

Book Review

THERAPISTS WHO HAVE SEX WITH THEIR PATIENTS. By Herbert S. Strean, DSW. New York: Brunner/Mazel, Inc., 1993. 189 p. \$19.95.

Reviewed by Eugene R. Almer, MD

This serious study of sexual exploitation by therapists appeared in time to meet a wave of protest against sexual harassment of women.

The author-investigator is Dr. Herbert S. Strean, Director, New York Center for Psychoanalytic Training, Professor Emeritus, Rutgers University, and Editor, *Current Issues in Psychoanalytic Practice*. He is also the author of more than 27 books in the field of psychotherapy.

Films, plays, popular fiction, new reports, and court cases describe the claims of women who have been sexually mistreated. Urged on by such groups as the National Organization for Women (NOW), the campaign now includes therapist-patient sexual relations.

"Recognizing that they should not be compelled to submit to a subordinate, demeaned role at the workplace or elsewhere," says Dr. Strean, "has helped women to be more assertive and self-confident as patients in psychotherapy and to feel entitled to question and to challenge 'therapeutic harassment.'" The vast majority of cases of sexual exploitation brought to light involve men against women.

Dr. Strean reports sexual relationships between therapist and patient are illegal in one-third of the states. Ninety percent of these relationships are harmful to both patient and therapist. Many respected therapists did it, he states, and probably still do, but now they have a new concern—losing their licenses.

In his 153 citations Dr. Strean has nine references to Freud and calls his own therapeutical approach "classically Freudian." He points to the changes in psychoanalysis from Freud's archaic model of the "detached and objective analyst" to more open relations from the 1970s to the 1990s, greatly influenced by differing lifestyles. Trends in our fast-paced society cause men and women to compete, resulting in disorientation and discontent for both as they try to cope with constant sex stimulation.

The therapist and his patient are currently more concerned with meeting individual needs than with matching symptoms to a programmed system called the "medical model," in which the patient is seen as sick and helpless. The emphasis is on communication between therapist and patient. Dr. Strean sees this as a radical change in psychotherapy and he approves of it.

Dr. Strean writes about his psychoanalytic treatment of four therapists who sexually exploited their patients. Dr. Strean wants us to view the four patients (psychiatrist, psychoanalyst, psychologist, and social worker) he analyzed in a different light as well, listing the commonalities he found in their cases.

All were "middle-aged, vulnerable and flawed, starved for love or frustrated and deprived in childhood." Facing future losses of "waning strength, dashed hopes, rage, depression, acute loneliness makes them weak," in the words of Dr. Strean; they love their patients the way they wish to be loved. They have an unconscious, unstable sexual identity and patient "love" fills the vacuum. They act out what they can't put into words: a dictum of Freud's. The fantasies of both patient and clinician are unreal. The relationship is exploitative, ethically and morally wrong. Here are the very excuses the serial killer presents to the families of his victims in court.

In the lengthy Freudian process of psychoanalysis (four years), the patient is supposed to become "more loving and less hateful, have realistic pleasure, experience a wide range of emotions, communicate well, and have a role in the family and community." Dr. Strean believes these four patient-clinicians reached this ideal.

Meanwhile, what of their previous patients? It is fair to ask if there was any serious follow-up of the hit-and-run relationships between these exploitative "therapists" and their patient-victims before the therapists found their cure? We are left to trust that the therapists went back to their therapy rooms, no longer psychovandals, with their high-powered curative faculties intact.

True, the psychotherapist is honor-bound to employ every curative tool at his disposal to alleviate the patient's pain. Is finding a way out of the pain a cure?

Dr. Strean calls for better training facilities and better treatment "for those who wish to be responsible and caring mental health professionals." We might add to that some form of independent professional screening that would match patient to therapist with a realistic assessment of goals for each before the course of treatment is undertaken. At the present time we do this only after justice has intervened.

Dr. Strean makes the point that his four patients came in "voluntarily," but that doesn't make them the decision makers—just the opposite. They all expected a quick fix. That they remained for the full Freudian cure is a tribute to the skills of their colleague, but he can't guarantee the cure. In fact, he states that learning is a lifelong process for the therapist. A Pima Shaman, listening to the discourse of Dr. Strean's four patients without understanding a word of it, would quickly spot the "sickness within" he searches for in his own patients, using only the lore of centuries in communion with nature.

Like celebrities and public figures, therapists are also more vulnerable than the rest of us. The delinquents among them must be removed from one-on-one contact with patients.

Freud's sense of order was based on the need for a cooperative society, whose members would presumably repress the urge to murder their neighbors. Let us hope the new "open relations" in the therapy room in future will be a step in the right direction. Would we trust our loved ones to Dr. Strean's four recovered patients? No.