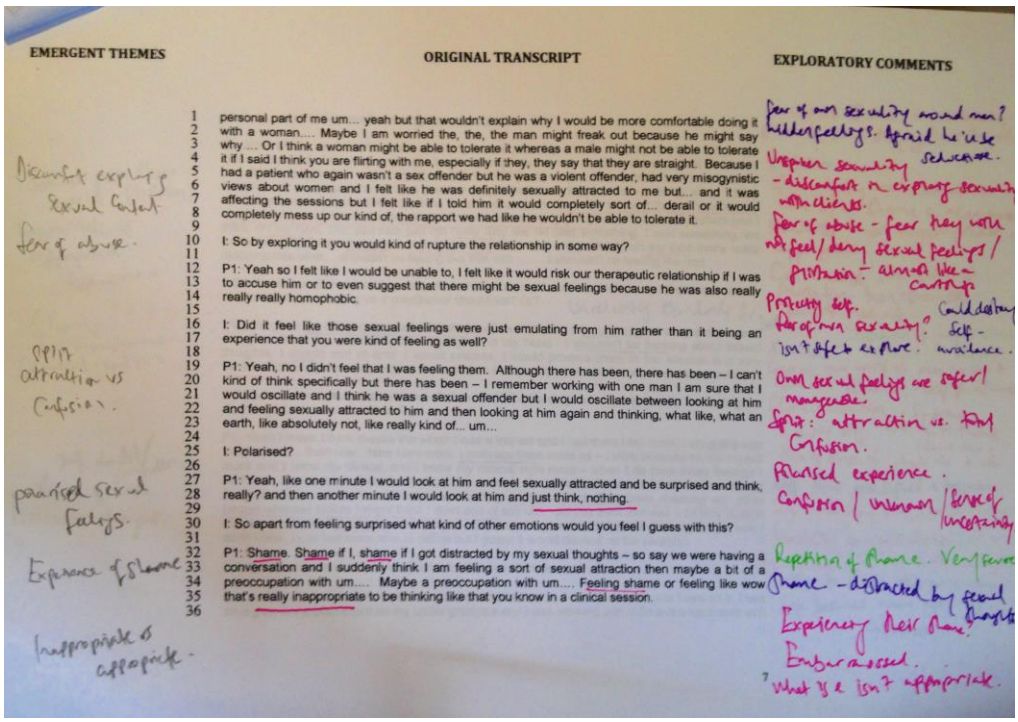
EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
	I: And you – And you mentioned that when you worked with violent offenders who committed quite violent offences that had sexual abuse and trauma – that is when you were more likely to experience kind of sexual feelings of some... kind?	Clarification?
Discomfort. Awkwardness.	P1: Yeah. Much more... um, yeah not negative but kind of uncomf... like uncomfortable, not to the point of sort of sexual arousal but feeling awkward, feeling uncomfortable, a a tension um with those who had been sexually abused and I guess there is a huge you know, there is a huge correlation between being sexually abused and becoming a sexual offender. There is that correlation there, not everyone who has been sexually abused sexually offends but probably four out of... three out of four probably have been who are sexual offenders.	discomfort - what is underneath that? awkwardness. Confusion. Justifies the non sexual path in mind.
Victim vs perpetrator		Victim vs. perpetrator. Comparing experience of victimisation + perpetration.
	I: Hmm hmm.	
	P1: Um and I am, I am quite struck with the, that sort of.... feeling uncomfortable with my sexual feelings in the room with that person.	Uncomfortable + off with feelings. attack on his sexuality?
	I: Can you think of a specific time when it has been really, it's been really present for you?	Sense of uncertainty / unknown - discomfort?
	P1: Yeah. The time actually when I was doing my training, training as a clinical psychologist and it was probably one of the first – and I was working with a gay man who had been sexually abused by his – so he hadn't offended but he had been sexually abused by his uncle and um he – in the session he felt like he, we'd... without... I was aware that we'd, well maybe after the session and supervision I was aware that we kept enacting the sexual abuse between his uncle and himself like he'd regress and be sort of flirtatious, it felt like he was being flirtatious and needy and I found myself becoming more kind of dominant and... not directly sexually sort of perverse with him but I felt like I was, I'd be bullying him into talking about his sexual experiences or bullying him into acting a certain way or I'd say, the way you act in these sessions you need to do that and then he would cry and say he was sorry and then he'd try and act in another way and it felt like this kind of weird enactment of this former abuse. In terms of in forensic settings umm..... There was a guy that would, that would just kind of um – he would like um I think he, he was kind of... so he was someone from a private hostel um and he was, I think he was twen... in his early twenties and he was quite, he was, he was psychopathic and um and he was just very, there was something, there was something about him in the room that kind of made me feel unsettled and I thought that that was that he kind of evoked some kind of sexual attraction or desire but it just unsettled me and I found that it was difficult, it was difficult for me to concentrate.	Regression. flirtation. Victims of sexual abuse are more sexual in Countertransference -> Link b/w victim + abuser. Seduced into Sadomasochistic / Working with abuse opposite. - he can become of working with victim perpetrator. he sees self through perpetrators eyes. unsettled. Attraction / desire Repetition of unsettled. Sexual feelings are surprising - unsettling. Difficulty uncertainty 4 Unknown feelings.
Role reversal.		
Sadomasochistic experience		
Sense of unknown.		
Unsettled discomfort.		
Internal intrusion.		



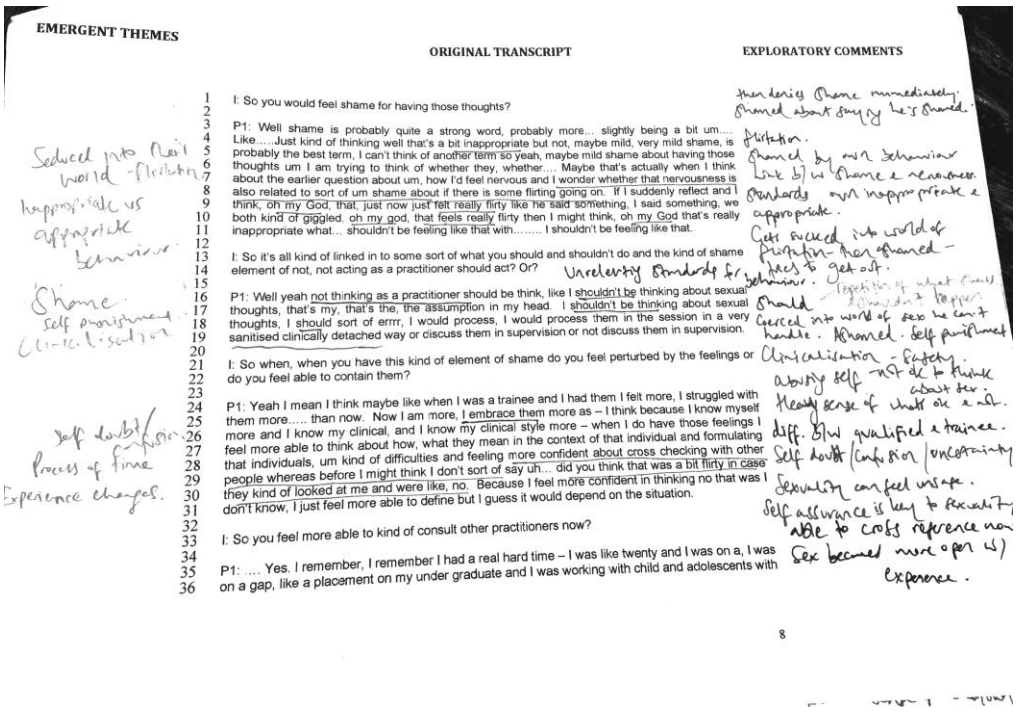
EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Disavowed feelings Loss of control Confusion Loss of self Self questioning Role of time Immediate vs developing sexual feelings Loss of control Inappropriate vs appropriate Loss of control Somatic experience Sense of unknown Victimisation	1	I: How did you know when those feelings had begun with this particular client?	Nervousness - teenage like frustration - discomfort / nervousness - sensed naughtiness - disavowed feelings details me. Loosens control. Lost self. Confusion - own sexuality plays part. Sometimes delay over. Explicit sexual feelings in room. Sexuality vs. expression of sexuality in room. gay but shy confusing feelings Role of time - change of feelings over time. Develops sexual feelings & knowledge of. Spontaneous attraction vs. awkward / relational attraction Loss of control. Confusion. Unknown Inappropriate - feeling there is an of a not ok. Boundaries Loss of control Somatic - physiological. body. Loss of self / control - being taken over Victim / frightening / Submissive vs dominant. Anxiety tense. Becoming victim - fear. apprehension. nervousness.
	2		
	3	P1: ..... I think it was the, ner-, I think I associate with clients I think.. a slight nervousness.... A	
	4	slight tension, which slightly kind of which sort of I feel slightly - it derails me from how I usually am	
	5	when I..... like even with, with, with female clients as well there's, I am working with a female client	
	6	at the moment and I am suddenly aware of feeling quite nervous and like feeling unable to...	
	7	maintain eye contact with her and I find that strange because I am like I'm gay so why an earth	
	8	would there be this weird sexual tension but it makes me feel nervous and that's what triggers to me	
	9	that there is something, there's a dynamic in the room that's sexually charged. Whether it is coming	
	10	from them or from me. Sexual charge - client or therapist?	
	11		
	12	I: And does that normally happen in your first session or is it something that, that tends to evolve?	
	13		
	14	P1: Er..... I think it definitely evolves... well to be honest, I don't think, I think for some it will evolve	
	15	and it depends as well if they, because I feel like there's, there's... it's difficult because there might	
	16	be sexual feelings that are just based on the fact that a guy walks into the session and I fancy him,	
	17	that would be immediate and then there's ones in which someone might walk in and I feel nothing	
	18	and then when the relation, relational sort of dynamic unfolds, I suddenly start to feel an	
	19	awkwardness um... so I think there is sort of two... like with this female I am talking about, nothing	
	20	at the start and then suddenly there is something happening and I am thinking – there's this weird	
	21	thing happening – this doesn't feel real and I don't know what's going on.	
	22		
	23	I: And how do you make sense of this kind of awkwardness?	
	24		
	25	P1: Um.... I guess I make sense of the awkwardness as maybe it's like there's another, another	
	26	non-verbal conversation happening that's inappropriate..... It's more the awkwardness is a tension	
	27	and I think the tension is a, is a physiological sexual thing, it's kind of physiological sexual based	
	28	tension that I am aware of that then makes me nervous because I feel slightly, just slightly derailed	
	29	from it. I don't feel as in control, I feel like they have control. I think I feel they have control, which	
	30	makes me uncomfortable.	
	31		
	32	I: So what happens to you physically?	
	33		
	34	P1: .... Um.... I think it's like anxiety, I think I just feel, I feel tense.. um..... I don't know, I guess	
	35	physically I would only be able to describe tension and then I would just think about the kind of	
	36	thoughts that go with that which might be slight fear or apprehension or nervousness. Not like panic	
			5



EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Loss of self + control. Avoidance. Clinicalisation Protecting self- Clinicalisation. Battle for control - Regaining Control Male vs female experiences. Role of own experience Real self vs. protected self	1	levels but just.... A sense of feeling quite different from my base line in sessions um and a sense of	Total loss of control. discomfort. wants to run away. Avoidance - wants to place / abandon Experiencing abuse - wants away + self. Lost self & control. Wants to take + clinical - sterilise clear the experience. Fight for control - self becomes more important than other. Needs to protect self. Sanitises - what is so frightening about loss of control? is it being overwhelming - desire will [illegible] avoids. Refusal to be seduced / clinicalising - turns into non sexual realm Medicalisation - sanitises. SAFER. Moves internal battle to external. NA safe. Security of 'boundaries' Safety of clinicalisation. fear of vulnerability. avoids it / shuts it down. male vs. female experience. feels scary / not safe with men. Role of own experience - own sexuality plays v. impt. role in sexual experiences / feelings in the room. Real self vs. protected self.
	2	wanting the session to be over because I am not sure I am in control of it or I feel..... I don't	
	3	know, sort of just feel a bit... I don't feel as in control as I'd like and it makes me feel uncomfortable	
	4	and it makes me think I just want, I want to stop the session or I want to move on to talking about it	
	5	that's, talking about something that's really sterile that's got nothing to do with – is far removed from	
	6	any kind of sexual content as possible.	
	7		
	8	I: So you find yourself driving the session in to a, a different area?	
	9		
	10	P1: Yeah I think if I, if, if I feel very, I think if I feel very um.... Unsteady if you like, I will, I will take	
	11	charge and I will take the conversation even if I shouldn't really be er, into a into another area.	
	12		
	13	I: And when you feel – have felt these feelings in the past – how have they stopped or ceased or do	
	14	they continue or?	
	15		
	16	P1: Um well like I said, they stop because I have either taken control and I've um, I've guided or	
	17	driven the conversation to a, an area that, that both – an area which kind of that forces me to focus	
	18	on something else like, tell me about your housing situation or let's talk about your goals for the	
	19	future – something that kind of takes it into a completely non-sexual realm um.... I think or I might	
	20	confront it but rarely but if I did confront it um then I sometimes feel that that will either lead them to	
	21	deny that it is happening or somehow it kind of sanitises it. It's like I am sanitising it with, with a kind	
	22	of... or I feel like I am taking it back within the professional realm and saying look this is what's	
	23	happening with my professional hat on, with my guarded professional hat and then I can kind of	
	24	process it from professionally rather than as it sits where it is a bit of a kind of elephant in the room	
	25	that I am not... and because it is an elephant in the room I don't feel like I am... I don't feel like it's	
	26	protected with the kind of professional veneer. I feel like it is potentially exposed and it needs to be I	
	27	don't know.	
	28		
	29	I: But you said very rarely that happens?	
	30		
	31	P1: Very rarely it happens that I will... I mean you know, very rarely it happens that I will confront	
	32	the sexual tension and say okay what's going on here like I feel like you are flirting with me or I –	
	33	and I don't know whether that's due to my - like if it was a woman where – if it was a woman I think I	
	34	would be more likely to do that and I don't know whether that's because (a) it's not so threatening	
	35	with women because I don't feel like I am sexually attracted to women or (b) because I am more,	
	36	perhaps I am uncomfortable with disclosing my sexuality with a client because I feel like that's a	
			6



EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Discomfort exploring Sexual Content fear of abuse. Split attraction vs Confusion. polarised sexual feelings. Experience of Shame Inappropriate vs appropriate.	personal part of me um... yeah but that wouldn't explain why I would be more comfortable doing it with a woman.... Maybe I am worried the, the, the man might freak out because he might say why.... Or I think a woman might be able to tolerate it whereas a male might not be able to tolerate it if I said I think you are flirting with me, especially if they, they say that they are straight. Because I had a patient who again wasn't a sex offender but he was a violent offender, had very misogynistic views about women and I felt like he was definitely sexually attracted to me but... and it was affecting the sessions but I felt like if I told him it would completely sort of... derail or it would completely mess up our kind of, the rapport we had like he wouldn't be able to tolerate it. I: So by exploring it you would kind of rupture the relationship in some way? P1: Yeah so I felt like I would be unable to, I felt like it would risk our therapeutic relationship if I was to accuse him or to even suggest that there might be sexual feelings because he was also really really really homophobic. I: Did it feel like those sexual feelings were just emulating from him rather than it being an experience that you were kind of feeling as well? P1: Yeah, no I didn't feel that I was feeling them. Although there has been, there has been – I can't kind of think specifically but there has been – I remember working with one man I am sure that I would oscillate and I think he was a sexual offender but I would oscillate between looking at him and feeling sexually attracted to him and then looking at him again and thinking, what like, what an earth, like absolutely not, like really kind of... um... I: Polarised? P1: Yeah, like one minute I would look at him and feel sexually attracted and be surprised and think, really? and then another minute I would look at him and just think, nothing. I: So apart from feeling surprised what kind of other emotions would you feel I guess with this? P1: Shame. Shame if I, shame if I got distracted by my sexual thoughts – so say we were having a conversation and I suddenly think I am feeling a sort of sexual attraction then maybe a bit of a preoccupation with um.... Maybe a preoccupation with um.... Feeling shame or feeling like wow that's really inappropriate to be thinking like that you know in a clinical session.	Fear of own sexuality around men? Hidden feelings. Afraid he'd be seductive. Unspoken sexuality - discomfort in exploring sexuality with clients. fear of abuse - fear they were not real / deny sexual feelings / projection - almost like a cartoon Protecting self. Fear of own sexuality? Self-isn't effective enough. Could destroy self-awareness. Own sexual feelings are safer / manageable. Split: attraction vs. Confusion. Aroused experience. Confusion / unknown / fear of uncertainty Repetition of shame. Very severe shame - distracted by sexual thoughts Experiencing their shame? Embarrassed. What is/isn't appropriate.



EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Seduced into Neil world - flirtation. Inappropriate vs appropriate behaviour. Shame. self punishment Clinical discussion self doubt/confusion. Process of time Experience changes.	I: So you would feel shame for having those thoughts? P1: Well shame is probably quite a strong word, probably more... slightly being a bit um.... Like.....Just kind of thinking well that's a bit inappropriate but not, maybe mild, very mild shame, is probably the best term, I can't think of another term so yeah, maybe mild shame about having those thoughts um I am trying to think of whether they, whether.... Maybe that's actually when I think about the earlier question about um, how I'd feel nervous and I wonder whether that nervousness is also related to sort of um shame about if there is some flirting going on. If I suddenly reflect and I think, oh my God, that, just now just felt really flirty like he said something, we both kind of giggled, oh my god, that feels really flirty then I might think, oh my God that's really inappropriate what... shouldn't be feeling like that with..... I shouldn't be feeling like that. I: So it's all kind of linked in to some sort of what you should and shouldn't do and the kind of shame element of not, not acting as a practitioner should act? Or? P1: Well yeah not thinking as a practitioner should be think, like I shouldn't be thinking about sexual thoughts, that's my, that's the, the assumption in my head. I shouldn't be thinking about sexual thoughts, I should sort of errrr, I would process, I would process them in the session in a very sanitised clinically detached way or discuss them in supervision or not discuss them in supervision. I: So when, when you have this kind of element of shame do you feel perturbed by the feelings or do you feel able to contain them? P1: Yeah I mean I think maybe like when I was a trainee and I had them I felt more, I struggled with them more..... than now. Now I am more, I embrace them more as – I think because I know myself more and I know my clinical, and I know my clinical style more – when I do have those feelings I feel more able to think about how, what they mean in the context of that individual and formulating that individuals, um kind of difficulties and feeling more confident about cross checking with other people whereas before I might think I don't sort of say uh... did you think that was a bit flirty in case they kind of looked at me and were like, no. Because I feel more confident in thinking no that was I don't know, I just feel more able to define but I guess it would depend on the situation. I: So you feel more able to kind of consult other practitioners now? P1: .... Yes. I remember, I remember I had a real hard time – I was like twenty and I was on a, I was on a gap, like a placement on my under graduate and I was working with child and adolescents with	then denies shame immediately. Ashamed about saying he's aroused. flirtation. Ashamed by own behaviour Link b/w shame & nervousness. Standards over inappropriate & appropriate. Gets sucked into world of projection - then ashamed - tries to get out. Should - Repetition of what should & shouldn't happen Coerced into world of sex he can't handle. Ashamed. Self punishment Clinicalisation - Safety. Abusing self - not ok to think about sex. Heavy sense of shame & self. diff. b/w qualified & trainee. Self doubt/confusion/uncertainty Sexuality confused/unsafe. Self assurance is key to sexuality able to cross reference now Sex becomed more open w/ experience.

EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
Victim vs. perpetrator.	1	eating disorders and… they, you know, a lot of them had been sexually abused, hadn't, hadn't	Experience of victim vs. perpetrator.
	2	abused themselves but they had been sexually abused and I remember having a really difficult time	
	3	working with like say, I can't remember but there were like some girls there that like some of them	Victim vs. perpetrator.
	4	were like eight, ten and they were…. or twelve – well there was a twelve, one that was twelve – and	
	5	she wrote me a love letter and was kind of, it felt like she was fantasising about me and flirting with	Difference in experience w /
	6	me and I found myself feeling like I was colluding with this kind of flirtation and I found that really	child vs. adult.
	7	difficult, really distressing because it was a child.. um and thinking, what the f… what is going on	
	8	this is like really messed up. So if it is an adult man I kind of feel a bit more like I allow myself that	
	9	but if it's, if it's a twelve year old girl that I am starting to feel an awkwardness around and she's	
Self questioning Self doubt.	10	writing me notes, well one note um and I was twenty and I had no clinical experience and I just	
	11	thought, what is going on, why am I eliciting this reaction from a child, what am I contributing and	Self questioning. – more willing to talk about experience w/ victims rather than perpetrators
	12	fortunately the consultant on the, for the, for the child and adolescent unit gave everyone a talk on	
	13	how working with children that are sexually abused they enact their sexual abuse or they, they're	Self doubt.
	14	kind of sexually precocious or they are more likely to engage or they, they might learn in order to	
	15	get things they have to be sexually seductive and, and he was actually with every, with all – when	
	16	we had group supervision he would say to everyone in the room – be mindful of any sexual, any	
	17	sexual sort of thoughts and feelings you might have because it will tell you, it will give you	
Exploring with Colleagues.	18	information about um… that, the individual case and that was really helpful because I had freaked	Imp. Ance of talking to colleagues
	19	out about that and then, again, sort of like cross checking with colleagues but him doing that kind of	Awareness sexual abuse can
	20	made me think, okay maybe this isn't a perverse thing that I am owning, maybe this is something	bring about sexual feelings.
	21	that happens with this client group and to be mindful of it and that was really helpful so I think that's	
	22	probably helped a lot.	
	23		
	24	I: And I suppose that links into your experience of working with sexually abused and experiencing	
	25	more kind of sexual feelings working with that client group?	
	26		
Permission given Taboo of perpetrators.	27	P1: Yeah maybe I give myself more permission to explore those in my head or in supervision than I	taboo of perpetrators of abuse –
	28	would with other groups, I don't know.	easier to talk about victims
	29		than abusers.
	30	I: And all the kind of feelings we have been talking about have you felt able to explore them before	maybe its easier/acceptable to talk
	31	with either other colleagues or in supervision?	about victims.
	32		
Self questioning. Lack of place to explore feelgs.	33	P1: Not to this extent… um, I've, I guess yeah not to this extent um…….. I am just trying to think	
	34	about whether it has taught me anything that I didn't know by talking about it. Um the only thing that	Self questioning.
	35	sort of really struck me was when we were talking about um……. When we were talking about the	Confusion.
	36	need for um…. When I was trying to work out what, when I feel nervous what do I do and I have	
			Lack of place to explore feelgs.

EMERGENT THEMES		ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
	1	never gone, I have never kind of explored it further than being aware, the awareness of my feelings	
	2	at the time but the strategy that I used to manage that, I never really thought about and it was only	Victim vs. perpetrator
Victim vs. perpetrator.	3	through talking about it and I was thinking about how we were talking about, well I was talking about	Sex controlled. manipulated.
Re-enactment of abuse.	4	how I need to control a situation and I was just thinking about that in a sort of sexually abusive dad	Role reversal – worry w / victim – he
	5	of kind of when one, if someone is being sexually abused it might be because they are being	can be abusive.
	6	controlled, manipulated or driven to do one thing or another and how I take control of the situation	Safer to abuse than be abused.
	7	and whether that is somehow enacting a sort of sexual trauma on, for them for me to suddenly sort	So failed control & abuses.
	8	of start saying, right we're going to do this now or we are going to go here.	Re-enactment of abuse.
	9		
	10	I: So you are concerned that that's what they are eliciting in you?	Organising thoughts – sees abusive
	11		self.
	12	P1: Not concern- well just mindful of my strategy, well the strategy I use in sessions to manage	Self doubt.
	13	those sexual feelings… is probably, without thinking.. re-enacting an abusive dynamic for them.	
	14		
	15	I: mmm	
	16		
Battle for control	17	P1: You know, control within the sexual encounter, which I didn't really think about.	Battle for control / dominance – who controls who? Who abuses who?
	18		
	19	I: …. So how does, how do you make sense of that now, now you are thinking about it?	
	20		
	21	P1: Umm……	
	22		
	23	I: Or I suppose another way to put it, what are your kind of overriding emotions when you think	
	24	about that now?	
	25		
Sadness.	26	P1: The kind of in some way sadness like sadness that it's weird, kind of I feel a sense of sadness,	Repetition of sadness – Crying
	27	um…. But in some way not about, it's really weird, it's kind of like right now I feel like a sense of	thinking about what happens
	28	sadness but I don't … like I am also not really… but it doesn't feel proportionate or it doesn't feel	Sessions with victim side of
	29	like it warrants what I am doing in the session. Like so the fact that I might control the session which	abuser makes him sad.
	30	might re-enact their abuse doesn't make me feel, makes me feel, is associated with a sadness but	
	31	doesn't, it doesn't - there's something that sort of like a bit of a miss-match. Like I don't feel that	Justifying behaviour. Victim of abuse.
Experience of guilt	32	the sadness I am feeling warrants what I do in the session because I don't actually sexually abuse	Feels abusive.
	33	them. I just change the subject but the emotion that is accompanying that thought is sort of	Feels like he goes beyond
	34	sadness.	acceptability. Confusion / guilt? / Imbalance
	35		
	36	I: Okay,	How he become victim? What is underneath sadness?

EMERGENT THEMES | **ORIGINAL TRANSCRIPT** | **EXPLORATORY COMMENTS**

P1: (laughs)

I: and in terms of just going back to talking about supervision, you said you feel like you probably haven't explored it in as much detail?

P1: Yeah.

I: Is there a reason why you think you might not have explored things in supervision as much as maybe you have been able to today or?

P1: Um, it's tricky because I kind of wonder how much, how much baggage I carry anyway about my sexuality....like.... ' Personally it was tricky for me to come to terms with being gay and I think I carry a lot of kind of like archived shame and guilt and around that, so I do think that will colour my kind – that colours my, my willingness or my, my levels of comfort in talking about sexual feelings and stuff in supervision.' That's one thing. Another thing is I kind of feel like I have probably had the supervision where, where that doesn't, I think you, you, you establish a non-verbal kind of contract about what is okay to talk about in supervision and what is not and I think that is often what you, what your expect... the expectations you have but also the, the agenda that the supervisor sets kind of makes you..... Like my experience of supervision on the whole has been at the most superficial level would be, let's have an agenda and do some housekeeping and then the next rung up would be, okay let's talk about a client.. in detail and then the next rung up would be, how, how have you felt generally, like what feelings has that evoked in your or what behaviour has that pulled in you would be the next rung and then the top rung would be more taboo feelings that it brings up in you and to be honest, that probably represents two percent of all the supervision that I've had since, since training, so in the last twelve years.

I: So it's, it's an element of feeling taboo and I I wonder whether there is an element of that shame that you were talking about that the idea of kind of talking about those, those kind of sexual feelings in supervision?

P1: Yeah, yeah and again it comes back to maybe this is a parallel process, it comes back to feeling like, is this appro - is this appropriate for me to bring it up with my supervisor? And will my supervisor feel repulsed or disgusted by the fact that I'm bringing them up so that disgust and repulsion sort of makes me decide to shelve it rather than discuss it. Er and also there was a time when I was on a psychotherapy placement and I was working with a woman who had been sexually abused and she had called me and she had said, I can't come back to sessions because I am in

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circumstances/ own experiences Shape experiences

Shame/guilt

Constraints of Supervision.

Role reversal.

Personal baggage - feeds into ability to talk about sexuality.

own experience shapes perceptions of sexuality in work.

Shame + guilt.

Sexual self plays large role in discomfort talking about taboo feelings / sexuality / exploring self.

Superficially talks about sex.

Protect the self Unspoken areas of supervision that can be discussed / sex is taboo.? but not discussed.

Experiencing victims shame + taboo feelings?

Protects self & other from feelings of repulsion / disgust.

Standards of what can / can't be spoken about.

EMERGENT THEMES | **ORIGINAL TRANSCRIPT** | **EXPLORATORY COMMENTS**

love with you and we had been probably meeting, we probably met on a weekly basis for about four, five weeks and then she called me and said I can't come back in because I am in love with you and it was such a dramatic, it was so dramatic and she was saying I am not going to come back to therapy that I had no choice and also it was like, of course I wanna bring this up in supervision because this is make or break in terms.... um, of the therapy for this woman so I can't shelve this and it is so blatant and massive and extreme that I am going to bring it up in supervision and I brought it up in supervision and my supervisor disappointed me because she was a psycho, she was a trained psychotherapist and she was, she said maybe if she's in love with you then it is probably best that you stop seeing her and I remember being really shocked and thinking, you are the last person I would think would sort of take it at face value and just say well just end it and I was hoping that she would be like, this is fantastic kind of countertransference or transference, you really need to explore this and this felt like the realm of true psychotherapy is exploring the kind of erotic countertransference and transference and I am with, I am on a psychotherapy placement with a trained psychotherapist and she was like, mmm I think maybe you will have to terminate if she is in love with you, what do you think? And then I talked about, mmmmm, shouldn't we be discussing this in the session and she was actually quite kind of like, she wasn't particularly supportive. Anyway we ended up agreeing that I would tackle it, ummm, in the session and I did so that was a, I mean I guess it wasn't sexual, it was, someone's in love with you but surely that is sort of coupled with a sexual attraction um.

I: So there is an element of you being concerned that if you do take it to supervision that, that it then won't be met with the expectation of what you want it to be met with?

P1: ....um... I don't, I guess I am just trying to understand what the obstacles are about what, what for me personally in bringing these kind of things to supervision. One is it's not appropriate and it should be shelved because I should be being a professional; two is the kind of baggage of my own sexual shame, with my, of coming to terms with my sexuality and three is worrying that the supervisor may think that, the supervisor may feel uncomfortable or unable to contain or talk about those kind of things because I am aware of my uncomfortableness with it and I feel like I don't want – I am worried about placing them in an awkward position and them not being able to not know quite what to say.

I: So you would be feeling awkward and a little bit of shame in the session and then you might feel that and they might feel that in the supervision?

12

Supervisor limitation Supervision.

Shame.

Inappropriate vs Appropriate - shame. Supervisor judged. Clinicalisation. Parallel process.

Repetition of discussion.

disappointed by supervisor - sexual experiences before were shut down in supervision - not encouraged to talk about them. Shamed in previous experiences when talking about sexual matters -> led to a fear of being shamed.

obstacles:
① Appropriateness ② sexual shame
③ judgment by supervisor.
to protect self he must protect other - awkwardness.
Unclear why standards of self - what is professional / unprofessional
Clinicalisation - pathology / questioning self.
parallel process - offender feels shame - therapist feels shame - therapist puts shame on supervisor.

EMERGENT THEMES | **ORIGINAL TRANSCRIPT** | **EXPLORATORY COMMENTS**

parallel process
Use of Non clinical supervision as open.
Confidants of supervision.
Loss of control.
Role of past experiences vs present experiences?
Shame.
Sadomasochistic Experience.

P1: Yes. So there is another parallel process going on where I'm like, oh I don't think I want to contaminate them with my deviance well not deviance but my awkward, unprofessional or just awkward to talk about feelings because we don't talk about sexual feelings generally in a professional context and interestingly I feel like I get my supervision on clients from my friends where I am able to talk very openly about my sexual desires and sexual preferences and sexual behaviour so I will probably go to them because I feel that that's much more of an accepting forum to talk – in fact I do all the time – talk about those feelings rather than bringing them up in the professional context because I feel that that's a taboo sort of forum. Whereas with my friends it's, we can talk about it.

I: Do you think that might be also linked in to the fact that if you are talking to a professional then there might be an element of them kind of judging your work in some capacity?

P1: Yeah..... Yeah and it comes again back to not feeling in control so worrying that maybe that, a professional might say, oh Steve* this is not good, because again I had an experience when training, it makes me realise how important training is giving me these formative experiences. I had a panic attack in a session with a client who I was treating for panic and very much I saw even during the session I could see that I had just really tuned in to, I was really trying to find out what went on for him before a panic attack and it, I had induced one in myself and I knew that and then I thought I need to go to supervision to just get that sort of confirmed because the last thing I want to do is be having panic attacks with, with um, clients. Anyway my supervisor said, oh this is a worry what if you have panic attacks with all your... it was the most, it was the most unhelpful supervision I probably ever had and just left me feeling hugely guilty and worried that those, that those feelings would come up again. And I guess similarly maybe I have slightly taken that with me thinking if I talk about sexual feelings if that, I worry that that supervisor might turn around like my one did in my training and say, oh Steve* you shouldn't be seeing this client if you are having those feelings in which case it would just be... that response would be accompanied like in, during my training with huge amounts of shame... huge amounts of shame and then I think yeah, so I'd avoid it based on fear of feeling huge amounts of shame.

I: Okay and is there um anything else kind of relevant in your mind that you think that we might not have covered?

P1: Er..... No I think just really like the, the fact that also I just, I've noticed that I can get myself into a what I would call a sort of sadomasochistic dynamic with the.... with the patient where

Deviance – his sexual feelings are Strange / awkward – deviant?
Use of friends – non judging for Supervision.
Detached from sexuality @ work.
Constricted by workplace.
Shame – linked to own sexuality.
Losing control – disastrous / frightening.
Judgment starts the self-doubt.
-ve experiences kept how feeling -ve to supervision.
Sense of self is crucial to shame
Looking client would be SHAME shameful.
Sadomasochistic experience.

EMERGENT THEMES | **ORIGINAL TRANSCRIPT** | **EXPLORATORY COMMENTS**

Role reversal.
Sadomasochistic.
Role reversal.
Seduced into abuser
Battle for Control.

I'm, you know they sort of talk about, when they do that thing about, with the therapist separating it so it says the rapist and sometimes I do feel like I am the rapist when I sort of ask questions, because you sort of ask questions about their sexual abuse, they start regressing and becoming very submissive and fearful and I find myself becoming very um, very sort of dominant and maybe slightly kind of aloof and um.... I don't know – it just feels like I potentially feel a bit, I feel abusive. I feel abusive and then I will ask them to tell me what happened next and they are crying saying no, no and I am like come on, tell me what's happened next, then what happened and I feel like the whole abuse is just being replicated. And then I feel a responsibility for when you are doing that kind of trauma related work around sexual abuse how you need to give them a kind of, you need to help them process it in a really kind of helpful way and if you, and then I worry that if I, if I don't catch myself from slipping into just replicating more of an abusive kind of tell me what happened next and then what happened, and then what happened – that, that maybe I will just replicate that early experience rather than kind of reprocessing it and giving them a, giving them a new experience of it or thinking about it in a different way without me um.

I: So you feel like you are being kind of drawn and pulled in to, to kind of re-enacting a kind of abusive -

P1: Yeah so what I want to do is for them to be able to tell me and me to be able to help shape their adult um formulation of it or appraisal of it, help shape that but equally I feel this, like I am being drawn into simply kind of enacting this kind of sort of quite controlled forced tell me next, tell me next and they are crying and it all feels very kind of like the power differential is completely kind of polarised and I am thinking that's – and I do think then that's not, that's not the dynamic in which this kind of work needs to be done and I guess the importance of being mindful to try and be aware of that dynamic you are being pulled into. Because then I guess you just re-traumatise them rather than giving them a different experience. I think that's it. It's all I can think of.

I: .... And is there anything that you may want to talk about before we kind of draw to a close?

P1: Mmmm..... No.

I: Okay, well thanks very much.

P1: Thank you.

The rapist – awareness of part + position to abuse.
Submissive vs. dominant
Sadomasochistic sex.
Experience of community abuse.
Role reversal – acting as abuser. Safer to be abusive than being abused.
Does he feel sexualised / powerful when abusing?
Letting them down – not helping reprocessing – keeping trauma.
Polarised: power of client + therapist is flipped.
Control – battling for control.
Being mindful of seduction into abuser.
→ importance of trying to remain detached → not be seduced into drama triangle.

EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
	Debriefing form was then provided after finishing recording. • Identifying information has been changed or removed to ensure anonymity, including names and places.	

11. Table A.4: Development of Themes

This table shows how the initial themes were condensed, re categorised and constructed into a table of final superordinate and subordinate themes.

Superordinate Themes	**Subordinate Themes**	**Initial themes**
Protecting the self	**Role of time**	Role of time in experience
	Sanitising the experience	Role of own experience Role of boundaries Self-care importance Clinical justification Avoidance Intellectualisation
	Viewing the offender as other	Undesirable client group Social construction of sexual feelings/ sex offenders
	Experience of parenting	Lack of father figure Maternal experience Paternal experience
Polarisation	**Dichotomising experience**	Blandness vs. violence Real self vs. presented self Public perception vs. personal experience Seduction vs. attack Seduction vs. rejection Inappropriate vs. appropriate

	Polarised victim/perpetrator	Victim vs. perpetrator Seduction to rescue self and other Sadomasochistic experience Re-enactment of abuse
	Power shifts	Power imbalance Role reversals
	A gendered experience	Use of self Male vs. female experience
Disturbance	**Seduction**	Internal intrusion Somatic experience Anal world Seduction into their world Desire for change Seduction of flirtation Sexual feelings with violent offenders
	Victimisation	Hopeless Disgust Guilt Repulsion/revulsion Discomfort Sadness Experience of being a victim Experience of fear Empathising with victim Parallel process

		Disassociation Experience of deception Experience of violence Experience of objectification Experience of rejection Physical assault Masochism Shame Self-punishment Anger
	‘Caught off Guard’	Experience of destruction Negative emotional responses Sense of unknown Questioning self Loss of self Loss of control Boundary violation

12. Table A.5: All themes and subthemes with quote locations

Superordinate Theme	Subordinate Themes	Location of Quotes
Protecting the Self	Role of time	*1.3.20-27, 2.8.10–16, 4.2.14-17*
	Sanitising the experience	*1.6.4-6, 1.6.21-24, 3.4.8-11, 2.20.11-26, 1.2.23-26, 3.5.19-22, 2.7.4-11*
	Viewing the offender as other	*4.6.16-22, 4.14.15-22, 3.10.29-32, 6.11.9-16, 5.8.18-25, 6.21.1-10*
	Experience of parenting	*3.3.10-16, 5.3.25-28, 3.13.9-15, 4.1.15-23, 6.13.20-24*
Polarisation	Dichotomising experience	*1.7.27-28, 1.8.8-11, 3.8.19-21, 6.9.8-12*
	Polarised victim/perpetrator	*6.18-25-19.2, 4.30.12-18, 4.2.11-12, 5.11.17-20, 3.1.18-24*
	Power shifts	*1.14.19-25, 6.21.29-22.6-8, 6.25.16-17, 2.24.24-27, 4.11.7-33*
	A gendered experience	*4.20.2-15, 4.26.1-34, 3.18.26-28, 6.4.14-23*
Disturbance	Seduction	*1.4.23-27, 1.13.34-35 – 1.14.1-4, 2.16.11-15, 2.22.12-13, 4.3.33-34, 3.4.6-7, 2.10.20-33, 4.7.26-27, 3.17.28-31*
	Victimisation	*3.13.26-29, 6.2.2-4, 2.19.25-26, 2.4.23-29, 4.18.25-32, 2.7.33-2.8.4, 4.3.25-28*
	'Caught off guard'	*1.5.3-4, 1.5.28-30, 2.6.31-*

		7.4, 2.17.32-18.7, 1.7.32-35, 4.25.28-32

13. Table A.6: Example of Superordinate Theme – Polarisation

Subordinate Themes	**Examples from Texts & Location (Participant, Page Number, Line Number)**
Dichotomising Experience	*'like one minute I would look at him and feel sexually attracted and be surprised and think, really? And then another minute I would look at him and just think, nothing' (1.7.27-28)* *'If I suddenly reflect and I think, oh my God, that, just now just felt really flirty like he said something, I said something, we both kind of giggled, oh my God, that feels really flirty then I might think, oh my God that's really inappropriate what… shouldn't be feeling like that with…. I shouldn't be feeling like that' (1.8.8-11)* *'you are kind of seduced into that flirtation and it kind of feels like all this, um, there is a connection… then all of a sudden the hostility can just spring back in and you're, left feeling very, very vulnerable' (3.8.19-21)* *'they are very good at seducing their therapist and making you feel that they are never in the right when they are and making you say the right things, pushing the right buttons - sometimes one goes along with that a bit possibly because to try and foster something positive, let a positive transference develop, but you don't know sometimes whether its just them playing you and you can turn a blind eye to their dangerousness.' (6.9.8-12)*
Polarised Victim / Perpetrator	*'First of all, I suppose what I was talking about they have to make you as a therapist feel quite vulnerable… and if you can demonstrate the capacity to bear what they are telling you, quite often they try and provoke*

	you into acting out by you know not coming or messing about or bringing horrible material into the session etc etc I think is an attempt to see whether you can manage this sort of stuff they've had evacuated into them without becoming like that, at that's the beginning of them maybe trusting that they can bring some of their vulnerability into the room as if for the first time.' (6.18.25-19.2) *'there's a bit when the sexual offenders are talking about sexual abuse that they have experienced and that can be, the times when you are in front of the person who is on the victim end of something awful having happened to them, then it brings out a various host of emotions and sort of reactions to that' (4.30-12-18)* *'sort of thinking how victim might um feel around them, either put down and subjugated, or sort of um wanting to react against that' (4.2.11-12)* *'therapeutically, um, there is both always, at any one time. And if a perpetrator is being very, sort of cynical and callous, and, uh defended, you know well, you'd be working towards bringing out the victim in him and reminding him of the harm that was done to him for example' (5.11.17-20)* *'often a feeling of empathy when their vulnerability is, is obviously very obvious and 99% of them that I've worked with have been sexually abused as children themselves. Um, so a lot of compassion really for those traumatic experiences that they've been through, so that's a huge part that remains in the room for a lot of them. Umm…. I also can feel at times, since it's more intermittent, umm, a strong feeling of anger and/or*

	hatred even towards the kind of more serious, um, types of offenses' (3.1.18-24)
Power Shifts	*'I feel this, like I am being drawn into simply kind of enacting this kind of sort of quite controlled forced tell me next, tell me next and they are crying and it all feels very kind of like the power differential is completely kind of polarised and I am thinking that's – and I do think then that's not, that's not the dynamic in which this kind of work needs to be done and I guess the importance of being mindful to try and be aware of that dynamic you are being pulled into' (1.14.19-25)* *'I don't think anyone is ever excited to join on a sadomasochistic level - or propelled to rape or that sort of thing, certainly not have affairs with patients because they're not attractive - to be honest and very poor people, there are middle class people like me seeing people quite often, from social class four or five, with very impoverished people there's a power thing in that and it's not very sexual' (6.21.29-22.6-8)* *'Yeah. Evacuate back and I wanted to tell some to fuck off. And a part of me to say society wishes you were dead because you are hurting women and children' (6.25.16-17)* *'It's very important to maintain my professional boundaries, my psychological boundaries. And because a) they're seducing to draw me in to get too close to them into their world, uh and b) my countertransference is a wish to eject them, to move away' (2.24.24-27)* *'it's very much easier for a female psychologist than a male, depending on the person I suppose and their background, but uh, to slip in to that bit of feeling like a*

	victim in that moment, so feeling like, you're objectified - you're on the receiving end of that person's emotional venting that you've got, that sort of power being taken away and they've just decided that what they are doing is perfectly acceptable and should be acceptable and that people should – for them in that moment and that people should put up with it. So I think that's where my kind of urggh, kind of angst, kind of tends to come out more…. Yeah, I mean, I don't think I've ever had the sort of experience or feeling that someone was trying to do it. I think it's much more unspoken – sort of enact. And then I'll get an anger and sometimes it's a rage and they might look perfectly calm, but I'll feel enraged – but it's a paralysing rage.' (4.11.7-33)
A Gendered Experience	*'And you sit there silently or completely gloss over it, and its at that time we feel stuck on really this emotional state and its hard to collate our thoughts and something's just happened and we want the male whose not been involved to be able to step in and offer a reflection and insight to set a boundary or whatever might be needed at the time and for a while I thought that it was because the men didn't want to get into the arguments with the more anti-social males who would do this, I thought it was them, sort of avoiding that, and sort of leaving us as women to get on with it a bit. And then it became clear over time, they actually, they just don't notice it, they just don't pick up on it so you'll have a situation where as a female you're feeling paralysed that's someone's said or done something which has given you that feeling, it feels so obvious… It's such a strong emotional reaction, it feels so obvious and if you're thinking why is my colleague not doing anything to help out because the keys to are so subtle*

	that as the observer rather than the recipient, they just don't, they just don't get it or they see something that they don't quite, it's not got any emotional loads, so they don't see the need to step in' (4.20.2-15) *'it can be quite complex because you have these different layers and spirals of emotions, you can go through quite quickly and also I think one of the difficult bits with it is it's not always easy to identify what's happened, especially in the time, its not always easy to identify what's happened and support on the emotional reaction and then be able to speak it and communicate it, so its quite often a sense of, so it's quite often, not that somebody said something explicit, they don't say explicit things like I wanna rape you or um touch you or anything like that….. It's it's a vibe, a gut feeling, it's also much more subtle that sometimes it's harder to, to process and I think that's when you often see the difference between, when you have a male and female facilitator in the room and we've completely understood the situation differently because they see it as quite innocent and innocuous but me or the other female facilitators might of got a really intense emotional reaction - and it can be on such a subtle level, it can be then quite hard to communicate and explain.* *Interviewer: So your experience is normally that the woman facilitators might experience something similar to you, but the men…* *Tania: Yeah.* *Interviewer: experience something quite different?* *Tania: Different, yeah. And often when we speak outside the group, the women will be saying to each other, yes!, its that, its that kind offf thing and the men will sit there and say, what? and you get different*

	reactions from the male workers, so some of them will, umm and depending on what's happened at the time they're like, oh, did I kind of miss that, or other times there's a sort of sense of you being a bit like over or you being over sensitive to stuff' (4.26.1-34) *'Sometimes you know with male supervisors I'm not sure, they would kind of understand umm, how kind of undermining or how belittling you know that can feel in the moment when those sorts of comments are made' (3.18.26-28)* *'I always felt sort of worried about my female colleagues, who either became very tough and sort of ball breaking type women or they sort of quite a few of them started wearing make up and wearing dresses and short skirts and all sorts of stuff, which seemed to be rather inappropriate, because I felt at the time, it was a way of keeping their sexuality alive under the assault of this sort of you know, constant exposure to violent patients, but it was sort of um, they became you know high heel shoes, well… in a time of feminism it was quite odd' (6.4.14-23)* *'Daniel: I think it's easier for men, actually in some ways to work with men who are aggressive towards women because its less threatening, so I don't blame her so I ended up I ended up running the group on my own.* *Interviewer: And can you tell me a little bit about the kind of feelings because you've got huge amount of experience, so some of the kind of the feelings…* *Daniel: Disgust and I think, um one was has to learn, at*

	the Clinic• there was a very good paper written by Rob Hale which you might want to look up called 'gut feelings' about how patients like this, to begin with make you feel nauseous or disgusted and partly that's defensive because its not exactly news that men are horrible to women in particular ummm and sometimes to each other and then men to men, ugh, very few woman I saw, and ummm, one did, um, feel sort of ashamed of one's gender'. (6.1.23-34)

SECTION C: PUBLISHABLE PIECE

Therapists' experiences of sexual feelings when working with male sex offenders

Formatted according to the guidelines of *Professional Psychology: Research and Practice,* which are included after this section.

Therapists' experiences of sexual feelings when working with male sex offenders[7]

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There is a distinct lack of literature exploring therapists' experiences of sexual feelings with clients. Despite some theory presented by psychoanalysis, the dearth of literature and dialogue around therapists' experiences of sexual feelings with sex offenders remains. This paper presents findings from part of a larger qualitative study that explored therapists' experiences of sexual feelings when working with male sex offenders. Data was collected using semi-structured interviews with six therapists who had experience of working with male sex offenders. An Interpretative Phenomenological Analysis (IPA) identified three main themes related to the therapists' experiences. The theme of 'Disturbance' is presented here, alongside the findings in relation to the existing literature. The implications of not exploring sexual feelings and the need for greater training around this phenomenon are discussed. Subsequently, recommendations are made for future research in this area.

Keywords: sex offenders, sexual feelings, Interpretative Phenomenological Analysis, therapist experience, erotic countertransference, male offenders

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[8] On initial submission author names and correspondence details will be removed and placed in the submission letter as per guidelines. Upon publication these details will remain in place.

Introduction

Despite the fact that therapists are required to engage in reflective practice, there continues to be an apparent struggle to reflect on and discuss sexual feelings that may occur in a therapeutic setting. This is primarily seen as being connected to feelings of guilt, shame and anxiety (Pope, Sonne, & Holroyd, 1993). This seems even more evident in a forensic setting where (with the exception of two short articles) there is a total lack of literature related to sexual feelings with sex offenders.

Although psychologists are predominantly trained as integrative practitioners, the psychoanalytical model is the major contributor to literature on sexual feelings between clients and therapists – labelled erotic transference and countertransference. Ladson and Welton (2007) describe erotic transference as the client's fantasies about the analyst that are romantic, intimate, sensual or sexual. Erotic countertransference is the redirection of the therapist's erotic feelings to the patient, or is a reaction relevant to the clinician's own erotic experiences.

Rodolfa et al (1994) found that 88% of psychologists experienced attraction to at least one client in their time as a professional. Following similar findings, Pope, Keith-Spiegel and Tabachnick (1986) found that 87% of psychologists admitted to experiencing sexual attraction to clients. Yet despite its occurrence, Pope, Sonne and Greene (2006) suggest that therapists may fear admitting to experiencing sexual feelings towards clients in case their admission is taken out of context. Furthermore, the occurrence of such feelings may be at odds with the therapists' constructed view of themselves; by experiencing such feelings they may stop viewing themselves as an altruistic helper.

One of the areas in which erotic countertransference has been explored is in therapists' experiences of working with sexual abuse survivors. Blum (1973) talked about the patient who had been sexually abused as a child as flooding the analysis with erotic material in the hope that the analyst would share these feelings. This notion is relevant to this research as Handy, Wright and Langevin (1989) found that 42% of sex offenders reported sexual abuse themselves as children. Thus, it is suggested that when working with male sex offenders, countertransferential issues may appear due to the potential presence of childhood sexual abuse.

Literature focusing on therapists' experience of working with male sex offenders has predominantly focused on vicarious trauma and burn out. However, Ellerby, Gutkin, Smith and Atkinson (1993) – as cited in Ellerby (1997) – explored the effect that working with sex offenders may have on the clinicians' sexuality; they found that over a quarter of therapists experienced a reduced interest in sex and a reduction in sexual behaviour. Ellerby's research also found that 11% of therapists experienced sexual thoughts, fantasies and feelings towards offenders. A high proportion of male therapists (42%) reported sexual arousal to offenders' accounts of deviant and sexual offending behaviours. However, only 16% of female therapists reported arousal concerning sexual offending details.

In similar research, Jackson, Holzman, Barnard and Paradis (1997) studied the professional and personal impact of working with sex offenders on practitioners. The research found that a high proportion (67%) of clinicians working with sex offenders experienced visual images of sexual assaults committed by clients. Such images were seen as painful, disturbing and repulsive. Only 1% of therapists found these images arousing.

Perhaps the most significant literature connected to the current research is that of Gerber (1995) – despite being over twenty years old. Gerber's commentary looks at the occurrence of sexual attraction in the countertransference with sex offenders. He comments that although discussing sadistic sexual fantasies is taboo, acknowledging and exploring 'positive' sexual ideation and arousal around clinical work with sex offenders comes with an extreme reluctance. He argues that in ignoring the 'positive' sexual arousal, we are neglecting to acknowledge the powerful influence that such countertransference can hold on our therapeutic practice. He notes that sexual arousal can occur in the offender particularly when working with the victim side of them, but, he re-asserts, sexual thoughts and feelings are rarely discussed in therapeutic work with sex offenders, either in a formal or informal setting.

However, Gerber does not provide any of his own research to back up his commentary, but rather uses his experience of working in an adolescent sex offender unit and his knowledge of existing research to form his conclusions. Therefore, a more thorough analysis of the experience of sexual feelings when working with sex offenders is necessary.

Existing literature has failed to explore the personal impacts of such therapeutic work. Furthermore, there is no research that adopts a phenomenological approach to exploring subjective experience of sexual feelings when working with sex offenders. Psychology would benefit from understanding the clinician's personal experience of these sexual feelings and exploration of the meaning and emotions surrounding this subject matter. Investigation of this unexplored area would enable therapists to look into a relatively 'taboo' phenomenon, which, instead of creating distress and discomfort for the clinician, could be used to create an opportunity for both therapist

and client growth. The current study aimed to explore therapists' experiences of sexual feelings when working with male sex offenders.

Method

Participants: Recruitment flyers were distributed within one NHS Trust and a number of private practices. Any therapists who currently or historically worked therapeutically with at least one male sex offender for a minimum of four sessions were eligible for participation. Four male and two female therapists were interviewed. Three of the participants were Clinical Psychologists recruited from the NHS Trust and three were Psychotherapists recruited from private practice. All of the therapists had worked with male sex offenders for a minimum of two years.

Methods: IPA was chosen as it attempts to explore what certain experiences may be like for a particular person and how that person individually makes sense of their experiences, so intending to reveal something of the experience of the participant (Smith, Flowers, & Larkin, 2009). This approach does not intend to create generalisable results, but rather intends to explore a small sample's experience of a specific phenomenon in great depth. By adopting IPA the researcher is able to take on the individual's account (descriptive), but then reflect on its position in relation to its wider meanings (interpretative). The researcher is involved in a 'double hermeneutic' process whereby the participant attempts to make sense of their world while the researcher attempts to make sense of the *participant* making sense of their world (Smith & Osborn, 2003). Due to this, reflexivity was essential throughout the research process. In order to assess the quality of the qualitative research, Lucy Yardley's (2000) criteria for establishing validity and rigour were adopted. These include:

sensitivity to context; commitment and rigour; transparency and coherence; impact and importance.

Interviews: All participants engaged in an initial telephone conversation. Participants were asked about their length of clinical experience with male sex offenders. Once selected, participants then received consent forms and information sheets. The interview schedule adopted the guidelines set out by Smith and Osborn (2003) and was designed to adopt an explorative stance, remaining neutral, while exploring the participants' lived experience, but accounting for the researcher's personal agenda. Given the nature of semi-structured interviews, the researcher and participants were able to dually engage in a dialogue where initial questions from the interview schedule could be modified in light of the participants' responses. Initial questioning focused on generic experiences of working with male sex offenders. As the interview continued, more specific questions around feelings, emotions and sexual feelings when working with male sex offenders were asked. Upon completion of the interview, participants were provided with a debrief sheet.

Analysis: The researcher transcribed all six interviews verbatim and listened to each interview at least three times. The researcher made initial observations and notes before following the framework of Smith, Flowers and Larkin (2009) who identified three types of comments: descriptive comments (summary of speech); linguistic comments (focus on language); and conceptual comments (which make up the interpretative component) of IPA.

Following the structure of IPA, the second stage of analysis was concerned with identifying themes. Structure was then created between themes, which were then

placed in ‘Superordinate’ or ‘Subordinate theme’ categories. Summary of themes tables were developed before each theme was checked back in relation to the original data. A table was created for each theme, which included quotes from participants.

Results

Analysis of the interview transcripts provided rich data and three superordinate themes. The theme ‘Disturbance’ and two of its subordinate themes are presented, as this theme is believed to warrant closer attention, given the lack of existing research in this area. The findings are presented with direct quotations from the participants[9].

Superordinate Theme: Disturbance

This superordinate theme highlights the therapists’ experiences of disturbance. Throughout the analysis it became clear that there was a shared feeling that the therapists would feel intruded upon, derailed and troubled by their feelings when working with male sex offenders. The disturbance directly relates to their experience of sexual feelings, particularly within the subordinate theme ‘seduction’. The therapists all experienced different levels of seduction; from feeling sadomasochistic towards the offender to feeling a desire to rescue and join their internal world. This disturbance is present as the therapists try to make sense of their sexual feelings with these clients. The second theme ‘victimisation’ explores a different disturbance where the therapists find themselves in the position of victim and feel the vulnerability of being a sexual abuse victim.

[9] To ensure anonymity all participants’ names have been replaced with pseudonyms and identifying information has been changed or removed.

Subordinate theme one: seduction

This theme directly relates to the phenomenological essence of this research as it directly explores the explicit experience of sexual feelings with male sex offenders. The seduction was not only experienced as positive and desirable but also as frightening and intense. The therapists often experienced seduction in the form of a sexual abuse re enactment. Mike explains the complexities of such a dynamic:

'we kept enacting the sexual abuse between his uncle and himself like he'd regress and be sort of flirtatious, it felt like he was being flirtatious and needy and I found myself becoming more kind of dominant and… not directly sexually sort of perverse with him but I felt like I was, I'd be bullying him into talking about sexual experiences or bullying him into acting a certain way'

For Mike there is an element of the perverse in that he experiences himself in a punitive manner in which he cannot seem to stop. He is unconsciously drawn into re-enacting the abuse between the offender and his uncle and Mike seems to be confused by his assuming a dominant position while victimising the offender. He is forcing the offender to act in a particular manner that parallels the abuser's position as they make their victim behave in a specific way. Mike appears to be questioning his motivation for his behaviour when he speaks of it as *'not directly sexually sort of perverse'*. It seems that he is struggling to make sense of his experience and that his confusion as to whether this encounter is sexually perverse leaves him feeling disturbed.

Later in his interview Mike also reflects on his experience of sadomasochism with this client group:

'I've noticed that I can get myself into a what I would call a sort of sadomasochistic dynamic with the… with the patient where I'm, you know they sort of talk about, when they do that thing about, with the therapist separating it so it says the rapist and sometimes I do feel like I am the rapist when I sort of ask questions, because you sort of ask questions about their sexual abuse, they start regressing and becoming submissive and fearful and I find myself becoming very um, very sort of dominant'

Again Mike speaks of the re-enactment of abuse, which presents itself as a sadomasochistic dynamic. His commentary at this moment is very powerful as he refers to himself as *'the rapist'.* He experiences such heightened levels of emotion that his self is as disturbed as the sexual abuser's. By referring to this moment as a 'sadomasochistic dynamic' Mike suggests that the offender is the submissive and he is the dominant, as such it seems likely that there would be sexual gratification for both the offender and therapist. What is particularly interesting about this dynamic is that it seems that Mike is being seduced into a position of dominance and that he unconsciously begins to act as a rapist when he witnesses their regression. This seduction is likely to have been experienced as deeply disturbing given the loss of control.

A similar situation is described by Sam who experiences himself as moving between re-enacting the abuse where he is a perpetrator, to feeling seduced to engage in sadomasochistic behaviour:

'the temptation is always to evacuate them, to, and I have done it once or once they've gone out the room and I've just kind of silently said to myself, fuck you too, you know. Fuck off. And then it's like, uggh, um… they do provoke violence in me, you know, a

kind of violent reaction. Um, because there is something masochistic about sitting here, allowing someone for 50 minutes to do something to you'

Sam experiences a deep desire to repel the offender and reject them because they have intruded upon him. He talks of the need to *'evacuate'* suggesting that they are acting as unneeded internal toxins much like faeces. His repetition of *'fuck you'* highlights his anger and perhaps is a reaction to his vulnerability being triggered. Much like Mike it seems that Sam is unconsciously drawn into a masochistic dynamic and perhaps the shock of this realisation enables the offender to *'provoke violence'* in him. This lack of control in being placed in a masochistic dynamic is particularly interesting as Sam oscillates between playing the submissive whereby he is '*allowing someone for 50 minutes to do something to you'* to playing the dominant whereby he is experiencing a *'violent reaction'* towards the offender. Given these shifts in control and power, Sam may have experienced a disturbance. It is also important to note that Sam implies that in the fifty-minute session he is experiencing something akin to masochism. This is a particularly pertinent comment as it shows a tiny glimpse into the therapist's explicit disturbance when working with male sex offenders which most of them are not willing to explore.

The seduction was also experienced as being dragged into the offender's world. There was an element of fear surrounding this and the therapists shared an experience of engaging in seduction that they felt was inappropriate or felt disturbing to them:

'he would be quite flirtatious and I found it very difficult not to get into a little bit of a cat and mouse game with him and to end up flirting back'

'there have been times when I have certainly felt like someone's flirting with me and, um, that kind of flirtation can be quite seductive and I've thought about am I flirting back'

Both female therapists talk about there being a mutual flirtation that simultaneously feels seductive and exciting but that the tantalisation in some ways feels disturbing and uncomfortable. Interestingly Katie does not admit to flirting with offenders but rather states that she has '*thought about'* it. In this moment it is not possible to ascertain whether Katie is experiencing a disturbance that stops her from admitting to engaging in flirtatious behaviour or that the offender's flirtation provokes her to question her own behaviour. Conversely, Tania finds herself in a *'cat and mouse'* game of flirtation. Her analogy suggests one of them is chasing the other in order to eat them – perhaps to avoid being attacked or pinned down like a mouse she engages in playful flirtatious behaviour to distract the offender. Tania is disturbed by her flirtation; it seems she does not want to engage in this behaviour but is dragged into it because it is *'difficult'* to ignore.

The difficulty experienced by the female therapists was also present in the words of the male therapists. For Sam, however, this experience was much more internal and deeply disturbing:

'So the onus, the countertransference, countertransference with them is kind of pressure on me to try and find something in the patient. And as soon as I do that I get drawn into their world with, I think it's how in my experience how they, they seduce me into joining them in their anal universe - Um, and the problem is, once I'm in, it's very difficult to get out again. It, it's like, then you go to the anus, the rectum, then the

large bowel, it's a chute that slides down, stops us being incontinent everywhere. And once you slide down into this pit, this rectum, you can't crawl back out, it's too slippery…. And you get caught up in their world, um, and then our anxiety can come along'

Sam speaks of being seduced into their anal world and when this happens he becomes stuck in their seduction and their anus. His use of the words *'anal universe'* suggests an otherworldly experience in which there are only faeces: a world unknown to most. Sam is a psychotherapist and seeks to fit his experience into his own theory and formulation. It seems that Sam is working in a psychodynamic framework with this client, which perhaps normalises his reference to the *'anal'* and enables him to theorise that he is working with someone that is stuck in the anal stage. By using psychodynamic theory he is able to understand his experience of being seduced into their "anal world". He suggests that once he has been caught by the seduction presented by the offender, that he is stuck, as he *'can't crawl back out'.* This sense of being lost in a world of faeces is profoundly disturbing for Sam and is likely to feel isolating – despite all his best efforts to leave this world he is caught up and keeps falling back into it.

The biological language Sam uses contrasts with the language normally associated with seduction but further compounds his experience of being seduced into the world of the offender and becoming lost in their inner world. His language is full of disgust and illuminates the complex feelings he experiences with sex offenders. His reference to incontinence suggests a total loss of control and a level of disgust that leaves him powerless once he has been seduced into this position. Most importantly his language suggests he is experiencing a deep level of internal disturbance.

Later on in the transcript, Sam comments that once he has experienced such strong seduction, he gets lost; he cannot find himself until a supervisor aids him – the supervisor has to pull him out of the world full of faeces. Although many of the therapists explored the seduction of the offender's world, it is only Sam who speaks frankly about the danger of becoming stuck and lost in their seduction. The fear around the seduction of the offender's world is presented here but it is also noteworthy that the fear may have been exacerbated due to the undesirability that the therapists associated with male sex offenders. Given that the sex offender is seen as an unappealing and undesirable client, the therapist's fear of being seduced into their world may have been heightened. For Sam it seems that he oscillates between feeling seduced into their world and feeling repulsion. The fear of being seduced and being stuck in this seduction is likely to be experienced as an internal disturbance for Sam.

Lastly, the female therapists presented another experience of seduction that felt particularly disturbing. There was a shared experience between Katie and Tania of being objectified by the male sex offenders:

'to put it quite crudely sometimes I can just be aware that I'm sitting there and I'm the one in the room with breasts'

'what I've struggled with is when people, when men I've worked with, not only sex offenders, when you know they've directly made comments about how I look or, uhh, you know if I'd like to go out for a drink or they'd love, you know a woman like me'

Both Katie and Tania describe feeling objectified by the male sex offender in this moment. They become physically aware and experience their body as being

objectified. For Katie the only way to describe this experience is *'crudely';* that her physical presence is disturbed as she feels the difference between the male sex offender and herself. Likewise Tania's disturbance is related to the offenders placing her in a position of a desirable object.

The disturbance identified in this theme is seen through different avenues of seduction. For the therapists the explicit experience of seduction was disturbing for two reasons. One being that the seduction at times felt exciting and enticing and this disagreed with their view of sex offenders, and of themselves as a therapist. The second reason for the disturbance is related to the feeling that they were being pushed into this experience and would then struggle to remove themselves from it.

Subordinate theme two: victimisation

The shared experience of 'victimisation' was particularly profound for the therapists as they found themselves in the vulnerable position of feeling like a victim of sexual abuse. These experiences varied from feeling humiliated and angry to feelings of shame and intrusion. Katie describes an experience of being shamed by a male sex offender:

'they intend to be more anti-social, more hostile, more, umm, looking for your vulnerabilities and weaknesses and you know on, on the kind of mild end taking the piss but on the sort of heavier end, um, actually undermining, derogatory you know directly, um, humiliating, you'

When talking about sex offenders being *'more hostile'* and *'more anti-social'* it is not possible to ascertain who Katie is comparing these offenders to but it seems likely that

by understanding the clients as having extra hostility and anti-social behaviour, she is able to understand her experience of victimisation more clearly. Her commentary highlights that she will at times feel a mild victimisation, that she might feel that they are mocking her but at other times will feel such a victimisation that she is shamed. By attacking Katie's innermost self the sex offenders are able to degrade her and in turn gain power over her. This victimisation is possibly experienced as frightening and as an attack on the sexual self, given the parallel with a sexual abuse victim.

Sam talks of the sadomasochistic component to the sex offender's perpetration and the victimisation that entails:

'I mean it's quite, with some of them its quite revolting, the things they say, um, the things they tell you, um, it's disturbing, and it's that psychotic side of them that, that, it's just kind of psychotic disturbance that, um its like.....It's like, they take, uuh its like whatever you hold as good in the world or value as being good, they occasionally take it and do horrible things to it in front of you in a very cruel, horrible way, and that's disturbing, that is very uncomfortable. That what they will do to whatever I hold good, pure, and value that, that's, that's, I think that's cruelty at the, the maximum.'

Sam's experience is one of total destruction. Much like sexual abuse victims, he experiences a total annihilation of his inner world – of what he values in the world. Although this only happens occasionally it seems such an intense experience it is likely to leave Sam feeling lost and isolated. There also appears to be a masochistic element to his experience. Sam describes having his internal world exposed and destroyed in front of him in a way in which the offender is deriving pleasure from it. His experience is that the sex offender will harm him in a very punishing way – which

again highlights his parallel experience to sexual abuse victims. Sam also describes this disturbance and victimisation as being unpredictable:

'They are very charming, uhh, and you let your guard down, and then Wompf!, something happens. And it almost feels they are going around the back, they are get, getting inside my anus while I'm not looking…Nothing upfront'

In this moment Sam is shocked by the switch from feeling the offender is *'charming'* to being physically intruded upon. His experience is akin to that of a person experiencing grooming, that there is a comfort and seduction, which is shattered within moments with no warning. Sam experiences an internal intrusion, which feels deceitful and painful. He suggests that he is anally raped and it almost seems that his experience is of being tricked or perhaps even drugged by their seduction, which ends in a violent and degrading intrusion.

Likewise Tania describes an internal intrusion. However her victimisation feels more explicit throughout, that she is aware that she is moving in and out of being victimised by the sex offender:

'it will be there somewhere in the relationship, that sort of real sense of feeling intruded upon, feeling eroded, um, like the real boundary has broken down and although the boundaries are always very much there and nothing unsafe has ever happened, it can be the way somebody looks at, either eye contact, somebody holding really intense eye contact, that feels like a boundary violation, it feels like you've entered in me through my eyes because you're holding that gaze so intently or I can see you looking up and down my body and you know that I can see you looking up and

down my body and you're, I know that you're, on some level conscious or not, you want me to feel, to feel that and notice that and that can be quite tricky. So the dynamics get complicated because there can be different emotions and then there's my reaction to my emotions'

Tania describes being intruded upon by the offender and suggests that through her erosion she is slowly being victimised. Although she states that she is protected by boundaries, she also recognises that the boundary is broken and is violated at times. This experience is again akin to a sex offender's victim – that the boundaries will be broken. Tania is seduced into a dance with the offender where she moves from feeling seduced to feeling victimised – this is visible in the oscillated between her use of 'you' and 'I' and highlights the intimacy that is occurring between herself and the offender.

Tania appears to be confused and experiences discomfort and disturbance – she feels sexualised and is aware that she is objectified in these moments and this feels disturbing to her as she describes the dynamic as *'complicated'.* Tania does not explain what her reactions are to being sexualised by the offenders but instead comments on the complexities of her emotions. It seems plausible that she feels disturbed in her victimisation but also possibly disturbed in that she may be experiencing sexual feelings as a response to being sexualised by the offender. It is not possible to conclude what she may be feeling but it is clear that the experience feels complex and uncomfortable.

Tania and Sam presented a different illustration of victimisation when they spoke about the oscillation between seduction and victimisation. Sam generalises the experience of the victim and the disturbance they experience:

'the aim of a, lets say sex offender is to get the victim to trust them, that's, vanilla seduction side. And then just at the point where the victim trusts them, then they do the violence. The, the aim is to smash the victim's mind, um, the victim never trusts anyone again, there's no conviction in any good in the world whatsoever'

Interestingly Sam refers to the victim throughout this extract but does not identify if he is talking about his own experience as a victim or the experience of the offender's victim – there seems to be a loss of boundaries. By methodically outlining the offender's actions and highlighting the change from seduction to attack, Sam emphasises the disturbance occurring in his work with sex offenders. Sam's experience is frightening and his language suggests his belief that once victimised everything will change. Perhaps Sam is suggesting that he is changed given his victimisation by male sex offenders and the disturbance this has created.

Tania describes needing to keep the offender on side in order not to be attacked. Tania is seduced into behaving in a specific way in which she feels safe but she is also required to balance this due to his attacking behaviour, which leaves her feeling victimised:

'I might try and placate him or show… maybe be too kind or too nice, not so assertive with him and have to work on sort of managing that balance, trying to keep him, in a sense that I need to keep him on sides otherwise he might be quite attacking'

For Tania there is a fear that if she does not pacify the sex offender that she may be in danger of becoming a victim of his – hence to avoid being victimised she allows herself to be seduced and possibly less boundaried than with other clients. Tania shows that the experience of being seduced by the offender is less disturbing to her than the victimisation; so in order to remain in a more comfortable position she will allow herself to be seduced to reduce her disturbance.

The experience of victimisation is a particularly important component of disturbance as it highlights the vulnerability of the therapist and the disturbance such an experience can create in their lives. There is a shared feeling that there cannot be full control in the therapeutic relationship as the offender is unpredictable and can act in an intrusive manner at any moment.

Discussion

Analysis identified both similarities and differences with the existing literature. One of the similarities found in this research was that therapists were more willing to talk about *negative* sexual feelings than *positive* sexual feelings. This is illustrated by the therapists in their construction of sexual feelings as positive – despite them then often talking about an experienced attack on their sexuality – arguably experiencing a negative sexual feeling. Weisman (2004) found that therapists experienced discomfort around feeling admiration, envy or protectiveness towards an offender. Thus, it is suggestible that the therapists in this research have similar feelings of discomfort on experiencing any positive feelings, such as those of a sexual nature – therefore they focus on their negative feelings.

There appeared to be a difference in experience between male and female therapists. The female therapists tended to experience more victimisation and feelings of objectification and of being reduced to a maternal frame of reference. This finding was consistent with Ellerby (1998) who found that 42% of female therapists felt sexualised by their offender clients. Alternatively, objectification may be seen as an experience of victimisation, which all the therapists, both male and female, had experienced. As such, the gender of the therapist when working with sex offenders must be accounted for, as this can impact some of the experiences that the therapist may have in working with this client group.

One of the most powerful findings from the research was that all of the therapists experienced a re-enactment of abuse and sadomasochistic experiences. As the therapist moved into the position of the dominant, the offender would become the submissive and/or victim. It is here that one can see the connection to the work completed by Stoller (1985), who proposes that hostility is the essential ingredient in the erotic. Stoller suggests that the erotic can be destructive as it is the desire to harm that generates and enhances sexual excitement. If the therapist fuses with the abuser, then the offender is left in a vulnerable position. Although the therapists felt aware of the re-enactment of abuse and their sadomasochistic behaviours at times, there appeared to be a lack of awareness around why this occurs.
In line with McIlwain's (2014) research, it is likely that the erotic countertransference occurs as the client re-enacts their past trauma with the therapist, be it their own trauma or the trauma of committing a sexual offence.

One of the differences found between our study and existing research relates to the experiences the therapists had when working with both the victim and perpetrator

elements of the offender. This finding relates to the hypothesis that most sexual abuse offenders are also sexual abuse survivors. Blum (1973) found that when therapists were working with sexually abused clients, the client would flood the analysis with the erotic, with the intention of making the therapist share these feelings. The therapist's role would then be to untangle the past and present. However, this research found that when the offender (who is often a victim of child sexual abuse) flooded the therapy with erotic material the therapist would likely begin to assume a perpetrator role, leaving the offender as a victim, often resulting in a re-enactment of abuse.

Implications & Applications

In accordance with existing literature, it was found that the dialogue around sexual feelings continues to be an area of 'taboo' – a topic in which clinicians feel conflicted in discussing. The therapists appeared to attempt to ignore the presence of sexual feelings, or mask them by assuming alternative roles in the therapy. Despite evidence in the literature that over 80% of therapists experience sexual feelings in therapeutic work, there are still no guidelines on managing and understanding sexual feelings. Henceforth one of the major implications of this research is the need for training to be expanded into the area of experiencing sexual feelings in therapy. It is posited that if therapists were trained to explore sexual feelings in the same manner that they are encouraged to explore other countertransferential reactions, there might be a greater understanding of sex offenders and how to work effectively with them.

The findings that the therapists had all experienced themselves as a victim of the male sex offender at some point in their work, and that they had also experienced themselves as a perpetrator re-enacting abuse and carrying out sadomasochistic behaviour, also has great implications for psychology. By understanding the

polarisation between victim and perpetrator and the implications of adopting each of these roles, psychologists would be better prepared to reflect on their own process and be mindful of safeguarding both themselves and the offender. There are profound impacts on both the therapist and offender when there is an oscillation between the victim and abuser stance and greater reflexivity is created when there is greater awareness of these experiences.

Strengths, Limitations & Further Directions

By following Yardley's criteria, the researcher assessed if this study met the criteria for quality research and if IPA had been used appropriately. The researcher feels confident in demonstrating that IPA was the appropriate methodology and that this research is valid. By offering detailed phenomenological descriptions, the therapists' experiences of sexual feelings with male sex offenders can be seen in depth, and this is something that has never been researched before. One of the strengths of using an open explorative approach was that by providing a non-judgmental, unstructured environment in which therapist's could explore their own meaning making of the experience of sexual feelings, the phenomenon is explored through the lived experience of therapists.

It is important to also acknowledge the research limitations. The researcher did not provide an explanation of 'sexual feelings'. Although sticking to the roots of phenomenology and exploring the *experience* of sexual feelings (therefore allowing the participants to view sexual feelings as a subjective concept), the research was limited in that it assumed a baseline understanding of 'sexual feelings'. This possibly allowed participants to rely on a socially constructed view of 'sex' – namely that it relates only to gratification.

Furthermore, at times the researcher would liked to have delved deeper into the participants' world and gained more information, but was unable to do so due to being in the role of researcher rather than therapist. Thus, a limitation is that there may be more meanings and perhaps even alternative meanings underneath the therapists' experiences of sexual feelings.

Willig (2013) outlines the limitations of IPA in terms of the role of language, suitability of accounts and practical limitations. Willig suggests that, given that language is used to communicate a participant's experience to the researcher, phenomenological research works on the assumption that participants can effectively use language to capture and describe their experience. As it is argued that language is a construction – rather than a description of reality – the same event can be constructed in many different ways. If the transcripts tell us more about the way in which the individual talks about their experience, rather than the experience *itself*, then the results may indeed be impacted.

This research is merely the starting point to exploring sexual feelings with male sex offenders and can be viewed as the foundations on which to build more detailed research in specific areas. One such area might focus on exploring the differences between male and female clinicians working with male sex offenders on a wider scale. Similarly, future research could look at the difference in experience of sexual feelings with male sex offenders depending on therapeutic modality or training route. Finally, it is suggested that learning more about the impact that experiencing sexual feelings with sex offenders has on the therapist emotionally would be of benefit to the field of psychology.

Conclusion

Given the absence of direct research into sexual feelings with male sex offenders and the generic discomfort that appears around 'taboo' feelings, such as those of a sexual nature, this research felt necessary for psychology application. Analysis showed that all six therapists experienced sexual feelings towards male sex offenders during their clinical work. Such feelings were often entwined with profound emotional reactions, such as experiencing themselves as the victim of the offender's abuse. Highlighting such complexities in a taboo area identifies the need for future research and greater knowledge during therapeutic training.

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APPENDIX 1. Author Guidelines

Professional Psychology: Research and Practice Author Guidelines

Professional Psychology: Research and Practice ® publishes articles on the application of psychology, including the scientific underpinnings of the profession of psychology.

Articles that present assessment, treatment, and practice implications are encouraged. Both data-based and theoretical articles on techniques and practices used in the application of psychology are acceptable.

Specifically, this journal is an appropriate outlet for articles on:

- State-of-the-art literature reviews of clinical research on specific high-incidence disorders specifically written so as to draw out the implications for assessment and/or treatment
- Research and theory on public policy as it affects the practice of psychology
- Current advances in applications from such fields as health psychology, community psychology, psychology of women, clinical neuropsychology, family psychology, psychology of ethnicity and culture, forensic psychology, and other areas
- Standards of professional practice and delivery of services in a variety of contexts—industries, institutions, and other organizations
- Research and theory as they concern the interests of those in the practice of psychology

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review:

Manuscript Length and Style

Full-length manuscripts should not exceed 25 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double-spaced.

For general guidelines to style, authors should study articles previously published in the journal. They should note that the readership of Professional Psychology: Research and Practice consists of psychologists from a broad range of subspecialties engaged mainly in practice, and some in training careers.

The introduction of the manuscript should be written to anchor the topic in the experiential world of these readers. The final section should be an implications and applications section, which provides concrete and usable information that can be used in everyday clinical practice or in training programs. View additional writing guidelines.

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Please ensure that the final version for production includes a byline and full author note for typesetting.

Manuscript Preparation

Prepare manuscripts according to the Publication Manual of the American Psychological Association (6th edition). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the Publication Manual).

Review APA's Checklist for Manuscript Submission before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the Manual.

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All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Examples of basic reference formats:

Journal Article:

Hughes, G., Desantis, A., & Waszak, F. (2013). Mechanisms of intentional binding and sensory attenuation: The role of temporal prediction, temporal control, identity prediction, and motor prediction. *Psychological Bulletin, 139,* 133–151.

Authored Book:

Rogers, T. T., & McClelland, J. L. (2004). *Semantic cognition: A parallel distributed processing approach*. Cambridge, MA: MIT Press.

Chapter in an Edited Book:

Gill, M. J., & Sypher, B. D. (2009). Workplace incivility and organizational trust. In P. Lutgen-Sandvik & B. D. Sypher (Eds.), *Destructive organizational communication: Processes, consequences, and constructive ways of organizing* (pp. 53–73). New York, NY: Taylor & Francis.

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The minimum line weight for line art is 0.5 point for optimal printing.

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