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How Czech supervisors engage in the supervisory process on sexual attraction and strategies used to supervise sexual attraction in the work of supervisees[4]

Abstract

Our study investigated how Czech supervisors understand, engage with and supervise therapists in handling sexual attraction. Qualitative interviews were carried out with 13 volunteers in the Czech Republic. Transcripts were analysed using constructivist grounded theory (GT). Findings show that in reflecting on their experience as supervisors, participants stepped into their experience as therapists first. Data shows various factors mediating and influencing the supervision process: the historical and political impact of sexual tabooism and sexual attraction in training and practice; supervisors' personal experience of sexual attraction provoked shame; gender and trust impact on which supervisor to choose; male and female differences in supervisory needs; and a clear contract facilitates disclosure of sexual attraction.

Keywords

sexual attraction, supervision, psychotherapy

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Streszczenie

Celem tego artykułu było zaprezentowanie badań jakościowych dotyczących problemu rozumienia, zaangażowania się w proces terapeutyczny i nadzorowania terapeutów w radzeniu sobie z zaangażowaniem seksualnym w relacjach z pacjentami, przez czeskich superwizorów. Badania przeprowadzono w grupie 13 ochotników, superwizorów z wieloletnim doświadczeniem w pracy. Uzyskane stenogramy analizowano przy wykorzystaniu ugruntowanej już teorii GT. Analiza wyników wskazała, że na proces superwizji wpływa wiele czynników. Z jednej strony jest to określony kontekst historyczno-polityczny związany z tabuizacją seksualności człowieka, z drugiej osobiste doświadczenia superwizorów związane z doznawaniem napięcia seksualnego w relacjach terapeutycznych. Te ostatnie doświadczenie wywoływały poczucie wstydu u superwizorów. Okazało się także, że płeć terapeutów i poziom zaufania jaki odczuwali w stosunku do określonych superwizorów wpływały na ich wybory. Co także istotne mężczyźni i kobiety różnili się w potrzebie superwizji, a klarownie sformułowany kontrakt pomagał w ujawnieniu problemów z zaangażowaniem seksualnym w relacji z klientami.

Słowa kluczowe

pociąg seksualny, superwizja, psychoterapia

Introduction

The sexual or erotic has a conflictual status in psychotherapy. While it is widely recognised as a commonly occurring phenomenon in therapy relationships, neither training, nor the literature give it the attention it demands. As Shlien (1984) suggested, the therapeutic process '*not only permits but encourages intimacy, privacy, trust, frequent contact, revelation of precious secrets….in this way both the content of the revelations and the process of revealing is a form of erotic, or erotically charged, activity*' (p. 171). Yet, as Mann (2011) observed, '*passions of all kinds such as hate, anger, aggression, envy are well documented in the therapeutic setting and well researched. Eroticism, however, has been marginalized, never quite making it to the acceptable family of feelings and ideas in psychotherapeutic theory and practice*' (p. 4-5). The growing recognition in the 1960s that sexual feelings between therapists and clients was widely occurring led to several studies focussing on sexual transgressions, their meaning, consequences and the harm they cause clients and therapists (Gabbard, 1997; Gabbard, 1995; Gabbard, & Lester, 2003; Kernberg, 2004; Thomson, 2006; Valerio, 2004), while little attention was placed on the handling and positive aspects of the erotic. As a result, ethical guidelines by professional bodies place emphasis on boundary violations eroding clients' trust and causing them harm (Gabbard, 1997).

Abstinence from sexual involvement with clients is traced back to Freud's papers on technique (1911-1913) where he set out prerequisites for professional analytic relationships designed to protect analysts from acting out unprofessionally. Abstinence, evenly suspended attention, neutrality, confidentiality and anonymity were designed to encourage

the transference and help patients overcome resistance. Abstinence is reflected in ethical codes stipulating that therapists must abstain from using clients for their own personal gratification (Simon, 1991). Despite the defensiveness in most literature, more recent research indicates that 96% of psychologists never acted out sexually, only 12% never felt attracted to a client, 76% felt inadequately prepared to handle sexual attraction in their therapeutic work, 50% failed to consult a supervisor, almost half reported that their feelings of attraction benefited the therapy process, and 43% reported negative consequences (Rodolfa et al, 1994, p. 168). Similarly Giovazolias and Davis (2001) found that 77.9% of counselling psychologists felt attracted to at least one client, 39% reacted with shock and guilt upon realising their sexual feelings, 27.4% did not seek consultation, 50.5% reported that their attraction had a positive impact on therapeutic process and 45% normalised their feelings. The results from these research studies suggest that a growing number of therapists normalise their sexual feelings for a client and increasingly seek consultation. However, a substantial number of practitioners avoid seeking supervision.

Gelso, Rojas & Marmarosch (2014) state that intimate feelings in therapy may just as well be linked to an actual relationship as to transference or counter-transference. The authors conceive an actual relationship as a personal relationship between the therapist and the client, in which both perceive sexual attraction from the first contact, which becomes increasingly powerful during the therapy, and in which it is not merely in one party's imagination. They see the origin of transference and counter-transference rather in unresolved conflicts and traumas, in which sexual attraction itself need not necessarily grow from these roots. These authors further state that it is important for the therapist to understand that: a) sexual feelings may appear both within the context of an actual relationship and within the context of transference and counter-transference configurations; sexual feelings are common within the context of a real relationship, primarily in long-term work, in which greater intimacy appears and the parties in the therapy develop a deeper understanding of one another; b) for successful therapeutic work it is important to distinguish the patient's and therapist's intimate and sexual feelings, between those that are based on a real relationship and those that are based on transference and counter-transference. A similar view is stated by Pope, Sonne & Greene, (2006) and White (2005).

Pope, Sonne and Holroyd (1993) intimated that therapists' sexual attraction is a difficult, long neglected area because there is a tendency to confuse such experiences with sexual misbehaviour towards clients. This may explain how numerous therapists avoid seeking consultation, and of these only 9% reported that their training or supervision was adequate (Pope, Tabachnick and Keith-Spiegel, 1986). Ladany et al., (1997) a decade later found that '*only half of the participants disclosed their sexual attraction to supervisors, and supervisors seldom initiated the discussion. Furthermore, trainees found it help-*

ful when supervisors normalized the sexual attraction and provided the opportunity to explore feelings in supervision' (p. 413). Although research findings show differences in supervisory use and experience, literature agrees on the therapist's prevailing sexual feelings for a client. Using supervision as an avenue to explore and learn how to handle sexual attraction remains under-researched. This is what our study set out to explore.

Supervision in the Czech Republic became a requirement for accreditation in the 1990's and is optional post-qualification, whilst in most European countries supervision is still a requirement for accredited therapists as well.

The study

Our study set out to research how Czech supervisors understand, engage with and use supervision to help therapists handle sexual attraction. The research method used was grounded theory (GT) which traditionally is rooted in post-positivism (Glaser and Strauss, 1967). Given that the research aim was to explore experiences, processes and meanings, GT within the social constructionist paradigm (Charmaz, 2006) was used. Constructivist GT acknowledges the subjectivity and inter-subjectivity of experience, and generates theory that is context-specific. The research participants' accounts and the ways they choose to present themselves are viewed as shaped by the research context.

Participants

Thirteen supervisors (eight women and five men) were recruited through purposive and snowball sampling methods. Twelve were psychologists specialising in psychotherapy and one was a medical doctor specialised in psychiatry, who is at the same time a main supervisor in a dominant psychotherapeutic discipline. The study criteria included five years' post-accreditation as a supervisor. They were experienced in their fields and worked in different contexts. Researchers tried to recruit participants from diverse training backgrounds to enrich data. Participants undertook various types of long-term psychotherapy trainings, namely, Gestalt therapy, cognitive-behavioural therapy, psychoanalysis, family and systemic therapy, integrative psychotherapy, dynamic psychotherapy, logotherapy, and Rogerian therapy. Some attended several training sessions. Six underwent supervision training. Our goal was not to identify the difference between the groups with and without supervision training, so the training was not an important criterion for us. We sought to find supervisors who were respected and supervised actively. Participants' age varied between 42 and 60. Participation was anonymous and all consented to data being used for publication. Because of sensitive topic and sharing very personal experiences, we guaranteed full anonymity to our respondents. So we cannot provide more concrete information about their gender, age and type of training in individual cases. So we provide this information

for all samples as a whole (for example if we write that the respondent is a woman aged 65 and a certified trainer for psychoanalysis, the potential identification is very easy).

Two men and one woman recruited respondents so that each gender combination was covered: man researcher (R) to man respondent (RE), man (R) to woman (RE), woman (R) to man (RE), woman (R) to man (RE). The interview was conducted face to face, always at a single session in the supervisor's office, or in another appropriate, tranquil location according to the respondent's suggestion. Recruiting participants was completed upon reaching theoretical saturation, when new interviews brought neither new findings nor changes in the established categories.

Method

Our research design was set out as a combination of a multi case study (Yin, 1994) and a qualitative experiment (Miovsky, 2006). Data were generated through individual semi-structured interviews which were audio recorded. We adopted the phenomenological attitude of openness and curiosity (Finlay, 2008) and also we co-created a new reality with each respondent every time (Finlay, Evans, 2009). We sought to catch a subjective live experience using postmodern epistemology (Cutliffe, 2000; Polkinghorne, 1992). The first part focused on the supervisor's own experience of sexual attraction as a therapist, factors prompting them to seek supervision of sexual attraction during their work as therapists. The second part involved supervisors being presented with five specific scenarios and exploring how they would handle each[5]. As researchers we rejected any objectivity which refers to ideas that phenomena exist out there and that if we are consistent with our observations and rigorous with our methods we could discover the truth.

We consider ourselves as subjects who exercise our agency uniquely. Researcher knowledge and preconceptions are part of agency, and how agency is managed has become the subject of several publications (for example in Rennie & Fergus 2006, Finlay, 2008). It is now considered good practice for researchers to apply reflexivity by critically examining their knowledge, stepping back and considering alternative perspectives whilst revealing their agency (Rennie, 2004). Open coding, axial coding, and selective coding were used to identify key categories and analyse their mutual relations. Our con-

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[5] ***Example Scenario***
Aneta has worked as a supervisor for more than 10 years. Three weeks ago, while celebrating her birthday, she met a former client by chance in a bar – the last time they met was more than two years earlier when the client had had 15 meetings with Aneta, during which they had been working on his relationship with his father. The client invited her for a drink as a thank you for everything she had done for him during therapy. Aneta accepted the invitation – she was curious about how the client's life story had developed – and they had a very nice chat. Aneta had completely forgotten how charming and funny the former client could be. Two days ago the client contacted Aneta through her work e-mail and invited her to lunch. Aneta accepted.
What would you say to Aneta? What are your key points in this case? How would you proceed in this case of supervision, and is it, in your opinion, a case for supervision at all when it is about a former client?

stant comparative analysis involved gathering accurate evidence through generating conceptual categories, which then led to generalised relations between the categories and their properties.

Miovsky (2006) argues that the advantage of grounded theory lies in its ability to qualitatively integrate data gained by diverse methods (in our case, with interviews and through analysing the supervisors' spontaneous reactions to presented situational scenarios) and in utilising various approaches to the actual data analysis. Grounded theory is a theory which is inductively derived from exploring the phenomenon which it represents – that is, it is formed and verified by systematically generating and analysing data on sexual attraction (Charmaz, 2006). Thus, the data, its analysis, and the theory itself mutually complement each other. Three Czech researchers (Kolařík, Lečbych, Fülepová) conducted their analyses independently. Each researcher read verbatim from all interviews and made a coding process and prepared a working model by grouping these categories with emphasis on identifying the central category. Then the researchers met and discussed together all three working models. They subsequently created a comprehensive model which reflected all three working model main topics. This model was supervised by independent UK researchers (Luca, Markovic) and minor revisions were implemented to the pre-final model. The pre-final model was further analysed by three researchers (Kolařík, Lečbych, Fülepová) with input data, and they reviewed how data corresponded with it. The goal was to create a model which would present individual categories and their relations. We will use this model as a basic frame for presenting our findings (see below).
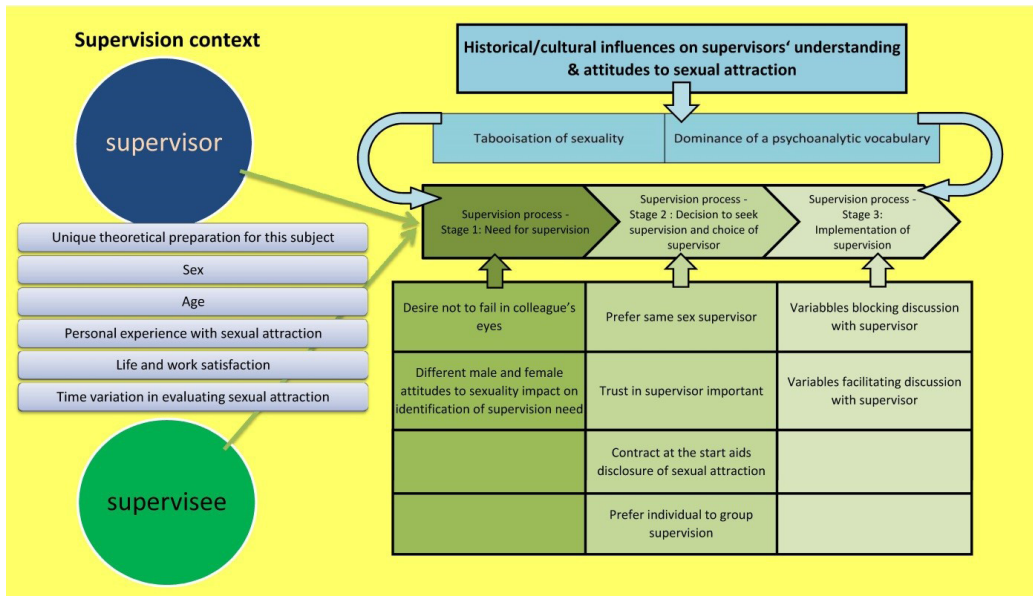

Figure 1: The process of supervision and the experience of the supervisory relationship on sexual attraction in the Czech Republic

Results

How supervisors understand the term "sexual attraction"

Supervisors usually distinguished "sexual attraction" from other "affection" forms and believed that sexual attraction contained physical attraction or a subjectively assessed client sex-appeal which impressed the therapist, such as intellect, ability for self-reflection, admiration of therapist. These factors played a part in developing sexual attraction, but did not define it.

> *P5: "...every person, including a therapist, is attracted to someone. Some prefer younger people, others intellectuals, for some it is a manually working woman for example. I assume most therapists are intellectually motivated thus attracted to people with whom they also share something..."*

Participants differentiated between a client who was sexually attractive, from affection, which was seen more as a parental and caring attitude towards clients (e.g. maternal and paternal transference). For female supervisors sexual attraction had to involve a "love spark", "love chemistry", "charisma", "love aura". Male supervisors mentioned the need to "impress". Participants mentioned that if they were sexually attracted to a client, they would want to make him feel special. The most common feelings from their experience as therapists were spontaneous sexual fantasies and projections about a client, being inclined to treat him/her differently, experiencing some sexual arousal in the client's presence, desire to impress, or thinking about clients outside therapy.

> *P3: "...it is beyond usual attraction to a person, I can say this is a handsome man but that would not constitute sexual attraction, just a statement that the person has some sex-appeal, it does not do anything to my fantasies... it is when the person starts to stand out among other people, has different chemistry for the therapist... on the therapist's side, fantasies might appear, flirting, looking forward to meeting the client..."*

Data suggested a clear distinction in client sexual attraction, therapist sexual attraction, and mutual sexual attraction. In client sexual attraction, the most frequently observed signals included: giving presents or flowers, fixing himself/herself before the session (i.e. perfume, make-up), dressing provocatively, complimenting or even explicitly seducing the therapist. Salient features in therapist sexual attraction were the tendency to talk about himself/herself, trying to impress the client, tidying up the office before the client arrives, choosing clothes with the client in mind, giving special attention to the client, prolonged or more frequent sessions. We plan to analyse these situations in detail in another study because it is outside our paper's scope.

A process model for supervising sexual attraction in psychotherapy

We created a process model for supervision stemming from the data. The entire process takes place against a particular historical and cultural background. During "communist

totalitarianism" in former Czechoslovakia before the Velvet Revolution, psychology was suppressed and its training activities were conducted secretly for fear that psychotherapy could be discredited which would contribute to its tabooisation, especially regarding sexuality. We identified two categories capturing the context: *the tabooisation of sexuality in education and the dominance of a psychoanalytic vocabulary*. In discussing these phenomena, participants frequently used "transference" and "countertransference" metaphors despite belonging to modalities different to psychoanalysis. They often referred to sexual tabooisation and sexual attraction in their own education.

P7: *"In supervision training: At the most in the transference and countertransference phenomena, which are taken into account between a supervisee and a supervisor. But that the subject of sexual attraction would just pop up, that certainly did not happen."*

Half of those who became supervisors after the Velvet Revolution lacked any systematic training. Many established the training programmes themselves. Passing the psychotherapy model onto the next generation had not been free of the tendency to treat sexual attraction as taboo.

P4: *"The school gave me a humble preparation, we only heard one clear sentence, "it is not allowed" without any further discussion ... it was more of a warning that therapy was such a sensitive matter that we could not sleep with a client but I think that people were also ashamed talking about it because it was in the communist era and everyone was avoiding this topic ... I think that even in the 21st century people build many taboos about sexuality and this creates many psychological blocks and problems."*

Supervisors responded to our questions on how they supervise sexual attraction, by first drawing on their own experiences as therapists. They felt that their own professional development permeated the supervisory relationship. When a client would display sexual affection in their early career, therapists experienced tension, fear, concern, insecurity, and felt unprepared. If they found a client sexually attractive, they felt fear of failure, or not knowing how to handle the situation.

There were differences in descriptions between men and women. Women stated more frequently how from the beginning of their career they had experienced clients who tried to seduce them. They remembered this provoked discomfort.

P6: *"When I first encountered this subject, it quite petrified me; I was quite embarrassed by it... Now I notice it more in individual sessions, maybe thanks to 25 years of experience, I am not scared or caught off guard by it, I consider it a manifestation of the transference process where it simply belongs. It happens less and less often that I would feel attracted to clients ... I now consider it part of therapy but I only had learnt it in the course of my work. No-one prepared me for it and no-one talked about it much."*

Men were convinced early in their career that they would not encounter this phenomenon. They emphasised that they could "contain sexual attraction" and that "it would pass" and perceived supervision as a last resort. Women on the other hand talked about supervision as an option they would use immediately if they felt attracted to a client.

P11: "I previously believed that sexual attraction did not concern me in any way; I believed that a professional could handle everything... but over time I realized that very pretty women come and it was pleasant to look at them... it also changed with experience because I witnessed several displays of affection from my clients and one direct declaration of love and I know that my first reaction was distress: how do I deal with it here and now?"

All participants agreed that their personal experience with this phenomenon was crucial in supervising others. Over time and with experience, their ability to talk about this topic with a client more naturally and without fear and shame grew and could be used to a therapeutic end.

P12: "Age and experience play a role... I have a lot of grey hair now but when I was 30 or 35, I did not dare to include this subject into my therapy because it could be misunderstood. I would be very afraid to include it as a topic in the first ten years of my development..."

In a therapist's sexual attraction or even feelings of love towards a client, none of the participants used the countertransference concept to explain this. Most explained it as stemming from the therapist's personal crisis, such as relationship frustration.

P5: "I was in a situation when I was strongly attracted to my client. Of course, as it happens in those bad novels and films, it was during my life crisis after a break-up, looking back, searching for new balance and looking for new, safer relationships."

With age and experience the pressure to instantly interpret everything decreased. The more experienced therapists did not rush with interpretations; they stated in some cases it was best not to open the subject of sexual attraction with a client immediately because it could disappear by itself.

P7: "A client can enchant you at the beginning of therapy, so it can make it difficult to work together; however, as the work progresses, enchantment can evaporate. It happens to me a lot. Giving it some time helps."

One respondent also stated that young, unattached therapists deal with sexual attraction towards the client better than therapists in a long-term partner relationship, who often do not adequately reflect upon these feelings.

Supervision process: need-decision-implementation

In the data analysis we divided supervision into three stages. The first stage, "need for supervision", captures factors influencing supervisees to seek supervision on sexual attraction. The second stage "decision to seek supervision and choice of supervisor"

is linked to specific supervisor choice and to topics that the supervisee contemplates discussing in supervision. The third stage, "implementing supervision", represents the actual supervisory meeting and strategies that supervisors would use if sexual attraction was the focus.

Stage 1: Need for supervision

In the Czech Republic it is left to therapists' discretion to identify a need and seek supervision. Participants' need for supervision was more urgent in private practice and individual psychotherapy. They were pressured by their own sense of responsibility and their private practice reputation. The transition into private practice with direct payment brought clients with higher social status whom therapists could find more impressive, thus creating potential for sexual attraction. They ascribed the least urgent supervision need to public sector consulting and to therapeutic institutions where clients could be referred on and team supervision was available.

Participants' desire not to fail in the eyes of others if they experienced sexual attraction appeared to be bound up with self-judgements. If therapists' judgements depended on what others thought, they experienced their own failures and shortcomings more sensitively and downplayed the need for supervision. Their reservations in discussing sexual issues also seemed to significantly limit their need to turn to a supervisor. Participants agreed that during their training they rarely discussed sexual attraction and believed this contributed considerably to feelings of shame. Situations when a client was attracted to a therapist were discussed without much shame, whereas in the therapist sexual attraction shame was central. This led to avoiding supervision.

Women identified the need for supervision when a client became part of their fantasies and if they felt that they did not have the situation under control. Men on the other hand tended to normalise sexual fantasies and not connect them with any need for supervision. In men's view, supervision would be more needed if they engaged in boundary deviations (e.g. giving their phone number, going out for a drink with a client). All participants recognised the need for supervision if there was a higher degree of engagement with, or an aversion to, a specific client.

Stage 2: Decision to seek supervision and choice of supervisor

This stage summarises categories linked to the choice of supervisor. Almost unanimously, participants stated that the fundamental variable in selecting supervisor was the *same sex of the supervisor and supervisee* and *trust in a particular supervisor.*

A same sex supervisor was usually preferred when discussing sexual attraction, in the belief that there would be more non-judgmental acceptance than with an opposite sex supervisor.

P6 (woman): "...I would probably choose a woman ... it is about being comfortable... I would expect that with a woman it will be more natural ... it really might be about shame; that is the reason why people don't talk about these things."

P12 (man): "I would go to a man, a woman did not even cross my mind. I would probably expect understanding, that he would not judge me, to find male solidarity... I would need to have it confirmed that it is not that big a deal."

Trust in a supervisor emerged after long-term cooperation, a positive relationship, and professional contract.

P4 (woman): "I probably would not care if I chose a male or a female supervisor, I would mostly care about my trust in the supervisor and my experience with him/her."

Participants felt that if the *supervision contract* included disclosure of sexual attraction it would make it safer to discuss.

P12: "If we had a contract that said we would talk about various issues including sexual attraction, then in the event of the disclosure that as a supervisor I thought might be unethical, there would be a framework for addressing it."

Participants preferred individual to group supervision for discussing sexual attraction as supervisees.

P12: "I think that it is a more delicate topic in group supervision where people may feel more exposed and more often may bring clients' sexual attraction than their sexual attraction towards clients."

Participants stated that in group supervision there was a greater vulnerability to shame and expressed fear that they would be judged by other group members.

Stage 3: Implementation of supervision

In this stage variables which facilitate or block the supervision process and strategies used in supervision are identified. Facilitating and blocking variables are based on analysing semi-structured interviews with participants, while supervisors' strategies are based on analysing their solutions to scenarios presented at the interviews.

Variables **blocking discussion** with a supervisor were:

– Supervisor's apparent lack of preparedness and reluctance to discuss this topic;
– Inflexibility in the supervisor to open up the sexual attraction theme at the initial supervision relationship stage and the theme emerges only during the course of the supervision;
– Supervisor's theoretical focus on overly analytical interpretation;
– Supervisor's non-verbal communication interpreted as discomfort;
– Verbally rejecting this topic or the supervisee as a person;
– Supervisor's moralism and excessive sternness;

- Supervisee's awe of the supervisor leading to supervisee not wishing to fail in his/her eyes;
- Group supervision where opening this subject is more difficult than in individual supervision, for instance, due to relations between group members;
- Long-term partner relationship in the case of the supervisee – those in a long-term relationship are worse at reflecting and detecting sexual attraction to the client in supervision than those not in a long-term relationship.

The **variables facilitating discussion** with a supervisor were:

- Individual rather than group supervision;
- Previous positive experience with the supervisor and trust in him/her;
- If the supervisor also considers sexual attraction important;
- Supervisor's readiness to facilitate an introduction to and an open discussion about the subject;
- Mutual openness of the supervisor and the supervisee to challenge and be challenged;
- The supervisor and supervisee's personal resilience.

Among these factors, emphasis was placed on the importance in being open to sexual attraction and initiate discussion.

P10: "… as a supervisor, I should be open to talking about the subject of sexual attraction."

P4: "If it isn't brought up, I would initiate discussion about it if I feel from how (s)he talks, acts, behaves there is sexual attraction; I would open the subject myself, in order to open the door and (s)he can enter, but it is not compulsory. If (s)he told me there wasn't any, I would let it go for the time being."

Strategies participants identified based on scenarios presented during the interviews are organised in three levels.

Level 1 is **situation mapping**. Here supervisors provided examples of questions which explored the frequency and intensity of the therapist's attraction to the client and vice versa – whether it happened regularly, seldom, and so on. Supervisors tried to understand the therapist's perspective. They considered this level obvious and described it briefly. Other questions were directed at clarifying participants' views.

Level 2, **supporting self-reflection** was the most frequently mentioned strategy. It involved supervisors focussing on reflections concerning the therapist's emotional stability and how rooted (s)he is in their personal life, distinguishing between personal motives, therapeutic goals and their limits. These strategies were directed towards understanding the therapist's own needs and their influence on the therapy process.

Level 3, **ensuring safety** involves alerting the supervisee to possible power abuse; supervisors stated that they would recommend therapy termination if therapy goals were compromised and the client was at risk of harm. They also advised therapists to consult ethical codes.

Discussion

In understanding sexual attraction, supervisors often distinguish between sexual attraction and other affection forms. Therapist's sexual attraction contained sexual fantasies, sexual arousal, and the need to impress the client and make them special. Client sexual attraction was identified as the need to impress the therapist. The former evoked discomfort and shame and led to avoiding seeking supervision. The latter was easier to address. The historical-cultural context had a major impact on sexuality perceptions and sexual attraction in psychotherapy, perpetuating the taboo from the communist period. During their early career mostly female supervisors experienced tension, fear, concern and insecurity in encountering sexual attraction; if they found a client sexually attractive, they experienced failure or not knowing how to handle it. This suggests that women carry self-blame. As Lester (1985) suggests, female therapists do not explore sexual issues with male patients due to fear of appearing seductive or vulnerable to seduction. Male supervisors on the other hand believed they would not encounter sexual attraction, which suggests denial. When they did, they felt they could contain it and that it would pass -- attitudes linked to men experiencing themselves as being in control. Men felt that supervision would be a last resort, an attitude which perpetuates the notion of men's independence and self-sufficiency. Participants' view that therapist sexual attraction is associated with personal crisis or personal relationship frustration reinforces the psychoanalytic idea that frustrated sexual impulses have destructive power, rendering the sexual as belonging outside therapy, an idea challenged by recent literature (Luca, 2014).

Supervisors felt that therapists seek supervision mostly when they practice privately due to the need to protect their practice. Women sought supervision when they fantasised about a client. Men on the other hand tended to normalise sexual fantasies and perceive them as common. They did not so much connect them with the need to turn to a supervisor. They also believed that therapists tend to choose same sex supervisors or that trust in a particular supervisor was fundamental in their choice. This reflects the gender divisions and ideas that only someone from the same gender can be truly empathic. Our findings also confirmed the literature suggesting that the majority of therapists avoid discussing sexual attraction in supervision (Ladany et al., 1997; Pope, Tabachnick and Keith-Spiegel, 1986; Rodolfa et al., 1994). Supervisors emphasised that

key strategies in helping therapists handle sexual attraction are their own openness to the subject of sexual attraction and their ability to initiate discussions about it. This is in accordance with the respondents' statements in which we recorded that supervisors (woman and man) who were less open to the sexual attraction theme stated that this theme did not appear in supervision. We found that it is possible to divide supervision into three stages, and in each stage there are important different factors. In our opinion factors are described that are necessary for supervision and should be reflected by supervisors. It seems easier to work with these topics in individual supervision that in group supervision. We also identified variables that could block or facilitate discussion about this topic in supervision. In our opinion this topic is crucial for psychotherapeutic training and also for preparation of professionals for supervision practice. Sexual attraction between supervisor and supervisee could also have an impact on the supervision process and this could be another important topic for further research.

Implications

Our research concentrated on drawing a portrait of Czech supervisors' interpretation of sexual attraction, giving centre stage to the way communism impeded psychotherapeutic growth and led to the tabooisation of sexuality and sexual attraction, which still permeates in today's attitudes among some supervisors. To the extent that all participants enact their realities, the model constructed in our research may have relevance in describing the evolving cognitions through which supervisors come to understand and adapt to a changing social and political context. Further research is needed to determine if this model of supervisors' understanding and supervision of sexual attraction in the supervisees' work also has potential for wider applications to different socio-political contexts.

References

Charmaz, K. (2006) *Constructing grounded theory: a practical guide through qualitative analysis*, London: Sage.

Cutcliffe, J. R. (2000). Methodological Issues in Grounded Theory. In Journal of Advanced Nursing, 31(6), 1476-1484. London: Blackwell Science Ltd.

Epstein, R. S. (1994). *Keeping boundaries: Maintaining safety and integrity in the psychotherapeutic process.* Washington: American Psychiatric Press.

Finlay, L. & Evans, K. (2009). Relational-centred Research for Psychotherapists: Exploring Meanings and Experience. John Wiley & Sons.

Finlay, L. (2008). A dance between the reduction and reflexivity: explicating the "phenomenological psychological attitude". *Journal of Phenomenological Psychology, 39,* 1-32.

Freud, S. (1915). *Observations on transference love*. Standard Edition, (1958). London: Hogarth Press.

Gabbard, G. O. & Lester, E. P. (1995). *Boundaries and Boundary Violations in Psychoanalysis*. New York: Basic Books. . N. Y.: Basic Books.

Gabbard, G. O. & Lester, E. P. (2003). *Boundaries and Boundary Violations in Psychoanalysis.* Washington: American Psychiatric Publishing.

Gabbard, G. O. (1993). Once a patient, always a patient: Therapist-patient sex after termination. *The American Psychoanalyst,* 26, 6-7.

Gabbard, G. O. (1997). Lessons to be learned from the study of sexual boundary violations. *Australian and New Zealand Journal of Psychiatry*, 31, 321-7.

Gelso, J., Rojas, A., Marmarosh, Ch. (2014). Love and Sexuality in the Therapeutic Relationship*. Journal of Clinical Psychology*, 70 (2), s. 123-134.

Giovazolias, T. & Davis, P. (2001). How common is sexual attraction towards clients? The experiences of sexual attraction of counselling psychologists towards their clients and its impact on therapeutic process. *Counselling Psychology Quarterly*, 14(4), 281-286.

Glaser, B. & Strauss, A. (1967). *The Discovery of Grounded Theory*. London: Weidenfeld and Nicolson.

Kernberg, O. F. (2004). *Contemporary Controversies in Psychoanalytic Theory, Techniques and their Applications.* New Haven: Yale University Press.

Ladany, N., & O'Brien, K. M., & Hill, C. E., & Melincoff, D. S., & Knox, S., & Petersen, D. A. (1997). Sexual attraction towards clients, use of supervision, and prior training: a qualitative study of predoctoral psychology interns. *Journal of Counselling Psychology,* 44(4), 413-24.

Lester, E. (1985). 'The female analyst and erotised transference'. *Journal of Psychoanalysis,* 66, 283-293.

Luca, M. (2014) *Sexual Attraction in Therapy: Clinical Perspectives on Moving Beyond the Taboo – A Guide for Training and Practice.* London: Wiley.

Mann, D. (ed.) (2003). *Erotic transference and countertransference: clinical practice in psychotherapy*. Hove: Brunner-Routledge.

Mann, D. (ed.) (2011). *Love and Hate: Psychoanalytic Perspectives*. London: Brunner-Routledge.

Miovský, M. (2006). *Qualitative approach and methods in psychological research.* Prague: Grada Publishing.

Polkinghorne, D. E. (1992). *Postmodern Epistemology of Practice.* In S. Kvale, (Ed.). Psychology and Postmodernism. London: Sage.

Pope, K. S., & Sonne, J. L., & Greene, B. (2009). *What Therapists Don't Talk About and Why: Understanding. Taboos That Hurt Us and Our Clients.* Kindle edition. American Psychological Association.

Pope, K. S., & Sonne, J. L., & Holroyd, J. (1993). *Sexual feelings in psychotherapy*. Washington: American Psychological Association.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1986). Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training system. *American Psychologist.* 41(2), 147-158.

Rennie, D. L. (2004). Reflexivity and Person-Centered Counseling. *Journal of Humanistic Psychology, 44*, 182-203.

Rennie, D. L., & Fergus, K. D. (2006). Embodied Categorizing in the Grounded Theory Method. *Theory and Psychology, 16 (4),* 483-503.

Rodolfa, E., & Hall, T., & Holms, V., & Davena, A., & Komatz, D., & Antunez, M., & Hall, A. (1994). The management of sexual feelings in psychotherapy. *Professional psychology: research and practice*, 25 (2), 168-172.

Shlien, J. M. (1984). A countertheory of transference. In R. Levant & J. Shlien (Eds), *Client centred therapy and the person centred approach*. New York: Praeger.

Simon, R. I. (1991). Psychological injury caused by boundary violation precursors to therapist patient sex. *Psychiatric Annals*, 21 (10), 614-619.

Thomson, P. (2006). Psychotherapy with Helen: Negotiating boundary issues with a patient with MS. *Psychodynamic Practice,* 12,(2), 205-210.

Valerio, P. F. (2004). Broken boundaries: perverting the therapeutic frame. In M. Luca (Ed.).*The Therapeutic Frame in the Clinical Context.* (pp. 116-127). Hove: Brunner-Routledge.

White, K. (ed.) (2005). *Attachment and Sexuality in Clinical Practice.* The John Bowlby Memorial Conference Monograph, 2004: Karnac Books.

Yin, R. K. (1994). *Case study research: Design and Methods*. London: Sage Publications.