TELLing It Like It Is

When Psychotherapists Abuse And Exploit

from the

Therapy Exploitation Link Line

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This book is dedicated to all those who, in the spirit of good self-care, sought treatment by psychotherapists or others practicing ‘psychotherapy’ only to have found themselves abused, exploited, and made worse by those very people to whom they had turned in their time of need.

It is not your fault: You are not alone.

Marilyn Nowak, TELL Responder

Contributors

Anonymous & Pseudonymous: TELL wishes to especially thank those authors who, for a variety of reasons including family concerns, professional concerns, and most of all legal binding by gag orders and non-disclosure agreements, were compelled to use pseudonyms or sign themselves "anonymous." We commend their bravery in stepping forward to tell their personal and often painful stories in the hope of helping others.

Deborah Armintor is an English Professor, city council person, activist, and Mom living in Denton, Texas with her husband and two kids. She is very proud of her survivor Mom who is a TELL advocate. Her mother is a TELL Responder.

Bernadine Fox is an artist, author, and trauma survivor who lives with CPTSD and dissociation. For 30 years, she has been an international advocate for mental health consumers, a consultant around trauma issues, and a support worker for survivors of severe childhood abuse and human trafficking. She has provided countless keynotes, lectures, and workshops that address trauma and mental health issues. Currently, she works to arm mental health consumers and advocates about the damage inflicted by the transgression of ethical boundaries in healing relationships. She is the director and host of Both Sides Now, a radio program in Vancouver focusing on issues that impact mental health. Bernadine's memoir, *Coming to Voice: Surviving an Abusive Therapist* (2018), is a must-read for anyone recognizing that their therapist became their worst predator. Fox raises her grandson and currently lives in the forest with a couple of cats, one of which has adopted her pet rat as his baby. She is a TELL Responder. She can be reached at berni@bernadinefox.ca.

Amy L. Johnson, MA, LMHC, has become a passionate advocate for survivors of therapist sexual abuse by raising awareness of unethical practices in psychotherapy, educating professionals, victims, and the general public about this issue, and by helping to hold accountable therapists who sexually exploit their patients. She

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Anna K lives in Helsinki. She holds a master of arts degree and works as a book editor. She is "hoping her story can help victims/survivors, but she also hopes it can help professionals do the right thing."

Michele Mauger is British. She writes: "After spending my early adult life caring for my family, and after my therapy abuse experience, I re-trained in medical management and worked in three different medical specialties—General Practice, Forensic Psychiatry, and latterly, Sexual Health and HIV. Following an extraordinary General Medical Council hearing in London in 2011, where my abuser was struck off, I have since appeared in several media interviews and articles about therapy abuse. I am now retired and living in Belgium." She is a TELL Responder.

Brooks Mitchell has been a writer since she could form letters on paper and often under her writing name, Brooks Tiplin Post. She has been feature writer and columnist for newspapers, written poetry, short stories, plays, has created innovative schools where children thrive, was editor and contributor for ten years of the quarterly journal for the Tampa Bay Association of Women Psychotherapists, and helped to create the Therapists' Council for Environmental and Economic Consciousness, T'CEEC which has an online presence. She lives in Washington State on a salmon river helping her daughter, Merritt Mitchell-Wajeeh develop an unusual and beautiful "bee heaven" farm, part of a habitat benefitting wild spaces as well as organically grown crops. She is completing two books—a fiction: *Two Minutes to Midnight and the Evil Eye*, set in Florida and Cuba at the cusp of climate changes, and non-fiction *Preparing Children for Happiness in the Era of Dinosaurs*. She is a TELL Responder.

Marilyn Nowak is retired, the mother of 4 children, and lives in the Chicago area. She has been a TELL Responder over 10 years. She was featured in an article that was part of series of investigative reports by the Atlanta Journal Constitution on sexual abuse by physicians. She writes: My goal is to spread the word that you can heal in time and a have a good life. Keeping the secret is very damaging. Healing begins when you realize that you are "not alone, and it's not your fault."

Gary R. Schoener is a licensed psychologist and the former executive director of the Minneapolis Walk-In Counseling Center and is currently the Director of Center's Consultation & Training Institute. He has written and lectured nationally and internationally on professional ethics, boundaries and also serves as an expert witness in many cases. For additional information, see: https://walkin.org/consultation-training-institute/.

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Dr. Werner Tschan is a medical doctor practicing psychotherapy in Basel, Switzerland. He has dedicated much of his professional career to the prevention of interpersonal violence and was awarded the AdvocateWeb award "Boundary Angel" in "recognition of worldwide dedication to victims of sexual exploitation" in 2006. He is the author of the book: *Professional Sexual Misconduct in Institutions. Causes and Consequences, Prevention and Intervention*. Goettingen, Hogrefe, (2014). Werner Tschan provides solutions for survivors, professionals and institutions in how to deal with professional sexual misconduct (PSM). info@bsgp.ch.

Ann Van Regan is the mother of four adult children and six grandchildren. She has been involved in advocacy since 1974, when she supported breastfeeding mothers, and then went on to become

an unregulated midwife. Ann was a consultant for the Ontario Task Force on Sexual Assault by Professionals as well as an active participant in numerous other groups and legal processes. Most importantly, her experiences of being abused by professionals has been the driving force behind her involvement with the Task Force, as was the death of her ex-husband who died as a result of clergy abuse. She is a long-time TELL Responder. Chatting with a friend about what to say in this brief bio, Ann was told, "Just say how wonderful you are. Blow your horn about all your accomplishments." "Nice," she responds, "but really, I am grateful to have been shepherd through my abuse difficulties as well as deeply honoured to have shared the lives of so many women." Now accepting a cancer diagnosis, Ann is also working to change the Canadian medical system.

Wanda S. Needleman, M.D. is a retired psychiatrist and psychoanalyst and a dedicated Responder with TELL.

Jan Wohlberg is one of the five Founders of TELL, a TELL Responder, and a retired professor of Organizational Behavior.

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What You Should Know First

A History of Tell

Jan Wohlberg

In 1989, five women who learned of one another through a Boston social worker and stories in The Boston Globe, got together to explore the idea of a peer support group to deal with the harm that had been done to them by members of the psychotherapy professions. I was one of those women.

My abuse at the hands of the now-deceased Lionel A. Schwartz, a Boston psychoanalyst and head of counseling at Wellesley College, had happened many years earlier. I now understand why my experience was still far enough to the front of my mind in the late-1980s that when an envelope arrived with the return address “Board of Registration in Medicine”, I knew immediately, even before opening the envelope, that Lionel Schwartz had done “it” again. The impact of this kind of experience is deep and formative: It does not go away.

Sure enough, two women, both students at Wellesley College at the time he abused them, had come forward to file licensing board complaints. By then, one of my daughters was in college and the other a senior in high school. Knowing what a vulnerable age this was for young women, I became furious at Lionel Schwartz for having taken advantage of this vulnerability. It was anger with which I hadn’t previously been in touch, anger that I hadn’t been able to feel on my own behalf. I was asked to come to a medical board meeting as a corroborating witness for the other two women, and I did so readily.

Despite the two complaints and my added testimony, more than a year later the board had done nothing: Lionel Schwartz was still practicing. It was then that I made the decision to go to The Boston Globe with the story of the board’s dereliction of its duty to protect

the public. To me, this was a story that needed a face and a soul, thus my decision to allow both my name and photograph to be used. With front page publicity, Lionel Schwartz finally lost his Massachusetts medical license, closed his practice, and moved to California where he opened a new office and continued to practice. He died in 2002.

It was from this story that the other Founders of TELL reached out to me. What began as a group of five became ten, then 35, and then more than 50 within months. Victims came from throughout New England, and inquiries began to arrive by telephone and mail from across the country. Like the #MeToo movement today, there was a pent-up need for a place to share one's story and explore its meanings with others who had similar experiences and who understood the sense of betrayal, the shame, and the self-blame that are part of the aftermath of exploitation and abuse by psychotherapists.

At TELL's monthly meetings, victims found others abused by the very same individual—and we would all be struck by how often and how much multiple victims of the same abuser looked alike. As we shared our stories, we began to identify patterns of abuse, e.g., serial abusers who would end their relationships with one victim only to take up with another as soon as days later, and cluster abusers who would groom and have sex with multiple victims at the same time.

Almost all of the literature on abusive psychotherapist-patient relationships through the early 1990s was written by and for professionals. Their papers appeared in academic journals and rarely circulated beyond. Most opined that abusers were predominantly older white males having sex with considerably younger female patients. This was consistent with our initial observations of the TELL population, but over three decades, we have come to recognize this as a myth. Victims come in all sizes, shapes, genders, and ages: Perpetrators are similarly diverse. And not all abusive patient-therapist relationships involve sex.

For at least the first decade of TELL's existence, a principal focus was to convince the medical/therapeutic communities, the legal community, and the public that sex between a therapist and patient/client is always wrong and abusive and that it is always the therapist who has the sole responsibility to prevent it from happening. While we have made significant strides in that battle,

different forms of therapist abuse have escaped rightful censure simply because they do not involve overt sexual contact. Sex may be a marker event, but it is not the sole test for therapist-patient/client abuse.

Some of the worst damage we have seen has been the result of emotional and psychological abuse in which the victim's sense of reality becomes muddled, his or her sense of self is undermined, total or near-total dependence on the therapist is fostered, and the victim is systematically isolated from any other source of support. With the victim alienated from friends and family, the offending psychotherapist more easily exercises control over the victim and the secret of the offending relationship is maintained. It is this careful and highly destructive grooming that allows sex as well as other forms of dominance to occur.

Perhaps the most significant shift we have seen over our three decades has been the steep increase in the number of female abusers, now estimated to be about half of all reports. Whether this is due to an increase in the number of women in the psychotherapy fields, the willingness of more victims to report, or something else is unclear. It appears that less than a quarter of all female abusers engage in overt sexual acts with their victims. Instead, female abusers appear to play out their maternal needs by becoming over-involved in and controlling of the lives of their victims, fostering extreme dependence, involving them in family and social activities, scamming them financially, and using them to do personal chores while also undermining their sense of self with criticisms and complaints about their inadequacies. Female perpetrators appear more likely to end "therapy" abruptly and without termination or referral than their male counterparts.

The following brief vignettes offer some limited examples of abuse by female therapists: (1) A female social worker used her client to run errands, tend her elderly grandmother, and do general office work including preparing the social worker's tax returns. (2) A psychiatric nurse practitioner got her very good looking and highly intelligent male patient addicted to drugs, took him into her home, and used him for "stud service." When she got pregnant, she moved back to her female partner in another city and rejected his attempts to contact her. When the child was born, she called him to say that he

had a son who he would never see—and that he was never to contact her again. (3) A prominent female psychiatrist insisted that she must be allowed to treat an entire family if she was to see any of them. Over the next 25 years, she severely alienated the family members from one another, talking negatively about each member to the other, and charged them over $4 million for doing so.

Similarly, we have had reports of male abusers who: (1) impregnated a patient as a surrogate parent for a childless marriage, and impregnated patients and then required them to have abortions, (2) coerced patients into doing their office work and even their yard work, and (3) taken "loans" of considerable sums that are never repaid. In one case, a psychiatrist convinced his patient to buy the building in which he practiced and allow him to use it rent free.

Despite education and publicity, opportunistic psychotherapists continue to emotionally groom and sexually exploit and abuse their clients/patients. Many members of the psychotherapy professions remain defensive and in denial when faced with reports of their colleagues' bad behavior.

A more hopeful trend has been the significant increase in the numbers of papers and first-person-account books written by victims for victims (and professionals). Shirley J. Siegel's 1991 book, *What to Do When Therapy Goes Wrong*, was among the first written expressly by a victim as a handbook for consumers. Barbara Noel published her first person account, *You Must Be Dreaming*, in 1992. P. Susan Penfold, a psychiatrist, professor at University of British Columbia, victim and TELL Responder, had the proverbial "foot in both camps" when she published her classic, *Sexual Abuse by Health Professionals: A Personal Search for Meaning and Healing* in 1998. Bernadine Fox published her book, *Coming to Voice: Surviving an Abusive Therapist*, in 2018. She is an artist, an educator, and also a TELL Responder.

Despite the pervasive pressure to sign gag orders, also known as non-disclosure clauses, when settling a civil suit, more first-person books are being written and more stories are to be found in the mass media. In August 2011, Michele Mauger's account of her abuse ran extensively in the British media, and in June of 2018, a Boston-area victim had her story profiled prominently in the Boston Globe. Both women allowed their names and photographs to be used. They are

among many victims who have refused to sign gag orders and have publicly sought not just justice but also a rethinking of the social system that allows those in power to exploit and abuse those with less. This surely includes those brave women who have contributed to this book by "TELLing" their stories.

As TELL volunteers, we continue to field hundreds of inquiries every year from victims, lawyers representing victims, subsequent treaters, and spouses and family members who are trying to understand what their loved ones are experiencing and to help them.

We hear from people who reach out to us that many of them were at their emotional limits and ready to take their own lives—and didn't because they found TELL. It is fulfilling for our small band of TELL Responders from across the globe to know that we have played a significant role in helping those exploited by mental health professionals turn from victim to survivor and go on to lead happy and productive lives.

What This Book Is And Is Not About

This book represents the collective effort of: TELL Responders who give of themselves voluntarily and daily to help others; some of the thousands of victims/survivors with whom TELL Responders have worked; and some of TELL's valued friends, most notably Gary Schoener, Linda Jorgenson, Stanley Spero and Werner Tschan, whose work on the issue of abuse and exploitation in the psychotherapy setting predates the existence of TELL and continues to this day. It is these last four people, among others, who have provided the context within which TELL could come into being and continues to exist and be recognized as the leading international peer support system for those who have been caught in the web of emotional and sexual exploitation by errant members of the helping professions. This core of this book is comprised of the first person accounts of victims.

What is not in this book is any discussion of the motivation or psychological make-up of those who abuse. Our view of those people is undeniably and unequivocally skewed by the hundreds of stories we hear each year from their victims.

We also do not talk about the rehabilitation of offenders. To understand why we consider this to be an irrelevant topic, ask yourself the following: Would you send someone you care about, e.g., your parent, your child, your partner or spouse, your friend, to a psychotherapist who was found to have abused and exploited one or more patients/clients and then "rehabilitated?" And if not, then why would you send us?

Some readers will likely find material in this book to be alarming and triggering. Please know that we are here to support and guide you along your own path to healing. Reach out to us at info@therapyabuse.org.

Psychotherapists' Sexual Abuse of Women

Some Historical Perspectives

Gary R. Schoener

Scope of this Chapter

Let me begin by explaining that I am focusing on sexual abuse and exploitation of women who are receiving psychotherapy or related services for two reasons: First, the stories in this volume all involve female victims. Secondly, historically and through the present, women are by far the most common victims of therapist sexual misconduct. They account for at least 80 percent of all such victims.

Although the main focus of this chapter is on the deeds of traditional psychotherapists such as psychiatrists, psychologists, and social workers, the reality is that clergy acting in counseling roles also commit the same offenses. As such I will provide historical notes from medicine and psychology as well as from pastoral sources.

My focus is largely the United States since the recognition of the problem and various approaches to responding to it began here. A number of Canadian provinces have studied sexual misconduct in medicine with conferences and major reports done in Ontario, British Columbia, New Brunswick, Quebec, and Nova Scotia. There have been efforts in Australia, including several major conferences, as well as in New Zealand. Norway, Sweden, Denmark, Germany, United Kingdom, and Switzerland have also had conferences, workshops, and have undertaken some studies and reports.

Early History

The earliest concerns about physician-patient sex in a written text are to be found in the *Corpus Hippocratum*, a body of about 70 medical texts compiled by the Library of Alexandria in Egypt during the 4th and 5th centuries B.C. (Lloyd, 1983)

It is not known how many of these works can actually be attributed to Hippocrates, who lived from 460 to 370 B.C., although it is quite likely that he did not write the most famous item in the Corpus, the Oath, which is usually attributed to him. (Lloyd, 1983) In both the "Oath" and "The Physician," doctor-patient sexual intimacy is discussed. The "Oath," usually referred to as the Hippocratic Oath, states in part:

> *. . . with purity and holiness I will practice my art . . . . Into whatever house I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of Mischief and Corruption and further from the seduction of females or males, of freemen and slaves. . . . (Braceland, 1969, p. 236)*

The issues of sexual exploitation of women by professionals again emerges in the literature near the end of the 18th Century. Concern about physicians taking sexual advantage of their patients through the misuse of mesmerism (hypnosis) was voiced in 1784 by a Commission of Inquiry headed by Benjamin Franklin, which, in a secret report to the French King, Louis XVI, stated:

> *. . . the danger exists. . . since the physician can, if he will, take advantage of his patient. . . . Even if we ascribe to him superhuman virtue, since he is exposed to emotions which awaken such desires, the imperious law of nature will affect his patient, and he is responsible, not merely for his own wrong-doing, but for that he may have excited in another. (Franklin, de Bory, Lavoisier, Bailly, Majault, Sallin, d'Arcet, Guillotin, & Le Roy, 1965, p. 6)*

Perry (1979) notes that at ". . . the time the report was written. . . medical doctors enjoyed a bad reputation in the eyes of a significant segment of the lay public." (p. 188)

Misconduct by Clergy at the Hands of "Seductive Women"

Clergy serving in counseling roles also have a long history of sexual exploitation of their clients. Many of the laws created in the 1980s and 90s to criminalize therapist–client sexual exploitation include clergy among the therapists or counseling professionals who are the targets of these statutes.

In 2003, Karin Gedge, an assistant history professor at West Chester University in Pennsylvania, published *Without Benefit of Clergy: Women and the Pastoral Relationship in Nineteenth-Century American Culture*. She examines the perceptions of experiences of women in relationship to their pastors during most of the 19th century. As part of her discourse, she examines some trials which occurred during this period in American history. One such case was the trial of a Methodist pastor in Rhode Island who was accused of murdering an unmarried mill worker, Sarah Cornell, who had claimed that he was the father of her child. This case was not only a major focus of media attention, but led to songs, poems, and even a play. The defense successfully trashed the victim, impugning her morals, and the pastor was acquitted.

Gedge (2003) also reviewed the ecclesiastical trial of the Right Reverend Benjamin Onderdonk, Episcopal Bishop of the State of New York. In the 1840s, four women accused him of fondling them and sexually groping their bodies. In the absence of a concept like "sexual harassment," this case ended in a middle of the road verdict in which the Bishop was allowed to keep his title and salary and residence, although he had to surrender his duties as bishop.

Two cases in the same era involved charges of adultery against pastors, the Kalloch case and the Beecher case. The 1857 criminal case brought against Isaac Kalloch, a Baptist Pastor in Boston, resulted in his acquittal on the charge of committing adultery with a woman who was a parishioner. As usual, the victim was vilified.

In Minnesota, and in a number of states, adultery is still a crime. I was not aware of this until the sentencing phase of the trial of pastor Robert Eugene Dutton in Nicollet County when, to the shock and

dismay of many, Judge Noah Rosenbloom sentenced Dutton to only 90 days in jail instead of the 2 year sentence which was expected. The Judge noted in this "downward departure," a legal term used to describe the giving of a lesser sentence than sentencing guidelines prescribe, that the victim was guilty of adultery.

After verifying the accuracy of the newspaper accounts, Ellen Luepker and I each filed complaints against the judge with the Minnesota Board on Judicial Standards. The Board declined to discipline him. Privately, in a phone call, the judge admitted that given his logic, it was a less serious crime to rape a married woman. (Schoener et al., 1989, pp. 558–559, 565) Judith Janssen, the remarkable woman who was the victim in this case, was undaunted and wrote:

> *There have been countless times during the past few years when I have cried out to the Lord about our ever moving to St. Peter. I can now gratefully acknowledge that it was in Minnesota, after August 1985, that the abuse occurred. If this had occurred earlier, or in most other states, I might still be struggling to sort out what happened. (Schoener et al., 1989, p. 837)*

Henry Ward Beecher (1813–1887), brother of feminist and author of *Uncle Tom's Cabin*, Harriet Beecher Stowe, was "one of the premier preachers in the late nineteenth century," according to the *Dictionary of Christianity in America*. (Reid, Linder, Shelley, Stout, 1990) At the height of his distinguished career and pastoral influence, Beecher counseled Elizabeth Tilton, the wife of a friend, who was grieving the death of her infant. Beecher sexually exploited Ms. Tilton and cautioned her not to tell anyone about it. (Morey, 1988)

In 1872 journalist Victoria Woodhull published the story of the relationship and was sued for libel and jailed. A congregational investigating committee, ignoring "almost irrefutable evidence," not only exonerated Beecher but expressed towards him "sympathy more tender and trust more unbounded" than before. (Morey, 1988, p. 868) In a sad twist of fate, Woodhull had a romantic involvement with Mr. Tilton. (Gabriel, 1998) Elizabeth Tilton was excommunicated in 1878 and died blind and alone. Beecher's career was not significantly affected. (Waller, 1982)

The issue of sexual contact between a pastor and his female parishioners was also the subject of a number of works of fiction. *The Scarlet Letter* by Nathaniel Hawthorne, published in 1850, described the shame of a young woman, Hester Prynne, who was forced to wear the scarlet letter "A" (for adulteress) after having been made pregnant by a clergyman, Arthur Dimmesdale. The pastor escaped public disgrace but not negative emotional consequences. When Hester inquired as to whether the good works he had done in the church among those who revered him had brought him any comfort, Dimmesdale replied:

> *As concerns the good which I may appear to do, I have no faith in it. It must needs be a delusion. What can a ruined soul, like mine, effect towards the redemption of other souls?--or a polluted soul, towards their purification? And as for the people's reverence, would that it were turned to scorn and hatred! Canst thou deem it, Hester, a consolation, that I must stand up in my pulpit, and meet so many eyes turned upward to my face, as if the light of heaven were beaming from it!--and then look inward, and discern the black reality of what they idolize? I have laughed, in bitterness and agony of heart, at the contrast between what I seem and what I am! And Satan laughs at it! (Hawthorne, 1991, p. 134)*

Romance novels of the late 19th and 20th centuries typically portrayed pastors as boyish and innocent men who were pursued by women who sought to seduce them and whose clutches they barely managed to escape. (Morey, 1988) In Corra Harris's novel, *A Circuit Rider's Wife*, published in 1910 (and serialized in the Saturday Evening Post that same year), Mary, the wife of a Methodist minister, says:

> *... when we hear of a minister who has disgraced himself with some female member of his flock, my sympathies are all with the preacher. I know exactly what has happened. Some sad-faced lady who has been "awakened" from a silent, cold, backslidden state by his sermons goes to see him in his church study. (They who build studies for their preachers in the back part of the church surround him with four walls of moral destruction and invite it for him. The place for a minister's*

study is in his own home, with his wife passing in and out, if he has female spiritual invalids calling on him.)

This lady is perfectly innocent in that she has not considered her moral responsibility to the preacher she is about to victimize. She is very modest, really and truly modest. He is a little on his guard until he discovers this. First, she tells him that she is unhappy at home…

… He sees her reduced to tears over her would-be transgressions, and before he considers what he is about he has kissed the "dear child." That is the way it happens nine times out of ten, a good man damned and lost by some frail angel of the church. (Harris, 1988, pp. 81–83)

Mary curtailed one such potential relationship between a parishioner and her minister husband, William, by privately confronting the woman after having watched with chagrin that:

… William was always cheered and invigorated by her visits. He would come out of his study for tea after her departure, rubbing his hands and praising the beautiful, spiritual clearness of her mind, which he considered very remarkable in a woman. (Harris, 1988, pp. 83–84)

Mary proposes a solution to this problem:

Someone who understands real moral values ought to make a new set of civil laws that would apply to the worst class of criminals in society--not the poor, hungry, simple-minded rogues, the primitive murderers, but the real rotters of honor and destroyers of salvation. Then we should have a very different class of people in the penitentiaries, and not the least numerous among them would be the women who make a religion of sneaking up on the blind male side of good men without a thought of the consequences. (Harris, 1988, p. 85)

Although Harris' account was of the 1880s and published in 1910, it should be noted that it was reissued as *The Circuit Rider's Wife* (Harris, 1988) in 1988 and had a second printing in 1990; somebody still reads it. Furthermore, *The Bishop's Mantle*, by Agnes Turnbull in 1948, contained similar sentiments, describing the struggles of Hilary Laurens, a young minister, who was barely able to escape the clever plotting of predatory women in his congregation:

In spite of himself he thought of the ministers, from Beecher down, who had had trouble with women. Every city clergyman had to recognize this menace. A few to his own knowledge through the years, in spite of their utter innocence, had yet escaped by a hair's breadth. A few here and there had not even escaped. There were always the neurotic women who flocked not only to the psychiatrists but also in almost equal numbers to ministers, pouring out their heart confessions and their fancied ills; there were those pitiable ones in whose minds religion and sex had become confused and intermingled; there were those who quite starkly fell in love with a clergyman and wanted love from him in return. Yes, a man of God had to be constantly on his guard in connection with this problem of women. (Turnbull, 1948, p. 235)

Transference and the "Seductive" Woman

In his classic Introductory Lectures in Psychoanalysis, published in 1917, Freud noted the romantic and erotic feelings his female patients exhibited toward him, labeling it transference. In writing on this topic, Freud (1958) clearly indicated that the therapist should not take advantage of the patient's "longing for love" and should abstain from sexual involvement. Freud also noted that the therapist had to struggle with his own counter-transferential love feelings.

In recent years, it has come to light that psychoanalyst Carl Jung had a "romantic" relationship with Sabina Spielrein who he treated from 1905 to 1909. She was 19 years old when she began her analysis. Subsequently she became a physician, and, in 1912, she joined the Vienna Psychoanalytic Society. (Carotenuto, 1984; Kerr, 1993)

In a letter to Freud dated 4 June 1909, Jung mentions the relationship and indicates that Spielrein was "systematically planning [his] seduction" (McGuire, 1988, p. 228). Freud's response, dated 7 June 1909, was supportive and noted that while Freud himself had "never been taken in quite so badly," he had "... come very close to it a number of times and had a narrow escape." (McGuire, 1988, p. 230) Freud focused all blame on Spielrein:

The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of nature's greatest spectacles. (McGuire, 1988, p. 231)

On 21 June 1909 Jung wrote to Freud that he had met with Spielrein and discovered that she had not been the source of the rumors about their relationship and indicated remorse about "the sins" he had committed:

When the situation had become so tense that the continued preservation of the relationship could be rounded out only by sexual acts, I defended myself in a manner that cannot be justified morally. Caught in my delusion that I was the victim of the sexual wiles of my patient, I wrote to her mother that I was not the gratifier of her daughter's sexual desires but merely her doctor, and that she should free me from her. In view of the fact that the patient had shortly before been my friend and enjoyed my full confidence, my action was a piece of knavery which I very reluctantly confess to you as my father. (McGuire, 1988, p. 236)

Jung had written to Spielrein's mother indicating that he had moved from doctor to friend "the more easily" because he had not charged a fee. He then made a proposition that he would come to regret, i.e., that if she wished him "to adhere strictly to [his] role as doctor," she should pay him "a fee as suitable recompense for [his] trouble." (Donn, 1990, p. 93)

In his letter of 30 June 1909 Freud reported that he had written to Spielrein's mother, as Jung asked him to, and that "the matter has ended in a manner satisfactory to all." He asked Jung to not fault himself for drawing Freud into the situation, asserting that "it was not your doing but hers." (McGuire, 1988, p. 238) Again we can see that the problem is seductive women.

Kerr, in A Most Dangerous Method, writes of this history:

Jung was scarcely the only person to become involved with a patient. Gross's exploits were legendary, Stekel had long enjoyed a reputation as a "seducer," Jones was paying blackmail money to a former patient, and even good Pastor Pfister was lately being entranced by one of his charges.

Indeed, the most extraordinary entanglement was Ferenczi's, the amiable Hungarian having taken into analysis the daughter of the woman he was having an affair with and then fallen in love with the girl. (Kerr, 1993, p. 379)

In a 1973 self-report survey of professional groups, Kardener, Fuller, & Mensh looked at a sample of 1,000 physicians in Los Angeles County. Their finding that 10 percent of psychiatrists and other physicians acknowledged erotic contact with clients and that 5 percent acknowledged sexual intercourse established the seriousness of the scope of the problem and presaged the ensuing professional debate not to mention a large number of self-report surveys. (Schoener et al., 1989, pp. 25–45)

In 1975, the case of Roy v Hartogs, widely reported in newspapers around the U.S. and Canada, was tried in New York City. Julie Roy, the plaintiff, charged that Dr. Renatus Hartogs, a psychiatrist with good credentials and the author of a column for *Cosmopolitan* magazine, had sexually exploited her. Ms. Roy won the suit. Over the next year, she co-authored a book, *Betrayal*, which was later made into a made-for-TV movie of the same title. (Freeman & Roy, 1976) While not the first such case, its broad publicity led to many additional clients coming forward and presaged the local and national coverage of yet more cases in the news media.

Jeanette Milgrom, MSW of the Walk-In Counseling Center began the first support groups for women victims of sexual exploitation by counselors (secular and clerical) in 1976. By 1979 Ellen Luepker, MSW, took over this function and began offering them through Minneapolis Family & Children's Service. Ellen went into private practice and continued this work for many years. (Schoener et al., 1989, 177–202)

A major discussion of therapist-client sex occurred in May of 1976 at the annual convention of the American Psychiatric Association. The next year a national survey of psychologists was published; its findings mirrored those of Kardener, Fuller, & Mensh. (Holroyd & Brodsky, 1977) In 1978, a California Psychological Association Task Force undertook a large scale survey of psychologists concerning their knowledge of cases. (Bouhoutsos et al., 1983)

Dr. Peter Rutter's *Sex in the Forbidden Zone*, published in 1989, generated considerable discussion and media coverage in North America and brought about an incredible response from many victims/survivors of sexual misconduct by professionals. Hundreds of people, for example, have contacted our center about misconduct by therapists and clergy as a result of reading this book.

Evelyn Walker authored *A Killing Cure* about her abuse by a psychiatrist and the subsequent lawsuit in which she prevailed. Carolyn Bates, and her expert witness Dr. Anette Brodsky, co-authored *Sex in the Therapy Hour*(1989). Ellen Plasil's *Therapist* described an abusive and exploitative relationship with a therapist.

Surveys of Clergy-Congregant Sex

Surveys of the incidence of clergy-congregant sex were rarely done until sometime after those of psychotherapist-client sexual rates. Richard Blackmon (1984), in an unpublished doctoral dissertation done at Fuller Theological Seminary, surveyed clergy in four denominations, i.e., Presbyterian, United Methodist, Episcopalian, and Assembly of God. He found that 39 percent acknowledged sexual contact with a congregant and 12.7 percent acknowledged sexual intercourse with a congregant. These figures are far higher than self report data from physicians or mental health professionals. In addition, 76.5 percent indicated that they knew of a pastor who had sex with a congregant, again a higher number than in secular professions studied.

Twenty-three percent of pastors who responded to a 1987 survey reported in Christianity Today indicated that they had engaged in inappropriate sexual behavior after having entered into the work of ministry. Twelve percent admitted to sex with someone other than their spouse. A survey of Southern Baptist pastors found that more than 70 percent knew of pastors who had sex with a congregant, although only 6 percent admitted that they had done this. An additional 4 percent admitted sex with a former congregant.

Charles Rassieur (1977) wrote an early book, *The Problem Clergymen Don't Talk About,* but it was aimed at seminarians and clergy and known only to them. In 1984, *Beyond Forgiveness* by

Reverend Don Baker was published by a small religious press in Oregon. It told the story of a pastor who had sexually exploited a number of women.

The issues of sexual exploitation of women were examined in a book which came from Minnesota: *Sexual Assault and Abuse: A Handbook for Clergy and Religious Professionals* edited by Mary Pellauer, Barbara Chester, and Jane Boyajian. Mary was a leader in working on these issues in the Evangelical Lutheran Church in America (ECLA), Barbara headed the Rape Counseling Center in Minneapolis, and Jane was a theologian and ethicist.

Many other books followed, most dealing with sexual exploitation of women in Protestant or Catholic settings. Eventually there was a flurry of books about child sexual abuse in churches and church-run institutions. Many of the child abuse books focused on the abuse of boys.

In the 1980s, interdenominational task forces in several states examined sexual misconduct by clergy with both child and adult counselees/parishioners. The Washington Council of Churches issued a report on Sexual Contact by Pastors and Pastoral Counselors in Professional Relationships in 1984 and the Minnesota Interfaith Committee on Sexual Exploitation by Clergy published *Sexual Exploitation by Clergy: Reflections and Guidelines for Religious Leaders* in 1989. That same year Rev. Marie Fortune's book *Is Nothing Sacred?* challenging the religious community to deal more effectively with sexual misconduct in the church, was published.

Lloyd Rediger (1990, 2003) contributed two works based on his counseling of both victims and clergy in various protestant faiths. The abuse of nuns by other nuns (Hill, 1995) and by priests (Maes & Slunder, 1999) have also been the subject of books. In 2001, the Pope issued a world-wide apology for the sexual exploitation of nuns and church women in Africa by priests who were seeking sex from women without a risk of AIDS. This was soon forgotten by the news media as the scandal around the sexual abuse of children in the Roman Catholic church took center stage.

The Impact of Media on Public Policy and Legal Remedies

In the 1980s, frustrated consumers who had been sexually exploited along with concerned professionals began seeking remedies through media attention and changes in public policy. In 1984, Wisconsin criminalized therapist-client sex, although the statute specifically did not include clergy. That same year the Minnesota legislature created a Task Force on Sexual Exploitation by Counselors and Psychotherapists which examined sexual exploitation by professionals including clergy.

In 1985 Minnesota criminalized therapist-client sex, making it a felony. The new law included sexual contact by clergy who were providing counseling for emotional problems. To date more than twenty states have criminalized, the majority of them including clergy among the counselors who are prohibited from having sex with clients. (Bisbing, Jorgenson, & Sutherland, 1996) Most of those who testified at hearings in Minnesota and elsewhere were women victimized as adults or adolescents.

In 1992, after a pastor successfully used the "spiritual counseling defense," the Minnesota Legislature expanded the criminal statute to include clergy doing spiritual counseling, the definition of which requires there to have been one-on-one counseling beyond the role of pastor. The only other state which has such a law is Texas; it was signed into law by George W. Bush, then governor.

The key issue in criminal statutes is that they make it a matter of law that although the victim is an adult, consent is not a defense and recognizes that being a psychotherapy client creates a level of vulnerability so that true consent is not possible. In some state laws, a former psychotherapy client who is abused after a termination of professional services can still bring criminal charges when emotional dependency or therapeutic deception have brought about the situation.

Beyond the fact that such laws have permitted far stronger public protection and led to imprisonment of some offenders, they have provided a unique tool in work with victims' spouses and significant

others. On countless occasions, the existence of the statutes, even without a criminal trial, has taken words like “affair” out of the discussion. For more than thirty years, I have talked with spouses and partners with the opening sentence: “Sir, your wife was the victim of a crime, a sexual assault.”

As a result of the Minnesota Task Force on Sexual Exploitation by Counselors and Therapists, a manual *It’s Never OK* was published by the State of Minnesota. More recently it has been updated by Nancy Biele and was re- titled *It’s Still Never O.K.*

On June 5 and 6, 1986, a national conference entitled “It’s Never OK” was held in Minneapolis and co-sponsored by the Continuing Education & Extension Division of the University of Minnesota and the Minnesota Task Force on Sexual Exploitation by Counselors and Therapists. (The program can be found in Schoener et al., 1989, pp. 787–792) The program examined sexual exploitation by psychotherapists and clergy and drew 250 people from around the United States.

After a planned conference in Philadelphia was cancelled, the next conference was not until 1992. It, too, was in Minneapolis, and was co-sponsored by the Walk-In Counseling Center and several other groups. It drew more than 650 people from around the world. The book *Breach of Trust* (Gonsiorek, 1995) was almost a proceedings for this conference in that its contributors were all presenters. In 1994 another such conference was held in Toronto, Ontario, and drew about 600 people. In 1998 another was held at Boston College. Unfortunately, at present I know of no others planned.

There have been regional conferences in Canada and in Houston, Texas, and workshops have been held in a number of places. There have been two very large Australia-New Zealand conferences on sexual exploitation by professionals held in Sydney (1994) and Melbourne (1996). There have been two major conferences in Switzerland (2001 & 2002) sponsored by a group called AGAVA.

Over time, websites evolved. Advocateweb (www.advocateweb.org) began in January 1998. Advocateweb is focused on sexual exploitation and abuse by all types of helping professionals. Those who access its Forum are typically women who have been victimized by male or female professionals, including clergy. In the late 1980s, the Therapy

Exploitation Link Line (TELL) began to provide victim support over the phone and through its website (www.therapyabuse.org). TELL continues through the present, being the most long-term victim support and advocacy group providing direct help.

A great many survivors and advocates have posted materials on the internet. Beyond the Advocateweb and TELL websites there are many things which can be found by internet search. A large amount of information has been posted during the past 20 years on the website of psychologist Kenneth Pope, and it remains a good resource for professional articles at www.kspope.com.

Responses of Professional Organizations

In the late 1970s, published papers and discussions began in psychology and psychiatry. Self-report surveys came up with varying estimates of incidence and prevalence and over time many authors estimated that about 10 percent of male professionals have admitted to sexual contact with at least one client. These estimates were alarming to many. By the end of the 1980s one major insurance program for psychologists estimated that slightly more than 50 percent of the cost of defending cases and the related awards was due to sexual misconduct cases.

Insurance carriers sought to find ways to deal with these costs. The American Professional Agency, which at the time was the broker for the American Psychological Insurance Trust, provided funding to assist a Task Force on Sexual Impropriety created by the Association. Unfortunately, the Task Force met for only a little more than a year and then ceased its meetings having decided that the problem of sexual misconduct was comparatively insignificant.

The insurance plan sponsored by the Trust has policy language limiting total monetary support (defense costs plus any damage award) to $25,000. Good data is not public, but there are certainly instances where this cap effectively limits such actions. Through the 1990s the Cap was tested and generally prevailed. Bisbing, Jorgenson & Sutherland (1995), *Sexual Abuse By Professionals: A Legal Guide*, although it is twenty years old, still provides an excellent overview of the legal issues.

As restrictive as some professional liability policy language is, there are organizations whose policies don't have such limitations. This is especially true of large healthcare institutions such as hospitals. However, my impression is that the number of lawsuits has diminished considerably. Many attorneys will simply not take them because of the obstacles in collecting an award if the insurance carrier is not on the line. Furthermore, many states do not require that practitioners maintain liability insurance nor do they regulate the rules which go with the coverage. While this should certainly be a requirement of doing business, the reality for many victims is that a civil suit for damages may not be possible no matter how meritorious their case may be.

In terms of professional safeguards, the American Psychiatric Association had a task force in the 1980s which produced two training videotapes aimed at increasing reporting and proper handling of such situations. From the mid-1980s through the early 1990s it was common to see a discussion of issues related to sexual exploitation by psychotherapists on convention agendas. This gradually shifted, as it did with the American Psychological Association, to discussions of boundary issues in therapy and a broad range of abuses. These too became topics in conferences of the National Association of Social Workers (NASW) and the American Counseling Association (ACA).

Raising Public Awareness

Near the end of the 1970s, the CBS news program *Sixty Minutes* aired a feature on sexual abuse by psychotherapists narrated by Dan Rather. *The Phil Donohue Show* discussed the issue as did multiple shows on the topic produced by Oprah Winfrey, Sally Jesse Rafael, Geraldo Rivera, and Jerry Springer.

In the 1980s, a number of consumer advocacy and support groups emerged. The California Association Against Psychiatric Abuse (CAPA) functioned in the Los Angeles area. Several Colorado groups were formed in the aftermath of a high visibility lawsuit which was also the focus of My Doctor, My Lover, a 90 minute documentary

produced for the Nova series by WBGH in Boston and also done for Canadian TV in 1992.

Sex in the Forbidden Zone was probably the most widely-read book cited by victims over the years. It was translated into several languages, and author Peter Rutter lectured in a number of countries. In the United States a number of "Forbidden Zone" support groups were created in the early 1990s: Unfortunately most had stopped meeting by the mid-90s.

Local TV stations and print news outlets around the country have done exposes on some cases, and lawsuits have increasingly led to yet more coverage.

Accountability

It is important for victims and their advocates to become knowledgeable about options which may exist for action. The attached Wheel of Options is one tool we have utilized to provide an overview of options which may exist.

Sexual exploitation of clients has always been a major source of ethics complaints to ethics committees of professional associations. It is also a major source of licensure complaints in psychiatry, psychology, and social work. However, varying by state and profession, by the mid-1990s most state association ethics committees were no longer hearing client complaints and had given this task over to licensing boards. The complexity of such cases and the increase in the use of attorneys by the professionals who were the target of the complaints led professional ethics committees to shift their focus to providing consultation and training on ethical issues rather than a quasi-legal adjudication of cases.

Accountability of employers and supervisors for the misconduct of therapists in their practices and organizations has also become a focus as sometimes a path for relief for some victims. Minnesota passed a law in 1986 (Minnesota Statutes 148.A) that outlines the duties of an employer of someone who might do counseling. This radically impacted clinics and other employers of therapists. It brought about far more careful checking of background before

hiring, and held that a past employer who did not correctly answer questions about past sexual misconduct, including attempts, could be liable for future damages. This made “silence agreements,” at least in Minnesota, to be something frowned upon and precluded escape hatches for perpetrators who might otherwise have voluntarily resigned and their history not exposed.

Increasingly state licensing laws began to mandate reporting by professionals of allegations of sexual misconduct or other abuses. Thus, for many professionals and their employers, there was a duty to report on cases which in the past would be hidden. Senator John Glenn of Ohio, whose wife was mistreated by a physician who had been disciplined in a nearby state, successfully crusaded for the creation of the National Practitioner Data Bank which provided for far more state to state sharing of information on disciplinary actions. This was especially key with psychiatry since many physicians are licensed in two or more states.

The criminalization of therapist-client sexual exploitation started with a misdemeanor statute in Wisconsin in 1983 and then a felony statute in Minnesota in 1985. Wisconsin changed its statute to a felony in the next year. Subsequently nearly half of the United States have felony statutes, although their language and specifics vary. In Minnesota, the sentencing guidelines call for a two year prison term for the first offense. Most statutes refer to conduct by persons who are doing therapy or services which meet a certain description: Unlicensed counselors and others are included. As a practical reality, the criminal law is the only control with unlicensed professionals, many of whom lack professional liability insurance coverage and thus are rarely sued.

Conclusion

The sexual exploitation of adult women by medical and other professionals dates back thousands of years and is mentioned as early as the 3rd century BC in medical writings. This problem has been around in a wide range of forms for all of recorded history. However, awareness, media coverage, professional ethics codes, and professional books and articles, have not served to provide for adequate prevention or remedy.

Although publicly discussed cases go back hundreds of years, for the most part women have been blamed for these events rather than seen as victims. Although feminism and the growth of broad concern about sexual exploitation of women by persons in a position of power and authority helped bring about a response to sexual abuse by professionals, we have a long way to go.

The 1980s and 1990s saw a burst of literature and public awareness, and some reforms in a variety of professional groups. There were also some development of laws relating to this exploitation, and in addition a large number of lawsuits. The case law which has evolved is quite varied, in some instances providing for accountability, and in others offering protection to employers.

There has been an evolving understanding of ways in which women victims can be helped and offenders can be evaluated. Much still remains to be developed in those areas. In terms of advocacy and the handling of complaints, while strides have been made there are still great challenges in bringing such complaints. The #MeToo movement has helped with awareness of sexual abuse and exploitation of women, but the fact that action has occurred in some instances should not be mistaken for a notion that the problem has been significantly fixed or even understood.

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This attachment to Gary Schoener's chapter is from *Psychotherapists' Sexual Involvement With Clients: Intervention & Prevention* (Schoener, Milgrom, Gonsiorek, Luepker, & Conroe)

Wheel of Options adapted from:
"Psychotherapists' Sexual Involvement with Clients: Intervention and Prevention"

You have options in what action you can take, and you have choice in how much you want to do. No one option is better than another. You may choose one or a combination of several. You may choose to do nothing. Most people find it helpful, however, to share the experience with a trusted friend.

Ask yourself what you would like to achieve through taking action. You may want to regain a sense of control over your life and to communicate that the sexual exploitation was not okay. You may be concerned that the counselor who exploited you will hurt other clients and you want to take away that choice. You may be seeking compensation for the damage done—the money that you paid to the counselor or money for future therapy. Whatever your goal, consider what option (or options) will best suit the goal and let you put your life back in order.

Take some time to review the Wheel of Options. The choices are explained more fully on the paragraphs following. Just considering the choices may make you feel uncertain and confused. Be patient with yourself.

Notify agency director, supervisor, or church hierarchy

If your counselor works in an agency, clinic, hospital or church, there is a person who is responsible for the overall operation or who directly supervises your counselor. A complaint may be made directly to that person. An advantage to this option is that it can bring fast action and may result in any number of consequences for the offending counselor. A disadvantage is the possibility of not being believed by the supervisor or finding the supervisor unwilling to take action.

Criminal Complaint

Important: All of this section's information depends on the state in which you live!

Depending on your state's laws, sexual exploitation by counselors may be a criminal offense. Check the applicable laws in your state. In states where this has been criminalized under sexual assault laws, it is a criminal offense for counselors to engage in sexual activity with clients. If found guilty, the offender may be sentenced to prison and/or required to pay a fine to the state. It makes no difference if the client consented to any of the sexual conduct; the therapist is responsible.

Two types of sexual activity are defined. Sexual penetration is any type of intrusion into the body of the victim—sexual intercourse, oral sex, anal sex or penetration with an object. Sexual contact is: 1) touching by the offender of the victim's intimate parts (breasts, groin, genitals, buttocks); 2) forcing the victim to touch the

offender's intimate parts; and 3) in both circumstances, touching of the clothing covering the immediate area of the intimate parts.

Criminal laws cover when there is a counselor/client relationship and the sexual act occurred during a therapy session; when there is a current or former counselor-client relationship and the client or former client is emotionally dependent on the counselor; or when there is a current or former counselor-client relationship and the sexual act occurred by means of therapeutic deception (meaning that the counselor acted as if it was a part of the client's treatment).

In prosecuting these cases, evidence of the victim's personal or medical history is not admissible unless the court finds, at a pretrial hearing, that it is relevant. The judge must specify what information will be allowed into the courtroom.

An advantage to this option is that it takes some of the responsibility off of the victim of sexual exploitation. It is considered a crime against the state. What needs to be proven is only that the activity took place, not how much damage was done. Prosecutors from a county attorney's office are responsible for the case. No money comes from the victim's pocket. Also, in some county attorney's offices, there are legal advocates who help support the victim through the procedure.

One disadvantage is that it is up to the county attorney's office whether to prosecute a case that has been reported and investigated. The case can be turned down for any number of reasons that may be out of the immediate control of the victim of sexual exploitation. It may also feel like a very impersonal system and may take time to get to court. Not only will you need to find out what the laws are in your state, but you must also find out the statute of limitations (the maximum time period after the crime in which charges may be filed). In some states, this is three years.

Compensation From Victim's Fund

In states where sexual exploitation has been criminalized, there may be a Crime Victim's Compensation Fund which can provide funds to assist crime victims in getting professional help in their recovery.

Civil Suit for Damages

Important: All of this section's information depends on the state in which you live!

Depending on your state's laws, there may be civil statutes which permit a client to sue an abusing mental health service provider and/or the mental health service provider's employer. Check the applicable laws in your state and consult a lawyer. In states where these statutes exist, a client may sue a therapist who has participated in any form of sexual intercourse or contact to the breasts or genitals or who has requested such activity with the client. It does not matter who initiated the activity or if the client consented or actively participated. These laws apply to the entire time that the individual was a client. It does not matter whether the exploitation occurred inside or outside of the office or during or outside of a regularly scheduled appointment.

During the two years following termination of therapy, laws often still apply, if the former client has been deceived by the counselor or is still emotionally dependent on the counselor.

The injured client may also sue the employer of the counselor for damages if: 1) the employer failed to take action when they knew or had reason to know that the counselor was engaging in sexual activity with any client; 2) during the hiring process the employer failed to ask previous employers of the counselor about his or her past sexual conduct with clients; or 3) the employer failed to pass on such information to subsequent employers who asked for it.

Not only will you need to find out what the laws are in your state, but you must also find out the statute of limitations. In some states, this is five years.

An advantage of this option is the possibility of monetary compensation for the damage done. Depending on whether it is the counselor or the employer (or both) being sued, it also forces them to take some responsibility for the exploitation.

One disadvantage is that, because it is a civil procedure, the victim of sexual exploitation must hire the attorney. Some attorneys will take cases like this on contingency basis (meaning that if the case is

won, the attorney will simply take a percentage of the money); many will not. It may also take a long time for resolution to take place within the court system. Once the suit is filed, you need to be aware of the possibility of some public exposure that may occur. If you are thinking about a civil suit, get legal advice before taking advantage of any of the other options.

Report to State or County Authorities

Many mental health clinics are licensed by the state or county. This includes outpatient mental health clinics, residential treatment facilities and licensed chemical dependency programs. If you were receiving services from a counselor who works in a licensed facility, a complaint could affect future licensing, operation and/or funding for the agency. An advantage of this option is that it makes the agency responsible for the activity of its employees. A disadvantage is that it gives the victim of sexual exploitation little control in terms of timing and outcome.

Report to Adult Protection

Important: Check for the specific policies that apply within your state.

States protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to abuse or neglect and they attempt to provide a safe environment for them. Therefore, if someone is receiving certain types of services, he/she may be classified as a "vulnerable adult." This means any person over 18 who:

- is a resident or inpatient of a facility;
- receives services at or from a facility required to be licensed;
- receives services from certain types of home health care agencies; or
- is unable or unlikely to report abuse or neglect without assistance because of impairment of mental or physical function or emotional

status.

Within each county, there is an adult protection services that is charged with investigation of reports and providing protective and counseling services in appropriate cases. An advantage of this option is that these people have experience in investigation of complaints. It may be a disadvantage to be classified as a “vulnerable adult.”

Individual or Group Therapy for Client

Often, for clients who have been sexually exploited by their counselors, the original problem or concern that brought them into therapy was never resolved. It may also be necessary to be able to find a supportive atmosphere in which to process the experience of sexual exploitation. Counseling with an ethical professional can be useful in resolving both the exploitation and the original issue. This can be done either in individual or group therapy.

There are currently several groups which are set up specifically for people who have been sexually exploited by their counselors. The can be an invaluable source of support and healing.

Complaint to a Professional Association

Many counselors belong to a professional association, all of which have ethical guidelines. Within those guidelines, sexual contact between counselors and clients is clearly unethical. You may make a formal complaint to the ethics committee of a professional association. The contact person and filing process are different for each professional association. After an investigation is conducted, if the allegation is found to be true, the counselor can be removed from membership.

An advantage of this option is that it alerts the counselor’s peers to what is occurring. Professionals have an investment in keeping their profession as “clean” as possible. A disadvantage is that because membership in a professional association is not required of counselors, counselors may continue working without restriction,

even if they have been excluded from the association. One way to locate a professional association/organization is to consult the licensing or registration board for the specific occupation.

Write or Call Ex-Counselor

You may choose to confront your counselor alone by writing a letter or calling. This would give you the opportunity to let the counselor know that what happened was not okay and to express your feelings. The advantage to this is that it is quick and private. One disadvantage is that it may alert your counselor to other actions you may take (such as a complaint to a supervisor) and give the counselor time to plan a response. Also, you may not get the response you want, whether it is an apology or even an acknowledgement of what occurred. This may leave you feeling isolated and unsafe.

Confrontation/Processing Session

This option gives the victim of sexual exploitation the opportunity to directly tell the counselor that the sexual exploitation was not okay and what the effects were. Ideally, confrontation should be done with a third party whose role it is to help and support the victim through the session. Sometimes, the counselor's supervisor will also be included. Prior to an actual confrontation, the client and the support person would discuss what the client might gain from the confrontation and how the session will be structured. The advocate is also there if difficulties should arise and to process the session with the client afterwards.

An advantage to this option is that it gives you the opportunity to tell the counselor, in a controlled situation, how you feel. This can provide a great feeling of relief and empowerment. A disadvantage is that expectations may not be met, resulting in disappointment. Another possible disadvantage is the danger in confronting the offending counselor alone; have a support person there.

Licensure or Registration Complaint

When a professional is licensed, a complaint to the proper licensing body can result in the loss of the right to practice within the state. Currently, there are licensing boards for psychiatrists (and other physicians), nurses, and psychologists, and other professionals. An advantage of a licensure complaint is the possibility of either loss of license or at least much closer supervision of the offending practitioner. It also alerts the counselor's peers and employer. A disadvantage is that the sanctions imposed on the counselor may not be as strong as you would like. The hearing procedure may also feel very intimidating.

Do Nothing

Some people feel that they don't want or aren't able to take any specific action. Reading this resource is a first step. It is alright for you to choose to do nothing more about the experience right now. You also have a right to change your mind and take action later.

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The Hardest Thing I've Ever Had to Do

An Experience of Reporting a Colleague Who Sexually Abused a Patient

Amy Lynne Johnson

"I deserve love, too!" my colleague said, tersely and arrogantly, when he admitted to having a sexual relationship with one of his patients. I couldn't believe what I was hearing, and I implored him to end the relationship and refer his patient elsewhere, get supervision, and seek legal counsel immediately. He refused to do any of these things, insisting that his behavior was an exception to the standards of ethical practice.

That initial confrontation between us was the beginning of months of his continued deception, lies, manipulation, character assault, and ultimately, blaming everyone else for his behavior, even as he was forced by the state licensing board, in record time due to the severity of the case, to surrender his license to practice permanently. Defying even this intervention, he would continue to practice, hoping no one would be the wiser.

For nearly three months after he began sexually exploiting his patient, my colleague would not seek professional supervision, and went against every bit of advice I shared with him from the supervisors and experts I consulted. When he finally did speak to a professional, it was with his own therapist, who had no experience in this area. During this time, my colleague tried to convince me that he was remorseful, that he had ceased contact with his patient, and was adhering to our ethical standards and state laws. However, as things unfolded, I came to understand that, like so many other perpetrators, almost everything he said was untrue, and that he was only sorry he

had been caught, not sorry for what he had done. He was only trying to placate me—and his patient—so neither of us would report him.

In the mental health profession, as in all health service professions, using a patient for one's own sexual gratification is the ultimate betrayal of trust and abuse of power. We are taught from our very first ethics course that it is never, ever acceptable to have any sexual contact with a patient. In fact, in many US states and other countries, the offense is considered a sex crime, and convicted therapists serve time in prison as a result of it.

It is important to note that complicated feelings, and often feelings of a sexual and erotic nature, commonly occur in therapy, both for patients and therapists. Therapists are trained to be vigilant of sexual boundary issues and erotic transference and/or countertransference that may arise during the course of therapy. We know we are supposed to address this in professional supervision in order to avoid harming the patient and uphold our ethics protocols and standards.

The major distinction between what is normal, and what is pathological and abusive, is how the therapist responds to these kinds of feelings. That my colleague refused to follow any of the standard ethics and treatment protocols was evidence that he had no intention to serve the best interests of his patient. He admitted that he consciously decided not to process his feelings in supervision, "I knew they'd just tell me I couldn't do it," and willfully chose to violate a number of ethics codes, fiduciary duties, and state laws, again and again and again.

There simply are too many choice points, too many opportunities for a therapist to stop himself and to consult with other professionals prior to carrying out sexual abuse and exploitation. This is not an impulsive embrace that arises spontaneously at the end of a session; a lot needs to happen prior to sexual contact of any kind in the therapeutic relationship. It generally involves many small boundary violations over time that disarm, arouse, and confuse the client, so that she will accept the blurred boundaries of the relationship to the point of appearing to consent to and even initiate the abuse. It's a process called "grooming," and it is at the heart of why this behavior is so sinister.

To eventually have sexual contact with a patient is always the result of premeditated, anticipated, calculated, and then repeated violations (emotional, verbal, physical) on the part of the therapist, every single time. This is not the behavior of someone who is succumbing to weakness, nor is it a "mistake" or an "affair." It is sexual abuse—plain and simple. These are the deliberate choices of a therapist who is willing to risk serious harm to his patient in service of his own sexual and power deficits, and someone who believes that (1) he can act outside of the established standards of his profession and license, and (2) he will likely not suffer any negative consequences for it.

While some experts may theorize that sexual violations happen because of a therapist's vulnerabilities, the truth more often than not is that there is an underlying narcissistic pathology and entitlement in the therapist, one that involves using patients for his own gratification and placing his own desires above the patient's needs and goals. Boundary violations often begin in small ways and happen over time, eventually leading to more severe transgressions. It is so subtle that the therapist can even manipulate the patient into believing that she initiated and or fully consented to the abuse, that is a "special" relationship, that it is "true love," and even that it is a part of her treatment and progress in the work.

The idea that therapists who sexually abuse their patients are simply succumbing to their own human weakness is a faulty theory at best. Many abusers will latch onto this theory very quickly and use it as an excuse for their unethical behavior, to play the part of the misunderstood and vulnerable "helper" who succumbed to the irresistible wiles of a seductive and disturbed patient. They pathologize and blame the patient in an effort to engender sympathy and to distract from and minimize their exploitative behaviors.

It cannot be emphasized enough: It is never, ever a part of treatment for a therapist to engage in any sexual acts with a patient. Therapists have a fiduciary duty to help support the patient's healing, and when the therapist becomes the perpetrator, usually all gains that the patient may have achieved up to that point are reversed. People seek out a therapist for help, often when they are at their most vulnerable emotionally. It is the therapist's responsibility—and he is bound by professional ethical standards, fiduciary duties, and

laws—to keep himself in check so he does not use his patients to fulfill his own unmet needs.

Unfortunately, some therapists can have long careers of abusing patients because they go to great lengths to hide their behavior, and because colleagues who become aware of the abuse don't hold their peers accountable, whether due to avoidance, denial, enabling, or collusion. The costs of speaking up and reporting a fellow professional can be uncomfortable, yes, but ultimately, it is the only right action to take, for the good of all parties involved and for the very profession itself.

If we discover that another professional is abusing a patient, I believe it is our duty to report this behavior to the applicable licensing board, or to the colleague's supervisor or other appropriate authority. It is not our responsibility to decide whether or not this colleague is fit to continue to practice or whether he deserves a chance to resolve the situation without exposure, and it is certainly not our job to try to fix or intervene in the situation in any way. We must always remember that a license to practice psychotherapy is a privilege, not a right. If a therapist wants to remain licensed, he must follow the guidelines that govern that license or expect to lose that privilege if he behaves otherwise.

As colleagues, it's also important to be aware of the red flags that lead to these kinds of major boundary violations. As I look back, I remember that my colleague and I had argued on many occasions about boundaries and ethics during the time I knew him, even while we were in training. He engaged in a variety of dual relationships with his patients, from providing therapy to referral partners, to purchasing paintings and other items from his patients, and even agreeing to treat patients whose presenting problems were well beyond his scope of competence. Simply enforcing standard clinical policies such as cancellation fees were a struggle for my colleague. There was much evidence early on that would suggest that boundaries were an issue for him.

When I would confront him about my concerns, he deemed me too rigid and too clinical. In response to my outrage at his sexual, ethical, and fiduciary breaches, he said I was overreacting and not open-minded enough about love.

When we discover that someone close to us has done something horrible, we often experience a roller coaster of feelings. It can closely follow Kubler Ross's stages of grief: denial, anger, bargaining, depression, and acceptance. I went through all of them.

I felt lost, helpless, fearful, and angry. My colleague's selfish behavior threw my life into a tailspin. I had to find a new office as quickly as I could, as I was uncomfortable working anywhere near him, and I felt that my patients were not safe in this situation, either. He knew I had the evidence to end his practice, so he tried very hard to be kind to me, to tell me that he was my friend, even leaving me voicemails filled with remorseful words and intentions to make amends.

He insisted that he had ended the relationship, that he would get help, that he would never do it again, among many other empty promises. He was especially worried about how this might affect his family, and he pleaded with me to keep them from ever finding out the truth.

I wanted so badly to believe him, I even began to doubt myself. Was I being too harsh? Are there exceptions? Was this "true love?" Should I just let it go and say it was none of my business? But I just couldn't sleep knowing what I knew. If I didn't take action, how would I be any different than all the people who enabled Nasser, Weinstein, Sandusky, Lauer, John of God and all the rest of them? How could I live with myself if I didn't do what I knew was right?

As time went on and my colleague began to see that I was not going to collude with him, his tactics of being friendly and contrite changed dramatically. During one discussion about his violation, I told my colleague how sad I was for his patient. In response, he smiled and quipped, "Well, she seemed pretty happy at the time." Things only got worse after that, and I knew I would have to report him, even though I wished I could somehow avoid it. I contacted an experienced attorney, and began the process.

Despite his unethical behavior both toward his patient and toward me, deciding to report my colleague was one of the hardest things I have ever had to do. I had known him since graduate school. We had been through the joys and trials of training together. We celebrated together when we earned our licenses. I referred people to him for

many years. I believed that he was committed to the work of therapy and that he was respectful of the responsibility we have to the patients who put their trust in us as they work through their most difficult times. No one was more shocked and heartbroken than I at the discovery of his behavior.

As I went through the stages of setting boundaries with my colleague and preparing to report him, I was surprised by the lack of support from a few colleagues and others who knew both of us. Many of them warned me not to report him, because I could be opening myself up to a lot of trouble, and they said it was important for me to protect myself. They said the less interaction I had with the licensing board, the better. Some of them even continued to work with him in the same office, arguing that he was "appropriately contrite," that they believed it was just a terrible lapse in judgment, that he was getting help and wouldn't do it again. A few of his friends, who knew what he did, took him on a golfing getaway weekend to "cheer him up." Perhaps, like me, they just couldn't accept the truth, and didn't want to believe something so horrific could happen right under their noses. Perhaps they just wanted to avoid conflict and legal complications. I realize now that my colleagues were in shock about the whole mess, too. They didn't know how to respond any better than I did. While we were trained never to abuse our clients, we weren't trained how to respond effectively to a colleague who has crossed the line.

I am happy to say that my experience reporting to the licensing board was completely different from what I had feared, and from what many people had told me to expect. I worried I wouldn't be believed, that I would be blamed for not doing enough to stop it, that somehow it would all backfire. None of that happened. In fact, all of the worst bullying, threats, and drama came from my colleague and his attorneys, and filing my report was when relief finally began for me.

My complaint was attended to immediately, I was treated with a great deal of respect, and kept apprised of what was happening as the investigation moved forward. The Division's investigators were always available to answer any questions and concerns, and gave me great information and support.

Within just weeks of my initial filing, my colleague agreed to surrender his license permanently to avoid a summary suspension and prosecutions. Even though the evidence against him was overwhelming, I was informed that he insisted that I was the one who should be under investigation for reporting confidential information. They told me that he even had his patient call the investigator to deny what happened, to lie for him, protect him, blame me, and distort the truth—further exploiting her and abusing his power. Deny. Minimize. Blame. It's a classic technique used by most abusers, psychopaths, and criminals when their behavior is exposed. None of these tactics impressed the investigators. They had too much experience and knew exactly what to do to quickly resolve the case.

I have suffered significant stress—a kind of collateral trauma related to therapist sexual abuse—through this whole ordeal. I have endured intimidation, threats, and other boundary violations from my colleague, those who sympathized with him, and his attorneys. I had to involve law enforcement to keep myself safe, which was enormously helpful. One of his attorneys (he went through four of them) tried to coerce me into destroying all evidence related to his violation, and to sign what was essentially a gag order. Another attorney threatened that any report to the licensing board would be a violation on my part. This was not at all true. My report to the Division of Professional Licensure was not a violation in any way. In fact, not reporting would have run counter to the national ethics codes that govern my license.

I refused to destroy anything and reported his attorneys to the State Bar for asking me to do so. Destroying evidence in the manner suggested is not only unethical, it's illegal on both federal and state levels. Furthermore, the evidence wasn't just helpful for me and my report, but if his patient ever realizes that she had indeed been abused by my colleague, she might need that evidence to support her own claims against him in the future. I simply wasn't willing to break the law and cover up my colleague's abuse. I also wasn't willing to risk my own license and my own standards. In essence, my conscience would not let me stay quiet about it, and I refused the gag order as well.

The tactics used by my colleague and his attorneys to discourage me from reporting and to discredit my character are common. The investigating attorney at the State Bar told me that these types of tactics are often used when one side knows they are guilty and have no case. She told me that she wished I had been coached appropriately, so that I would know that it was actually the strength of my report and the depth and breadth of my colleague's violations that precipitated the use of such tactics.

It cost me a great deal financially, personally, and professionally, to come forward and expose my colleague, and I know that others in my position may face extreme anxiety and other challenges. However, if I had known then what I know now, it would have been a completely different experience for me, and I wouldn't be so easily intimidated and scared to report.

Here is what I would have done differently: I would not try to intervene in any way except by gathering as much evidence as possible, setting clear boundaries, and reporting to all appropriate authorities as soon as possible. I would have ceased all contact with the perpetrator and anyone associated with him immediately. I would not believe any displays of remorse. Chances are the abuser is thinking, "I will do whatever it takes to keep this relationship going and to avoid a lawsuit or losing my license and having anyone find out." The fact that they have engaged in such an abhorrent abuse of power is evidence enough that they will stoop to anything to get the most desirable outcome for themselves, no matter what. Remember, the grooming and exploitation begins months and sometimes years before sexual acts begin. The therapist/predator has invested a lot of time and effort into his prey. Any effort to appeal to his sense of ethics and putting the patient out of harm is a colossal waste of time and empathy.

As I learned from the investigators, these kinds of perpetrators usually have a pattern of abuse, and when they are finally caught, it's rarely their first offense.

I want to empower the readers of this essay to know that coming forward and holding a colleague accountable can bring significant relief and support. You don't have to sign anything or promise to keep secrets. Your own rights as a private citizen come first, and you don't have to feel at all responsible for any consequences to the

offending colleague, his patient, his family or anyone else as a result of your efforts to stop sexual abuse. Any consequences are strictly the result and responsibility of the abusive therapist.

My colleague said that when he decided to have sex with his patient, he knew it was a risk, but he figured it wouldn't affect anyone else.

He was wrong. His choices affected many people. He destroyed a practice and reputation he worked hard to build. Colleagues were embarrassed by their association with him and concerned that they had referred people to him. Patients who had worked with him for many years were forced to terminate treatment within a few short weeks and find new therapists, as required by the state licensing board's terms of his surrender. Not only do these actions harm the patient who is exploited, but all of a perpetrator's patients suffer as a result of egregious misconduct.

Let me state clearly that the majority of cases are very different from mine. The investigators involved in my case said it was one of the worst they had ever seen, and that my colleague's behavior throughout was a "distinct outlier and not at all typical" in their decades of experience. Reporting sooner than later would have saved me a lot of stress, and I wish I had contacted TELL right away for guidance and support.

The women at TELL have been instrumental in my healing from this nightmare, and in helping me to understand the impact and complexity of abuse and exploitation in therapy. My feelings of heartbreak, denial, fear, anger—the whole spectrum of emotions I had—were a completely sane and normal reaction to a horrific situation, and what is referred to as professional incest and rape. The stories of survivors are chillingly similar. Almost all report feeling "in love" and "soul mates" with their abusers, and that their abusers made all sorts of declarations and promises to them—all in the same phrasing I had heard from my colleague.

It can be quite a lonely place, coming forward and exposing these predators, even in the age of #MeToo. Through TELL, I have connected with and learned from many courageous women who have navigated the horrifying rapids of sexual abuse at the hands of their therapists, people they trusted with their hearts, their stories, and

their money to help them at their most vulnerable. I now understand that while the vast majority of therapists do not engage in abuse and exploitation, sexual abuse is a major problem in our profession and has been suppressed and enabled just as it has in so many other professions. By sharing my story, working to create a culture of zero tolerance in the profession, and helping others to feel comfortable reporting and to do it effectively, I hope to help change that.

A Story Without an End

Samantha

#MeToo has been trending on social media for months, and everywhere you look it seems another industry is having a reckoning due to their abusive treatment of women; and there are stories by more and more victims of assault by some of the biggest names in each of these industries.

While writing this essay seems very strange to me, it's something I feel I should do.

My story is very different from #MeToo or other popular headlines —at least that is what I thought. But as more and more of these stories are reported from people long admired in their fields, the more the stories seem to share a common theme, i.e., silence. No one talks about what has happened to them or even what may be still happening.

My story is about me, a middle class woman who struggled after losing her grandfather in a car accident and soon after losing a close friend. I had seen a few therapists on and off over the years for a myriad of issues that included a troubled adolescence, substance abuse, family drama, and more. But I was now in my mid-20's and attending graduate school for a degree in psychology. Psychology was a natural fit for me. I loved everything about the field of mental health.

I was doing very well in the program, perhaps a surprise to those who knew me in years past when I had not taken school very seriously. I was in school full time, had a job, and also had an internship working with chronically mentally ill adults.

Despite feeling good about my program, a great deal of anxiety surfaced about my future in the field. As an intern, whenever I met with patients I worried about saying and doing the "right" thing. We were required to write extensive process notes about each word we exchanged and analyze them for errors and ways to improve upon our craft. Perhaps it was this stringent review and the realization that

I would soon be doing this job for real that triggered my anxiety and depression.

How could I help others find their way in life when I had not found my own way on anything? I was not married, and my on/off boyfriend was an alcoholic. I imagined one day he and I would be married, not because I thought it was the right thing for me but because he was the only one asking. My schedule kept me so busy that I did not have time to meet other people or try to date. And honestly, my past history of sexual abuse made dating seem overwhelming as well.

I was in my final year of graduate school and feeling the pressure of starting a career I felt ill prepared to have. I was left feeling like a fraud. My brother and my friend had been my biggest cheerleaders, but they were gone.

More and more I felt maybe I couldn't do it, maybe I couldn't do all the normal things that were expected of me. I would have to graduate, find a good job, find a husband, and have children. These are the standard expectations for a woman in my community.

My fear that I would not be able to meet these basic expectations seemed to make me feel more panicked and more depressed and have suicidal thoughts. I knew I was getting worse. I asked a friend at work if she knew any therapists, but I made clear that the request and meeting had to be absolutely discreet. I definitely didn't want people to know I was struggling. After all, I would soon be a peer and practicing in this field: No one could know I was having all of these doubts.

I had a number for several days before I called and made an appointment with Dr. Jones. She seemed nice on the phone and seemed to understand my reluctance in making the appointment. She was a friend of my co-worker, and she said she understood that counseling was difficult for me as it was difficult for me to view myself as a patient.

By nature I am both a very sarcastic person and also have a fairly good sense of humor. When I'm uncomfortable, I can easily make a joke about something to lighten the mood. Dr. Jones seemed to like my sense of humor and even mentioned to me, during the first phone call, that it was refreshing.

As much as I needed the help, I also very much wanted to be a psychotherapist who was confident and able to handle whatever stressors came my way. In the first session with Dr. Jones, I said, “I just want to be like other people” in my community/friend group. My friends were getting married, buying homes, and starting families. Many of them already had their graduate degrees and were well along their professional paths. I still lived at home and didn’t have any financial resources. I had a part-time job and student loan debts piling up. My life felt overwhelming and out of control, and it had barely begun.

I liked Dr. Jones. She seemed smarter than me, and that was one of the reasons I liked her. I didn’t want someone who seemed new to the field or reluctant to deal with my quick wit and sarcasm.

I was very nervous at the first session, but it went fairly well even though I felt horrible that I had taken up so much of her time. The first appointment was over two hours. I thought that she had given me extra time because I was a friend of a friend or maybe because that was just how first sessions ran with her?

After the first session, we rescheduled for two days later. I thought it seemed soon, and I also thought I must be really messed up! The second appointment was even longer—was close to three hours! But, I felt like this lady really understood me. It was so nice to have someone in the field understand my concerns and want to help me. It also seemed like she didn’t view me as a “regular client.” I’m sure she didn’t meet with others as long as she met with me. Clearly, I was not like the rest of her clients.

The next week, we had three appointments scheduled. Each appointment was a minimum of two to three hours, some lasting four to five. I knew that this was nowhere near standard procedure and that I was not to be lumped in like the rest of her clients. If I was like the other clients, she would not have met with me for such a long time.

The appointments were fairly intense, talking about past abuse issues. Dr. Jones sensed my reluctance at disclosure, and she would schedule our appointments for the end of the day or a Saturday so we could work on it. She said this would make it easier for me to open up. I was still having a hard time. I felt badly that she was trying to

alter her schedule so I could have a “breakthrough” and get better. But I still seemed to be struggling, and honestly, I felt as if my symptoms were actually getting worse.

Those sessions were difficult for me and often seemed to trigger symptoms of PTSD. She said she could tell I was working hard in therapy and if I needed to talk to her, I could call her at home. Very soon after that, we were talking every day and sometimes for hours. Then it became regular for us to exchange voice mail throughout the day. She didn’t seem bothered by the calls and would call me as well. We spoke every day, and we missed each other if we could not make contact.

One day she asked me to meet her at a small bar near her office. I remember thinking “that seems weird, we won’t be in her actual office? What will we talk about? Will this be a session? Will I need to pay her the co-pay?”

We met and talked about other things, difficult cases or academic issues. She wanted to hear about my clients and my internship. I was so happy to have someone to talk about these issues with who was not directly in my program. She could understand my points of view so well and seemed to feel I was spot on in my clinical assessments.

My internship seemed to be lacking somewhat in difficult clinical cases, and I did not feel particularly challenged for much of it. We would be given a few cases and then a lot of busy work. I had had other internships in the past where I had direct client contact for almost the entirety of my service hours. When I had expressed this frustration to Dr. Jones, she felt she could possibly help me out. I told her ‘no thank you,’ the director was a stickler for the rules, and every clinical internship was pre-approved, included different levels of supervisors, and had to be approved through the graduate program. It was impossible, and besides what would she even say to them?

She asked if I wanted to do my internship or part of it with her as my clinical supervisor. Again, I said, “Wow, that is very nice of you to offer, but there is no way that they will let me do this.” And she said to give her the contact information, and “we will see what happens.” I was nervous. What would she say? Would she get me into trouble?

The following week, we met as usual on two to three days for individual sessions that lasted several hours each. Now, in addition to the office appointments, we would meet outside those sessions to have coffee, lunch, take a walk, etc.

And just like she said she would, she spoke to the internship director and set an appointment to meet her. Within a few weeks, she became my clinical supervisor and would be completing my evaluation! This was great news: Of course, I knew she would give me good evaluation.

Dr. Jones often said the older people in the field are there to guide the younger ones—just as was done for them. She was older than me by almost 20 years and seemed to be very dedicated to helping me navigate this path towards my career. I asked her what we would do for my internship, and she said, "similar to what we are doing now. But we will play it by ear and see how it goes."

We continued to do things socially, and it seemed more and more like we were friends.

One day at a coffee shop, she shared that at times people have wondered if she was gay. And she laughed it off saying that how other people view her is irrelevant. Then she asked me if it happened to me. I must have seemed confused. I asked, "Does what happen to me?" And she said, "people approach you or think you are gay?"

I said, "No, I'm not gay, and no one has approached me." And she said, she was just asking and said it can happen to anyone. I think I changed the topic, but I was thrown by the question. Did she think I was gay and that this was part of my problem? I never mentioned it again.

We continued to do therapy related to my past abuse issues. It became clear that I had unresolved trauma that would bring about panic attacks. I didn't look at her much during sessions. I was still nervous around her, but I really liked being her peer or fellow colleague who just needed some minor help.

The problem was that I needed more than minor help. My PTSD attacks started to increase in frequency, and I was having a really hard time talking in sessions. As I sat on her couch, I kept a pillow on my stomach and my purse on the seat next to me.

One day I must have been really triggered because she said “she could feel my pain” and wanted to help me. I insisted that I was “… fine. I just need to stop thinking about it.” She said I needed to look at what was triggering me and talk about it. Again, I said, “no, I need to get it away from me.”

Dr. Jones got up, moved my purse to the floor, and sat down next to me. She said, “let me help you.” She then reached over and hugged me. I immediately pulled away and said “no, what are you doing? I’m fine really.”

After a few minutes of her telling me that what she was doing would help, I said, “ok, but only for a few seconds.” And so she hugged me, and it was more than a few seconds. I don’t know how long it was, but I do know it sent me into a full blown panic attack.

As she hugged me, she described a term I had not previously heard, i.e., hug therapy. She told me it can be used to deal with attachment disorders. Dr. Jones said it would help me deal with PTSD symptoms. This must have meant that I was really very broken, as I had never even heard of this therapy except in children with severe trauma.

And this became the norm during our sessions several days per week and for several hours each session. My sessions were the last of the day and at times I could hear the other therapists outside her door wondering if Dr. Jones was still in there.

Dr. Jones had a lock put on her door so no one could just walk in. At the time she told me she was being protective of us. Besides, how would we have described this unique therapy to them? I wasn’t a child after all, and attachment therapy techniques such as this would likely be controversial for someone in their 20s.

It seemed like maybe it was working: I was feeling better. I was able to hug her for longer each time. I still had panic attacks and was triggered by old abuse issues; she said that would fade.

Then she said we would do something different. She invited me to a nice restaurant with her on a Friday when we normally would have had a session. I met her at the office, and we drove in her sports car to the restaurant. She told me we would be meeting her mother for dinner. I was a nervous wreck. What would I say to the mother of this very successful and kind psychologist? She was already doing so

much for me. The evening went great. Her mom was very relaxed and could tell I was nervous. They both tried to put me at ease.

At the end of sessions or outings, we would now hug good bye. It seemed only natural since I spent several hours each day doing that with her already. She was spending all her time with me and allowing me to call her at home.

Soon after, I was invited to meet her husband. I was really nervous at that meeting. Did he know that we were hugging? What if he thinks I'm too messed up and that she shouldn't be friends with me? But that also went fine. He was nice, and they went out of their way to make me feel comfortable. Everything was going great.

The friend who had given me the contact information for Dr. Jones asked me how therapy was going. I said great! I then clarified and said, "well, not great because I seemed to be having more troubles with flashbacks and trauma symptoms, but I really like the therapist." I told my friend that Dr. Jones didn't look at me like a client but rather as a colleague, that she used different techniques with me than with other people, and, with excitement that I had met Dr. Jones' mother at a nice dinner and had gone to her house to meet her husband. My friend, also studying for a Masters in Psychology, looked at me and asked, "Are you kidding me?"

I said 'no, why would you ask that?' And right away, in my head I knew I should not have told anyone. What if I had gotten her in trouble with my big mouth? This was something she was doing for my benefit, and now I have told someone.

My friend proceeded to tell me that this wasn't okay and that we weren't supposed to be friends. She said, "you can't be friends with your therapist." I quickly ended the conversation saying she was right, I am probably just blowing it out of proportion, but she is helpful, etc. I knew from that point on I really couldn't talk to anyone about this at all.

The next day, I told Dr. Jones what had happened with my friend, and she reinforced what I thought which was this isn't something you should be talking about, no one's going to understand this. She was doing this for me, and it was best that I just didn't say anything about it. She told me that not many people would get that kind of opportunity to learn from those that are already in the field and have

them help in the way that she was doing. And she was right, none of my friends had that type of relationship with their supervisors.

Dr. Jones told me that she was going to set up a meeting with a clinic for both of us to attend regarding a job once I graduated! This was too good to be true! Really, why are they going to meet with me? I barely have any experience, and I won't be able to bill under my degree for two years.

Dr. Jones said I could bill under her name, that the clinic was looking for good therapists, and that we would meet with the clinic head in a few months. For now, I just needed to finish up my clinical requirements. I still had not really done anything with Dr. Jones as far as her supervising me in clinical casework, but she assured me that not everything is black and white.

So we planned a trip to Alabama, and she said we would do something fun. She said that she had free points on her hotel card, and it wouldn't cost us anything. "Great, sounds awesome," I said, but I was really nervous.

It was our first time away together, and I guess I knew this was not what happened in any internships of my other friends. But, we were working on the hug therapy and maybe if we were away, it would be better for me she said.

We had our first hug session soon after getting to the hotel. This felt different: I had never been in this kind of situation before, not like this, that is sober, in broad daylight, in a different city, in a hotel room, and in a bed with a woman. Usually, I was just under the influence, and so was the guy. He didn't care how I felt before, during, or after. This was really different. It seemed like someone actually cared about me.

When we were hugging, it felt weird. It just seemed like this was more than therapy. I had never been in a sober relationship. I had never had this type of therapy or someone working this hard to help me through something. I didn't really know what would happen, but I was really nervous.

This part is still strange for me to even write about, think about, or report—even years later. The hug therapy seemed kind of intense and that maybe it was leaning towards something more happening. I could just tell by things she would say or how she was touching me.

And then she kissed me—and I was surprised but I guess glad that she thought I was worth kissing. After all, she knew how messed up I was and how hard relationships are for me. But there was a part of me that thought, 'oh my God, you are kissing your therapist.' The other part of me, freaking out, was thinking 'oh my God, you're kissing a girl.'

So, this was how the next few days were spent. After the first encounter, I had a horrible panic attack. I hyperventilated and kept saying 'something is wrong with me.' She got washcloths and put them on my forehead and then just held me. I thought it may have been part of the therapy plan in some way, because she would try or do certain things and see how I reacted. And if it was too hard for me, she would talk with me about it. In that way, it was nice because she cared about me and how I felt.

By this time, we were using terms like 'best friend' and saying how lucky I am that she happened into my life. Dr. Jones also seemed to think of me as someone she could trust. She would tell me about the problems in her marriage and how it was a 'marriage of convenience.'

I graduated with my Master's Degree. Both she and her husband attended the ceremony and party with my family. I was immediately hired at the clinic where she and her husband worked. I remember thinking how lucky I was to have landed a job in private practice.

And during all of this, we continued with 'therapy.' She was still charging my insurance. Eventually, my benefits were met for year, and she saw me for free. Again, very generous of her.

This was how things continued for many years. I worked with her every day, and we spent every weekend together. We spent time with each other's families, and it was known that we were best friends. Even though how we met was different than most friendships, it was like this was meant to happen. She said that we were meant to be together and even said that we were soulmates.

After several years, Dr. Jones and her husband opened their own clinic and asked me to join them. The clinic included several of our mutual colleagues. It was a bold move for someone so new in the field, but a great deal of my billing could go through Dr. Jones or her husband. This was perfect. Our offices would be right next to each

other, and every day we would be together. My financial livelihood was now directly connected to her and her husband. I trusted her implicitly.

I stopped spending time with my other friends; after all, I could not tell them anything about my life with her. She was married, although she claimed unhappily, and I was with her. I would ask her 'where does this go from here?' I wanted to have kids and how would we handle this.

She said she wanted to just keep things going the way they were. She said she didn't want kids, and that I should meet someone and have kids. She said it would be good for appearances, but I couldn't imagine such a thing. I only wanted to be with her, and I could not just fake an interest in someone else. How could I do that? Didn't she remember how hard this whole thing was for me? It was only okay if I was with her, no one else. If that meant I didn't have kids, I guess that was the sacrifice I would have to make.

We travelled together a few times a year for fun trips and for conferences. Any time her husband left town, I stayed with her in their home. We spoke every day, and if she left town with her husband, we still spoke daily, and she would leave notes for me to open each day. I could not tell anyone what was going on or what we were doing. I had to make up stories so that when it was just the two of us on vacation, I would say others were meeting us there.

I struggled with finances. I paid for many of the clinic's business expenses and did much of the office work; yet many of the referrals for clients would go to them, and they would give me the clients less able to pay. The practice seemed to keep the two of them very busy. I didn't really say much because I assumed she was always looking out for me and would make sure that things were fair. But more and more, things didn't feel fair at all. She wouldn't answer my calls. On basic business decisions, I couldn't get her to respond. At just about every level, everything seem to be falling apart, and there was nothing I could do about it.

This was my life for many years, about 14, and then she said it was over, that it wasn't fair to her husband or to me, and that we would still be best friends, just not together. She seemed to say it as if this was no big deal.

I was devastated beyond words. We had been through so much together at this point. How could she just decide “ok, I’m done?” This couldn’t be happening. We were with each other every day, inseparable. How could she even think about doing this to me? She said we were ‘soul mates!’

I remember I went to the car wash after she told me. I was in a daze, and I hit the cars in front of me because I was not in neutral.

I was now almost 40 years old, not married and could not have kids anymore. I had given up on that dream for this one, with her—and now she was saying it’s all done. She acted like it meant nothing, and I should just move on.

I’m just not made that way. I can’t just turn it on and off. I could not comprehend how she could do this, or why she would do this? I spent every waking minute trying to talk to her, writing her letters, calling her, and begging her to please explain. Please tell me what I did, and I will never do it again.

She didn’t have much to say beyond things like ‘just give me my space’ and ‘we can talk later.’ And I would try those things with the assumption that they would work. She wouldn’t come back to discuss anything. She just stopped returning my calls. I wrote letters, and she said she didn’t have time to read them. She said she needed space, and so I just waited. As it became more and more clear that Dr. Jones had no intention of responding to me or trying to fix our broken relationship, the more depressed I became.

She began spending time with other people including other clients—other female clients. I became obsessed with what she was doing and where she was everyday. If she was trying to get space for herself, why was she able to go on a trip with this client or that friend? She would tell me that I was possessive and making things worse. If she left town for a week with her “friend,” who I knew was a client, I would become frantic. I thought she had replaced me with someone who wasn’t so needy. Or maybe she thought for all the therapy she gave me, I wasn’t any better. Either way, she didn’t want to be with me.

But, once in awhile, Dr. Jones would spend time with me or go on vacations with me; and then she would let me hug her. Because now I felt worse than I did before therapy, I felt suicidal. I needed hug

therapy, and I needed my best friend back. If I talked too much about it or cried, she would explain that this was part of the problem. If I became angry, she would say that I constantly accused her of hurting me and therefore there was even more reason for us not to spend time together.

I couldn't call my friends and talk to them. What could I say? That this person who is my coworker, former supervisor, and therapist is also the person with whom I had been in an intimate relationship for most of my adult life? I'm sure that would not go over well with my friends or our friends in the field. See, I don't want to hurt her; just the opposite, I want to protect her. I want to get her back and have her care about me like she did before. What have I done wrong? How can I fix this?? How am I supposed to just get over this? No one does this!

I finally did some internet research and found the TELL website. Honestly, I didn't really like the premise of the site, and I didn't like the idea of "TELLing" anybody anything. It took me a long time to finally e-mail the site. It may have been months. I now know that it was one of the founders who responded to me. I was terrified of having written the e-mail and even more terrified that someone actually responded. I felt I had crossed a line by even making e-mail contact with someone outside of my relationship with Dr. Jones.

My TELL Responder, Jan, seemed very kind and willing to e-mail with me. I was definitely not ready to talk to her on the phone, and I definitely didn't want to say who I was or who this involved. I didn't want her to know my name or what part of the country I lived in. I was so worried that someone would find out that I had mailed this website. I just wanted her to tell me how to fix it because, to me, the situation was so unique that I didn't know how to fix my relationship with Dr. Jones. I just wanted to put things back together so we could return to 'normal.'

But she didn't tell me how to "fix it." She shared with me stories of other anonymous people who had contacted the TELL Responders and even shared her own story with me. And honestly, I read the stories and thought 'that's very sad' and 'it's horrible that this happened to this person or that person,' but 'that's not my situation,' and 'these people were very malicious and should have been charged with crimes.' My situation was very different. We were colleagues

and best friends. Our relationship had lasted for twelve years and was a real relationship. This was not just something that happened with one of those really bad creepy people out there; this was different. This is my best friend and my business partner. Our families, our friends and our lives are intertwined on so many levels. My last year in graduate school up through today has been spent working with her in the same office. I can't even imagine working without her being in the same office.

Jan answered all of my e-mails and all of my questions, all of my 'what about this?' or 'why would she do that?' type questions. She tried to help me navigate through my options. She also introduced me to another TELL Responder, Wanda Needleman, who began to e-mail with me as well. She was a psychiatrist, and with her special training, I thought she might understand 'better' how my situation was 'different from the others.' But she agreed with Jan on everything and, like Jan, she thought this situation was about abuse and not about a friendship or relationship that had gone off track. Wanda has helped me immeasurably through some very dark and difficult times. It's hard to believe it was probably six or seven years ago that I first made contact with TELL, maybe longer.

I still work with Dr. Jones everyday. My finances are still directly connected to her and her husband. My entire professional career has been spent with her. I really can't imagine us not working together. But, I no longer call her every day, and I don't drive by her house anymore. I still wonder what she is doing everyday. I still text her and wonder why she doesn't text me back. I still look for her car every time I pull into the parking lot and want to park near her car—like we used to.

I still miss her and think of her as my best friend. But I also think that what happened was wrong. I think she took advantage of a young graduate student who didn't have the ability to say no. I have told her that what she did was wrong and that her treatment of me was abusive. She does not accept that terminology, nor does she seem to really care that I am having a hard time with any of it. She says we were both wrong,—and that I need to move on with my life. Except she was/is my life.

She has had several other relationships since we stopped 'hanging out' together and has even gone on trips with them. She has had

people to her home when her husband has been out of town. She has not invited me. She has carried on with others doing the same things she had done with me. If I ask her about it, she acts as if nothing happened between us and says that I am being invasive.

My friends are all married with children now and are doing well in their careers. I grew up in a fairly affluent area; therefore, my lack of financial and social success is deemed to be the ultimate failure. And, if I do see someone I know, I can't tell my story. When they say, "What have you been doing all these years? I can't answer the question. I can't even start the conversation. It just goes to silence, because I can't share this story with anybody.

When all those people started talking during the #MeToo movement, many said similar things about struggling to deal with this on their own. I think that is one of the best things to come out of the #MeToo movement. People are not alone anymore. They don't feel they had to be silent anymore.

The TELL group has helped thousands of women, and some men, to deal with this very difficult and apparently widespread abuse. It is truly amazing that people from all over the world have contacted TELL or read through the essays posted there. I never would have imagined this issue was so prevalent, because no one talks about this type of thing. Most just suffer in silence.

I was fortunate to find TELL on my internet search. I was blessed to have such strong people help me through such a difficult time. Jan was the first one I trusted with my story. That I eventually also shared my story with Wanda was a huge step. I admire these women and the way they have taken such a horrible situation as theirs and have used it to helped others.

I returned to therapy, and after a few rough starts, I found a therapist I could work with on a regular basis. Because I work with Dr. Jones every day, things can become difficult quickly. I struggle with trying not to contact her with questions about cases or other matters. We work together, and I still have to deal with her acting like she can't be bothered to even say hello to me most days.

Every time I see a baby or watch a family enjoying the park or just taking a walk, I'm reminded of what I don't have and probably no longer can have in my life. It still is very difficult for me to see her.

I would really like nothing more than to end this essay with a great story of how successful I have become years later. Sadly, I don't have that—at least not right now.

As I write this, I am about to go on another trip with Dr. Jones. We will be sharing a hotel room. It's hard for me when we spend time together. If it goes well, I become hopeful—and then she disappears again. I never know what will happen next. But if I do not spend time with her, or if I feel she is intentionally ignoring me, it can really be devastating. When I started therapy with Dr. Jones, I told her, "I just want to be normal like everyone else. I just want a normal life." Instead, I am stuck. It feels like a betrayal of her that I have written any of this, but this is my story: For now, it is without an end.

Searching for Justice in Finland

Anna K.

I was sexually abused by my psychotherapist in 2011. I will call him K. It has now been eight years. In my head I still sometimes have a voice yelling at me: "No, you weren't abused, you stupid whore. It was your fault, your fault, your fault, and everybody who has real power thinks that way, too, and you will never get my voice out of your head; I have the right to be there, inside you, forever." That voice belongs to him. He had sexual intercourse with me. I do not know if I will ever fully recover, but on my path to recovery and healing, articles on the TELL website and communication with TELL Responders have been an essential help. By reading about sexual exploitation of patients/clients by therapists, I have been able to take a step away from isolation. I have also been able to refer to these articles when I have written complaints about my treatment and tried to find justice.

My journey began in 2004. I was a 26-year-old university student and a recently divorced mother of a small child. I knew nothing about psychotherapy. Within the year of my divorce I had begun to have deep anxiety and difficulties breathing. I felt I was going to die and that maybe I wouldn't wake up in the morning. I went to the university students' health care unit to see a doctor. After some physiological tests, I told the doctor, a warm older woman, that perhaps it could be psychological since I was recently divorced and taking care of a small child. I hadn't finished my studies. I didn't know where my life would go. She sent me to see a female psychologist for an evaluation. I was offered the possibility to see someone a little longer, a middle-aged licensed psychologist, K. (Because he is a psychologist and not a doctor, I am not calling him 'Dr.' K.) If I had only known then that he had free appointment times because so many students had stopped treatment with him perhaps there would have been a different outcome. Of course, no one told me this.

I was very afraid of men of K's age: My only experience with them had been of belittling and sexualizing comments and questioning of my intelligence. Mostly I just wanted to avoid them the best I could. I was scared of K. I was so afraid that I couldn't tell it to him face-to-face. Instead, I wrote in an e-mail between appointments that I felt like I was talking to the 'king of snakes.' I remember being afraid of accidental spelling, hyphenation, or grammar mistakes, and thought that if there was even one little mistake, I would be ridiculed by him.

Although I sensed coldness and rudeness in K from the beginning, I wanted to feel accepted by him. I wrote a long and emotional e-mail to the female psychologist I had seen asking if all psychotherapists are like that. She never answered: I felt stupid and humiliated. I took her not answering as a sign that I should just talk to K. So I was left alone with him. I began to adore him and to beg him to like me because I saw how terrible I was. I thought I was letting go of my past restrictions and that I would be more free if I let a man like him be my absolute authority.

I felt I was a very good patient because I was so willing to criticize and feel ashamed of everything I said. When I talked to him about how I felt about men, he mainly "answered" with silence. My self-criticism grew during the psychotherapy to the extent that I was ashamed of every thought I had, even when I was alone. I started to think that I had been wrong about everything in the past and that I had been bad in every relationship in my life.

Shame, Humiliation, and Abandonment

I had been "abandoned" by my father when I was three years old. I put it in quotation marks because there was an understandable reason for it, i.e., he went to work abroad for a year. At age three, the disappearance of my father was traumatic. I am always very afraid of being abandoned by men, especially if I begin to feel attached to them.

When I was five, I was placed in daycare in a private home. An older boy, the son of the woman looking after us, said he wanted to "fuck" me. The first time we went to this day care, he wanted to show me his bed. Then he wanted me to take my trousers off. My parents

were still looking around the home and talking to the boy's mother. When they opened the bedroom door and saw me with my pants down, they started laughing. I felt humiliated. After that, I was left alone with the older boy every day.

I remember most of the things that happened, but for a long time I could not remember my emotional reactions. They were just pictures in my head, like I was looking at something happening to somebody else. After the first humiliation, I felt I had no option but to do what the boy asked. We were in his home, in his room, and it was his mother taking care of us. The boy wanted me to lie on my back so he could climb over me and rub his genitals against mine. I remember not liking it but wanting to endure it. One of the greatest humiliations was that sometimes when he was rubbing between my legs it felt pleasurable. After this had been going on for some time, I began to ask for it—not because I wanted it but because I thought it would be less humiliating if I acted like I didn't care and was the one in control. This made things worse. The boy wanted to be the one in power and wanted me to suck his penis. I still remember his penis and how it smelled and tasted.

At some point I had heard that what we were doing could mean I might get a baby. I was too afraid to tell anyone what was going on, but the thought of having an innocent little baby terrified me. The boy told me we could throw the baby out the window. He told me that when girls grow up they have to inject a syringe every month, that it hurts very much, and it makes them bleed. He told me that when I got older I would grow a penis. I didn't like that thought; I didn't want a penis, and I didn't want to feel that I was somehow deformed. This finally ended when we moved away.

When I was eight, I told my mother what had happened in the daycare. She never confronted the family in any way. Instead, she suggested that I should see a psychologist. I understood that I was the problem: I was crazy. I didn't want to go. I was still afraid that I might be expecting a baby because of what had happened. My mother borrowed some books that explained to children how pregnancy begins and how babies grow in their mothers' wombs, but that's all. She never said that the boy had done anything wrong.

I told these things to K—or tried to. The first and only thing he said was that maybe the boy wanted to be in his mother's arms, to sit on

her lap, and to be caressed. He didn't say that the grown-ups should have stopped what the boy was doing to me or even noticed what was going on; yet K wrote about what took place in the report that he sent to the Social Insurance Institution of Finland that was paying for my psychotherapy.

During my teenage years I started to try to lose weight. I wasn't overweight, but I was very ashamed of my body. I skipped lunch, smoked, drank Diet Coke, binged and purged. I never wanted to eat in the presence of my father. I was bullied in school. I wanted to change how my peers perceived me. I got contact lenses. I experimented with alcohol. Those things had some effect on the bullying, but they didn't solve my emotional problems. I secretly despised people and their shallowness. I was fearful of boys and men. I felt totally worthless. I told some of these things to K and to the psychiatrist who prescribed my antidepressants. K never told me that I shouldn't lose weight or that I was attractive. Later he used my looks as an excuse for not holding proper boundaries, but at the time, instead of helping me build my self-esteem, he wrote in his notes that my goals were to lose weight and to finish my master's thesis. What I had actually said was that my goal was to become happy.

K was the only one there for me after my divorce. I felt like a total failure and needed to start rebuilding my life. I idealized K and thought he knew my every secret. I knew therapists were not supposed to have relationships with their clients, but I began to fantasize about a relationship. I never thought that he would take that seriously. He said that we could never hug "unless there was an earthquake or some other kind of a really exceptional situation like that, when buildings collapse." He became like a god to me, a guru who would lead me onto the right path. He became a father to me.

I am still very ashamed of my romantic and erotic transference towards him. Mental health professionals have told me that that is not something to be ashamed of and that it was K who did wrong, that it was he who should have understood his role and not gone to bed with me. Hearing that has not helped much. I'm the one who has suffered because of his wrong-doing. The shame is difficult to write about. I was so child-like, so trusting, and did not see that he didn't have my best interest in mind. I am ashamed that he didn't see me

worthy of taking care of and curing. I am ashamed that I didn't realize that he wasn't treating me right. This has become a new problem on top of my previous problems, and this has also been by far the most traumatic experience in my life.

I should have seen it as a warning when K said, the first time I tried to discuss my feelings for him, that "it is natural that these feelings emerge when I'm a man and you're a woman." He had already begun to sexualize the relationship and to move it away from treating me as the vulnerable patient, 22 years younger, who looked up to him as a psychotherapist, guru, father, authority figure, and savior.

I had managed to get my master's thesis done during the therapy, but I cannot thank K for that even though he has taken credit for it in front of the authorities. Instead, I got a boost of confidence from taking the Mensa IQ test and getting a very high score. Yet I was extremely critical towards every word I used and every sentence I formed. K was there in my head criticizing every word and thought.

After three and a half years, K abruptly ended the treatment. It was a shock to be abandoned. I was far from ready to leave. I was extremely ashamed of myself for having been abandoned even by my psychotherapist. I was thinking that I had somehow been such a terrible patient that my therapist hated me and was disgusted by me. I was devastated and in shock. I was suicidal. The last time I went to an appointment, I cried. I couldn't believe he would just leave me. I felt like he was disgusted by me. I didn't understand what I had done wrong.

In shock I searched for available psychotherapists. I found a female psychiatrist, Dr. L, who agreed to see me. She was afraid of my suicidal thoughts and wondered if I needed a contact to the psychiatric outpatient clinic. Because I have a child, I was afraid of psychiatric outpatient clinics because if they found out about my suicidal thoughts they might contact child protective services. I assured Dr. L that I could manage without it. It took a long time to get me to trust Dr. L, but I continued seeing her and got a little better. Most of the time I talked about being abandoned by K.

After ten months, K sent me an e-mail asking how I was. He wrote that he was worried about me and asked if I was still considering

treatment. He wrote that he had been rethinking how the treatment ended. I wrote him back that I was seeing a psychiatrist and that I was alive. I wrote that I thought that he hated me. We agreed that I could come for an appointment to discuss these things. It was a huge relief that he agreed to see me again: Maybe he didn't hate me after all. Maybe he had realized that he had treated me badly and wanted to correct it.

Seeing K again was very emotional. I didn't know where things would go. Would he, this psychotherapist, years older than me, start to treat me again? Did he care about me after all? Could I begin to trust him again? Could this become a healing experience? I was very confused about the appointment. We discussed the possibility of continuing, but I didn't get explanations or answers. After that, I continued to see Dr. L. We talked about how the appointment had gone. Dr. L talked to me about how psychotherapists should treat their patients/clients. I still didn't understand that K had treated me badly or that I could be angry with him—or that I should stay as far from him as possible.

A year went by, and I was still thinking about whether I was strong enough to see K again. I sent an e-mail asking for an appointment, explaining that I was still suffering because of the way my therapy with him had ended. We discussed the possibility of continuing. I wanted to know his reasons for the abandonment. This time he told me that I had been "too sexy." This time he didn't wear a wedding ring. He told me that he was divorced. It was really strange to hear both of those things, but at least now I got to think that the reason for my abandonment wasn't that I was too disgusting or that he hated me. But I didn't understand that I was in danger. Or that he didn't care about my psychological needs. Or that he was trying to imply he wanted something more. When I was leaving, I asked if I could hug him. I felt better because he had agreed to meet me. We had never hugged before. He agreed. The hug was a little too long. I left. He didn't say anything. I didn't realize until later that he had given me appointment times on Friday evenings.

I started to talk with Dr. L about the possibility of trying another male psychotherapist. I wanted to know if all male psychotherapists were the same. I wanted to know if I could have a better experience, a healing experience. After some searching, I found Dr. S. I was

extremely nervous when I went to see Dr. S the first time. I remember it clearly. He had a ring on his finger. The first thing I asked him was if he was steadily married. I have never asked him what he thought of that first question. We discussed it a lot later. I was so afraid that he wouldn't be able to handle the treatment. I wanted to know if he had a wife, as if it was the duty of a male psychotherapist's wife to keep her husband in control and keep him sexually satisfied. I didn't trust a single man or any man.

Seeking Justice

From this perspective, it is easy to say that I should have made a complaint about K. But I think it is also understandable that it is not easy to make a complaint about one's psychotherapist. I should have been angry, but I wasn't. I was just ashamed, broken, and blaming myself. I asked K for an appointment. Again, he gave me an appointment on a Friday evening. I was there more than the usual 45 minutes. I began to think that I should leave. When I went to the door to leave, even though he had made no suggestion that the time was up, K came after me and pushed himself against me.

I thought I felt his erection. "I must be imagining this," I told myself. He leaned his face towards mine. I turned my face away. It was very confusing. I was at the door, so it was easy to leave. Later I sent him an e-mail apologizing for my behavior and that I didn't understand if he had wanted something to happen. He answered me with a very official e-mail in which he said that he was "worried about how I had experienced the last appointment." Then he wished me happy last summer days. "Regards."

I felt abandoned again and confused. I couldn't handle being left again by my psychotherapist, my father, my guru, who knew everything about me—and I didn't understand what he wanted. His behavior at the end of the last appointment was different from what he wrote afterwards. I still thought that he was the good one who knew what he was doing. So I asked to see him again after a couple of weeks. He agreed. I went there. It was a Friday evening again.

I tried to sit on his chair, which I had never done before. He, the king of snakes, offered me an apple. I refused. I went on his couch to

see how he would react. Stupid, naïve me. From this perspective it is easy to see that what happened next was the last thing I wanted. But it did happen. He came on top of me and started to take my clothes off. He had intercourse with me. He said that he couldn't believe he was inside me and was feeling like he "was 15 years old." This was the moment when everything in my mind started to collapse. All my trust and the need to trust in a "good professional" shattered. Everything became dirty, and ruined. I knew this should be kept a secret. I pretended that everything was okay, but my therapist was gone. I was alone now, except that his image was in my head fused with this perpetrator who wanted to have sex with me. I began to see that he wasn't physically attractive. K was an old man, too skinny, with bad teeth, balding, and not attractive. I hadn't dared to think anything like this about my "benevolent, altruistic guru" before.

The next week was chaotic in my life. I was scared of the secret and tried to cope with what had happened. I didn't know what it meant. At first I tried to behave like it wasn't a big deal. I tried to cope with K sending me messages, and I was confused about what would happen next. I couldn't go to work for three days. I became physically ill.

I told Dr. S that I had had sex with the "first psychotherapist." I continued to keep K's name secret. Dr. S didn't say very much. He was mostly silent. I later learned that this was the first time in Dr. S's career that he had witnessed this kind of patient abuse. Before that he had only heard rumors.

I have since criticized Dr. S for doing so little. Now I think that he should have been strict about me not having any contact with K. Instead, he wanted to find out why I had wanted to meet K. It felt unfair. I think he should have warned me, although I do not know how I would have reacted to such warnings. "K wasn't a bad person," I needed to think. It was as if my existence and identity depended on him having at least some good qualities. I needed to believe that K hadn't meant to do any harm to me.

During the following week I sent some messages and spoke on the phone with K. He wrote to me that he didn't think we had hurt anybody and that we both had needed sex. I hadn't had problems with getting sex from men of my own age. But to have someone really

care about me was the difficult part. Why would I have wanted to just have sex?

I felt numb. It felt like I had been hit by a train. I didn't yet understand what had happened. I had been cut deep, maybe lethally, and I was terrified of turning to look at the wound. The bleeding hadn't yet begun, though the wound was there. I also started to feel angry, and I told that to K. He told me that I was angry at him "as a psychotherapist," and that he could not be my psychotherapist any more. I began to realize that I couldn't trust anything he said. I texted him that this reminded me of the movie Holy Smoke. He got angry with that comparison, and angrily texted me that I had compared him to an old actor and if that's what I thought, then I'd better forget him. I got frightened that he would now abandon me again. I couldn't bear the thought that he was angry with me.

K picked me up by car near my home. I didn't want to tell him my address; I wanted to protect my home from this. I put on some sexier than usual lingerie. I thought that maybe this was the solution to make him like me and not abandon me, again. He drove me to his home where he wanted to have sex without a condom. I reluctantly agreed. I wanted him to stop, but he tried to prevent it by force. I got scared I would get pregnant.

Since that evening, I have not seen him. The next day, I called Dr. S and told him what had happened. I called my ex-husband and asked if I could come to his place. I couldn't tell my ex-husband what had happened, but he made me some tea and left grocery shopping so that I could call Dr. S. Dr. S and I talked for over an hour, and I told about the unprotected sex and my fears of getting pregnant. Then I went to a pharmacy to get emergency contraception.

I kept seeing Dr. S. The only thing we discussed was what had happened. Dr. S tried to convince me to inform the licensing authorities. I was scared of the people on the licensing board, afraid that they would blame me. I was afraid of what K would say to them.

K kept messaging and calling me. We talked on the phone. He wanted to know if I wanted to see him. I couldn't tell him "no" but just that I couldn't meet him. At one point there was a longer lapse in my answering him. When I finally did, he wrote me that he had almost gone mad not hearing from me. He offered me a trip to Paris,

to be alone with me somewhere near the Sacré Coeur. It wasn't even a question for me to consider, since I was so scared of him. He wrote me that he would drink a bottle of wine alone and that now he would end up alone in the gutter, abandoned. I felt guilty for leaving him, but there was nothing I could do.

A few months passed. When K tried to contact me, I texted him that I was going to change my phone number and that I didn't want him to contact me. I was 33 years old and in a terrifying position with a terrible secret that I could not tell anybody in my "real" life.

A year after the "sex," I started to feel like I was ready to confront K. After that, everything went even more wrong. I still wanted to protect myself and K from "public shame." So I wrote K a long letter telling him everything that he had done to me. I wanted to prevent him ever doing anything like this to any of his patients, and I wanted him to apologize to me. I wanted him to go back to analysis. And I wanted him to pay me €10,000 for the damages, which was actually a small amount of money since his "treatment" and the new ones during which practically the only subject was him and how he had treated me had already cost me more. I wrote that how he responded to my e-mail would mark the level of his evilness.

K wrote that he had shown my e-mail to a lawyer who had told him that this was blackmail. He wrote that I did not have the right to show his e-mails or text messages to anyone and that the criminal punishment for blackmail or even trying to blackmail someone was two years in prison. He wrote that my therapy had ended many years before and documented in the student health service organization's records. He also wrote that because of this blackmail, he was now forced to contact the authorities.

Dr. S was shocked. He told me that now I had to contact the licensing officials. I was still not sure why. I had seen how K had reacted and how he explained things. I knew that he wasn't going to take any responsibility for his actions or admit having done anything wrong. I even thought that maybe he somehow thought that this was a "good lesson" for me. Everything became surreal. Dr. S began to offer me extra support, and I told Dr. L everything. Before I could get the complaint to the licensing board done, Dr. S called them. I'm glad he did. I think that helped me in getting believed.

The legal advisor at the Finnish Rape Crisis Center told me that if I report a sexual crime to the police and the district attorney doesn't prosecute, the therapist can report me to the police for giving false information.

I filed a complaint to the organization that had trained K, The Therapeia Institute. When I called the head of their ethics board, I asked her to tell the abuser to stop threatening me. She told me that no-one is allowed to threaten anyone. They responded with a minimal letter to come alone to "discuss" my complaint with their ethics board. When I read the short letter, I knew I couldn't go. My instinct told me that they had contacted K who had turned them hostile towards me, and, of course, lied about what had happened.

I also got a letter from the Supervisory Authority for Welfare and Health in which I was shown what K had written. I could prove he had lied to them, and so I knew what to write to The Therapeia Institute. I copied what he had written to the Supervisory Authority for Welfare and Health, as well as my response to them which showed that K was lying. A few months later, I got a letter from Therapeia that stated that they had forbidden K from calling himself a psychoanalyst. They also advised him to stop treating patients/clients. Unfortunately their decisions were not legally binding. K still calls himself a psychoanalyst on websites such as LinkedIn.

It took 1.5 years for the Supervisory Authority for Welfare and Health to decide to discipline K. I asked the Finnish Population Register Centre to make my address secret because I was afraid of K. I had moved to another suburb after the sexual abuse because K had looked my address up at the student health service and had brought a wine bottle and flowers to my door. I was afraid that he might kill me and my daughter to silence me forever. He had told me at some point that he had gone to sauna with members of the Hell's Angels. I can now understand that this was probably said to scare me. I was scared about walking outside, and there were many areas in Helsinki where I avoided going. I was afraid for the safety of my daughter, but I couldn't tell her what was going on.

The Supervisory Authority for Welfare and Health didn't give any punishment to K for lying about what had happened. The first time I heard from them was when they sent me what K had written to them.

He wrote that I had been writing hostile e-mails after the termination of the therapy, that he had never understood the reason for my discontent, and that he had agreed to meet me out of good will. He wrote that he had been drinking one Friday night and that I had come to his door and that it had been a mistake to let me in. He wrote that because he was drunk, he didn't have a clear memory about what had happened. He wrote that he was very scared the next morning when he found me in his bed.

He wrote that he had agreed to meet me a week later to try to talk about it and that we had met in a café and not in his home. He wrote that the offer of a trip to Paris was made to me to try to end the difficult situation. He wrote that he was in the middle of a relationship crisis and that's why he hadn't made good decisions. And he wrote that I had tried to ask him for a large amount of money without any good reason. K has not shown any signs of true remorse for what he has caused me. Instead, he continues to act like he is the victim. He has demonized me in many ways and lied to the authorities about what happened.

Soon after the decision from the supervisory authority, my treatment with Dr. S ended abruptly for a while. I accused him of lying to me. He had said that K would lose his license and that he would have to pay me for this. I had been telling him all along that no-one would care about this and that everyone will believe the licensed professional. Dr. S had been trying to support me as well as he could. He had offered me extra sessions, many times on the phone, since I had no-one else to talk to. Now I was alone again and losing my sense of reality.

I collected all the evidence about what had happened and went to the emergency mental health facility for an evaluation. There, in the waiting room, I felt safer. I knew that I couldn't get out without talking to a psychiatrist, because they don't want people who come there in deep agony to be able to leave frustrated or angry or suicidal. I began to feel calmer there. After talking to a psychiatrist, I was referred to a psychiatric outpatient clinic. It helped me gradually gain some trust, although I didn't get the kind of help I actually needed. i.e., concrete help with getting justice.

I struggled with getting juridical help. The people in the psychiatric outpatient clinic had suggested that I could contact the

Rape Crisis Center where I was taken more seriously because I had been referred by public health service professionals. It took some time before they offered me the phone number of one of their trusted lawyers. The lawyer I called happened to be someone Dr. S had given consultation to on the psychological and psychiatric consequences of sex crimes. We agreed that the lawyer would make a police report and then we would go to the police station. I had also got a support person from Victim Support Finland who came with me and the lawyer to the police station. I found it reassuring that she was there.

The female police officer seemed exceptionally unkind towards me. I learned that she had already talked with K. Learning that frightened me. I realized then that K must have manipulated the police officer to be on his side instead of believing and understanding me. After all, I was just a mental health patient, and he was a credible psychologist. I was shown papers that stated that it was a crime to say false things to the police. The support person told me afterwards that she had never seen that done to a sex crime victim before.

The policewoman asked me, “what did you think when you put on some sexy lingerie?” I don’t know if the reader can understand how humiliated I felt being asked that. I was the suspect. I was not treated with sensitivity, and I was not helped to give my statement in a safe environment where I felt I would be heard.

Much was left out of the report that was sent by the police to the district attorney. I never met the lawyer again. I found another law firm that employed a psychotherapist. She told me that I was really brave pursuing this. I began to trust her, and so I met her with their lawyer as well. They tried to call the district attorney several times, to make sure that he had understood this case right, but he did not return their calls. I had to wait again. I didn’t have friends and couldn’t tell anyone about this. There was nothing in my life except this, taking care of my daughter, and trying to work. I didn’t want anyone to know about my experience with K. I didn’t want the stigma.

I had been struggling with extreme stress for so long that after visiting the police station, I lost my ability to work. I was so exhausted and finally didn’t care if I got fired. It was not a choice. I was put on sick leave which lasted a full year. After that, I worked part-time for 1.5 years. I was referred to a psychiatric day hospital

which I found very relieving. I didn't have to be alone so much. I could talk to someone, a nurse, every day. And because it was a day hospital, I could still take care of my child. I got a little better there.

The decision from the district attorney finally arrived. It was a terrible text to read and full of mistakes. This was the first time I got to read the police interrogation records and to see what K had said to the police. K had not only lied, he also said very humiliating things about me. The police had asked K how I had been during the treatment. K said that I had been stubborn, self-willed, that I did what I wanted, and that he hadn't noticed any dependence. I hadn't had the opportunity to show the authorities that he had written to the Finnish Social Insurance Institution about me being shy and having low self-esteem or my medical certificates written by Dr. S and Dr. L which said that I was very shy and that I had low self-esteem.

K had reported that I had tried to make him "pay a large amount of money" and that we hadn't had sex. Instead, he said that I had been raising my skirt angrily and demanded him to "fuck me hard or I will go and tell everyone at his work place that we were having an affair."

The district attorney's decision stated that I had not been dependent on K. He did not take into account the testimony by Dr. S and Dr. L that I was dependent on K's approval and broken because he had abruptly ended treatment; nor did he take into account the licensing board's conclusion that K was in the role of a psychotherapist when these things happened. The district attorney's decision stated that I should have understood that the meeting during which we had intercourse happened between "private persons."

I became suicidal. I had to think about where my child would go while I went to the hospital for my safety. I managed to get her to my parents. I couldn't tell any of my family members what was going on. At the ward, I revealed that I had been harming myself. I was afraid they would call the child protective services, which they did. The social worker at child protective services arranged to have their social workers see me in the ward, and the ward's social worker helped me explain what had happened. They concluded that they were not worried about how I took care of my daughter. They gave me a phone number I could call if I felt like I needed their help. I realized that I

could not tell them about my murderous thoughts towards K and the district attorney.

A week after I had been referred out from the psychiatric ward, I got an e-mail from K. The district attorney's decision had been sent to him as well. I got extremely scared, horrified, when I saw that an e-mail with him as the sender had arrived in my inbox. I was so scared I couldn't open it. Instead, I forwarded it to the new law firm as well as Dr. S and asked them to look at what it was. It was a Youtube link to a scene from Carmen that suggested the threat, "If you still complain about this to someone, I will kill you. And I have the right to do this; the district attorney's decision is clear." The lawyer sent him an e-mail in which he wrote that if K has something to say to me, K should write to him. Since then, K has not contacted me.

The lawyer brought a complaint to the prosecutor general, a step higher than the district attorney. Because my evidence was so clear, my lawyer believed that the prosecutor general would see this as an important issue, that we would get another district attorney to investigate, and that there would be another police interrogation which would be done properly. Despite writing an exceptionally long and detailed complaint to the prosecutor general, backed up with lots of e-mail evidence, the prosecutor general affirmed the district attorney's decision. The text contained even new mistakes and explicitly put the blame on me. He wrote that the e-mails show that "both parties" were "attracted" to each other and that it was possible that the sexual contact had happened because of "natural desires."

When I read the TELL articles and papers I thought that what had happened to me was different. After reading papers on the TELL website, I found the courage to write to the Responders. It was relieving to find other people who seemed to know what I was going through. Reading about others' experiences was and still is an important source of support and inspiration, to see that there are others who have not only survived this without killing themselves but also found the strength and the moral courage to begin the fight to end this form of extreme exploitation.

Dr. S called the Supervisory Authority for Welfare and Health about the e-mail K had sent. The chief psychiatrist said to write a new complaint, so I did. I wrote about the frustration of the police

investigation, the district attorney, the prosecutor general, and about how K had lied about what had happened and humiliated me. I wrote about K's e-mail. I also wrote about what I had read on the TELL site. I wrote about how I had tried to find mental health professionals to give me concrete help with explaining things to the police. I wrote about how I had called the head of the ethics committee of the organization that had trained my abuser and, instead of helping, had told me to get a boyfriend. I wrote that learning that K had only received a notice/remark for what he'd done cost my new therapy to end because I had felt I had been lied to about my experience being taken seriously. I wrote that I had realized K would use it against me if I went to the police. I wrote that they should have informed the police. But most of all, I wrote about the e-mail, because I thought they might not have the authority to do anything about the other things I wrote about.

Finally they wrote that the prosecutor general's decision not to prosecute did not change the psychotherapist's role and responsibility to behave and act like a qualified professional. K had replied that he had not meant the Youtube e-mail as a threat and that all the complaints against him were persecution.

I made a complaint to the Student Health Service Organization. In their response they wrote that they gave K a warning and that they would try to make sure that these kinds of things would not happen again. I later heard that K was fired. Unfortunately, he has found another job in Lapland. He was the only person seeking that job as a communal psychologist in a very small town. Personally, I think even reindeer deserve better.

It took a long time before I told any of my family members. When I was on sick leave, I told my sister about what had happened. It was extremely relieving to have a family member who knew. We didn't talk very much about what had happened, but just knowing that she knew was therapeutic. My sister advised me to tell our father, which I did. It was painful, but extremely relieving that my father didn't blame or judge me. He has been wishing that I would get justice. I still haven't told my mother, and I don't think I ever will. I know this would be too much for her to bear.

At some point the idea arose to complain to the chancellor of justice of Finland and to the European Court of Human Rights about

the decision by the prosecutor general. I knew that the head of the Supervisory Authority for Welfare and Health would have liked to talk about these issues with the chancellor of justice. I sent the outpatient clinic's psychiatrist's certificate to the chancellor of justice to be attached to the complaint and included a short letter. I explained that the head of the Supervisory Authority for Welfare and Health was interested in being heard as well.

It took a couple of months for the decision from the chancellor of justice to arrive. Dr. S had written a new medical certificate which described more about the nature of the psychotherapeutic relationship and the transference feelings that can arise between the patient and the therapist. The head of the Supervisory Authority for Welfare and Health had checked the paper and told him that it was good. The chancellor of justice knew nothing about this. His decision stated that the district attorney hadn't made a mistake and said nothing about the prosecutor general.

Getting in Touch with my Anger

After the decision arrived, I got angry. I had gradually become more empowered but also more beaten up. But in a way, I was more free. I wrote a long application to the Patient Insurance Center—over 30 pages. I got power from my anger. I attached the e-mail evidence, the police report, the district attorney's and prosecutor general's texts, my medical certificates, the decisions from the Supervisory Authority for Welfare and Health, the decision from the Student Health Service Organization, and the decision from the institution that had trained K.

I wrote about what this had cost to me—over 55,000 euros. I wrote about the years of suffering, suicidal tendencies, my shame and humiliation, and my fears. I wanted to show them that they should not trust K. They had no mental health professionals on their list of experts, so I demanded that they consult someone who knew about psychotherapy.

I wrote that my caregivers wanted this go to court so that K would have to pay for the damages he inflicted and receive a sentence. I wrote about the difficulties I have had to face with the lawyers and

the police. I asked them to compare the e-mail evidence to what the district attorney had written. I wrote that my current mental health professionals find it likely that the prosecutor general hasn't even read all the papers because he had already decided what my case was about. I wrote that while they normally have a two-year time frame to submit the application, I hoped that by reading all of the papers they would understand why this has taken so long. I wrote that the time starts to run from the last decision concerning the case and that the last decision from the Supervisory Authority for Welfare and Health was less than two years earlier. I wrote that I had needed a lot of therapy to find the strength to write the application, and that there had been long phases during which my mental health has been so bad that I had not been able to write the application. I wrote that surely my health records prove this right.

When I wrote the application to the Patient Insurance Center I was turning 40, and I wanted this done. To do something nice on my birthday, I had made a reservation for a trip to Vienna with my daughter, now a teenager. I got the application done two days before my birthday, and I took it to the Patient Insurance Center building.

Finding Courage

In Vienna, besides the art history museum, the museum dedicated to the empress Sisi, and listening to Mozart at the Musikverein concert hall, I wanted to visit the Freud Museum. I was not sure what I was looking for, but I wanted to see Freud's home and to walk in those rooms where he had lived and seen his patients.

Most of his belongings had been moved to London, because Freud had to escape the Nazi regime in 1938, but this was still the birth place of psychoanalysis. I understood that it is just a building, they are just rooms, the artifacts that were left there were just material, but the experience was still quite strong and emotional. In some sense it can be described as meeting Freud there: the spirit and dedication, the courage, the willingness to hold on to his beliefs and discoveries. He had caused a lot of controversy during his time and faced a lot of criticism. His theories were scandalous. I don't know

where he found his determination. I was feeling him, facing him, and asking for help, with this secret of mine.

When I came home from Vienna, I wrote long letters to the two major organizations in Finland that train licensed psychotherapists: the Psychoanalytical Association of Finland and the Therapeia Institute. I attached all the evidence and the police report and the decisions made by the district attorney and the prosecutor general not to prosecute, and the decision made by the chancellor of justice that said that the district attorney and the prosecutor general had not made a mistake. I told them everything that had happened during the years in my search for justice. I told them that when I had turned to them for help, the head of their ethics committee had seemed terrified about the idea of going to the police and that she had suggested that maybe I should just "forgive myself" and find a boyfriend. I told them about all the psychiatric, social, and economic consequences that I have suffered because of this abuse. I told them that they are the ones in this society who know what kind of a power imbalance there is between the psychotherapist and the patient/client and why it is forbidden for the professional to have sex with their patients/clients. I wrote that it is their job in the society to educate the criminal justice system on these matters. I criticized them for turning their backs to the victims of this kind of abuse.

I asked the Therapeia Institute to replace the head of their ethics committee. And I asked for help, again. I asked them first to give support for my claim to have compensation from the Patient Insurance Organisation, even though their time limit had passed. And then I asked them to write a statement for the chancellor of justice on these matters. To the Psychoanalytic Association of Finland I wrote the same things. I asked them to join the statement. I also wrote that despite of what they do or don't do, I am going to write about what has happened to me, anyway, since I think no-one has written about this in Finnish before. And that what they do or do not do will become a part of the story. And I wrote that I have found peer support from abroad. I quoted some of the TELL papers and articles, especially one about a psychoanalytic trainee who was abused by her training analyst. I wrote that she had learned that her abuser's colleagues had known for a long time about her training analyst's abuse of patients and that when the trainee had finally tried

to find help from her colleagues, some of them had replied that they hadn't realized that he was doing it to "one of us."

I was believed and heard and taken seriously. I got an answer from the Therapeia Institute: they wrote a statement to the Patient Insurance Center in which they supported my claim to get compensation from the Patient Insurance Center because of malpractice. I was also invited to meet the head of the Finnish Psychoanalytic Association with Dr. S and Dr. L, both psychoanalysts trained by the Finnish Psychoanalytic Association. I would have been afraid to go alone, but since they came along, I felt safer. We discussed the attitudes of the criminal justice authorities and what happened. They were supportive about the idea of writing a statement to the chancellor of justice and other powerful authorities about these issues. The head of the Finnish Psychoanalytic Association said she would contact the Therapeia Institute so that they could cooperate and write the statement together. I have also heard that the Finnish network of the European Federation for Psychoanalytic Psychotherapy is going to join the statement.

Just before Christmas, the Patient Insurance Center stated that they will give me compensation because of malpractice. It was the best Christmas present. The head of the Finnish Psychoanalytic Association called it a breakthrough and was very happy with that news. Unfortunately a second decision from them states that they will not compensate the income losses due to sick leave because they do not think there is a connection between the malpractice and the sick leave. The official who wrote this second decision stated that the "malpractice" was that K should have treated the transference properly or referred me to someone else. He disregarded the sexual abuse altogether and wrote that the Patient Insurance Center is not responsible for the "behavior" of professionals.

I have learned that the lawyer from the Rape Crisis Center of Finland has recently become a member in a group of experts working with the ministry of justice to clarify the sex crime laws in Finland and to make them stricter. She told me that what has happened to me was used as an important example in which the victim did not get justice from the criminal justice system. The #MeToo movement has affected Finland as well, and there has been public pressure to make

the sex crime laws stricter. I hope this is a small step forward. And of course, learning this has had quite a therapeutic effect on me.

A TELL Responder wrote me that I do not owe anything to the world with regard to my perpetrator and that my only obligation is to take care of myself. That was a new thought to me. I had felt like I had caused what happened to me and that I am the one who had to correct it. It does not help very much that the justice system has so clearly seen me as the problem. It also doesn't help to see that the ones who should be giving concrete help to the victims have not done enough so far. The voices of the patients have not been heard, and this issue is such a taboo that it is not easy to come forward. Even I have not yet had that much courage. I want to protect myself, and most of all, I want to protect my daughter. But, as a mother, I feel that it is my duty to try to do the best I can to protect my child in case one day she needs psychotherapy. Sometimes mothers have to change the laws to protect their children. Personally, having seen all of this, I am terrified of the idea of her entering psychotherapy. I also think that being able to become an activist in these issues is a result of good treatment.

A TELL Responder also told me, when I said I had been feeling suicidal, that there is no abuser, no matter how powerful, who is worth giving up our lives for. She said that my best revenge will be a life well-lived. I am not yet sure what it means to live a life well, but I do know that educating the criminal justice officials to treat mental health patients well and changing the laws is important. I believe that empowerment of abused therapy clients may lead to demands to criminalize having sex with therapy clients/patients, just like true empowerment of women has led to other changes in legislation. When I have written to the ethics boards of the two major organizations that train licensed psychotherapists in Finland, I have suggested that criminalization is not a problem to good professionals who would never even think about having sex with their clients/patients. The idea of criminalization is a problem only to those who for some reason want to keep that option.

I know I will still need therapy for quite a while, but I hope that writing about this will help others get justice more easily. In the end, of course, I hope that it will become clear that psychotherapists can never have sex with their clients.

The Correlation Between Past Trauma and Therapy Exploitation

Anonymous

I am a survivor of 23 years of therapist abuse, the last seven of which were sexual. It has taken me many years to grasp what actually happened. This is my story of long term therapist abuse and the intricate process of healing and reclaiming my lost self.

In comparison to many other stories of abuse, mine did not start with flattering statements about my appearance, invitations to share a glass of wine, or even subtle suggestions that an intimate relationship was a possibility. Instead, it started out with rejection. I didn't think Dr. M liked me. My first feelings about him were fear and desperation, and yet I felt strangely drawn to him.

I first met Dr. M after the loss of my infant daughter, stillborn at eight months. I was 28 and suffering from a severe postpartum depression. I didn't know who to call. I told my obstetrician that I was depressed, and he referred me to Dr. M. I didn't know Dr. M or anything about him. Actually, I didn't even know what a psychiatrist was.

Dr. M suggested that I be admitted to a hospital for my depression. This terrified me, and I refused. I had a family, a husband and a three-year-old, who I didn't want to leave. On Dr. M's recommendation, I started out-patient therapy with a social worker in his office who I saw for three months—and then never saw again.

Some months later I got pregnant. I gave birth to a healthy baby boy. Again I had an episode of postpartum depression with panic level anxiety and severe depression. This time my depression was bad enough that I was hospitalized—in the unit in which Dr. M was the group therapist. He seemed irritated with me and my husband because of this second and more intense episode. I became quite

frightened of him and of his anger. Despite my fears, I was very vulnerable, and I became quite attached to him. My life was in his hands. He had encouraged me to have my infant son on the unit with me to promote my attachment to him, which was very helpful.

When I checked in to the hospital, it was Dr. M who gave me the required physical examination. I remember trying to pull on my hospital gown and Dr. M becoming impatient and knocking on the door. During my hospitalization, I saw Dr. M in group therapy three times a week. He also became my in-patient psychiatrist: I saw him daily in my hospital room.

I think I found Dr. M compelling in part because he was different, especially different from my conservative father who had abused me when I was eleven. Dr. M wore an earring to commemorate his Viet Nam involvement and he had long hair that he wore in a ponytail—he was kind of a hippie. He had just set up an open psychiatry unit in a general hospital—this was 1988, the height of psychiatric hospital openings.

About a month after my discharge, when I took my son back to the unit to visit the nurses, I saw Dr. M. I stopped him to ask a question, and he replied, “I knew I couldn’t get away from you without you stopping me.” I was devastated and panicked: Am I that needy? It was horrible: I felt ashamed, but he had helped me get in touch with my feelings and bond with my newborn. He was my lifeline, but what he said about getting away from me was pivotal. From then on, I longed for him and hated him.

At a medication appointment following my discharge, I asked Dr. M if I could join his weekly out-patient group. He said it was full. Now, after being rejected by him again, I found myself wanting to be in his group even more. I pleaded to be in the group, and he finally said that I could fill a slot that was opening the following month. I started in his out-patient group where he was kind and supportive of me. I had never experienced that kind of emotional attentiveness. Despite this, I was always distracted and fearful that he would throw me away and not see me as a patient.

At times, he did things I didn’t quite understand. After about a year, he invited me and my husband to his Christmas party where he asked me if I wanted a drink and encouraged me to “sit by (him) and

listen to the guitar player." He initiated a group Christmas party at my house, although he did not show up. It felt awkward, the boundaries were broken, but in order to cope, I idealized him more. I decided to go back to school. I earned a Nursing degree and a Masters degree in Social Work. I wanted to be a therapist—like him. I admired him and thought I could gain his respect if I became like him.

Throughout this period, I continued as a member of Dr. M's out-patient therapy group. A number of the group members were also seeing Dr. M for individual therapy, so about four years after I had started with the group, I asked Dr. M to see me as a private patient. From then on my contact with Dr. M was in group therapy and individual therapy, each once a week—and phone calls. I continued to work hard at therapy and getting in touch with my anger.

Not until about a year into individual therapy did Dr. M address the abuse by my father. It had occurred when my mother was out of town. I was scared of the dark, I crawled into bed with my father, and he touched me inappropriately. Later as an adult, I asked him about it. He claimed he did it in his sleep. The problem was it was never talked about afterwards. At first, I did not consider it to have had an effect on me, but it had come up in the group. When we had talked about family of origin issues, Dr. M would jump on any talk of childhood trauma. He told his patients to read The Courage to Heal. It was through this that I began to see the effect the experience with my father had had on me and better understand the sexualized household I grew up in. He said this had had a huge effect on me. As I talked more about my childhood abuse with my father, the transference grew as Dr. M became the parental figure through whom I was attempting to work out these issues, but nothing seemed to get resolved.

As my years with Dr. M went along, he increasingly blurred and broke the boundaries of our "therapeutic" relationship. After about ten years, Dr. M invited me to lunch at his office. He told me to pick up sandwiches, and he paid me for them. We sat across from each other at his desk and ate our sandwiches. He asked me, "how does this feel?" To me, this was overwhelming and horrible. I felt like he had just thrown away all the years of my therapy, and he was using me.

He told me he imagined us cooking together at his house. He encouraged me to stay longer after our sessions because the secretaries left early on Fridays. At times he told me I reminded him of his ex-wife who had had a stillborn, and that he had left her. At times he was nice to me; at other times he was not.

After thirteen years of individual therapy, Dr. M initiated hugs after sessions, began to sit next to me on his couch, and touched me sexually. He told me details of his life struggles, the loss of his stillborn daughter, and his Viet Nam trauma story. He made a cassette tape of his voice, telling me how special I was to him. He gave me gifts of chocolates, a book, and a mother's day card. He would pull me to his chair and have me sit on his lap. We never had intercourse, but he said our sexual touching would help my sex life. He told me he loved me. He made me feel special.

At times, he would allude to my termination which was terrifying to me. I didn't feel finished, I just kept working harder. My fears kept building with no realization.

As the years passed, I found myself living in an alternate reality. At times in therapy, when I was crying, he encouraged me to sit on a stool between his legs with his arms around me. While this felt validating, it also felt awkward. When I talked about this in the group, the other participants expressed only envy that I was getting special treatment.

In one group session, Dr. M cried about his stillborn daughter. He then stood up and asked me to give him a hug. In the beginning of my years with Dr. M I had thought we had a contract, i.e., he was my therapist, and I was the patient. There was a clear boundary. Over time, as he crossed the line, I felt more and more awkward, confused, and betrayed but not able to say no. Now I was taking care of him to preserve the relationship. I was unknowingly excusing his boundary violations.

When I shared with the group that Dr. M had encouraged me to cut off communication with my parents and refrain from having sex with my husband, they acknowledged that they thought it was strange; but with Dr. M being their therapist as well, they did not challenge his recommendations. To cope with the increasing incidences of boundary violations by Dr. M, I idealized him more.

For the last seven of my years in group therapy, Dr. M and I had a damaging secret: My abuser was sexually touching me behind closed doors. When other group members claimed I got special treatment and protection from him, they were right. I wanted to be special. I had the illusion of control.

In the last few years of therapy, he encouraged me to call him every Monday to talk for an hour. When I raised concerns about what the group members would think about our relationship, he said, “some things are better left private.”

I became more and more detached from my outside life. I wandered around stores, saw friends less, and lived for the two days a week I went to group and individual therapy. Beyond that, life was depressingly empty. My main and repeating question in therapy was “what am I going to do with my life?” As more years passed, I grew increasingly numb and disconnected, feeling “I am not here.”

Towards the end, Dr. M confided to me that he was having health problems. He missed appointments and eventually was unable to practice.

Around this time, my husband and I decided to move to another town. After 23 years of being in therapy, I was frightened to leave the group. Before we left, I decided to tell the co-therapist of the group about the abuse. He said he was stunned. For seven years, my abuser and I had been colluding in a secret that we had kept from the co-therapist and the group members. My abuser allowed this abuse to happen, and it was wrong. The co-therapist referred me to a psychiatrist in my new city. That was the beginning of my reclaiming my lost self.

As I write this story, I have been with this new therapist for approximately four years. During the first couple of years, I felt paralyzed. Unconsciously, I was numb. My new psychiatrist gave me the diagnosis of “post-traumatic-stress-disorder with dissociative symptoms of depersonalization and derealization and persistent depression.”

I related to my new therapist the way I related to my abuser. I wanted him to tell me what to do. I would ask him questions, and he would say, “what do you think?” I now had to make decisions for my life. I felt worthless. My constant thought was that I needed to “do”

something with my life—but I didn't know what. I felt that if I couldn't find my passion or the perfect job I was going to die. I searched volunteer websites and job boards compulsively. I was 'grasping at straws,' searching for any identity. I was drawn to the psychology, therapy, and helping professions again and again. I was a trained therapist, and having been abused by a therapist, that was all I had known. I felt like no other profession had worth, but I was also terrified of the profession. I was curious to see if I could maintain boundaries in a therapy as well as get out if needed. In essence, I was seeking to remaster my trauma.

I combed the internet and found TELL. Their website contains papers, topics, and resources for survivors. TELL volunteers, who are all survivors of therapist abuse, were immediately supportive in many ways including providing e-mail and phone support. Their kind and informative responses helped me feel less alone. One responder, Wanda Needleman, a retired psychoanalyst, has been unflaggingly available to me. In the beginning, when I wasn't sure what was really happening, her kind responses were something I could carry with me. She shared her own experience. When I didn't know what to do, she would wisely tell me that any action I could take on my own behalf would be beneficial for me. TELL Responders who had been through the legal process helped me navigate the aspects of filing a lawsuit. Now that I am a TELL Responder, I get to experience the other side and go from victim to supporter. It has allowed me to give back while also giving voice to my own experience.

Among my major turning points has been finding the common denominator in the string of unresolved traumas between my therapist abuse, childhood abuse, and the loss of my daughter. Beginning with my therapist abuse, I told my new therapist what I remembered and the main facts; somehow my feelings didn't go with the events. I felt detached. I was mainly sad and cried in recounting the abuse, but I was not angry. I began to feel like I was putting on a show for my new therapist. What I told him didn't feel real.

At one point my new therapist commented, "it is like you are living in *The Truman Show*," a movie about a man whose life is a fake one and all his friends are actors in an orchestrated show in which Truman is exploited until he discovers the truth. I was amazed,

because ten years earlier I had actually told the group that I had been feeling exactly that way. I finally had a reason to believe that my new therapist truly understood my despondency and numbness.

As therapy has continued, my new therapist has helped me connect a number of my concerns back to the loss of my daughter. At first, I believed I had worked that through: Little did I know I had not. When a sonogram had revealed that my daughter had died from an umbilical cord malfunction, I delivered her, held her, and we had a funeral the next day. I was devastated and felt worthless. I have learned that I replaced my lost daughter with my attachment to my abuser. Because my abuser had initially rejected me, I never trusted him to process the grief. But subconsciously, I had also decided I would not lose my therapist as I had lost my daughter.

In my new therapy, I began to remember the feelings I had had long ago. I had dreams that I could barely feed my infant and that she was slipping away. I had to make her real. I had to bring her back to life in my dream, outside and separate from me, to appreciate her life and then grieve her loss. I dreamed I was changing her diaper and that she had looked up at me and said, “Mom, look at me and don’t be ashamed.”

I had not realized that for so many years I hadn’t really talked about her and that I had protected others from my grief because I didn’t want to make them uncomfortable. I blamed my infant for dying and for being weak. I had abandoned her in my mind. This had all been repressed.

My new therapy has opened paths to understanding that having been abused as a child I was vulnerable. My self-concept and survival depended upon my father. I lived to please him. I had transferred the feelings for my father to my abuser. If my father was happy and wasn’t raging, then I felt safe and didn’t have to deal with his dislike or my own feelings of betrayal and loss. My father’s touching me was frightening and confusing. Did he really like me? What do I do? For a split second I had felt special. I ran because I was afraid that all would be lost, and I wouldn’t have a father to trust. I was supposed to have a father who cared about me, not hurt me. Nothing was the same after that. I kept it secret out of fear. To cope with the shame I became a good girl in my father’s eyes. In the way that I later took on

my abusive therapist's personality, I took on my father's domineering personality.

I have begun to understand how dependent I had been on my abuser and how dissociated I had been all those years. I had organized my life around appointments and couldn't bear to miss them. When my abuser crossed the boundaries by inviting me to his office Christmas party, saying mean things, coming to see me in the hospital and not the other group members, he made me feel special but worthless at the same time.

Recently my fears of rejection resurfaced with my new therapist. I began to imagine that my new therapist didn't care, didn't have enough training, and was getting tired of me. I wondered what he was thinking and learned in school. I wanted to believe he was not competent. I noticed that I would create a dialogue and relationship with him in my head, doing my own therapy, figuring things out for him, and acting this out by trying to be 'good' to prevent him from "cutting me off." This is the role reversal that had happened with Dr. M in which I buried my own needs and feelings and ended up with little self. Now, I am able to see it much more clearly. I lost 23 years. PTSD has been my body's way of reacting to the threat of abuse and impending loss. It has been the fear of betrayal by my therapist, father, and daughter that propelled me into depersonalization and numbing out and ultimately took me away from my self.

Writing my story has been essential in giving me a framework within which to experience feelings and meanings. I thought that working harder and being more successful would make it better. I know now it will not. With work and help, I am beginning to feel okay and accept who I am. I don't have to do anything to 'undo' the guilt. Yes, I was a participant in this trauma, but I did not cause it or seek it out. There is no excuse for what Dr. M did. I know healing will be a long and continuing journey, but for now, I feel like I am on my way.

I finally made the decision to hold my abuser accountable and file a civil suit which was settled out of court in my favor. I submitted a complaint to the State Medical Board, and after an investigation Dr. M's license was revoked by the State Board.

My hope, if you are a survivor of therapist abuse, is that something I have written might resonate with you, help you feel validated, or, at least, let you know that you are not alone.

Keeping The Secret

Marilyn Nowak

I trusted and was betrayed. I tried to leave but couldn't. I was afraid and thought I was alone. I thought it was my fault and no one would believe me. I longed for justice but did not receive it. I was hurting and no one knew. I was a victim, but now I am a "survivor."

I am not alone, and it was not my fault!

The Early Years

October 11, 1945… my birthdate.

I remember my mom saying something to me, later in her life, that I would cry a lot as a kid. I don't know where that came from, but I remember those words. I was born into a Catholic family. My mom dedicated me to the mother of God, Mary.

I cried a lot!

I went to Catholic grammar school and high school. I was shy and afraid of everything. I had no confidence. I remember wanting to babysit to earn extra money, and my mom thought it was too much responsibility for me to handle. Was I good enough to handle that responsibility?

I am the middle child and the only girl. I did everything for my mom because she worked long hours. I cleaned the house and did the wash and ironing because I wanted to help her. She never asked me to do these chores. My dad was good to me, but neither of my parents was outwardly affectionate. I can remember only one time when my parents fought. I remember being so scared as I watched my mom stand by the window waiting for my father to come back home.

My childhood summer times were filled with family picnics every weekend in the Chicago suburbs. Mass attendance was mandatory at

8:00 am every Sunday. Fried chicken was the usual Sunday dinner. Everything was typical.

During the summer of my fifteenth birthday, my cousin Jimmy, who I adored, drowned in a fishing accident in Canada. He was 19. It was a horrific family tragedy. A son was lost, a nephew was lost, a cousin was lost, a boyfriend was lost, a friend was lost. Grief was unbearable for all. I did not know how to cope with this tragedy, nor did I have any skills to help me understand this loss.

I took care of my younger brother while my mom worked. There was no fear of leaving us home alone. I was not very close to my older brother. He was 6 years older. He made me cry a lot. He was in a high school band, and I can remember many fights with my parents when he came home very late. I remember him coming into my bedroom at night wanting oral sex. At that time I did not even know what that was. All I remember is his penis next to my mouth. I was terrified. Was this true? How could I make this up? I started to get loud, and he left. I remember nothing after that. But those memories still haunt me. I told no one. It remained on a shelf in my brain, never to be spoken of until many years later.

I was not "in" with the popular girls in Catholic high school. I got very average grades. I had many female problems and ended up with surgery at 16 to remove cysts from my ovaries that were causing extensive hemorrhaging.

There was no talk of sex other than it was to be saved for marriage. I had a boyfriend, and our hormones were raging. We ended up getting married. I was 18, he was 21. We never had intercourse until we were married. Oral sex was something that I thought was a sin. Besides every time I had sex, the thought of my brother appeared in my brain. It felt dirty to me. I had to treat it like a computer storage file. Click, erase to end of display, delete. That way I could continue with sex. **The secret was kept.**

Life went on. I had four children under the age of seven, with three still in diapers. I had no parenting skills and often felt I was a bad mother. My husband and I did not agree on discipline; he believed in spankings. It's hard for me to say that I too spanked or hit my children. When I was pregnant with my third child, my husband told me he was involved with another woman and that she might be

pregnant. My world came crashing down. We went to a priest one time for counseling. He asked me if I was suicidal. He told my husband to go to confession. That was the end of that meeting. She was not pregnant, he wanted to stay married to me, and he insisted I tell no one because they might influence me to divorce. Divorce was not an option. No further counseling. There was no further discussion. Who could I tell? Where would I go with the kids by myself and no job? I had no one. I was so alone. I had no options. I told no one.

My husband worked many hours, and I was a stay at home mom living in a tiny three bedroom home. I had no car, so I was stuck at home with the kids and was spiraling rapidly into a deep depression. I was plagued by migraines, fibromyalgia (called fibrositis back then), extreme fatigue, and hidden anger at my husband for betraying me. I longed to get back at him by having an affair. Everyone thought we had the perfect marriage. His family thought I was just a person who was always suffering from depression and didn't appreciate the perfect husband. **The secret was kept.**

My Psychiatrist—The Damaging Years

I started seeing him in my late twenties. I sat there and never knew what to say. I was miserable, depressed, lonely, and terribly vulnerable. I was there to discuss my troubled marriage, my failures as a mom, my extreme fatigue, and my debilitating depression. For those times, I was away from my life and in a strange world where I felt like someone else. I can't say why, but I felt safe. I was someplace that felt good to me.

I would go to therapy sessions and be very passive and vulnerable. He was the psychiatrist, and I believed he was going to fix my life. He prescribed antidepressants. Back in the early 70s folks did not talk much about going to see a psychotherapist. There was a huge stigma attached that made one feel even worse because it signaled that one couldn't handle life. Could I tell him all the personal and terribly painful secrets in my life? Would he judge me? Would he tell me I am a bad person? Would he tell me he could not help me? Could I tell him about my older brother?

There were times when nothing was said. We would just stare at each other. After twenty minutes or so he would schedule me for the following week. I went home lonely and depressed. I looked forward to the next session where I would once again be in a strange world that somehow felt good.

As the sessions progressed, he would tell me that I looked nice. That felt good. He must think I'm "special." I started dressing nice for appointments. He was a prominent psychiatrist at a major Catholic Hospital in the Chicago suburbs—and he was attracted to me. I would go home and be happy with that thought.

After one session, when I got up to leave, he hugged me. As I backed away, he kissed me. I was trembling as held me in his arms, and I had no other feeling than wanting to kiss him back. He was not attractive physically, but somehow this felt good. He was the doctor. I trusted him, so this must be ok. I would go home and be happy with that thought.

And so it began and continued over three to four years. Hugging, kissing, sex.

I did not realize, at the time, how depressed I was and how that made me vulnerable to being abused by someone I trusted with every part of my soul. Severe depression led to hospitalization as well as subsequent sexual abuse during regular office visits. There was no way I could escape. I trusted him when he told me, "affairs are good for marriages." I thought I was "special" to him and the "only" one.

During this time he also saw my oldest son, who was severely troubled, during family sessions with my husband and me. On other days, I would see him alone, and we would have sex. I would sit in the family session and think, "My God, I am having sex with him regularly." How did I expect him to help my son? Thinking back, I can't believe how weak and vulnerable I was.

I was sick off and on and suffered from eating disorders and was hospitalized. I remember him asking me if it was "his fault or because of our situation." Of course I said "no." If I said "yes," I feared I would no longer be his patient. I told no one. **The secret was kept.**

The Brutal Years

Then one day I didn't return. I don't remember how I left, but I did. I was paralyzed with guilt and shame because I had wanted what he called an "affair." From that time until 2006 I suffered in silence and with extreme debilitating guilt. His career progressed. He held high positions and received awards. He was named Doctor of the Year and President of the Board at the hospital at which he practiced. My life led to three divorces, physical, mental, and spiritual problems, and difficulties for my children.

My first husband, of 17 years, had cheated on me; my second husband, of only a few years, was a quick rebound marriage. He had little interest in me. My third husband, of 17 years, was an ex-Green Beret with severe PTSD: He was extremely controlling. I lost two homes, had a severe car accident, was wrongly chased by the IRS, and lived with fibromyalgia. My mother struggled with Alzheimer's and died from this tragic disease. I had two major brain surgeries. I retired from a job that was ever-changing and stressful.

After divorcing my third husband in 2006, I had a few long term relationships and a lot of dates, lasting anywhere from a single date to maybe three months. I almost remarried once. As of this writing, my relationships are difficult and don't seem to last. I seem to be attracted to those who take advantage of me. My children suffered terribly because of the consequences of my decisions that happened since I saw the psychiatrist. Unfortunately, and sadly, this has affected my children throughout the years. I have written many times about children being secondary victims.

During my time with the psychiatrist, I believed that I was having an "affair," and it was my fault. **The secret was kept.**

Breaking the Silence—The Healing Years

Some years ago, my youngest daughter, who was trying to break away from an abusive marriage, cried to me in one of her darkest hours. “Mom, I almost was able to leave. I was so close to just being able to leave and move on with my life.” She continued, “I just can’t. There must be something wrong with me. Everyone that has tried to help me will think it is my fault and that I want to stay.” In her tears and threats of suicide, she continued to say, softly and almost pathetically, “I just can’t leave.” It was an eye-opening and profound statement that hit me especially hard.

My daughter’s plea came before I had begun to realize that I had been a victim of sexual abuse: She had no idea of the dark secret I had been hiding for so many years, not just from her but from myself. As a victim of sexual abuse by my prominent psychiatrist, I remember many times thinking “I just can’t leave.” I felt I had no control over what was happening to me. In my daughter’s words, “I just can’t leave” and “it is my fault,” I saw my own predicament and recognized the unbelievable power and control my abuser had had over me. It was what my daughter had said about her marriage to an abusive and alcoholic husband that made me realize I was not alone: My daughter felt the same way.

The grip that abuse places on its victims is an emotional ball and chain that is not easily explained to others. When I broke my silence, I was asked many times, “Why didn’t you leave?” The answer is well understood by those who are hopelessly locked in and don’t have a key. Society can usually understand when a child is sexually abused—after all, it was a child—but when an adult comes forward and breaks her silence, there is denial and blaming of the victim.

As I reflect on my life, I certainly can say that I suffered from PTSD which manifested itself in many physical illnesses such as migraines, fibromyalgia, dysfunctional marriages and relationships, poor self-image, anorexic tendencies, and several hospitalizations in mental health wards. I thought food was something I could control, as I felt so out of control.

The guilt I suffered was horrific, and keeping it secret for so many years added to my symptoms of PTSD. I had no idea that I was

suffering with PTSD. I thought it was an “affair.” My psychiatrist told me so. I guess that I am finally learning, after all these years, how the abuse that took place long ago actually affected who I am today.

I have always been attracted to men who controlled me, thus never allowing me to be me. I repeated the pattern with subsequent relationships. I guess I am just now beginning to realize that I had remained that passive and vulnerable individual all my life. My need to confront what had happened to me and feel validated and vindicated finally drove me to find a way to rid myself of the horrific guilt and shame I had carried for many many years.

When my then-husband and I lost our home in Colorado and returned to Chicago, I once again entered therapy to deal with the financial disaster, a troubled and suicidal Green Beret Vietnam Veteran, and to try to keep what was left of my sanity. This is when I started to have flashbacks of the abuse. My subsequent therapist moved his office, and I had to climb a flight of stairs for my appointments. Flashbacks of climbing stairs to my abuser were vivid. I had no choice but to tell my new therapist, and he was shocked. He believed me and told me that this was abuse and that it was not my fault.

As part of my therapy, I decided to confront the hospital and office where my abuser had worked. I called the office to make appointments with some of my abuser’s colleagues. This is when I found out that my abuser was dead. I felt grief and anger at the same time. I thought, “Now I can’t confront him.” But I was able to make an appointment with one of his colleagues and shared my story. He was very validating and said that my abuser was not well liked and that there were some similar allegations against him that never were proven.

I then met with the CEO of the Catholic Hospital where he was head of Psychiatry and shared my story. He, too, was shocked but believed me and was validating. A female doctor who said she had referred many patients to him was also at this meeting. She was also horrified by my story.

Since my abuser was dead and could not defend himself, they said there was nothing else they could do for me. So I asked them to remove his picture from the “Hall of Famous Doctors” that hung in

public view at the hospital. They agreed to move it to the doctors' lounge, but I have never gone back to see if they have actually done so.

Breaking the "silence" is an extremely difficult thing to do and takes tremendous courage and trust on the part of a victim. However, if the silence is not broken, then the victim continues to be a victim. Survivors brave and strong enough to come forward may be helped to reduce, if not prevent, this type of abuse from ruining their lives and the lives of those who love them and who they love.

The importance of sensitively encouraging those still tied to the chains of abuse to come forward and be heard cannot be underestimated. They need to know they are not alone and that there are others who have walked in their shoes and can provide much needed support and direction on the road to healing. By encouraging victims to seek help, we can aid those still in their early stages of healing who are so fragile, so betrayed, so afraid, and who feel so alone to realize that they can survive. None of us can do this alone!

This realization is a huge step for me. It is something I continually have to evaluate almost daily. I'm still working on breaking my lifelong pattern of control and abuse. I am still learning to recognize red flags in relationships. Sometimes I still don't do that well.

As I have moved from victim to survivor, I still think of the "what ifs" in my life had I not fallen into the hands of a grossly incompetent and unethical psychiatrist. The abuse, under the guise of therapy, continued for several years. I was mesmerized. I felt I couldn't be without him, yet when I left his office, I wanted to go home and shower.

When we enter therapy, there is an immediate imbalance of power. Because of this, our therapists bear all of the responsibility to ensure that sexual boundaries are never, ever crossed. As patients we come, like children, trusting that our therapists, parent figures, will help us. But when a therapist abuses his/her power, and the relationship becomes sexualized, the therapeutic relationship ends and professional incest begins. Similar to child incest by a parent, as victims of abuse by psychotherapists we believe that we love our perpetrators and do not want to get them into trouble. We know that the relationships must be kept secret.

I was not the only victim: My four children were victims, and their father was a victim. They all suffered from the effects of this abuse, since it started a reaction of events that forever changed my life as well as theirs. Because of this terrible abuse of power and vulnerability, I made decisions that forever affected me and those I loved the most. What happened was not an “affair” but sexual abuse by an unethical and opportunistic psychiatrist.

When I finally broke my 30 year silence and told my four now-grown children my story, my oldest daughter accepted the news and told me she believed me and that it was not my fault. However, she was upset by what had happened and realized that she and my other children were secondary victims of my abuse. She too wondered about the “what ifs” in her life had this not happened to me. She went on to say, that she had been thinking a lot about what happened, and finally it really hit her. “Mom,” she said, “ it is so not your fault. You had the strength to go get help for your depression, your problems with four children under the age of seven, and a marriage that was in trouble. Instead you were sexually abused by the psychiatrist in whom all your trust was placed. That was a terrible thing for him to do to you. Not only were your original problems never resolved, he created another problem that you secretly carried for so long—guilt, shame and betrayal. Mom, it is so not your fault.”

Whether we are in the early painful process of healing or in the later stages, hearing words like “Mom, it is so not your fault,” are healing indeed. I can’t change the past, but I can help to support others who are terribly traumatized by this type of abuse. For those in the midst of guilt, shame and betrayal, and for those more advance in their healing, always remember “it is so not your fault.”

Coping Mechanisms

- Do not isolate yourself.
- Reach out to others you trust.
- Educate yourself on this subject—knowledge is power.
- Take care of yourself.
- Rest.
- Do things you enjoy.
- Realize you are not alone, and it's not your fault!
- Reach out to organizations such as www.therapyabuse.org for additional support and coping techniques.

There is help… there is hope.

I pray that my efforts will someday make a difference.

A Crime and A Punishment

Michele Mauger

Stepping off the escalator into the vast, glass roofed atrium, my daughter at my side, it was hard to believe how I could ever have found myself in the position of having won such an exceptional legal victory against an abusive and powerful doctor. It was August 2011, and we were at the General Medical Council's head office in central London.

To the sound of torrential rain thunderously battering the pavement outside, it was with a feeling of euphoria I phoned my son to share with him the latest developments of our week in London. After so much pain, loss and hardship at the hands of the doctor tasked with helping me, it looked as if justice finally would be done. My therapy, which he turned into a personal, abusive and wholly controlling and damaging relationship, was recognised in all its severity by the General Medical Council (GMC), the ruling body of all doctors employed in the UK, at a legal hearing heard by a Fitness to Practice Panel.

With intensive investigation, the legal team had recognised the uniqueness of this little understood kind of abuse—therapy abuse. They saw the life-altering, soul-destroying, personality crushing depths it could reach. To take advantage of someone at their most vulnerable as they give their trust, share their deepest fears and dreads when they believe themselves in safe hands, and then have the doctor make use of it for their own ends emotionally and sometimes sexually, is morally, professionally, and ethically corrupt.

When trust is given whole heartedly in such a situation, it's difficult to understand once the therapist oversteps professional boundaries, quite what is happening. All the usual responses relied on in everyday life seem not to accompany us into the therapy room. Like children, we believe wholeheartedly in the adult who is there to help and care for us.

This is a story of such therapeutic abuse, and its consequences.

Twenty three years prior to the GMC hearing, in 1988, I was in a sorry state, worn down with long term health problems and a succession of major abdominal surgeries, culminating in a botched radical hysterectomy, followed by yet more major surgery to repair the damage. A year later, with no proper hormonal replacement and a virtually non-functioning thyroid, it's fair to say I was extremely unwell. My GP referred me for some psychotherapy with a well-thought of psychiatrist, to help address childhood problems caused by a heavy drinking and abusive mother that had re-surfaced during this period, while he continued to deal with my physical problems. It felt like my last chance, and so I found myself agreeing, with reservations, to see Dr. Lomax.

I was extremely vulnerable at this time, and had only come out of hospital following various tests, including a brain scan, a few days before my appointment. At first Dr. Lomax seemed kind, gentle even; he listened, encouraging me to open up and place my trust in him. Over time, I really thought he understood what was at the heart of me, all I'd kept bottled up for so many years. His office became a haven, but also rather scary; to open up completely was very difficult for me to do. With his encouragement I took a chance, something I'd not been able to do before.

We began to talk about similar interests, art, poetry, books we enjoyed reading. He seemed genuinely interested in me and my views, and to enjoy my company. Gradually I relaxed, talked of the problems from my childhood and how they affected me, how I wanted to be able to understand better and put them behind me, as much as was possible. He encouraged me in every way. My appointments took on an almost hypnotic quality and I felt so special when with him. (He did hypnotise me at a later date, when I was no longer his patient.)

After several appointments, he began making sexual allusions during our meetings, which threw me completely; it was the last thing I expected, and I froze in confusion. I felt very drawn to him—but sex? I felt safe, like the child I'd never been and had always wanted to be, but also the pleasurable discussions we had made me feel like the adult I was.

It's difficult to explain just how seduction happens in the therapy room. The initial safety of being there, someone who emits an almost

parental air of acceptance and care for you, the opening up of much that has been kept deep inside for often so long, can create an almost surreal and hypnotic atmosphere. Being told you are someone 'special', 'lovely' and 'the other half of me I've always been searching for' when vulnerable and hurting, becomes irresistible. Somehow, intrinsically I knew it wasn't right. When he let it be known he wanted sex with me, I didn't know how to refuse or resist.

After a while, he took me to his house after one of our appointments, when his wife was away. It wasn't really like a consensual affair and I felt very awkward. He gave me a glass of wine to relax me and after my 20 faithfully married years, my therapist had sex with me. Afterwards I could not look him in the face. It's difficult to explain the utter confusion that followed. Arriving home I went straight into the bath, washed myself clean, feeling dirty, betrayed and a betrayer, guilty and yet utterly in love. This just wasn't me—how could I be behaving like this? Why?

If I had had sex with him, did that mean I had abandoned my husband, switched my loyalties? Somehow it felt as if no choice had been made and yet I'd gone along with what he wanted, so why? The safety and acceptance I'd begun to feel in his office shifted and became a man/woman scenario rather than that of a doctor/patient. I was caught up in a whirlwind of emotions and experiences I was completely unprepared or equipped to know how to deal with. Suddenly we were supposed to be a "couple," "in love," which I truly believed, and in an equal position.

What ensued was the start of many years of emotional tyranny, often masked with loving words, by my so-called therapist. My marriage was destroyed, I lost my home, my children were in emotional turmoil, my husband heartbroken. What was happening, how had this situation come about? It was like watching myself and my life in a film. The "affair" gradually become public. He told me there had been an anonymous call to the Health Board that employed him, saying "Dr. Lomax was having an affair with a patient." Rather astonishingly, it was swept under the carpet—this in an island community where both my husband and my therapist were fairly high profile figures. And he carried on at work as usual with no sanctions made against him, and with his colleagues knowing exactly what was going on. I never knew who made that phone call.

Why—why was this happening? I felt such love for him, such a strong childlike need. During my appointments he wove a web of safety and acceptance around me, it felt so wonderful. I was mesmerised, enthralled, drawn like a magnet to him. Overnight everything had changed and all I had were questions and no answers. There seemed to be no safety outside of this web.

He rented a small, rather sordid flat and we moved in together. Of course once the fairytale became reality he changed, became colder, selfish—just thinking of himself, while still telling me he loved me. I had at that time seen it as a 'new relationship', it was the only way I could justify what was happening and carry on.

Gradually though, he became what can only be described as psychotically controlling about the contact I could have with my family, how I was to make arrangements for my children with my husband. It was all right to include my daughter, away at university, but my son and my husband were not acceptable to him. He told me I had to get a job because he couldn't afford to support me as well as his family, which I did. All of a sudden I was in some sort of life I couldn't ever have imagined. From recovering after a long spell of ill health to living like this was unreal. Of course he left after a while, mired in self-pity, and went back to his family.

It's difficult to put into words how utterly abandoned I felt. He had been my safety, so how could he do this? He had taken me out of my home and my family, installed me in a supposed new life, and then just gone. It's taken many years for me to understand why I was so devastated, and how childlike I felt. My husband asked me to come home and we tried to carry on, but looking back we had no way of knowing how to deal with such a situation; it was truly awful. I was not the person I had been, and neither of us knew how to deal with it. I was vilified by people in the island community where I lived, a "wicked woman." Not him though. I'd gone to a psychiatrist for help, what on earth had gone so wrong?

After a couple of months Dr. Lomax contacted me again. He loved me, missed me, wanted to see me and my need for him was so strong that I went. For a couple of years he would come and go, with me trying to cope with flats, work and my family. During this time my father died, and even then it was about him, not me and mine. To lose my much loved father was a great sadness, but I never had the

chance to give my grief recognition. Before long he decided to move to the UK mainland because life became too difficult for him, turning his back on me and leaving his family.

Over the next nine or ten years he would be in and out of my life to suit himself. During this time, and totally wrecked inside, my life became a constant parade of change. I moved flats, found work and eventually moved to London to take up a college place offered to me, and trained in medical management. Initially I lived there with my daughter, all the time looking after my family as best as was possible. They were such grim years, difficult and exhausting.

After thirteen years our on/off 'relationship' came to an end. We had been living together towards the end of that time, but it wasn't right. I always felt as if I was in a life that wasn't mine. How we met was to be kept secret and if asked I was to not mention I'd been a patient, but to say we met at a party. He would increasingly go away, supposedly for work, but when I asked him once about what looked suspiciously like lipstick on his shirt, he said that while eating a piece of tomato at lunch it had fallen on his collar! He told me he was "fed up with my children's problems" and "wanted to be on his own" while becoming colder, emotionally cruel and manipulative towards me. Nowadays this would be called "gaslighting." It's hard to describe the effect all this had, and by now it sometimes felt like I was struggling to keep my sanity. It took me some time to work out what to do next, how to sort out all the practicalities and with little interest or help from him. But I eventually settled on a seaside town on the south coast of England, where a close friend lived.

When I finally arrived, with just the few bags I could take on the plane, I was at the lowest I'd ever been, with ideas of suicide constantly on my mind; only the thought of my children stopping me from killing myself. Never had I felt so alone, and all because I'd gone to see this doctor. Hiding under the duvet in a temporary rented holiday flat, I felt utterly exhausted, broken and hopeless. 51 years old, in a strange town and starting all over again. All through those years I had picked myself up, kept working, caring for my family and all for what—it had meant nothing. In spite of everything though, start again I did.

I found myself a little flat, found a job in a local medical practice and became involved in voluntary work. Gradually I made friends, I

had somewhere safe and welcoming for my children to be whenever they wanted to visit and life, externally at least, normalised. The damage inside was profound, but I kept it hidden and was always vague about my past when asked. The very heart of my being was twisted and deformed, forever scarred. Over time I told a couple of people who were close, but always feeling ashamed, evil, it was all my fault, and guilty for the suffering it had caused my family.

By this time my children were involved in their own lives, but my son became ill in his late teens and after some years was diagnosed as having schizophrenia. He was by now in the same town as me, and it was with much effort and hard work I was able to get him the best care that I could, and keep him as safe as possible. He was very ill; looking after someone with schizophrenia is a difficult and heartbreaking task. My daughter was a frequent visitor when work allowed. I loved my children and one of the hardest things to deal with was how I could have been so overwhelmed by Dr. Lomax and his manipulations, particularly with regards to my children.

How could I have gone along with what he wanted? What was wrong with me? And always I felt it was my fault it had happened.

Yet initially I missed him, yearned for him sometimes, and it was a while before this faded. He had lied to me, manipulated me, and the cruelty of his emotional abuse was staggering. I had cried more tears than it seemed possible to cry, felt more desperate, exhausted and alone than imaginable. But I did carry on, made a new life for myself, all the time keeping the secrets of my shadowy world. All the time carrying this burden inside, trying to find explanations for what had happened.

Gradually I found information about professional therapy abuse, and what it means for the person involved. I came to know Dr. Sue Penfold, who became such a source of support for me. For so many years I'd always blamed myself: it must have been something about me, something I did, that made this happen. One of the most difficult aspects to get to grips with has been how and why I 'let it happen', how and why I always went along with what he wanted. I would always be there when he turned up, full of yearning for the promise made early on that he would "make everything all right." And yet it never was. The yearning became compounded by confusion and hurt, the recurrent rejections adding another layer of damage.

Over those years I was finding it increasingly difficult to feel ‘normal’ and balanced. I found myself often feeling angry, and not knowing why. So much of life seemed pointless and with no heart. My son, a lovely, witty, intelligent, adorable person, was becoming agitated and psychotic and his care was becoming a full time job. Luckily his psychiatrist was a worthy one, and after some time I did tell him about what had happened to me, because of the profound effect it had on my son and our family. He was wonderful and straight away saw it for what it was: serious professional abuse.

Soon, the psychologist overseeing my son’s care learnt of this and told me she was ethically bound to report it to the General Medical Council (GMC) in London, and that if I consented to allow her to include my name and the doctor’s also, it would carry more weight. My first reaction was extreme fear. My shadowy secret would come to light—what if he found out, how would he react?

After three weeks of agonising about what to do, I agreed to let her go ahead. She assured me she would support me with whatever happened. (She subsequently went off sick for a few months). On receiving the complaint, I was invited up to London to speak with one of the GMC’s solicitors, and to give a statement, which I did. Over the next few months I provided them with information about what had happened, as they required. About eight months after they received the complaint, a letter arrived from them telling me that due to the seriousness of the case, they were going to open a formal investigation with a view to holding a full, public hearing; because it was deemed an extraordinary case, they had overruled their five year limit on reporting. It was just before Christmas 2010.

At first I couldn’t believe this was happening, that they were taking it so seriously. All of a sudden it became ‘real’, it was no longer going to be my hidden secret and I would need all my somewhat diminished strength to cope. In the new year my allocated solicitor rang to arrange a visit to my home, which took place in early February. He spent an afternoon with me, taking a detailed statement. I was able to provide diary evidence of my first appointments with Dr. Lomax back in 1988, letters I’d written when first seeing him which backed up my story, and other proof of what had taken place.

He seemed to find it useful and helpful in gathering a detailed, factual history. I found it grueling, exhausting and increasingly upsetting. After he left I was wrung out, and left feeling very exposed. He had told me that if they found enough evidence of serious wrong doing then it would go to a full, public hearing. Frankly, I was terrified. I had agreed to giving my name and that of Dr. Lomax, but honestly never expected it to come to this. Now it had and therefore must be dealt with.

After twenty three years of carrying this around, keeping secrets everywhere I went, always being on my guard, never trusting, everything was now coming out. For the first time I began to have panic attacks, thought I would fall apart, unsure if I could cope with this new onslaught. I saw my doctor, who knew what had happened, and who straight away put me off work. Of course I had to tell some of those I worked with, in the national health service, what was about to happen and why. We were a close team, doctors, nurses, administration staff, friends as well as colleagues, who were nearly all understanding and supportive.

From then on everything became quite intense, with time spent gathering all there was to give to the GMC. My solicitor wrote a full and comprehensive statement of our interview, which I checked and signed. My daughter and sister also provided statements of what they had witnessed and how it affected me and the family. Early summer I was informed that following their investigations they would be taking the case to formal hearing in London in August. Ten days were set aside for this and I would be required to attend as a witness, my daughter also. My sister and the Records manager from the initial hospital where I saw him were interviewed by video link.

This was a difficult summer. I was exhausted, panicky, frightened and felt not quite in control of my own life. Throughout this time I was still looking after my son, organising his care with the team at the hospital, who knew what was happening, and with him spending days and most weekends with me in the flat. He was traumatised by what was going on, fearful for me and always caught up with his own demons. It really was indescribable. My daughter was a star, helping and supporting me throughout. It was good, for she, like my son, had suffered badly because of what this man had done.

August 2011 found the two of us put up in a hotel in London by the GMC. The hearing was run like a court of law, with a Fitness to Practice panel consisting of doctors and lawyers. Just a few days beforehand, Dr. Lomax declined to attend or send his legal representatives, but due to the seriousness of the charges the panel decided to go ahead without him. I spent a whole day being questioned by the GMC barrister as well as members of the panel, which was quite an ordeal, but they were very good with me considering they usually tended to lean towards the doctor.

After the other witnesses were interviewed, they reviewed all the evidence provided. Then came the day of the verdict. My daughter and I sat holding hands, and as each charge brought against him by the GMC was found to be proven, our grip tightened as they read them out, one by one: that he had a sexual and emotional relationship with a vulnerable patient, that he told me he had destroyed my records and that he had brought the medical profession into disrepute. I couldn't believe it. As we left the tribunal, I turned to the panel and said tearfully "Thank you for listening to me", and they smiled as we walked out of the room.

After phoning my son and sharing the news with him, we splashed through the wet London streets to our hotel, buying a bottle of sparkling wine en route to celebrate. The next day we went back home to await the panel's determinations regarding Dr. Lomax.

During the next few days, the Panel worked through the evidence and various options open to them and eventually made the decision to remove his name from the medical register, even though he had taken early retirement prior to the hearing. This followed his request for voluntary erasure, which was denied beforehand, and his "retirement" to France. During their determinations they make the following comments. I chose during the hearing to remain anonymous and was referred to as Ms. A. He, of course, can now be referred to as the ex-Dr. Lomax.

> *"The Panel has borne in mind its reasons in finding Dr. Lomax's fitness to practice is impaired, as set out in its determination, and the fact that Dr. Lomax caused irreparable damage to all members of the family."*

They also said:

"The passage of time can never excuse or ameliorate such a fundamental breach of trust. It is also significant that Ms. A had to be encouraged, by therapists treating her family in recent years, to face up to bringing this matter formally to the attention of the GMC.

The panel takes a most serious view of Dr. Lomax's conduct in using his position as Ms. A's treating psychiatrist to pursue an improper emotional and sexual relationship with her. The Panel has head that Ms. A was particularly vulnerable at the time when she first saw Dr. Lomax for professional help. Further, the Panel has heard from Ms. A, her daughter, and her sister of the long-term harmful effect of Ms. A's relationship with Dr. Lomax on her and her entire family."

So there it was, after all those years. The ensuing media publicity was hard to deal with as I was rather shell shocked and feeling very exposed. I was also very concerned for my son. The local press in my home island where I had first seen Dr. Lomax wrote questioning a possible cover up at the time, but nothing changed. Also I never received any compensation for what happened.

At the end of September my daughter came back to visit me at home. The weather was extremely hot and on 1st October my son came down from the hospital and we all went to the beach for a swim, the first time for the three of us together in a long time. It was glorious and we joined hands forming a circle in the sea and shouted out to the sky "We survived!"

One month later my son died.

Post Script

Michele Mauger, beloved mother, cherished friend, and a TELL responder who walked with many on their healing paths, died in Brussels, Belgium on Thursday, April 30, 2020. Her daughter, Annie Machon, wrote the following in her memory:

She drifted off within my arms…

It was a good death, as gentle as could be.
Why, then, should it cause me such anguished misery?

Today my mother slipped through my arms to much desired peace.
But what will give my anger the spring to its release?

Fat Cunt.

There, I said it.

Deeply offensive, but accurate, for that deeply offensive man:

that prime bastard;
that struck-off ex-doctor;
that quasi-therapist;
that un-healer and my mother's abuser.

He took her for all she was, all her loving spirit could give.

He used her and abused* her until she was done with life.

He took her for all the money he could, but then took yet another wife.

My father hurt, my brother lost, my mother abandoned and cold.

But I remain here to tell the tale of an abuse that needs to be told.

J'accuse, Steven Lomax.

* Abutor (Latin verb) to use up.

Annie Machon

30th April 2020

The Forever Bond of Gag Orders

Anonymous

My parents did not name me 'Anonymous,' but because I signed the following gag order:

> *"I will not disclose to any person, nor discuss with or within any public forum, any public or private meeting, any publication, any public medium, or any news medium [including, without limitation, radio or television stations, publishers, newspapers journals, magazines, newsletters, and internet facilities or websites] (1) the terms and/or amount of this settlement, and/or (2) the factual circumstances surrounding my treatment by, or prior interactions with (X) and/or (3) any allegations set forth in the complaint. This gag order is legally in effect 'until the end of time.'"*

"Anonymous" is the only name safe for me to use for what I am about to write. It is very difficult to disown my name, but to do otherwise would leave me vulnerable to being sued by my abuser. It is the only name that he can allow me to use if he is to keep himself safe. It is the name that keeps me tethered to him and allows him to have control over me forever.

The Abuse

I was 32 when I started what would become an almost six-year "therapy." Quickly I felt deeply seen, heard, and known. I felt accepted, appreciated, and loved. Over time, my therapist, AH, made me feel even more special by sharing his pain and demons with me. I trusted him completely. He knew how I felt and encouraged me to discuss and explore, in depth, every physical, emotional and romantic fantasy I had about him. All the power in the relationship was his.

My family history trained me well in the art of abandoning my own beliefs and wants to meet my greater need for survival, belonging, and connection. I learned to do this so exceptionally well that at times I even became a willing participant in my own abuse. AH knew this about me. He knew everything about me.

It would be years before I would know that what I believed to be real, unique, and special… wasn't. For more than five years, I measured time by how many days, hours, and minutes it had been since I had seen him and how many more until I could see him again. My safety and every emotion were dependent on and determined by my relationship with him. I believed the unquestioning adoration I felt for him was pure, true, and absolute. It was magical, a secret he and I shared. No one in my world knew anything more than that I was seeing a therapist.

I don't know exactly when he asked the first question or made the first statement that could have been seen as professionally inappropriate or overtly provocative. It all happened so gradually that it felt completely natural and mutual. Talking about my fantasies and desires for him was a breakthrough that allowed us to do an "advanced level of therapy," something I knew pleased him. In return, he talked about his struggles and fears.

Exactly three years and five months after I had begun "therapy," we had our first physical exchange. My memory of this and every subsequent sexual encounter is crystal clear. I know what I was wearing, what he was wearing, what we said, and what we did. While our first physical intimacy did not extend to intercourse, all future ones did. He worked out of his house, and, with one exception, our sexual acts took place in either his office or his waiting room.

At his request, we never kissed. He did not use condoms. He called me a "baby haver, like all women" for "not being on the pill." He knew that beyond my relationship with him, I was not sexually active.

I asked about seeing another therapist, his friend and mentor who we had agreed would be my contact person should AH become unavailable, to help me work out what was happening. To this suggestion, he said that he and I were uniquely suited and absolutely

the best people to work this out together. That was all he needed to say: I believed him because everything in me needed to believe him.

A pattern developed: In the sessions following each sexual encounter he would adamantly insist that this should not have happened. The damning of our having had sex was mixed with assurances that it felt great. He would state that while it never would have happened without my enthusiasm, having sex while doing therapy actually took power from the therapeutic relationship and that that we could learn more by what came up from me from our not having sex. He claimed that we had "slipped into a no-man's land" and now needed to learn from that and find our way back to where we could do the work that needed to be done.

I didn't pay for the sessions at which we had sex, but I did pay for the ones at which we discussed why we should not have done so. After each sexual encounter, a little time would pass, we would have sex again, and the cycle continued.

The one exception to this pattern was the only time that I spent the night with him in his bedroom, August 2nd. It was a Sunday. I wore a yellow tee shirt and army green shorts to his house that evening and brought a long navy skirt and floral blouse that I had purchased in Hawaii to wear to work the next day.

It was only then, on what I never imagined would be our last time together, that I asked him if I could call him by his given name rather than by his title, "Dr." He said, "of course." I felt sure that finally our relationship would quickly move into the outside world and beyond his being my "therapist." Instead, and without warning, he stopped having time to see me, refused to make an appointment with me, and didn't return any of my many messages. I didn't understand what was happening and quickly dissolved into a state of panic and feeling profoundly lost.

After several weeks, he called. I was saved, everything was going to be okay, the horror was over. But he had called only to tell me that he needed time before he would be ready to talk with me, that I should stop calling and leaving messages, and that he would get in touch when he was ready.

I was in a perpetual state of extreme grief, terror, confusion and desperation. A month passed; it was unbearable. Time was a

continuous stream, and what day of the week it was or how many days since or until anything had no meaning. The sun rose and set, I went to work and functioned, and none of it mattered. No one in my life had any idea that any of this was happening to me. I was alone, in agony, and couldn't make it stop. Attempts to get help from a rape hotline and a trauma center proved fruitless.

I wanted so badly for the pain to end and believed it could only happen in one of two ways, by my ceasing to exist or by seeing him. Even hearing his voice would have been enough. In my head there were ceaseless thoughts of what I would write in my suicide note and about the pros and cons of overdosing or slitting my wrists or perhaps both. Fantasies of that and seeing him again consumed me.

Understanding now what happened, I continue to struggle greatly with the reality that he knew the damage he was causing me all along. He knew if he abandoned me, my killing myself was not just a possibility but a probability—and still, he left. I don't believe he hated me, but the evidence that I was insignificant to the point of my death being tolerable to him is inarguable and breaks my heart.

It has taken years for me to know, understand, and accept that the responsibility for the abuse and exploitation was all his. So far this knowledge has had little effect on my feelings. My feelings have their own reality and, when they are awakened, make me continue to debate who was to blame. If I had been more lovable, sexier, kinder, nicer, more interesting, more of an intellectual equal; if I had been enough, he would have loved me, wanted me, he would have stayed. If I had been less needy, less desperate for connection, belonging, and love, I would have seen the reality of what was happening and avoided the abuse altogether. I wonder if I will ever be able to understand and accept the reality of what happened. I think maybe I can't or don't think I can stand the pain of knowing how little any of it had to do with me. How insignificant I was to him.

The Lawsuit and Subsequent Therapy

The decision to sue AH was mine alone. I wish I could say that I sued from a place of power or for all kinds of altruistic, socially responsible, estimable reasons: I can't. I sued in a desperate attempt to end the excruciating, unbearable pain of being without him. I guess I sued to keep him in my life, what I saw as my only route to survival.

With a lawsuit, I would be back in his world and eventually be able to hear his voice and see him, even if it was only in an office with attorneys present. Anything was better than nothing. I had found a way to be back to a place where my existence was in relation to him. In doing that, I survived.

With help, I found an attorney who specialized in therapist malpractice cases. I had a significant amount of incontrovertible proof of the exploitation, and the attorney agreed to take my case on a contingent fee basis. My attorney knew I had absolutely no human support and provided me with the contact information for TELL. My TELL contact's personal history and experience with victims of therapy abuse made her an invaluable resource and quickly became my lifeline.

She insisted that I find a subsequent therapist and put me in contact with one who had extensive experience with therapy abuse victims. She was not taking on clients that would require the amount of support I needed, but she provided me with the name of several therapists who she felt would be a good fit. I was totally incapable of knowing who to trust, most especially myself. This made the process of finding a next therapist horrific. I was terrified of being in the same room with a therapist, experiencing them all as extremely dangerous. I also felt as if I were cheating on and betraying AH and the relationship I still cherished. I fully believed that no one could understand what had happened between us and how profoundly special it was for both of us.

Having been abused by a therapist and then going to a therapist to survive the abuse is like being in a plane crash and then having to get on a plane to get to the next place. Regardless of the traumatic state you are in, the pain and terror you feel, taking up residence at the

crash site is not a viable option. With anxiety beyond imagination, you have no belief or faith that the next plane you get on won't crash and burn. Maybe you have hope, but more likely you are numb or simply resigned. Whatever you feel doesn't matter; all that matters is that you keep breathing and board the next flight.

When I made calls to set up appointments, I told each prospective therapist that "I had been sexually exploited by my previous therapist and may be pursuing a law suit." I felt no connection to the words, not even when one of the suggested therapists, on hearing my situation, stated, "Oh my god I wouldn't touch that."

After multiple tries, I finally met with the woman with whom I would work for the next ten years. While she had never had a client who had been exploited by or was suing their previous therapist, she was well experienced in victims of abuse, violence and trauma. I demanded that she tell me her age, marital status and sexual orientation as a condition of my being willing to work with her. (My only reason for wanting to know her sexual orientation was because I thought if she were straight I'd be safer from any kind of attraction by her for me or me for her. I've since learned transference transcends any such distinctions. Fortunately, this never became an issue in my treatment with her.)

To her great credit, she complied. She was my age, with our birthdays less than a month apart, single, no children and was straight. She was as safe as I could hope for.

For the first months of this new therapy, I kept my coat on and my arms wrapped around me. For more than a year, I made no eye contact and was frequently unable to speak. My life was lived in series of flashbacks: Some I wished I could have melted into and never return to reality; others were nightmares that I couldn't escape.

I was regularly assaulted with intrusive thoughts and triggers. Drinking was constant, and cutting and scratching my arms was the only way I could find relief. There was frequent talk of my being hospitalized, which I refused. I made sincere threats of what I would do to myself if she committed me. I am so very grateful that she never did.

It would be years before I even began to appreciate the degree of responsibility she carried in making that judgement call over and over again. Back then, I experienced being with her as barely tolerable. She would not see me or talk with me on the phone if I had been drinking. After each session I would call my advocate and tell her I was not going back.

During this time the law suit was happening. My mother passed away and my brother got married. Life in the world went on, but to me it looked as much like real life as a Picasso painting.

I was an expert at living in two worlds, the one in which I struggled to survive and the one where I walked around, working and interacting with people as if I was real. Drinking 24/7, cutting, scratching, sexually acting out, not eating for days or bingeing and purging, I existed. I'm in awe today that I not only survived but continued to work and see friends.

That I would commit suicide was a constant concern of my subsequent therapist, attorney and advocate. They were the only people who knew all of the pieces and the reality of how I was coping. I cherished the lawsuit because it was a connection to him, and while I now fully understand that may sound pathetic or perverse, at the time my survival depended on it.

I was and am single, and while I visited several times a year, all members of my family of origin lived, and still live, more than a thousand miles away. I never told any of them any of what was happening. Not when it was happening or since.

The first few months after filing the law suit, I told a few very close friends what was going on and to varying degrees details of what had occurred. One friend didn't understand how I could sue someone "just because he broke up with me." Another friend of more than twenty years stopped answering my phone calls and hasn't spoken to me since. Two others listened to what I told them but had never been in therapy and didn't ask me any questions. It was clear that any discussion on the topic made them more than a little uncomfortable. I stopped talking.

The Claim for Malpractice stated that he was negligent, careless and mishandled all aspects of my treatment including but not limited to transference, counter-transference and the termination of our

professional relationship. It claims he manipulated my emotions and entered into an unprofessional dual relationship with me.

Reading the documents, I was torn. Part of me wanted to protect him from being attacked, to keep the relationship we had created from being described with such harsh and damning words. Part of me was furious with myself for causing him and the relationship to be attacked.

For more than three years, my abuser and his attorneys did everything in their power to stall, delay and drag out every aspect of the law suit. I absolutely believe he assumed I would kill myself during this time—and that he frequently hoped I would. I wanted to believe that he would have felt badly about it, horribly guilty, responsible, and perhaps even tormented. I also knew he would have been relieved. At any point during the three years of the law suit, he could have chosen to take responsibility for the abuse, negotiated a settlement, and put an end to the lawsuit. Instead, without exception, he made choices that would cause me further damage and distress.

When all postponements, delays, extensions and bullshit excuses had been exhausted, and the only thing left would be for him to be deposed, his attorneys made a financial offer. With a few phone calls between attorneys, the negotiation of a dollar amount was fast. In the same phone call in which I was told the final dollar amount of the settlement, I was told that my signing a gag order and an agreement to not report to the licensing board would be conditions of any settlement.

I had consistently told my attorney, advocate and subsequent therapist that I absolutely would not sign a gag order for anything more than the dollar amount of the settlement. In the end, it didn't matter. I was told that the insurance company's job was to protect my abuser's medical license, and that if I didn't sign a gag order, they would have no reason to pay me.

My attorney told me that not signing was an option, and that I could take the case to trial. He warned that it would almost certainly take at least two years and that the other side could delay the legal proceedings the same way they had delayed settlement offers, over and over, for the past three years.

While my subsequent therapist's personal and professional feelings were and are that gag orders are awful and damaging, she also knew that signing one would put an end to my living in purgatory and greatly increase my chances of survival. Having consulted with my attorney, her understanding was that signing a gag order was necessary for the case to settle and neither an unusual or unacceptable condition.

That she didn't support me in opposing the gag order was devastating to me. Betrayed by my previous therapist, I now felt betrayed by her. Though she was still willing to meet with me, it felt like a reenactment of his abandonment. The rupture it created dangerously threatened the continuation of our working together and thus my safety.

I felt tricked, betrayed, and unsupported, and I went numb. I simply could not stand it anymore. It was clear I wasn't going to accomplish much of anything no matter how hard I fought. I signed.

After almost six years in an exploitative and damaging therapy and more than three years in a rancid, sadistic lawsuit, I was exhausted, battered and broken.

The weather the morning I signed the papers was a pleasant and sunny day in New England complete with blue skies and a slight breeze. I left work, went to my attorney's office, and signed the settlement papers—including the gag order of extreme scope that will be in effect for the rest of my life.

There was no ceremony, no pronouncement, no justice, just my signature on a piece of paper. After three years, the lawsuit was over in a matter of minutes. I left the office and returned to work.

As is legally required, the state medical board was informed that a malpractice settlement payment had been made. The board never made any effort to contact me or took any action that would interrupt my abuser from continuing to practice.

He had won.

The Lifelong Consequences

Long after a law suit is settled, a gag order is a way for abusers to continue to have power over their victims, silencing them and legally requiring them to protect them for the rest of their lives. As such, gag orders are a continuation of the abusive relationship: they have the potential to be as damaging to a victim as the original abuse.

At the time I signed the gag order, I didn't know that having a gag order would make it more difficult for me to heal, but it did and continues to do so. I understand why I signed, and now and then I can even scrape up some compassion for myself; but I'll never respect myself for having signed the gag order. I deserved better. I deserve better.

It is now the summer of 2018 and more than ten years since the lawsuit ended. There has never been a time when I haven't deeply regretted signing that gag order, and I have come to realize and need to accept that there never will be.

If I hadn't signed, the law suit wouldn't have ended when it did, and I may not have survived. For that reason alone, signing was the right decision. The choice at the time was to die or live with a gag order. It was the best I could do. It wasn't enough.

Today, every part of the abuse is in the past—except for the gag order. It is the gag order that is alive and in the present and keeps me bound to what happened for the rest of my life. Even after my abuser dies, I am legally required to not name him or relate any details of what took place between us. I signed an order that will protect my abuser for the rest of my life and his. How can that be right? Why is it legal?

I feel a huge amount shame in knowing that there is a man I trusted who is so desperate to keep anyone from ever knowing that he slept with me and had a relationship with me that he was willing to fight for three years and pay to legally require me not to ever tell anyone. I hope at some point I will genuinely and only feel compassion for myself and forgive myself for all of what happened. I hope feelings of anger at him become bigger than the feelings of rage I have for myself.

It has been twenty years since I last saw my abuser. I have neither an expectation of ever seeing him again, nor do I have a desire to do so. I feel weak because I still fear him and believe he still has power over me. I feel shame that I will forever be his protector. To forever require that of me is obscene. It should be illegal.

Even now, I question whether my continuing to struggle against the gag order is motivated by giving me a way to hold on to the fantasy of the past, whether it is a way of putting myself back into the role of victim, a familiar place and so comfortable, or whether it is simply what happens when you live under the gag order?

A gag order is a leash. Regardless of how much time passes or how long the leash may be, for the rest of my life I will wear it around my neck while the other end will be held by the man who abused me. Because of that leash, my name is and will always be “Anonymous.” I beg you to know that a gag order is forever.

Predator

Nicole Todd

The Wilderness

I did not even realize what happened until I turned around. On a glorious day in the mountains, I finally reached the abandoned logging camp at the end of an old dirt road. Alone in the wilderness that summer afternoon, the only sound I noticed on the way up was the familiar rustle from quaking aspen trees when the breeze kicked up. Heading back down, I paused after noticing large fresh paw prints in the dirt. A mountain lion had followed me before heading off into the pine trees. I had no idea he'd taken an interest in me until after the fact.

I shrugged it off. I'd hiked alone in the Utah wilderness since I was a kid and never had a problem with mountain lions. Wildlife almost always avoided people. If I had noticed who was following me, running away was risky. He could have caught up with me in seconds. Holding my ground and talking loudly should have discouraged further interest. But if it didn't, raising my arms up or waving my jacket around was next. If he was still curious, I probably would have thrown my canteen at him. He would have moved on at some point, unless I had some very bad luck. Hiking alone in the mountains of Northern Utah was always a bit risky, but I knew how to keep myself safe.

When I walked into my therapist's home office many years later, I had no idea that room would soon become my own personal wilderness controlled by a human predator. At the time, I was unaware of other's people energy. My first impression of D was that he was harmless. He was an unimposing presence, 12 years older and 6 inches shorter than I was. Like my experience with the mountain lion, I didn't even realize what had happened until well after the fact.

I knew nothing about how to keep myself safe in the unfamiliar wilderness of psychotherapy.

The Abuse

I wasn't looking for a therapist. D pursued me. My 9-year-old was seeing him for help with anxiety. His credentials were impressive—two types of professional counseling licenses, membership in several professional societies, and over 20 years of experience. My child adored him. He was charming, charismatic, and very funny. He suggested that I begin therapy with him during a chat after my child's session. I agreed. How could it hurt?

It ended up hurting a great deal. The aftermath of psychotherapy was the single most painful event of my life. We never even got to the root of my problems: I was sexually abused as a child. This has impacted my life in ways I am still struggling to understand. I grew up a loner in a small Mormon community. Tall and shy, I avoided being with people whenever possible. I found solace in nature. I spent most of my free time outdoors, exploring the mountains. At 20, I married the first man I'd ever dated and left my small hometown for New York City, later settling in New Jersey. I was a stay at home mom of 4 children.

It all started so well. I'd never been to therapy before. I didn't know what to expect, but found it pleasant being with D in his cozy home office. I had never felt such comfort from talking to another person before. D was the most empathetic, compassionate person I'd ever met. He wanted to help me improve my life. He said that we would discover what my antidepressant medication had been covering up. He talked about "mental" housecleaning. It sounded like a great plan. I loved going to therapy because I felt wonderful afterwards. Sessions were like an intoxicating drug, and I became addicted. I needed a weekly dose to maintain my new sense of wellbeing. He just wanted to help me. D quickly became a powerful person in my life. I completely trusted D.

There was so much I didn't know about therapy in the beginning. I didn't know that special state rules and regulations governed therapy. I didn't understand how lopsided the power balance was

between a therapist and a client. I thought it was just a normal relationship. Though I didn't know what boundary violations were, I did know that special treatment from D felt great. He gave me a big hug after every session. He showed me around his house. Within a few weeks, D said he loved me. It felt like a fatherly sort of love at the time, so I went with it. He gave me his cell phone number, explaining that he'd given it to only a handful of other people. He introduced his wife to me. He sent me a postcard from Mexico, and showed me his vacation photos when he returned. He began calling just to say hello. He played Beatles songs on his guitar and sang to me. I loved every minute of special attention from him. I did not know at the time D was doing more harm than good. I just didn't know.

One weekend morning a few weeks after therapy began, he invited me to attend a session of the Landmark Forum that evening. He drove, and we had dinner afterwards. His wife came along too, and it was all very friendly. At his encouragement, I then signed up for the Landmark Forum, a weekend self-improvement course. D and his wife attended the last night's session and we sat together. He told me he was proud of me for completing the course, and kissed me on the cheek. I was equally proud that he was my therapist, introducing him that night to the new friends I'd made. I told people at the workshop that I had a great therapist because I wanted to. I referred people to him because he had asked me to.

My 9-year-old continued therapy, my 12-year-old started therapy, my 15-year-old came to a family biofeedback session, and my 5-year-old often tagged along to sessions. Then my husband and I started marriage counseling with D. He'd recommended it, and my husband complied. Besides, marriage counseling provided me with another opportunity to enjoy time with D during the week.

D began sharing his personal problems in my sessions. He told me all about his 2 failed marriages, and the problems he had with his current wife. He said his first wife had threatened to attack him while he slept. I was incredulous why anyone would ever want to hurt such a wonderful man. He had rocky relationships with his kids. His daughter wouldn't talk to him, his son was estranged, and his step-son sounded loathsome. Surely, they must be a bunch of ungrateful kids if they couldn't appreciate how great their dad was. Other relationships disappointed him. He consistently put extra effort into

friendships, yet people always let him down. I thought he was a great guy, incredibly nice and helpful. Because he helped me by listening, I felt like I was helping him by listening to him. Gradually, his problems became more important than my own. Besides, I enjoyed hearing him talk. He was very entertaining and could always make me laugh. When he shared his personal life with me, I felt honored. I had been granted access into his exclusive inner circle. I loved it.

He also confided in me about his other clients and their problems. He took phone calls during my sessions. He once handed me the phone and told me to talk to J, a former client. I had no idea who she was, but we had a friendly chat while D smiled to himself. After the call, D told me about a night he and J had spent touching each other erotically in his hot tub. They'd all been drinking, and their spouses didn't seem to notice. He told me about C, a client he'd gone on a couples' vacation with. He and C had a brief sexual encounter after her last session. I felt a twinge of jealously after he told me.

I magnified minor gestures into big deals. When I cried, he moved his chair in front of me, held my hands, looked into my eyes, and said "I'm sorry you hurt." It was enormously comforting to me. When he said something I looked unsure about, he'd scoot his chair close enough to nudge my foot and ask "Do you trust me?" I always did. He gave me his private house phone number, and said I could call him 24/7. Whenever I saw his name on my caller ID, my heart jumped. I thought about him constantly. I began bringing up new topics I thought he'd enjoy. I avoided mentioning that I often struggled with the same problems, even after we had discussed them. That would have hurt him.

I realized that I had fallen in love. I kept it to myself, unsure of what to do. D soon brought it up. "I love you" he said, "And I bet you love me too." Overwhelmed, all I could do was stare at the floor and nod. I was thrilled he had voiced my secret hope. A few weeks later, I said that sessions had recently taken on an intimate, almost erotic atmosphere, and I was confused by it. He was quiet for a moment before he asked "Are you suggesting that we have an affair? … I'm flattered!" Clearly pleased, he nudged my foot and said "That was good." A future with him became a shimmering possibility on the horizon.

The concept of transference sounded downright ridiculous. I fell in love with him because he was a kind, caring man who understood me, not because of some weird psychological theory. My feelings were real, and so were his. Besides, every time I brought it up, D brushed it aside, saying "Trust me. It's an Oedipal thing." I trusted him.

Marriage counseling continued. I did not tell my husband how I felt about D because it was strange. Besides, D and I hadn't 'done' anything together except talk. I didn't notice that my relationship with D had become an alternate reality that co-existed with my real life. D understood my marriage and knew that I wanted more emotional intimacy. But he never really suggested ways for my husband and I to develop that. I didn't mind because I was happy spending time with D. My husband went because he wanted me to be happy. He agreed that D was one of the nicest people he'd ever met. During one session, D said he thought I was ready to begin tapering off of my anti-depressant medication. He told my husband he would be keeping a close eye on me. I took his suggestion and got off the meds without any help from my doctor. I felt better than I had in years.

D carefully began blending sexual tidbits into conversations. I willingly answered questions D asked about my life, but felt uncomfortable bringing up specific topics, including sex. He asked about my sex life, and became visibly pleased by my answers. We would have already had sex by now if we weren't married to other people, he said, because that was the nature of our relationship. He speculated that I probably had sex every day. He believed I was sexually adventurous. He freely discussed his current sex life. He said he was a crossdresser, and went into great detail about his transformation ritual. He said my husband would make a great crossdresser. He showed me photos of what he looked like after transforming into his female persona. I was honored that he's shared such an intimate part of his life with me. After knowing about his sexuality, I felt very protective of him. Later on, he showed me his favorite porn website, followed by an album of his favorite porn photos that he'd printed.

I called him once to ask for a ride to a concert we were both attending. After he agreed, he took the conversation in a sexual

direction. He was spending the day cross dressing, he said. His wife had no idea how sexually exciting cross dressing was to him. Something was bound to happen between the two of us, because we were both very sexual people. He abruptly invited me over to his house right away so that we could "get it over with." I declined, not because I didn't want to go, but because it was time for me to drive my 5-year-old to kindergarten.

Whenever there had been acceleration in intimacy like that, the following session was painful for me. The warm fuzzy D had turned into a sharp, icy D who was clearly irritated by my presence. He said we were done with what happened last time. "That's enough of that!" he'd sometimes say in a disapproving voice. "Never again!" he bellowed after another intimate session. He once pounded his desk with his fist as he said "This has got to stop!" His behavior always hurt, but I said nothing. I needed to calm him down. A confrontation would only provoke his anger. He might decide to stop seeing me if I disagreed with him. Arguing with him was a risk I couldn't take. He was too important of a person to me by then. Losing him was unthinkable.

Social outings led to the same sickening aftermath. My husband and I went to dinner with D and his wife after marriage counseling concluded. We had a pleasant time. I remember D gave me a bite of his salad from the same fork he ate from. I thought that was very erotic. A short time later, we went to dinner again, followed by a concert. At dinner, D was his usual charming self. During the concert's intermission, he kissed me lightly on the lips as we passed each other on the stairway. Having both of our spouses present normalized the situation. Family dinners followed. My entire family met them for dinner at a local restaurant. D was the center of attention during dinner as he clowned around with my kids. He summoned the restaurant's strolling guitarist over to our table, and requested the song "Michelle." He sang the entire song looking at me while substituting in my name. After he finished, everyone clapped and started new conversations, as if what he did wasn't a big deal. I thought it was a very big deal. After dinner, he bought us all dessert at a nearby ice cream place. My kids loved him. The grand finale was when all of us met in New York City for lunch. We were wandering through Times Square all together before heading off to a Broadway

show. We sat together. I loved watching him make my kids laugh. All of us agreed it was a fun day. As soon as it was over I began bracing myself for the inevitable harsh treatment the next session would bring. As predicted, D was emotionally abusive. I sat there and took it because I could not give him up. Besides, I could endure the pain. He was worth it.

Therapy began feeling like a runaway train. Soon after our NYC outing, he showed me some of his favorite pornography before inviting me up to his bedroom. Because we only had 15 minutes before his next client, I declined, not because I didn't want to, but because I wanted more time. We arranged to meet in a few days. But he called soon after and cancelled our plans. He wanted things to return back to normal. "Ok … sure … that's fine" I said numbly. I began feeling really annoyed. The discussion was all about him. He said he was in denial, and that was a very painful place for him to be. But I was in a painful place too. He showed no concern for what I felt. I felt a wave of anger and confusion set in.

D's demeanor was frosty and distant next time, his usual manner after pushing the limits. He pressed his fingertips together and leaned back in his chair. He paused, giving the impression he was about to address a deeply disturbed person. In a careful, ominous tone he said, "You and I have peered into the abyss." His micro-performance infuriated me. What was going on? Did he want me or not? I knew that any kind of an abyss we had peered into was the result of him leading me there. That was enough! I'd had it with being seduced and rejected for months. Angrily, I told him that I quit, and that I didn't trust him anymore. I was incapable of realizing it at the time, but I see now that my instincts had finally kicked in hard enough to get my attention. I needed to get out of there because therapy had become very dangerous for me. D dismissed my wrath, and continued the session as if everything was normal. I was so upset I couldn't ever hear most of what he said, except for his little story at the end. "Here I go again!" he said. Fondly, he began describing in great detail his cleaning lady's ample cleavage. A few days back, she was tidying up his bedroom when D walked in. He chuckled and shook his head after he described the enormous erection he got watching her lean over towards him while making his bed. They had both noticed his condition. He thought the story was hilarious. The

session had become so crazy at this point, that I wasn't even sure of what I'd heard. My brain could not process what just happened. I reached a personal tipping point. I had enough of living in this bizarre universe. Thoroughly confused and angry, I stormed out, vowing never to return. I knew the whole situation had become absolutely insane. I knew that I had to leave. I was unaware of how powerless I really was.

Despite several attempts, I could not escape. The following week, D asked me to come back. He said there wasn't a day he didn't think about me. "Two people who love each other!" he said. "Think of the work we could do!" I returned, but any 'work' was impossible by now. We started quarreling frequently. I argued that he loved me and we belonged together. He said I misremembered what he'd said and done. Later, he said it was pathetic having to sit there and listen to me whine. Again, I quit. After a few days, he asked if I was still hell-bent on never seeing him again. A cup of hot tea waited for me in his office a few hours later. Then he invited my 16-year-old daughter, an aspiring model, to lunch with the intent of providing her with counseling. Instead, he described highlights of my therapy before seducing her on a park bench. The following session I said nothing, and he abruptly terminated me during the last 5 minutes. "Rip up the last check!" he said. But I insisted he take it. Unable to leave, a few days later I begged to return. D agreed. Lastly, a session concluded with D sitting next to me kissing my neck, saying he was through resisting me. The session ran late and I wanted to stay, but had to be home in a few minutes to watch a friend's child. "Here's where I take off my clothes and masturbate!" he said as I left. I apologized for not being able to stay. He called while I was pulling out of the driveway to make sure I really wanted to leave. Again, I apologized, and offered to stay late next time. He called a second time on my way home, asking me to please, please turn around and hurry back. I wanted to, but I couldn't. The third call he said we should play strip poker. Then he moaned. The next day, he explained that his behavior was just the testosterone talking. I felt like I was listening to somebody else talk to him on the phone, because it wasn't me. He called me over Labor Day weekend. I found myself on speakerphone with D and his wife as they drove up to Woodstock. I said hello. We all chatted as if nothing weird had been going on. I numbly hung up.

My husband asked who called. I told him who it was, but not what it was because 'it' was inexplicable. I could not find the words.

Our relationship ended on a late summer afternoon. D invited me over to watch his cross dressing ritual. I was initialized into a new kind of foreplay. We then climbed into his outdoor hot tub. When we got out, he didn't want to touch me, talk to me, or look at me. He just wanted me to leave. He called me as I drove home to tell me how great his wife was. I left believing we were finally headed in the right direction, together. He just needed time to think.

I was certain next time we met we would pick up where we left off. A few days later, I found D in his office tearful and upset. He said what happened could never happen again. I was stunned by his rejection. I started feeling guilty after realizing how much pain I had caused him. He started crying. I heard myself saying I would leave and that I was fine. I didn't want to hurt him. I needed to protect him.

I was shell-shocked for weeks afterwards. I remained hopeful he'd change his mind. I was convinced his absence would be short-lived because D just needed more time to realize that we belonged together. Surely he would want me back soon. He loved me and I loved him. We had a special connection. A new life together awaited us. We had transcended the bonds of a therapist/client relationship.

Everything came crashing down 6 weeks later. He called me and was very angry. "Here's what happened …" he snarled "… and I WILL hang up on you if you can't TAKE IT!!! YOU fell in love with me, YOU seduced me … and I exploited you." He went to explain he had just been fulfilling his fantasies. That's all he was doing. "Call this phone therapy, phone sex … you can call it whatever you want!" Finally, he asked me about the day that he masturbated and hung up on me when he was finished.

Weeks later, during our last conversation, I sobbed as I told him I was in a very bad way. My world was shattered and I didn't know what to do. I needed to talk to my therapist. He wasn't particularly interested in hearing about this. He said it was fine for me to go ahead and talk to somebody else; I just needed to be sure to lie about who I was talking about. He continued on in that same unconcerned tone. "Whatever it was, it's over now," he said. "We've put it behind

us and moved on." I was in shock. Put it behind us and moved on? What on earth was he talking about? How could he just walk on unaffected? I could not even process what happened, and D had already moved on. Eleven months had passed since we met.

The Aftermath

I had to figure out what happened. I think this was an act of self-preservation.

In 2004, my internet search for "therapy abuse" returned information about patients who had physically attacked their therapists. The 'other' kind of abuse was harder to find. I found an anonymous chat group on Advocateweb. The conversations had a lot of useful content and emotional support. Those people understood exactly what I was talking about. But they kept constantly referring to each other as "victims." I had a hard time with that word. I didn't think I was a victim; I thought I'd had an affair with a man who happened to be my therapist. I was an adult and I hadn't been physically forced into doing anything. Hiding behind the identity of victimhood seemed a good way to avoid taking responsibility for my own stupid behavior. Hadn't I simply made an extremely bad choice?

That question, and many more, was answered after I found TELL. TELL has been life changing. My volunteer work as a responder has been one of the most gratifying part of my life for over a decade. Three months after it was over, I contacted TELL as anonymously as possible. I wrote one discreet sentence asking for information and volunteering no personal information. The responder asked me if I was a victim. That was a challenging question. I replied yes, but didn't really believe it in my heart for a long time. I soon began taking action as a victim, but knowing it in my soul was a process. I can say with certainty that the moment I accepted that I was a victim of therapy abuse was the moment that my real healing began.

I was starved for information and read everything I could find related to the topic. I read personal accounts written by victims (Dr. Sue Penfold's book, "Sexual Abuse by Health Professionals" is extraordinary.) I also started educating myself, reading information I wish I had known before I started therapy. Researching therapy

abuse meant learning about boundary violations, transference, and state licensing board rules. I am still unable to pinpoint the first "official" boundary violation. It was a process: a deliberate progression of increasingly harmful events. Boundary violations felt very good in the short run. He loved me. He confided in me. He socialized with me and my family. He took personal and professional risks for me. He wanted to be with me. Boundary violations made me feel very special and I did not feel the full impact of their harm until well after therapy ended. Transference was still a problem for me. My feelings for D overpowered any intellectual understanding I had of their origin. It didn't matter where they came from. I was still in love.

Digging around in licensing board rules and regulations, I had a moment of clarity. Every source concurred that a therapist was solely responsible for sexual misconduct. It didn't matter if I had been a willing participant, or if D was in love with me. My consent could not be used as his defense. From a professional viewpoint, I was not at fault. Anything I had said or done was irrelevant to his behavior. I also began reading with great interest about psychopaths and narcissists. Something snapped into place in my brain.

Previously, I always preferred avoiding confrontations with others. I was shy by nature, and avoided conflict whenever possible. I intensely disliked any kind of dispute; it was safer for me to be quiet and go away. This was different. What D did was so wrong on so many different levels, that ignoring it felt life-threatening. I was at the point where I didn't trust anybody, especially myself. Trusting D had blown my world apart. I would lose what little of me remained if I stayed quiet this time. I was pleasantly surprised to find I had an inner warrior who had awakened. I spent weeks writing a licensing board complaint. I went to an Investigative Inquiry by myself and answered the licensing board's question for 3 hours. I followed up with their requests. I had little evidence to give them, but I did have credibility. Within 2 years, he lost both of his licenses, and was permanently barred from practicing.

I also filed a civil suit. I continued looking for a lawyer, despite 2 humiliating rejections. Luckily, I found a fierce attorney who took my case on contingency. Just reading the demand letter the lawyer sent D made the pain of the lawsuit worth it. I felt empowered by taking

legal action. This wasn't a love affair gone awry; it was malpractice. His behavior was so egregious that it was solid grounds for a civil suit. Six months after D lost his licenses, we settled out of court. Because of what I knew about another victim's experience, I had refused to sign a gag order.

I fought on. I sent a copy of the outcome of my licensing board complaint to a professional society he belonged to. They revoked his membership.

Intellectually, I understood what happened. My inner warrior held him accountable in every legal way possible. There was a biological impact too. Immediately after it ended, my body felt as if it was dying. I'm convinced there was a physiological process at work similar to what happens during an addict's drug withdrawal. I was often confused and had difficulty thinking clearly. I was easily agitated. I was exhausted for months, no matter how much rest I got. This was painful and time-consuming. I'm confident that someday scientific research will validate the recovery my body experienced.

Emotionally, I had never felt so fragile. I felt like I was disintegrating. I cried all the time. I couldn't stop thinking about him. I missed him so much. I called his answering machine just to hear his voice again. I drove past his house during my old appointment time and noticed a car parked in the driveway. Jealous and sad, I knew he was with another client. (Once I parked my car in a lot across from his house. I stared at his house for a few minutes before noticing that the woman in the car next to me was doing the exact same thing!) I still loved him. I missed him. I thought about him all the time. I held out hope he would change his mind and want me back. I missed his voice so much that I called his answering machine just to hear him again.

I spent the following years on emotional roller coaster. One day I was fine, convinced I was over it. The next day I felt worse than ever. Shopping with my kids, I'd start crying without warning. This upset my kids; they had no idea what was wrong with me. I'd wake up at night, convinced D was in the bedroom. Seeing his house made my heart race and my hands shake. Seeing his car had the same effect. I began realizing that I was terrified of him. He lived about 5 miles away, and running into him was always a possibility, so I stayed home more and more. Unwelcomed thoughts ran through my head

constantly. I'd weep when a memory was triggered. I became emotionally remote from my family and didn't go on vacation with them for years afterwards. I could not leave my house for that long. I could not stop replaying upsetting past memories that I didn't want to visit anymore. I rarely felt joy. I was immersed in guilt and shame. I blamed myself entirely for my current state. I couldn't get it out of my head. I didn't trust myself or my perceptions of how the world really worked. Nothing made sense. I was convinced I was losing my mind.

I finally decided to get help the day after I got very close to driving my car into a tree. My first subsequent therapist was a disaster. She thought I'd had an affair, and said my real problem was not D, but my marriage. She reacted with disgust when I talked about the sex. I started feeling even worse. Luckily, I'd also started to see a psychiatrist who had a lightbulb moment. "You have been sexually abused", she said. She referred me to a trauma therapist who specialized in sexual abuse. I was lucky to find her; not all therapists know how to help victims of therapy abuse. She knew exactly what I'd been through and what was happening to me. My reactions were completely normal for victims of trauma. I was not going insane, I had PTSD. I spent years rebuilding myself in therapy.

I had lot of good luck. I got away from him with my personal life still intact. My husband supported me. My family and extended family were behind me without fail. The results of taking public action were personally empowering. The licensing board was exceptional. The lawsuit concluded within a year. I found a skilled therapist and psychiatrist. I felt validated. I am often reminded of how lucky I am when I hear about the stories of other victims. I am very grateful.

I chose to read my board complaint file and my legal file. I still had feelings for him years later, despite knowing he abused me (See "The Betrayal Bond", an excellent book). Reading his lies eventually dissolved the leftover feelings. He took what I told him in therapy and twisted it to make me look like a psychotic seductress. He described himself as a therapist whose biggest error was caring too much. His well-meaning efforts couldn't help a severely troubled person like me. He even congratulated himself for providing my kids with emotional support unlike anything they'd ever know. I knew he

was going to defend himself by lying, but reading it firsthand was very upsetting. Ultimately, it was worth the pain because it helped my feelings for him fade.

An Update

D carried on as if nothing had happened. Despite signing a Consent Order with the state agreeing to permanently stop practicing, he continued his career as a professional counselor. Losing his licenses and being sued for malpractice had no impact on him. He rented an office and took on new clients. I gathered up the evidence and sent it to the licensing board. Their response set the gold standard for all licensing boards in that situation. A state investigator was sent in to pose as a client. The investigator, a woman, documented everything D said and did. He hadn't changed a bit. He continued to disregard the rules. He continued to be an abusive, manipulative liar. Again, he was held accountable. The state ordered him to pay a civil fine in addition to the cost of the investigation. He was ordered to pay the state nearly $15,000 in penalties and costs, considerably more than the $1,900 he was assessed defending his licenses 2 years earlier.

D transformed himself after being caught practicing without a license. He became a substitute teacher for the local school district. In my licensing board complaint, I detailed how D had seduced my daughter when she was a 16-year-old student. He now had professional access to young people like her. The School Superintendent was informed of his professional past and fired him. The state's department of education revoked D's teaching certificate. A few years later, he lost his house through foreclosure and filed for bankruptcy. He has since reinvented himself as a life coach. He's still out there.

Immediately after he abandoned me, I wanted only to protect him. He was still one of the most wonderful people on the planet in my eyes. I didn't want him to lose his career or suffer financially. I didn't want to create any additional harm by reporting him. I'm glad I changed my mind. Ultimately, I decided that the greater harm was not holding him accountable for his actions. I held up a mirror to reflect his behavior for people with the power to effect change. There

is never anything wrong with holding people accountable for their actions.

D's actions had destroyed me. The shimmering mirage of a future with D was reduced to an endless landscape of grey rubble. I spent years sifting through the destruction. It was as if I had started a seemingly endless archaeological dig. I excavated the site, examined my findings, and drew conclusions. I repeated this over and over until I had constructed solid personal meaning out of it. The process took years. About a decade afterwards, I realized that I was free. The obsession had lifted.

Fifteen years after, I'm not angry anymore. I've accepted that the precious time I lost is forever gone. I spent years fixating on the abuse, thinking compulsively about it, unable to be fully present for my family because of it. Those years when my kids were young are irreplaceable. He didn't care about me; he cared about power and control. I wanted to know why he did it for a long time. Understanding why he did that to me seemed essential to my healing process.

But knowing why D did what he did is not important to me anymore. I had once been alone one afternoon in a wilderness that I knew very well. I turned around and realized that a mountain lion had been following me. It was no big deal. That's what mountain lions do. I have since found myself alone in an unfamiliar wilderness, stalked by an unfamiliar predator. I didn't realize out what happened until it was over. Like the mountain lion, D pursued me for a while, lost interest, and moved on. It was never anything personal on my part. D was just doing what he always does. He is a predator.

What the Mind Forgets, the Body Remembers

Halie

"The body will not, or cannot, lie about emotions."
Ian McEwan, On Chesil Beach, 2007

"Sometimes your body is smarter than you are."
Author Unknown

As I share what happened to me, I am going to try to give you the dates of various traumatic events in my life, but my recollections are foggy and confused. It's not because I don't want to be accurate. If I could, I would like to remember those dates and also forget them and do so as conscious and willful acts, something over which I can feel I am in control. I would like to own them rather than their owning me. But this story is about dissembling, dissociating, repressing, and pushing down the reality of the various traumas I have experienced in the interest of survival.

Through the process of trying to write a time line of my life, I increasingly understand the reasons why I willingly trusted the abusive counselor who is the ultimate object of this story. I am a very empathic person and probably trusting to a fault. It is not surprising that I became a nurse. I look for the good in people and assume that they will do the right thing: Thus, I suppose, I was an easy target for those who saw an opportunity in my guilelessness and vulnerability.

The Early Years

I was born in the fall of 1962 to an abusive and alcoholic father and an overwhelmed, isolated, and depressed mother. I am the third of what would eventually be four children and was born just over a year after the birth of my next-younger brother.

By my mother's account, a nun at the hospital where I was born kept returning to my mother's room to tell her that she had to name me. My mother said, "Maybe Haley, maybe Haley Lynn." The nun informed her that such a name was not acceptable because it wasn't the "name of a saint." "Then that is what it will be," said my mother. It did not sound like I was planned for or that my mother was quite ready for my arrival.

My youngest brother was born four years later, conceived by my parents as part of an attempt at reconciliation after a marital separation. After that, my father pretty much disappeared. He and my mother got divorced when I was six or seven. By that time, his drinking and violence had gotten worse: He screamed a lot, punched holes in walls, and threatened people with guns. From a very young age, I learned to be fearful of men and of anger, a problem that got worse as I experienced increasing abuse at the hands of men in my life who should have been safe but were not.

My mother got a job, and with help from the church, we had food and shelter. She also had a special "friend," a Brother in a Catholic order. He was frequently at our house, helping out and giving her back rubs. My mother insisted that she and this man were "only friends" and nothing more. I learned to not trust my instincts or my understanding of the world around me. They got married when I was 24.

As a teenager, I was naive and did not date. During high school, the father of the children for whom I babysat would try to kiss me whenever his wife left the room. He would tease me and ask me why I did not have a boyfriend.

When I was 17, a senior in high school, I went to look at colleges in Texas and stayed at the home of a priest, Charlie, who was in the same Catholic order as my mother's special "friend", the man who later became my stepfather.

Shortly after arriving in Texas, I fell down some stairs and hurt my back. During my stay, Charlie came to my room at night to give me a "back rub." I remember being very uncomfortable when Charlie wanted to give me a "back rub," but I was scared to say no. He started under my shirt, on my breasts. I believe he also raped me. Years later, when, with the help of my second husband, I confronted

Charlie, he denied he had raped me but acknowledged that the way he "engaged with women" was what I described that he did to me. The story became public with the help of SNAP, and Charlie was defrocked and placed under a safety plan being labelled a sex predator.

When I returned home after the experience in Texas, I found the courage to tell the father of my babysitting charges to never touch me again.

J.S.

In 1987, I married a recovering alcoholic who had anger issues. He yelled a lot and put his fists through doors. A year later, we separated. Marriage counseling helped us get back together. It was this same marriage counselor, J.S., who, in time, emotionally and sexually abused and exploited me over an extended period.

J.S. claimed to be a psychologist with a PhD from the University of Southern Illinois Carbondale. He said that he had spearheaded the opening of a hospital in Kentucky to treat drug and alcohol abusers. I have never confirmed his credentials or his history. He died in 2002.

Marriage counseling with J.S. "worked." My husband got a job and became less violent. We were back together after being separated. Thus, when emotional issues came up with my mom, of course it made sense to return to this same therapist who had helped me in the past to try to process what was going on with my mother.

In the beginning, J.S. talked about his kids from his first marriage. He told me his son was born in the same month and year that I was. He would frequently say he could have been my dad. He would pull me into his lap and tell me that he would help me heal and that he would protect me.

His wife was also his secretary. She would often stop by the office with the two children they adopted from Brazil, and I would see them. The first time he did "breath work" with me, his wife was also a participant. I remember feeling safe because she was there. After that, he would put me on the floor to do the "breath work." During

one session, I thought I remembered that my father had sexually abused me, an idea J.S. strongly encouraged.

To be perfectly honest, the worst of it with J.S. is somewhat of a blur. I am not exactly sure when he started removing my shirt in the office "to help make it easier" for me "to breathe." These breath work sessions began to flip me into panic and dissociation, made worse by the thrumming beat of the drums of the primitive music he constantly played in the background. I'm pretty sure that this is when he began to sexually assault me, but I cannot prove that since I have only body memories. I have tried to convince myself that I did not see J.S. very often, but I have found some receipts that prove otherwise. I am just not sure when his "help" turned to horror.

He was enormously obese, and his presence felt threatening. At times, he would become enraged at me and at least once, he crossed the room to where I was on the floor and hit me. His anger caused me to shut down and dissociate.

At some point, J.S. asked me if I wanted to come to his house. I followed him home from an appointment. When we got in the house, I immediately became uncomfortable. His wife and children were not at home. I sat across the room from him, and we made small talk. I left shortly after. At just what point in this narrative my first visit to his home took place is beyond the reach of my memory.

He talked about bartering with clients. One client, he said, helped him build part of his play yard. He was building a playground in his back yard with a large play house. I had had a similar play house as a child. He told me one day at session, "Since you know where I live, you could stop by and help me spread mulch in the play yard." Because he was taking only what insurance paid at the time, I felt as if I owed him. I would stop by his house and spread mulch whenever I had free time.

One afternoon, his wife and two children pulled into the driveway. She invited me into the house for a glass of iced tea. Early on, I would visit with his wife when I was spreading mulch. I then began running errands with her. I helped with the children. I did dishes. I helped his wife do his books.

By 1990, I was spending an increasing amount of time at the counselor's house. His wife became a friend and major source of

emotional support for me.

I was often at the house when J.S. came home from work. His appearance in a place that otherwise felt safe was triggering and frightening. I became frozen and unable to protest when J.S. would tell his wife that he was going to take me to his office. He brought me back only after everyone was asleep. I would sleep on the couch. Sometimes he would move his oldest daughter to her sister's bed, and he would then put me in the oldest daughter's bed.

In 1991, J.S. and his wife had a birthday cake for me and surprised me by taking me and their family to the circus. It was shortly after this that I remember it being discussed that I had become part of their family.

J.S. encouraged me to distance myself from my biological family. Years later, as my mother was dying, she told me that she had met with J.S. who had accused her of allowing me to be subjected to satanic abuse. He based this on a memory I had described to him and my fear of choking or suffocating. When I described my dream to my dying mother, she confirmed that it was drawn from an actual early childhood experience in which I had been hospitalized. Concerned about my care, my parents had returned to my hospital ward and found me unattended and face down in a pool of liquid. I never believed that I had been a victim of satanic abuse despite J.S. trying to convince me otherwise.

I moved into J.S.'s house after learning that my husband was having an affair. I was given a bedroom in the basement next to his workroom. One night, he came into my bedroom. I have "body memories" of being raped. During sessions, J.S. insisted that my memories were of my father raping me: I insisted they were not.

J.S. also became angry with me when I asked my primary care physician for an antidepressant. In retrospect, I believe that J.S. was threatened both by the chance that I might not keep the secret of what he was doing to me and also that if the antidepressants helped, I might no longer need him and he would lose his control over me.

I stayed at J.S.'s house until I could find the money for an apartment. After five years of marriage, in 1992, I got divorced.

In the summer 1993, I vacationed on a lake in Michigan with J.S. and his family. He arranged for his wife to stay at the lake with the

children while he drove me home in my car. On the trip, a bad storm occurred and I became scared and regressed. He put me in his bed when we arrived home. He rubbed against me and said, “I was your first.” I have absolutely no clue if and when he left the room and whatever else took place.

I continued to struggle with regression. J.S. encouraged this during sessions in his office, saying he wanted to “reparent” me to help me overcome my childhood. After some time, he did the same at his house. He read me bedtime stories similar to those he read to his youngest children, instructing me to lay on the couch with my head on his lap as he read. Often, when I felt regressed, I would feel frightened and have trouble talking. And then he would take me to his office.

By Thanksgiving of 1993, I was fully estranged from my family and went with J.S. and his family to his father’s house in Florida.

Michael

Michael sought therapy from J.S. to deal with depression and poor self-image because of a divorce. He was drawn to J.S. by the male bonding style of bantering that was part of their sessions and by J.S. stroking his ego by sharing information about other clients. Michael recalls feeling really special, thinking, “he must really trust me.” After meeting me and learning my story, Michael realized that some of the stories J.S. told him were about me.

J.S. called Michael a “white knight” who liked to save people and told him that there were better people to save than the woman he was then dating.

Shortly after that conversation, J.S. showed Michael a photo of me and asked if he would like to meet me. He invited Michael to the house and told him that he would make sure I was there. J.S. was manipulative, and in retrospect, Michael and I see that each action J.S. took fit into his need to control others. Introducing Michael and me kept both of us in the circle of acolytes that J.S. formed around himself.

Michael moved in with me, and J.S. told him that he, J.S., could no longer be his therapist because he had introduced him to "his daughter."

One night, in 1994, I became quite frightened and was having problems talking. Michael called J.S. and was told to bring me to the therapist's house. The three of us went from there to the office. Michael recalls that after the appointment, on the way back to J.S.'s house, I seemed worse and that J.S. acted in a strange way that Michael still describes as being like "a giddy school boy."

The next time I struggled with extreme fear, Michael called J.S. again, and again he was told to bring me to the house. Michael said he would not do so but instead wanted to know if there was something specific he could do to help me. J.S. got angry. Michael stayed by me and helped me feel safe until I was no longer scared. After that, I never went to another appointment with J.S. Ironically, it was the man who J.S. dubbed "The White Knight" who ultimately saved me from J.S.

J.S. had a circle of friends who were mostly former clients. One night, Michael and I went to dinner at the church of one of the other couples. During dinner, J.S. became angry about something. He was often cranky, a know-it-all, and had to have things his way. It was his wife's warm and kind personality that seemed to be what drew people in. Michael later told me that it was at this dinner that he started to see that something was off about the group. He said that when J.S. became visibly angry, all of the adults at the table appeared genuinely uncomfortable to the point of acting frightened and intimidated. Michael, on the other hand, made a joke about J.S.'s behavior.

I believe that the J.S. was frustrated when Michael defied him. Michael did not respond like the other previous clients. I believe J.S. misjudged Michael when he decided to introduce me to him. I believe his plan was to continue abusing me while we would all look normal as a group of couples. But J.S. clearly had misjudged Michael who was not easily manipulated and had already begun protecting me from J.S.'s abuse. Only in retrospect do I recognize that J.S. positioned himself as a guru and demanded to be treated as such.

Michael and I were married in September of 1994 in the backyard of J.S.'s home. After that, our relationship with J.S. and his family ended.

My husband and I bought a house about 25 minutes from J.S. Occasionally, when I believed J.S. to be at work, I would call the house to talk to his wife but was never able to speak with her. J.S. would answer the phone. If I left a message to have his wife call, I never heard from her. She had been the kind and supportive voice in my world. When I finally left the abusive relationship, I did not miss J.S. I did miss his wife and children with whom I had become quite close. I believe now that I tolerated her husband's abuse to preserve my relationship with her and the children.

The last time I called, J.S. told me he had had a heart attack and added that he thought I "would always be there for him." When I met with his wife, several years after his death, she told me that J.S. had told her that my husband would not allow me to have a relationship with her.

After J.S.

When J.S. died, his widow, having found a photo of me and my husband on our wedding day in their yard, called me. Michael and I attended the funeral. It was the first time we had seen the wife and children since 1994.

At the funeral, the youngest daughter, who had been in kindergarten when I left, told me that she was angry at me for abandoning her. I have since told her that her father was inappropriate with me.

One of memories that still haunts me is of walking in on J.S. and finding him on top of his oldest daughter. She was fighting and screaming. He explained that he was working through her anger with her. I still feel guilty about leaving and not being able to protect those girls from their father.

Several years after J.S. died, I realized that I needed to tell his widow what he had done to me. It was important to me that she

would believe and support her children if they ever told her that he had also molested them.

Since we have reconnected, I have learned from her and her sister that she was his former client and that he had been sued by another former client for sexual boundary violations. She or her sister had testified on his behalf that he had never been inappropriate with her. Talking to her has helped me understand that I was not J.S.'s only victim and that what I experienced was not merely a "faulty therapy experience." Gathering information from her has helped make what happened all come together and quite clear. Looking back, however, it was not quite so easy to see what J.S. was so methodically doing in real time, i.e., building trust and slowly pushing limits. In most of what I have written here, I have described the "big events" which make his abuse of me seem so obvious to my readers. Yet the reality was that in the day-to-day moments it was anything but clear that this man with the professional credentials was using me, harming me, and assaulting me. I wanted to believe he knew what could help me heal from my childhood issues—not quite so different than going to a surgeon and trusting that he or she knows how to remove your appendix.

Though J.S. is long dead, I feel a deep responsibility to not use his name in this essay. I want to protect his daughter who is still struggling with her own demons. In writing about my experience I would never want to inadvertently hurt her. I am prepared to tell her any of my story about her father that she needs or wants to know, but I want it to be when she decides she is ready.

I also do not wish to harm J.S.'s widow. She has been honest and forthcoming with me, and her willingness to share her own story has been important to my own healing. I still struggle with the after-effects of J.S.'s abuse of me, but most of all, I am frustrated by the damage he did to so many people.

Ultimately, it has been Michael, an ironic gift from my abuser, who saved me from this monster. I truly believe I would have been abused for a much longer time had my husband not recognized what was happening, kept me away from the danger, and helped me when I felt frightened. He has been my lifeline, my true "white knight."

Surviving a Predatory Therapist

Bernadine Fox

During the 80s and 90s, I was a well-known advocate, public speaker, and support worker for individuals who had experienced severe childhood abuse including human trafficking. My work was informed by my own trauma. At the same time, I saw PS for therapy. She was a well-known feminist advocate for stopping violence against women and children. She held a Masters in (Humanist) Psychology from Antioch University. PS was one of the first professionals dealing with spousal battery and co-founded VISACS (Vancouver Incest and Sexual Assault Centre Society/now under umbrella of Family Services) in Vancouver BC. She had a private counseling practice and, eventually, was registered with the BC Association of Clinical Counsellors (BCACC) and approved by the Crime Victim Assistance Program (CVAP). PS co-authored *Recollecting Our Lives,* about women's experience of child sexual abuse. She was a consultant and supervised counselors along with having developed the sexual abuse training program at the Justice Institute of BC. Any due diligence to confirm the veracity of a counselor's expertise around child sexual assault would have been more than satisfied by her work history. Her reputation was such that other professionals often referred their most traumatized clients to her for therapy. I was one of PS's clients.

I grew up in a small, prairie farming community. The same country landscape that offered a safe place to raise babies also provided the necessary isolation for nefarious criminals who used human commodities to supply child prostitution and produce pornography. My parents gave these traffickers access to me. Like others who suffered from early, complex trauma in their formative years, my life was beleaguered with dissociation, trust issues, flashbacks, a high threshold for fear, and an impaired ability to recognize danger or abusive behavior. More relevantly, it conditioned within me an abnormal tolerance for untenable situations. My young adulthood was a juggling act avoiding and/or

complying with the demands of those who held authority in my life out of a fear of being beaten, raped, or killed. My first significant therapist was PS.

Trust in a therapist is a necessary component of any successful healing process. It fosters the same absolute trust a child has for a parent. This is normal and should not be construed as a by-product of pathology. As my abuse began in infancy, I had no pre-trauma experiences around trust. Learning to trust was terrifying. PS's declared feminist moral compass diminished my apprehensions.

The Grooming Process

PS diagnosed my PTSD, acknowledged my dissociative identities, and provided insight into the impact of my childhood abuse. We explored how a strict obedience to authority was entrenched during childhood using severe trauma. Regardless, PS failed to acknowledge the power she held in our relationship and how that might induce my compliance.

Like frogs slowly boiling to their demise in what was once a pot of icy water, reality is sometimes deceptive. Looking back at the progression of PS's transgressions is very different than careening through them. Over an eight-year period, and then beyond, our relationship went from therapist/client to therapist/client/friend/colleague/life-partner and every permutation in-between. Unlike a violent rape in a back alley, the boundary infractions occurred one small increment at a time and, while copious, each one seemed trivial. If I questioned them, PS reframed my concerns as the residue of trauma-induced neurosis.

When people ask for details of my experience, I desperately want to articulate clear dates. Like: I saw PS as a therapist for [insert number] of years; then, therapy stopped on [insert date] and after [insert number] of years we dated and then our relationship became sexual; we became life-partners on [insert date]; and then, after [insert time frame] in 2003, we 'broke up.' But the truths in my situation are not so easily differentiated. Nothing is in neat packages or follows a normal trajectory in the development of a long-term, intimate relationship. I can't identify the beginning or end to my

therapy. We didn't date. I can't recall the day we first had sexual intercourse. In addition, there is a distinct deficit in the lexicon of this discourse. Like Brooks Mitchell outlines in her paper (2005), *The Problem of Subsequent Therapists and Language Deficits*, there are few to no words that aptly describe telling your therapist that you don't want to be their 'common-law life-partner.' 'Break up' is not an accurate description and, to add insult to injury, it distorts the nature of the relationship into a romantic one. PS identified us as 'lovers' when, in fact according to Canada's Criminal Code, I was her sexual assault victim.

From dates on journal entries and session invoices, I know my therapy began Feb 22nd, 1989. When it comes to my interactions with PS, with few exceptions, that is the only significant date I have for the next fourteen years. I cannot establish when our last scheduled therapy session occurred except that it was somewhere in 1999. For the most part, I had two to three sessions per week for anywhere from three to five hours or more each time. Outside of those regularly scheduled sessions, many also occurred over dinner, at my home, over the phone, on Salt Spring Island, or at her mother's home in Bellingham. None of those were recorded in my datebooks. Even though we became 'partners,' I viewed it as being 'in a relationship with my therapist.' Being my counselor was her primary role. Now armed with information around unhealthy boundaries, I can look back and see that PS's transgressions began early and progressed until not one was left unbroken.

Financial Indebtedness: After several months of therapy, my financial situation changed. I told PS that I would not be able to continue. She explained that her feminist-based practice was separated into thirds one of which was reserved for low-income clients to access therapy without charge. Since trauma negatively impacted on a woman's ability to thrive, she said treatment was empowerment. Once I agreed, she asked that with any future monetary windfall or gainful employment, I should pay her back. Therefore, 'free' wasn't really 'free'. All of this was further confused when no tally of the counseling hours was established.

Trust: In therapy, I moved from being in crisis flooded with post-traumatic stress responses to actively processing childhood trauma. After a year and a half, of what I thought was effective healing work,

PS insisted that I had to trust her as a counselor or my therapy would end. She described my job, as a client, was to allow the material (including transference) to emerge while trusting that she, with her training and insight, would keep me safe. Given my childhood this was a terrifying idea. In response, she promised to never intentionally hurt me.

Last session of the day: Shortly after I had agreed to accept 'free' counseling, PS determined, in her professional opinion, that I needed more time in each session to process trauma. Consequently, she scheduled me into the last slot of her work day. In addition, as the therapist, she would decide when my work was finished. Many sessions lasted very late. Astonished by her generosity, I did not grasp the importance of another person being in control over my counseling bill. Ultimately, she was in control of my mounting 'free' therapy bill.

Inappropriate touching: Using the cover of unintended touching and/or a bastardized version of feminist principles, in session, PS initiated various forms of non-consensual sexual contact along with other inappropriate behavior. Under the guise of reaching for something behind me during therapeutic floor-work, she repetitively allowed her large breasts to graze over my body. At her cabin, she sunbathed in her underwear and pestered me to go topless on scorching summer days using the feminist assertion that 'if men could women ought to.' Often her hand would rest high up on my leg so that her thumb was positioned on my inner thigh. If she grabbed my arm, her hand always seemed to touch the side of my breast. We often held hands. We cuddled and would spoon if the session went so long we fell asleep in her office. Her hugs were long and intimate. In sessions, during memory work, she would place her hands on my chest to 'ground me,' and on several occasions redirected my therapeutic work towards sexual content. Several times she encouraged me to remove my clothes (albeit under a blanket) assuring me it was appropriate for my progress. Initially, I assumed the touching was accidental and my alarm an overreaction. This opportunistic contact not only continued it multiplied. It became obvious she was sexually attracted to me. I believed that being her client precluded a sexual relationship and disregarded her behavior as irrelevant.

Because of the above, I am unable to identify the first time sexualized touching occurred. All of it was progressively more intrusive until the sexual intercourse began. What normally constitutes a demonstrable change in a relationship made little difference in ours. The impact was emotional and carried privately by myself. As far as I can narrow down the month in 1997, it occurred in March. The fact that I could never recall the date speaks to the level of trauma I experienced. Each Spring thereafter, I would be surprised when PS showed up with 'Anniversary' presents.

Gifts: Because presents or favors were used as entrapment in my childhood, for which some form of payment was always extracted, I found accepting gifts terrifying. PS assured me that hers were a demonstration of how she walked her feminist talk and accepting them was learning that I was deserving. They included small inconsequential items (like engraved stones with inspiring words) to large overwhelming ones (trips, computers, etc).

Employing Clients: In response to a mounting therapy bill, I expressed my discomfort to PS. She offered to let me work some of it off with administrative paperwork. For many years, I typed her invoices and counseling reports, bios, CVs, and did workshop development along with her taxes. However, like the counseling hours, my work ones were never tallied. After about five years, I estimated that I owed her hundreds of thousands for therapy and my work hours would never catch up. It would take the rest of my life to repay her. In hindsight, I could see that it had become a well-contained financial trap.

Emotional Dependency: There was daily contact between PS and I. She offered her home number and often showed up unannounced at my home. This free access along with her willingness to weigh in on every decision, created an unexpected consequence. My fierce independence was replaced with an overwhelming dependency on her, doubt over my decision-making ability, and terror around losing her. Contrary to empowering women, PS's help, ultimately, disempowered me.

Personal Sharing: Under the feminist position that the survivor was the expert of their own trauma, PS commonly asked my advice around her other clients with similar childhoods. She also shared personal issues regarding her partners (both current and past),

friends, her mother, and problematic dynamics in family or work situations. At times, my entire session was used to listen to her. One might assume this would anger me. But instead, wrongheadedly, I felt pride around being her confidante. After she was diagnosed with diabetes II and polymyositis, I became her medical buddy and felt responsible to ensure she was okay. In 1992, while still in therapy, PS asked me to become her General (Medical) Power of Attorney. From then on, I attended her medical appointments and rushed to Emergency with her on a regular basis. Including me in her life meant I spent so much personal time with PS, that her mother (whom we visited often) assigned me her spare bedroom and began calling me her 'daughter.' Oddly, the more PS looked to me for help the more conscientious and emotionally obligated I felt around being her confidante. More confusing? I was still attending therapy sessions twice a week. When, her ex-partner challenged her inappropriate boundaries, PS broke up with her leaving me culpable for its demise. This is also a common grooming technique for child molesters. The abuser makes their victims feel responsible for their well-being and, therefore, reluctant to do anything that might harm him/her, like disclose. PS did no different.

Trips: Once PS announced that a feminist colleague wanted to provide another woman with a scholarship to attend a conference on childhood trauma in California. Already going, PS was asked to choose who would accompany her. She chose me and booked our travel and accommodation. When I arrived, there was only one hotel room and one double bed. This was the first of several trips we would take together. Then, in 1994, instead of sessions in her Vancouver office, she scheduled most of mine at her isolated cabin on Salt Spring Island, BC a five-hour trip away.

Isolation: Given my childhood trauma, I was estranged from my family of origin. As is common, emotional growth impacts on current relationships. I lost friends. Then when I tried dating again, PS became clearly jealous. Since I couldn't afford to lose my therapist, I simply chose to abstain from dating until therapy was finished. My isolation grew. PS made no attempt to deal with this in therapy. Unlike any other two people in love, the commitment to enter a 'life-partnership' was declared by one person: PS. She did so the morning after we first had sexual intercourse. There was no "What do you

think?" There were no proclamations of love. She simply declared this a fait accompli. I felt trapped and fearful that rejecting my therapist would end my much-needed therapy.

Secrets: Our closeted 'life-partnership' not only entrenched my isolation, it impaired the emotional intimacy I had with my children and might develop with friends. There were other secrets where PS included me as the oblivious participant. For instance, prior to the dissolution of their relationship, the fact that I accompanied PS to conferences, Salt Spring Island, and to her mother's had been kept from her partner.

One day, PS described an unorthodox counseling technique she experienced during mandatory sessions in her M.A. program. She claimed to have suffered from poor body image. To address this, the counselor instructed her to remove her clothes and lay down after which he proceeded to make comments. PS did not frame this experience as inappropriate, wrong, or potentially harmful. She made no mention of his fiduciary duties around professional or ethical boundaries. Instead, she swore me to secrecy so that he would not suffer any consequences and implied it had helped. I can say I did not flinch. I did not tell. I did not back away or stop seeing her. As with everything to do with therapy, my cues about what was and wasn't normal came directly from her. If she said this was okay, I had no other access to information to say that it was not. Like a child molester might, she led me to believe that I was being entrusted with an important secret. It was not long after this that she was encouraging me to remove my clothes during sessions as part of therapy.

Obstructs *Other Professional Help*: As is common with abusive partners, when we moved into our home, PS's whole demeanor changed. She digressed into a cyclical pattern that included attentive love and relentless belittling. This apparently is common with predatory therapists. (Wohlberg) The self-esteem I had built in therapy was delicately perched on PS's fabrications. After years of trying to cope on my own, I shattered. When I announced I needed to see a counselor, she dismissed it as unnecessary and quickly offered to schedule sessions for me again. Those never materialized. At the time, I did not recognize that PS perceived this, rightly so, as a threat to her professional practice.

Normalizing: To me, sexual assault meant forcible rape while unable to escape and suffering terrible pain and fear with penetrative physical injury. Comparatively, PS's initial flirting and inappropriate touching seemed benign. I believed my therapist when she indicated that her transgressions were okay and healthy. Sexual intercourse between us came after almost a decade of normalizing this inappropriate touching.

I felt fortunate that PS had helped resolve much of my childhood trauma. I saw her as protective and providing access to education and work-related opportunities. More importantly, she did not hate or reject me despite the horrible ways I was victimized. Given her reputation, I felt honored to know her on a personal level. She expressed her love and trust of me and her desire to share her life with me. At the time, I could not see how that could be wrong. I believed my hard work had generated equanimity. It all seemed perfectly normal.

It was common for PS's clients to be working around our house. They painted walls, decks, and fences. They rewired parts of our home, walked her dog, washed her car, and completed carpentry projects including the installation of molding and flooring. They worked as physical laborers along with performing administration, computer, and legal work. Two were her massage therapists. She would offer free use of her cabin and then once the arrangements were made, she would add the expectation that work was required. Like me, recipients of her 'gifts' were asked to paint, build, garden, haul material, and other yard work. On reflection, PS had plucked people from her client list to create a personal labor pool. Some became indentured into unpaid servitude in ways that benefitted her quality of life. All the while, she incorrectly framed it as adhering to feminist principles. Many were survivors of severe childhood trauma who, most likely, also struggled with an entrenched fear of not complying with authority. What seemed normal, in hindsight, was shockingly wrong.

Over the twenty years that I knew PS intimately well, her social sphere also included folks who shared and/or overlooked her lack of ethical boundaries. Several within her collection of ex-lovers, clients, and friends were inextricably often one and the same. One of PS's life-partnerships started when her lover was her employee. One of

her lawyers for two legal cases, was also a client. Her friend, a healer, was 'counseling' another friend through child sexual abuse trauma when they became lovers and life-partners. PS, acting as her consultant, condoned the relationship. One female friend of hers, at forty-years of age, was found to be having sex with several young friends of her teenage son. PS remained a part of her support system. Another friend began struggling with an alternate version of reality. So, PS became her therapist. Despite the appearance of altruistic generosity, crossing that friend/therapist line is not the equivalent of fixing an automobile. This power imbalance should never be employed in a friendship. I would come to realize the importance of these details all too late. While I recall a few people asking questions, for the most part PS's abuse of power with me was either normalized by those around us and/or their concerns were concealed.

It was only after accessing information on exploitation in therapy that I was able to see how PS's professional and/or 'feminist' principles (that she claimed equalized the power disparity between us) were, in fact, known grooming patterns for predatory therapists. When a professional emotionally coerces a survivor/client of sexual abuse to transgress those boundaries it replicates, reinforces, and then compounds their original trauma. The therapist becomes The-Rapist. Molesters tell children that others won't understand their 'special' relationship and will say it's wrong. PS said that others couldn't navigate the types of transference that we did and, consequently, they would view our relationship as inappropriate. Molesters treat children like adults, inflating their power. PS said that as a dissociative survivor of sexual abuse, other professionals would condescendingly conclude that I was incapable of choosing sexual partners. Contrary to that, PS asserted that I was her equal and different than other clients. Molesters normalize the abuse, i.e., this is what all people do. PS did the same. They use gifts to woo the children while creating a sense of obligation. PS's misleading gifts, both tangible and intangible, made it impossible for me to recognize how she was emotionally pilfering from my life.

As a child, my boundaries had been so annihilated I had no points of reference for normal. Up until it fell apart, every stage in our relationship was a seamless progression of what I had always known. The only difference was PS could be loving, protective, and often

showered me with compliments. This re-enactment created a cognitive disparity that enveloped me in a mental fog. It advanced my withdrawal from working with other survivors and prevented any analysis of the terror that erupted at the mere thought of moving away from her.

Armed with knowledge about predatory therapists, I could look back and see all the missed clues. Her previous life-partner's confrontation around boundary infractions was dismissed by PS: "She was just a professor." A professional argued that bartering with non-paying clients was unethical: PS pointed to that person's age and inexperience. Prior to our 'life-partnership,' her own mother, in anguish, pleaded with us to not enter a sexual relationship: PS promised her. A couple of my clients mentioned vague warnings they had been given about her: PS had an excuse for each one. All I had left was this edict that therapists should not sleep with their clients. But, given my childhood, that directive seemed nonsensical. The person who should have explained this was PS, my predatory therapist. Counselors, I worked around, warned each other about the seductive client. Nonetheless, while I did not seduce my therapist, it was clear I would be blamed by the professional community for her transgressions. I believe that, had I possessed information on predatory therapists, I would have been spared much of this added trauma.

When It Goes Bad... and it always does

As partners, PS and I purchased property. We specifically picked a building with different suites with the intent to keep our relationship discreet. Then, when we 'separated,' we continued to live in the same building and remained 'family.' I was close by to maintain support around her disabilities which were often debilitating. In 2006, I began dating other people.

At the core of a therapist/client relationship is the inherent imbalance of power. This does not change regardless of how many roles it evolves through. This is most evident when it falls apart. While the therapist's power is intact, they feel secure. However, like batterers, when the client chooses to stop or leave, the predatory

therapist will act to regain power and prevent the possibility of disclosures. In my case, when PS realized I was dating she became vindictive. She cut the TV cable to my suite in our house and stole away a mutual cat cruelly leaving me to fret about her for days. She requested that all her gifts be returned or reimbursed. Those which were intangible (like love or respect), she worked to extract with malicious attacks and lies. She denied our sexual contact and the 'life-partnership' she had declared. Then, PS hired an accountant to create false books that asserted she owned 100% of our property and tried to restrict my access to our mutual assets. Like a batterer, she tried to throw me and my belongings out of my own home. She told others she wanted me homeless and penniless.

But it didn't end there.

Using her professional credentials, PS worked to sabotage my relationships with friends and neighbors by accusing me of stealing from her. She provided a new, spurious diagnosis for me: I was 'crazy.' She attempted to ensure other professionals around me would not believe me, like my lawyer and the professional organization to which she was a member (BC Association of Clinical Counsellors). She claimed that allegations of a sexual relationship were spiteful lies. Then, she weaponized confidential material from my sessions and attacked. What she did was so maliciously spiteful, on several occasions, I wondered if she was trying to cause me to suicide. Like with the inappropriate touching, I wanted to believe that PS didn't understand what she was doing or that her illnesses were impacting on her good judgement. I would be wrong.

By the time I stumbled upon TELL (Therapy Exploitation Link Line/www.therapyabuse.org), I was desperate to understand. As I scoured their papers, I confess to wanting to find details that would confirm that we had engaged in a loving relationship and that I was not an ignorant victim (again). I wanted to believe that she was losing her mind, not that she had conned and sexually assaulted me. However, as I read about predatory therapists and went through checklists, I was horrified: the woman whom I believed was my amazing, awesome, honorable, honest, and most generous feminist therapist (who I saw as having saved my life) had, throughout that time, followed every stage of the grooming process used by predatory professionals. She had not missed a step in their pattern of

grooming, punitive, and controlling behavior and had become one of my worst perpetrators. It was only then that all the vague warnings I had received about her fell into perspective.

When one experiences an ongoing series of assaults, early in childhood, the body and mind develop a system of defenses, sometimes dissociative ones. The purpose of therapy is to dismantle those, find all the ways one has been traumatized, and develop new coping skills. The trust one bestows upon a therapist results in opening and allowing another human being to see all the ways that great harm had been inflicted on one's personage and point to all the places where it still hurt. And in doing that, those dissociative walls built by a small child dissipate. When those defenses are gone and a new vulnerability is established by a predatory therapist, the ensuing trauma is deeper and more profound than that which came before.

It took three years, after PS began her malicious assault, for our property to sell. During that time, I lived directly underneath her in one of the three suites in the building. All my PTSD symptoms had returned. I lived in a constant state of high anxiety punctuated by daily panic attacks. I did not recognize them as such but knew that a stiff drink would settle them down. At times, I felt as if my psyche was fracturing and floating away. I began acting out in self-destructive ways not because I was angry: but because I was desperate to find solace from what felt like being on the edge of complete annihilation. I struggled with chaotic dissociation. I paced endlessly. I wrote furiously. Being sexual with others grounded me. In those years, I had many lovers. However, anytime any of them wanted to be emotionally intimate with me, I panicked. I felt as if I couldn't breathe and would aggressively push them away. Consequently, I ruined several friendships. To this day, almost two decades later, trust remains a complicated issue.

While I could recognize that I was in desperate need of a therapist, terror now kept me from approaching one. I tried to report PS to the police only to be mistakenly told that, as two mutually-consenting adults, the law did not apply. They were wrong then and now. At the time, I did not understand the abuse of power in professional relationships. I reported her to the BCACC, the organization with which she was a registered counselor. Despite the danger other clients were in, the BCACC had no authority to prevent her from

working. In response to the investigation initiated by my complaint, all PS had to do was resign her membership and my file was closed. (see Note 1) PS continued to see clients for years. During the most traumatic part of my struggle, the only other option to hold PS accountable was a civil suit. In the end, fielding PS's daily attacks while searching for a lawyer, securing a retainer of thousands of dollars, and juggling the emotional cost of a legal battle proved too much. Before I could even get away from my predator, the two-year limit to file a civil case expired.

In response, I had one option: In 2009, I went silent, moved out, and chose to go on with my life the best I could. Of course, that would prove more difficult than I imagined.

PS died in Nov of 2014. Her obituary gives the impression that everyone would be mourning the loss of her boundless generosity, kindness, and contributions to the issues pertinent to violence against women. Ultimately, it will instead stand as an indictment of the BC mental health community's inability to hold their own to a high professional standard. The year after her death, a local sexual assault center organized an event to honor her as an icon for feminist therapy. Consequently, I felt obliged to disclose PS's inappropriate transgressions with me to them. In turn, they ignored my revelations and held the event anyway. This sexual assault center was founded by a woman known for the words, 'I believe you.' Their actions became a slap that yelled back—'Except you!' I was retraumatized. However, they wouldn't be the only women's organization to have difficulty in accepting the female perpetrator. A local university women's center mocked me by defining my disclosure of a female offender as seeing Sasquatches. Others, I have been told, assert that they will not criminalize the actions of women. These real barriers to seeing the female perpetrator, paradoxically, provides opportunity for them to inflict harm with impunity. Subsequently, these centers are unable to hear a portion of or all of some victim's truths. Fortunately, it is not all women's centers who struggle in this way.

Almost fifteen years after we had 'separated,' I applied to the Crime Victims Assistance Program (CVAP) for benefits to deal with the trauma one of their own vetted counselors had committed. I was sure that they would deny it based on the passage of time. Instead, the Adjudicator rejected it on the erroneous conclusion that I had

consented to sexual activity with PS and even went so far as to define our relationship as 'romantic.' The Adjudicator asserted that there was no evidence that PS had abused her authority to entice consent. Instead of recognizing this grooming technique for predators, she decided that PS's personal disclosures demonstrated equality. But for me, all the roles PS and I held were secondary and filtered through the primary and most crucial ones: PS was my therapist; I was her client. Unfortunately, a lack of understanding around the abuse of power by predatory therapists is all too common. In my CVAP appeal, I outlined all the available evidence the Adjudicator excluded from her ruling. This included contemporaneous disclosures to a professional who identified PS's action as sexual assault, along with testimony from another victim who was also exploited by PS, and that of my daughter who witnessed her inappropriate behavior. To address PS's abuse of authority, I re-iterated information from the Code of Ethics of several professional organizations in Canada. All assert that any sexual contact with a client is an abuse of authority. The Adjudicator's decision was based on Canada's Criminal Code. In my research of sexual assault, the courts were clear: therapists have "the professional status to gain and hold power [over their] victim who [is] vulnerable to that power" (R. v. Matheson) and when a therapist engages a client in a sexual relationship, it constitutes "an abuse of [her] position of authority … and, in some cases, a gross breach of trust." (R. v. Singh) That abuse of authority vitiates any consent the client may have provided even if it is implied by silence as was true in my case. The Code also defined all of PS's inappropriate nonconsensual touching, prior to and including the sexual intercourse, as 'sexual assaults.' The Adjudicator, while citing the Code, ignored these key facts. I asserted that I was unable to give voluntary consent because my agreement to participate was induced by the violation and exploitation of the power, trust, and authority that PS possessed and maintained in my life. (Grant, Isabel, 2017) My appeal was approved and I was awarded counselling benefits.

Nothing absolved PS of her fiduciary duty to appropriately guide me through the healing process while maintaining healthy and ethical boundaries. Her job was to protect me. Given her very specific level of expertise, she would have had to employ a high degree of willful ignorance to remain oblivious to the harm her actions inflicted on me. Her immediate imposition of a 'committed

partnership' and then the preservation of her role as therapist, effectively worked to trap and prevent me from getting assistance which would have quickly identified her inappropriate behavior.

The differing roles in our relationship blurred together with no discernable edges. PS skewed feminism to fit her own needs and reframed her transgressions as basic feminist undertakings to eliminate patriarchal social constructs. In her view, power needed to systematically be broken down so that all were empowered. Naïve around feminism, I was unable to analyze her political stance.

The #MeToo movement found ground in 2017. A plethora of disclosures fueled our understanding of how abuse of power is wielded within relationships. Before that, however, victims fielded many reactions to their trauma. Survivors, whom PS co-opted into our legal battle, suddenly became hostile and scornful towards me. Despite knowing that PS had been my therapist: other people who knew clung to old social mindsets and minimized it as "just what happened back then"; one scolded me for disclosing and insisted I should not record my experience—even privately; some described PS as the benevolent person who was being generous towards a lesser more troubled individual (me); another asserted, I should stop complaining and be grateful for the 'benefits' of the relationship which they identified as enhanced mental health and financial security; and one worried I would be perceived as nothing more than a scorned lover seeking revenge. In attempts to normalize the relationship, some viewed the progression from therapist/client to 'life-partners' with the only lens they had: friends who became lovers. The casual observer might use the length of time I was ensnared in this abuse to obscure the actual harm I endured. Like the CVAP Adjudicator, others believed that the ever-increasing intimacy demonstrated by PS's disclosures, in my therapy sessions, was not a grooming technique but evidence of an equal relationship. Thankfully, there were those who were supportive and recognized that my automatic reliance on old coping mechanisms could not be construed as agreement or consent. Without them, this would be a very different accounting.

PS, like other exploitative professionals, deliberately groomed me in a predatory, prolonged, manipulative, and exceedingly emotionally and sexually abusive manner. She instilled a profound,

emotional dependency which was never relinquished. The results for victims, in my situation, is a profound damage that screams out for reckoning. Mental health consumers ought to be able to easily access information on predatory professionals before the trauma occurs. The gender of one's perpetrator should have no impact on whether belief or support is offered to survivors. Anything less is a by-product of victim-blaming. PS, herself, endured no legal, professional, or civil consequences. I didn't choose silence. There was no place, back then, to register my complaint. My voice—in fact, all the voices of PS's victims—have been silenced. Until now.

Almost thirty years after that fateful first session with PS, I find myself still struggling. I am grateful for the diligence with which I embraced my own healing process. It has served me well. I do trust myself, again. My anxiety has diminished and panic attacks are no longer a regular occurrence. My PTSD responses, on the other hand, now include a devastated capacity to trust others which directly impacts on my current relationships including those with my children. I often wonder what I miss being unable to reach back to those who want to become emotionally closer. Life is still an arduous process.

My story is penned out of trauma; then anger; and then understanding. It is a story about survival written to root the damage, I suffered at the hands of my therapist, down into known material about the impact of trauma and provide some sanity to a situation that feels, mostly, as if one has descended into madness. My truths are only possible because I am still breathing. There were whole days, weeks, and months where that conclusion was doubtful. Creating art and writing have been my miracles. Writing insists on the mindful placement of a word, a sentence, or a paragraph in relationship to a complex storyline. Painting or assembling mixed-media pieces demands a narrow focus to consider the nature of color, meaning of shape, and importance of that which is unseen or intangible in the negative spaces of one's life. One brushstroke at a time, one word after the other, I made sense out of my experience. And, I survived.

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Note 1: In Canada, and in particularly BC, counselors are not regulated. Anyone can hang up a shingle and call themselves a therapist regardless of a lack of formal training. Five years after my complaint, BCACC changed their Code of Conduct so that a member's resignation will not close an investigation and they are able to act to protect the public if they feel that clients are at risk.
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If It Can Happen to Me, It Can Happen To Anyone

Wanda S. Needleman, M.D.

I was abused by my so-called training psychoanalyst for ten years. He groomed me for over a year, biding his time to approach me sexually until he had me coming to see him seven days a week for appointments. I drove fifty miles each way to his office. My abuser was an expert conman who knew how to groom and how to psychologically kidnap each of his 25 plus victims. My only vulnerability to him was that I was a woman.

I was the middle child, the only girl, in a loving family. As a child I wished that less was expected of me. I felt more pressure to become someone compared to the way my friends were bring raised. As I got older, I realized that this pressure was a gift which led me out into a larger world than that of my playmates.

I experienced no abuse. I had nothing hard in my life except for that pressure to achieve. I was raised to believe that girls could do anything, even become a doctor.

I took a relatively direct route to college and medical school. I chose psychiatry as a specialty because I was more interested in people's stories then in their physical diagnoses.

I married a smart good man and had two kids. I wanted to become a psychoanalyst because I wanted to get in-depth training into the workings of the human mind.

I began a private practice, and I was accepted for psychoanalytic training at the Boston Psychoanalytic Institute. I chose, as my training psychoanalyst, Ed Daniels. I knew him as a teacher during my residency training at McLean Hospital. I felt lucky that Ed Daniels accepted me.

I had no knowledge that it was already known that he had abused at least one patient. Because this patient was too afraid to complain

nothing was done to remove Ed Daniels from his training positions. He threatened to sue the Psychoanalytic Institute if they moved against him. So upon the advice of the Institute lawyer, Ed Daniels was free to take me on as a candidate in training.

I was excited to begin my training. Unfortunately I was totally ignorant that I was walking into the office of an evil man who was to became known as a multiple perpetrator. No one warned me even though it was already known.

In retrospect I can see that he carefully groomed me for over a year. The grooming consisted of him remaining mostly silent while my job was to lie on the couch and say whatever came to mind. We began the analysis by meeting four times a week. In reaction to his relative silence, I regressed to an intense infantile dependency upon him. I spent the appointments mostly crying and longing to merge with him. None of these feelings were sexual. My life outside of these appointments was full and active with my family, friends, my practice, serving on the local psychiatry ethics committee, attending analytic institute seminars, and doing lots of reading for my training.

As my regression intensified, Ed Daniels continued to remain relatively silent, only prescribing that I increase my appointment times to five, six, and then seven appointments a week. In order to incorporate these appointments into my busy life I drove 50 miles each way for 5:30 am appointments. These were the hours that Ed Daniels kept as he saw countless people from 5:30 am until late in the evening.

After a year of appointments, Ed Daniels greeted me at the office door. As I was leaving, he reached out and gave me a sexualized hug. This first physical contact involved him pressing his crotch into me. I left the office in a daze. I have no idea how many days went by between that hug and the beginning of overt sex on his office couch. I am totally amnesic about how this came about.

In retrospect I have come to understand that psychologically I split in two after that hug. On the one hand I was raising my kids, being a devoted wife, having a full time psychiatry practice, undergoing psychoanalytic training with seminars and supervision, and sitting on the ethics committee of my local psychiatric association. On the

other I was having sex with Ed Daniels during my daily appointments. I also called him many times a day to maintain contact. I had zero conflict between these aspects of myself.

This activity and split went on for over ten years. After five years, I decreased my appointments to twice a week while sex and frequent daily phone calls continued. I had decreased my appointments because Ed Daniels told me he would give approval for me to graduate from the Institute. I had been paying him for these seven weekly appointments during which sex took place. When I decreased the appointments, I told him I no longer would pay to see him. At first he protested, saying his accountant would not understand. I told him he could figure out how to take care of it. I had no other ability to think about what was happening to me.

In the tenth year, I began to teach psychiatry residents in training at Brown. By the end of ten years, I told Ed Daniels that I had to stop seeing him because I no longer knew who I was and because my marriage was suffering. I have no idea why I said this, but I was able to stop seeing him.

Six months later, I was awarded the resident teaching award by the Brown psychiatry residents. I called Ed Daniels to tell him how proud I was. He sounded strange on the phone. I began to have intrusive thoughts that said, "He's a dirty old man." I brushed these thoughts aside until the Anita Hill hearings. As I watched mesmerized, I became overwhelmed with the repetitive thought, "She's telling the truth and he is a dirty old man"

I had been so completely split that when Ed Daniels asked me to submit a report to the Board of Medicine on his behalf, I willingly did so. Seven victims had complained to the Board about his abuse of them. I wrote that I had known Ed Daniels for well over ten years and that I knew of no unethical behavior on his part. He also asked me to speak in his behalf to an accrediting group that came on a visit to the Boston Psychoanalytic Society and Institute from the national organization. I met with them to tell them, in Ed Daniels' words, that there was a "witch hunt" against him. I said he was a good man who was doing no wrong.

I received a check-in call from another training psychoanalyst at the Boston Psychoanalytic Society after the ethics committee met to

find against Ed Daniels. I listened to what she said and promptly reported her words to Ed Daniels.

When Ed Daniels requested that I speak on his behalf at the general membership meeting that was held to vote on the findings of the ethics committee, I wrote a letter supporting him. If I had not been traveling at the time, I would have gone in-person to speak on his behalf. My internal split held up in the face of all of this evidence. In retrospect, I have come to understand that this internal split occurred as a defense against being totally traumatized by his sexual approach to me. It was only after the internal split began to crumble that I became overwhelmed and traumatized.

After the Anita Hill hearings, I became severely depressed. In retrospect the walls of the split within me were crumbling. I had not seen Ed Daniels in person for many months. I finally saw a training psychoanalyst colleague of Ed Daniels for therapy because I was close to being suicidally depressed. After experiencing intense self-loathing, I finally began to realize that something terrible had happened to me, but I still had no language for what had happened. My first subsequent treater listened to me but never once did he tell me that I had been abused. I had to discover this language gradually on my own with help from my wonderful TELL advocate.

Before I had the language about abuse, I went to see Ed Daniels in person to tell him that I was no longer a friend of his and that I was seeing his colleague for treatment. I wanted to see how I would feel in his presence. Ed Daniels said that he was sorry to hear that I had joined the ranks of his enemies. He said that he meant me no harm. Because I still had very little language, I was not able to ask him at that time why then was he having sex with me in the context of a psychoanalysis.

After seeing him, I initiated a complaint to the Board of Medicine. Ed Daniels was appealing to get back his license. I wanted to take back my previous report to the Board, and I wanted to speak out against Ed Daniels. A year later I contacted a wonderful lawyer and began a malpractice suit. By then I was still in bad emotional shape. I had decreased my practice to a bare few: As people terminated I took on no new patients. I had stopped teaching. I had loved my work, but both this love and my own self had been destroyed by my realization that I had been helpless to protect myself from being abused.

That first subsequent treatment came to a crashing end when I learned from my lawyers that my treater would be a "tainted witness" because he had also been treating Ed Daniels' wife. I confronted this treater and told him he had had no right to take me into treatment while he was also treating Ed Daniels' wife. That treater had also lied to me from the get go when he said that I was the first person he knew of to have been maltreated by Ed Daniels. In fact, this treater had been on the committee that had confronted Ed Daniels over ten years back when the first victim became known. After my malpractice suit had been successfully settled, the Boston Psychoanalytic Society supported my request for a mediation process with this first subsequent treater. I was satisfied with the outcome of this mediation.

The malpractice suit was a difficult process, but since I had excellent lawyers and good support from my TELL advocate, I was pleased with the eventual outcome. From this experience, I learned that it was important to me to receive validation from a legal perspective that something terrible had been done to me.

I finally found a good subsequent treater. This subsequent treatment was very helpful to my regaining myself. I eventually was able to return to a full-time practice wiser than ever before. I returned to teaching as well when the psychiatry residents asked me to run a seminar on boundaries after a local psychiatrist had impregnated a patient. Eventually I retired and moved to Texas to become a hands on grandparent for my daughter's children. At that point I was able to devote more time to being a TELL Responder.

If all of my education about what constitutes a safe, therapeutic, and well-boundaried psychotherapy, and if my lack of vulnerabilities to being exploited because I had had a good enough childhood, did not protect me from being abused for ten years, then it is certain that no one can be immune to being abused. If it can happen to me it can happen to anyone.

#MomToo

Deborah Needleman Armintor, PhD

In 1979, when I was six years old, my mom was seduced by her psychoanalyst and mentor while studying to be a psychoanalyst herself. This abuse, disguised as "therapy" and "training," lasted ten years. She not only endured the abuse, but also paid for it out of pocket, driving hour-long daily commutes for it, working her ass off full time serving her patients the ethical and honest way, all while being a loving and involved mother and wife. On a time-management/multitasking/scheduling basis alone, I don't know how she managed it all—the chronic abuse and commutes on top of the full-time workload and family obligations—but somehow she did. Her abuser was a big shot in the field, and she imagined herself fortunate to be working with him. She was under his spell. She turned to be just one of his many victims—over 20 of them, all women; and years later, they filed suit against him, one by one.

As the other victims stepped forward, my mother gradually emerged from under his spell, and sued him for malpractice. By that point, I had gone off to college where the news of what my mother had endured all those years under the name of therapy and professional training filled me with justifiable moral outrage and a strong sense of solidarity. I supported my mother with all my heart, and I supported these other women who I didn't even know. I was rooting for them, and never for a second resented either them or my mother for being victims. I resented their perpetrator, not them, because duh.

Justice was slow in coming for my mother and her fellow victims. After all, this was decades before the #MeToo movement's long-overdue spotlighting of sexual harassment as an American epidemic. Had my mother and her fellow victims been working class, undocumented immigrants or ethnic minorities, justice never would have come at all. But they, like their oppressor, were predominately middle-class, U.S. citizens, and white, and the corroborative

testimonial evidence in their favor was overwhelming—so they at least had a shot at a slow kind of justice—or at least something like it.

The settlement she eventually received, while I was in grad school working on my Ph.D. in English literature, ended up paying for my big family wedding to a kind and decent man without a predatory bone in his body. For both my mother and me, the joyous wedding celebration was a sweet comeuppance, but of course it felt nothing like closure. There would be no replacing the decade her perpetrator stole from her. There would be no forgiving or forgetting the betrayal of those in the American Psychoanalytic Association who stuck their heads in the sand and dragged their feet in acknowledging and reprimanding the predator in their ranks. And there would be no denying that the offenses he was accused of in my mother's malpractice suit were largely swept under the rug, because that's what happens in a legal settlement.

I will never accept or make peace with any of this, nor should I. But my celebration of my mother's resilience is no less sweet today than it was on my wedding day twenty years ago. I continue to overflow with pride for all the good she has done in helping other victims of boundary abuse through her work with the peer-based TELL network, through which victims support and advocate for fellow victims. Unlike the American Psychoanalytic Association, which turned a blind eye to the abuse for as long as they possibly could, Jan Wohlberg, one of TELL's five founders, believed and supported the victims from day one and was there for my mother when she needed her, when she was suffering most.

As for me, have I suffered for my mother's suffering? Hell no. My mother suffered, but I did not; I went about my life and had my own experiences. If I could say only one thing to other victims of therapy abuse, it would be this: Your predator may have stolen years from you, but not from your children. Your children aren't you, and your victimhood doesn't make you a bad parent. Your endurance alone is an unqualified parental good and sets a positive example for your descendants no matter how wounded or broken you may still be and no matter how imperfect you might think you are. You are a survivor—and we, your children, thank you for your survival. We are the beneficiaries of your survival. You have taught us to survive through your example, just like animal parents teach their young by

demonstration. That is no small thing. Whatever moral outrage we feel for what you experienced is a good thing. Moral outrage is a good thing to have and an important feeling to feel. It is not a burden. On behalf of survivors' children everywhere, I thank you for that priceless inheritance.

I consider myself the direct beneficiary of my mother's resilience. Her survival has made me a better feminist than I was prior to my knowledge of her story and has crystallized my commitment to ethics and social justice. Her advocacy has helped to educate, embolden, and politicize me. Her experience has sharpened my healthy skepticism of institutions of all kinds—even the good ones—and has taught me to listen to individual victims of boundary violations and injustices, to believe them, to support them when they ask for my support, and never to demand or expect perfection from them. Her ordeal has taught me to be an up-stander and an activist for victims of various kinds of power abuses, and to have no patience or sympathy for perps in high places. Sure, everyone is innocent until proven guilty under the law, and that's the way it should be. But when it comes to my own personal judgements and actions, I always believe the victims, especially when the victims are women or minorities and the perpetrators are in positions of power and privilege. My mother's experience taught me that.

The abuses and injustices my mother and her fellow victims endured were soul-crushing. But their survival alone, whether exemplary or ordinary, is an inspiration and a gift to their descendants and fellow victims—and a well-deserved perpetual kick in the nuts to their perpetrator. That makes me happy.

Survival for victims is something like an art; and it is no coincidence that my mother took up visual art following the settlement of her malpractice suit, my acceptance of a job as an English professor at a large public university, and her eventual retirement and cross-country move to live closer to my children who adore her and call her "Bubby." A self-described Jewish Grandma Moses, my mother paints, she draws, she creates, she thrives, and she smiles. But she never forgets. She doesn't erase her trauma and abuse, but paints over it, like a gessoed canvas. Her trauma is always beneath the surface, but her art and existence continually rise above it like a palimpsest. She has become a survivor-artist, a tireless

advocate, and a loving grandmother. I couldn't be prouder to be her daughter.

In my first year of grad school, in 1995, I found a card with a quote on it by Anna Freud: "Creative minds have always been known to survive any kind of bad training." I mailed it to my mother, and she loved it. #MeToo.

No One Asked, Not even me

Anonymous

As I approach the age of 60, there are parts of me that still sit frozen in time. The aftermath of sexual abuse smolders beneath every breath I take. It hasn't dampened out with repeated life success, financial stability, solid relationships, marriage or bright healthy children. There is a separateness that lives on, and even as I write these words there is a feeling of betrayal to my abuser that creeps in. This is my story.

I was a happy child. Petite, athletic, smart and likable. I enjoyed friends and adults, and they enjoyed me. I was generally the first one picked for a dodge ball game or I was the picker. I was awarded the President's Physical Fitness Award several times and was an excellent student.

I gravitated easily to adults. Whether it was by my own subconscious doing or just the profile of a peppy, talented kid, it seemed that adults were easily drawn to me too. Adults taking an extra interest in me gave me a sense of specialness. I was involved in gymnastics, softball, swimming and diving. I began to excel in diving and enjoyed early success, which lead to the opportunity to have a private coach. Diving became my focus. The coach and I developed a special friendship. This seemed normal to me and to my parents. We spent time together talking, driving around, sharing French fries and sodas after practice at a nearby fast food chain. The coach often gave me rides home and seemed sincerely interested in being my coach and my friend.

My specialness ended one night on the way home from practice in an isolated, dark parking lot—a scene that would be repeated many times. It spread to abuse in the family room of my own home while my parents were upstairs. My diving practices turned to dread and my interest in the sport plummeted. After my time with the coach ended I continued to dive for many years, but lacked caring, pride or any eagerness to improve. At some point, I started drinking beer. I

found great comfort in alcohol. Alcohol gave me a lift and an excuse to not perform to my abilities. Drinking became my closest confidante and favorite activity; all other friends and adolescent thrills became sidelined. School work became second. Diving became second. Taking care of myself became second. And even the desire to develop close friendships became second. I enjoyed leading and creating the party, but the party had a deeper connection for me than a gathering where alcohol was a fuel that ignited the party; alcohol ignited me. Enjoying and identifying with alcohol allowed me to be sloppy in presentation—the best masquerade to hide my developing body and have an "I don't care" attitude. The silence of what was actually going on was so loud inside me it was deafening. No one asked the question, but did they think it? Teachers and administrators often stood scratching their heads in confusion saying, "she's just not motivated." Every time I got in trouble for drinking I managed to talk my way out of it. I believe the possibility of sexual abuse would be the first question on a parent's, teacher's or school counselor's mind in today's world. The coach left town suddenly and decades later I learned I was not the only one he abused. It was startling information that my mother told me, followed by her stinging question of did he do anything to me? Heart throbbing up in my throat, I choked out the word NO. It was an automatic answer I gave. I wasn't prepared to open that door, because that door lead to a second door that was sealed shut. I could not bear to turn the handle on that doorknob ever to my family not then and even not now.

My trust in adults had been shaken but not shattered after the coach. My alcohol use sent me spiraling out of control and into the hands of a therapist. She was kind and caring. We worked together on my alcohol issue, and it was a series of ups and downs. I hadn't questioned her increasing involvement with me because I knew I needed help to stop drinking. Our appointments stretched into hours, we met outside the office to walk in the woods and talk. We spoke on the phone frequently. I ended up at her home after a drinking episode against her husband's wishes for a day of talking and spent the night. I was startled out of my sleep to find her unbuttoning my blue jeans. She told me she was trying to make me comfortable. I believed her. She ended our sessions with long,

involved hugs and she convinced me that kissing on the lips was a sign of trust.

Finally, I stopped drinking long enough to see that eager, goal oriented young girl return. I was proud of my turn around. My parents were extremely pleased, and my therapist was the shinning star. Then it happened. On a crisp fall Saturday sitting on a log in the woods after a usual "therapeutic" walk she kissed me. I kissed her back. Everything I had known changed. Despite all the out of her office things we did, she was my therapist, she was married, and I had a boyfriend. The thoughts of her being a female did not enter my mind. The thoughts that this might be considered cheating on my boyfriend did not enter my mind. None of what had just happened had a label. We began an intense, secret, emotional and physically-driven relationship. I told no one. My boyfriend had been accustomed to never knowing when I would show up when I was having my counseling, so my intensity with her was not a red flag. Besides, she was helping me, and my life was on an upward trajectory.

My parents were pleased with all my progress and never asked or never seemed to question the intense relationship that was developing between the two of us. To the outside world she was still my therapist. My in-office appointments were time locked in a room to have sex. Our time together outside of the office was any opening we could figure out to rendezvous. We even took vacations together. She told two colleagues—one gay male colleague (who we had our one and only social interaction) and a gay female colleague who had an apartment near the office where she let us go during the day to have sex.

My therapist ended up leaving her husband, and he blamed me. He threatened to call my parents. I led a double life. Thinking back, it's hard to imagine I was able to stay off alcohol, but I did, and in all other areas I was still setting and meeting goals. I went to college as a commuter student, graduated, and began working. I moved out of my parents' house. I was still dating my boyfriend and I began to have dreams of getting married and having a family. I dreamed of not being involved with the therapist and it all coming to an end, but I didn't know how that would ever happen. How do you end a relationship with someone who is your therapist and is in control? It

finally did happen when she decided to take a three-month break in order to enter therapy and figure out what she was doing with her life. The relief that came over me was tremendous. I was encouraging and supportive of her taking the time apart. I felt a freedom that was fresh and exciting. I was excited to start my own life.

Precisely at the three months mark she called. I had been determined not to see her when the three-month period passed, but I failed miserably and acted happy to hear from her. We began getting together but not at the same frequency or emotional level of intensity and we never became physical again. We never discussed where we stood or what had happened. At a hypnosis seminar we attended she exchanged phone numbers with a man and began dating him. I was supportive of her involvement and listened to her problems in a relationship that eventually ended.

Many of our moments are seared into my memory and I can recall them like they happened yesterday, but I can't remember the details of how we stopped marking birthdays and special occasions with phone calls, but it did all stop. It would be almost two decades before I became aware of my own blindness about our relationship. I had managed to go about my life, start a career, marry, have children and occasionally have a thought of my therapist. I never thought about what happened between us. I somehow always sidestepped that I had been in a sexual relationship with her. I kept her in my mind as a family member—a primary family member—and had visions of one day having her meet my husband and my children. I projected a feeling of pride and closeness that could be palpable. In reality I had never asked the question of abuse either.

It wasn't until I found TELL and learned what had happened to me did I understand the grooming and the takeover. I learned the prevalence of same gender abuse. I began to see that the aftermath of this type of abuse for me was like trying to believe I could breathe underwater. The more breathes I tried to take, the more I felt like I was drowning. I had never taken in what had happened to me, and on many levels I was terrified to begin understanding it. What would it mean about me, who I was and who I am. As I learned more about what happened to me I began to see the impact on my own internal life. I still have a separateness that exists and believe I always will. There is a part of me that is connected to a person that should not

represent such an intense connection. I fear that there is no amount of time, not amount of success, no amount of real connection that will overpower this connection.

I still find myself challenging the truth. As shocking as this might sound I miss my therapist—I miss what we had before it became abuse—I miss the person who was my support, I miss the intense connection we had and fight to keep myself from believing it is still there. TELL and bits of therapy have helped me understand that a connection was never there. This disconnect is one of hardest mountains I still must climb. Even sharing my story with you brings on feelings of betrayal, but I have come miles from the young girl I was when she took me over, and I can tap into anger and disgust at her actions. Who knows, as I move forward with the help of my incredibly patient and caring TELL supporter, I just might shake this feeling of loyalty to the person who almost destroyed my life and most certainly stole my soul.

How to Prevent Boundary Violations in Psychotherapy

An International View

Dr. Werner Tschan

Sexual boundary violations in psychotherapy are sexual crimes committed by a wide range of professionals (psychiatrists, psychologists, pastoral counselors, social workers, etc.) against vulnerable people, i.e., their clients, who have contracted with them for help and support. The term I use to describe all forms of sexual boundary violations in psychotherapy is Professional Sexual Misconduct (PSM) (Tschan, 2014). PSM has nothing to do with transference love, as the older literature on the subject might suggest. PSM clearly violates professional standards and constitutes a criminal offense in many countries and states. Professionals commit this crime as a function of their power. It is a breach of the trust clients have in the integrity and competence of their psychotherapists.

Since the early days of psychotherapy, many well-known professionals have committed sexual crimes against their patients, but the psychotherapeutic community refused public discussion of the issue. Instead of working to protect vulnerable psychotherapy clients, the scandal is that professional bodies have usually tried to protect themselves and their members.

The voices of victims have long been silenced and, despite the recent #MeToo movement, still are today either by society in general or by professional organizations such as ethics committees and licensing boards. The women's movement of the 1960s tried to bring this to light (Tschan, 2012) and to force sexual boundary violations in psychotherapy to be regarded as more than a "gentleman's affair." Occasionally, a law suit brought public attention to the issue as in

1975 when American Julie Roy became the first woman to successfully sue her psychiatrist for using sex in the guise of therapy. Although the trial was covered in the newspapers, public discussion of the extent of the problem was considered taboo. Few spoke about it.

During the last decade of the twentieth century, professional mental health organizations all over the world increasingly came under pressure to address the issue as a way to avoid damage to their professional reputations. The book *A Dangerous Method* (Kerr, 1993), as well as plays and films about the problematic relationships of Carl Jung, Freud, and Sabina Spielrein, further highlighted the historical dimension of the problem.

The Concept of Boundaries in Psychotherapy

The first medical textbook on sexual boundary violations in professional settings was published in 1857 by the French physician Ambrose Tardieu (1818–1879): *Etude médico-légale sur les attentats aux moeurs* (*Forensic Studies on Sexual Crimes*) (Tschan, 2014). Freud followed Tardieu, focusing specifically on psychotherapy as he described erotic feelings between therapists and their patients. At the time, he coined the term transference, the phenomenon in which a patient's feelings for a significant person in their life are redirected to the therapist. The same happens to therapists who, as Freud noted, experience "countertransference." Often these feelings manifest as an "erotic attraction." Freud insisted that the therapist abstain from any form of intimate involvement with his or her patients. Psychotherapy, he taught, could not be undertaken with blurred boundaries.

Despite the clear warning by Freud, boundary violations in psychotherapy were rampant from the start but generally remained under the public radar until the 1970s, when the first reports and surveys began to emerge that suggested that the problem was much larger than previously thought (Stewart et al. 2009). In 2018, in the aftermath of #MeToo, we are forced to painfully realize the magnitude of sexual violence in many different professional settings.

Maintaining clear boundaries is particularly important in psychotherapy. Harvard social worker Nancy Bridges underlined the importance of addressing this issue during individual supervision for postgraduate training. She wrote:

> *"The intimate nature of the … psychotherapy process requires that trainees be educated to deal competently with sexual and loving feelings that arise during psychotherapy. The absence of substantive teaching on these complex treatment issues places a responsibility on the psychotherapy supervisor to educate trainees about the erotic aspects of transference/countertransference." (Bridges, 1998)*

Boundaries in psychotherapy cannot be described as a clear and distinct line but rather as a zone. Psychotherapists sometimes have to cross what otherwise may be considered to be firm boundaries to help their clients such as when a psychotherapist is required to make a home visit. Although this is certainly not the standard treatment option, it may, at times, fall within the zone of appropriate boundaries but might not were boundaries defined by straight and unbending lines. To further understand this concept of zone, I present three fundamental questions regarding psychotherapeutic practice boundaries:

One: Is it permissible to hold a patient's hand in psychotherapy? I think it depends on the circumstances. If a patient was in deep grief, this intervention might be appropriate. However, the same gesture could be a step on the path to a sexual boundary violation where an offender-professional assesses the reaction of his targeted victim and moves down a slippery slope.

Two: Is it permissible to offer a therapeutic session for free? Again, it depends on the circumstances. As psychotherapists, we are paid an appropriate fee for what we do. However, it may be appropriate under certain circumstances to reduce or eliminate the fee. Again, that same gesture could be used by an offender-professional to groom a client.

Three: Is it permissible to prolong a session? Certainly, under certain circumstances such as when a client shows an unexpected reaction during a session and the therapist needs more time to sort it out. Once again, the very same action can constitute a step in the

grooming process. Therefore, teaching about boundary issues requires a sophisticated, nuanced approach instead of a "black and white" view.

This leads to an ethical consideration of boundary issues, a topic which requires intensive and ongoing discussion. The profession has to clarify the adequate handling of boundaries, both to the professional community and to the public. Patients need to know what is OK and what is NOT OK in psychotherapy.

Ethical Considerations of Boundary Violations in Psychotherapy

Classical writings such as the Hippocratic Oath stipulate that health care professionals (e.g. physicians) must do no harm, act in the patients' best interest and never sexually exploit patients (Tschan, 2014). Key is the statement "I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of men and women." In 1803, Thomas Percival coined the term "medical ethics" in his book *Medical Ethics or a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons*. Medical ethics has played a crucial role in the codification of the professional-client relationship and the importance of maintaining healthy boundaries. (Tschan, 2014)

Over the last 50 years, various professional bodies worldwide have implemented standards on boundary issues, but they differ. Psychotherapy is divided into a great number of "schools" among which there are no universal codes of conduct. Nevertheless, sexual boundary violations are considered unacceptable by all of the many existing codes. The World Psychiatric Association (WPA), one of the largest professional bodies, has implemented these standards since the 1990s.

WPA's ethical standards are delineated in the *Madrid Declaration of 1996* and its later supplements:

> *"Under no circumstances should a psychiatrist get involved with a patient in any form of sexual behavior, irrespective of whether the behavior is initiated by the patient or the therapist.*

> *Consent on the part of a patient is considered vitiated by the knowledge the psychiatrist possesses about the patient and by the power differential that vests the psychiatrist with special authority over the patient." (World Psychiatric Association 1996)*

This statement is unambiguous with regard to current patients but silent on relationships with past patients in which transference issues and power imbalances often, if not always, persist beyond formal treatment. (Stewart et al., 2009)

Legal Considerations

The concept of a "path to sexual boundary violations" provides an understanding of offender strategies and how professionals commit their crimes. (Tschan, 2014) Although I use the term offender, it may be misleading in suggesting, erroneously, that this is a homogeneous rather than diverse population.

Some offender-professionals are suffering from cognitive distortions such as considering the patient-professional relationship a romantic affair or a love affair, and viewing it as a relationship between two consenting adults. Other professionals may suffer from a serious impairment to their own mental health. Still others show paraphilic (what used to be called perverse) urges. But it is clear from the many verdicts of judges all over the world that the responsibility for maintaining clear boundaries rests only with the professional, whatever conduct a patient may present.

Effective intervention will fail without a comprehensive understanding of the modus operandi of offenders and of the interaction between victim, offender, and the institutional background. In the criminal justice system, the burden of proof lies with the victim, who as a result of the traumatic nature of PSM and legal strategies of undermining her credibility, is already in a weak position. Politics could easily change this by transferring the burden of proof to the accused, which would lead to a fundamental change in legal procedures.

It is not surprising that current survivors of PSM still hesitate to come forward with allegations. There is a need to implement a doctrine of innocence for survivors commensurate with the current one for offenders. To believe in victims of PSM in psychotherapy requires a proactive strategy. (Tschan, 2014)

In some countries, mental health policies clearly proscribe sexual relationships between psychiatrists and past patients, but in other countries, mental health policies have remained silent about these relationships, current or past. (Stewart et al., 2009) Some countries have implemented laws or policies which prohibit sexual relationships with current patients or with former patients. Some countries require health professionals to compulsorily report if another health care professional is known to be having sex with current or former patients. In some countries, health care professionals will lose their licenses to practice if found guilty of having committed PSM. This loss may be permanent or from one to ten years.

In the (small) WPA survey, 18 percent of the representatives reported programs to help health care professionals disciplined for PSM, and an equal number reported provision of free counseling to patients of health care professionals found guilty of PSM. (Stewart et al., 2009)

Effects of Boundary Violations in Psychotherapy

Shame is the most important factor for understanding the silence of survivors. For a long time, society has discouraged survivors from disclosing their experiences.

The effects of PSM are best described as poly-victimization, which includes sexualized violence, the breakdown of trust in a caregiver, and emotional turmoil. Affected patients have great difficulties in returning to further psychotherapeutic treatment. They worry about a repeat of their experience. They also worry whether they will be believed and whether they will blamed. Due to a general lack of

training in this area, most professionals are not prepared to hear these kinds of stories.

Case Study

Anna, a woman in her early 40s, was referred to a psychotherapist for treatment. Since age 28, Anna had been suffering from instability, and she used alcohol to cope with anxiety. She was married and had two children. She worked as a teacher. She had tried to commit suicide several times. Shortly after beginning psychotherapy, the therapist complimented her on her character, her behavior, and her appearance. Then he started to caress her. She was pleased and felt accepted and supported. After five years in treatment, the therapist fondled her and started to sexually abuse her in his office. Whenever she questioned his methods, he claimed that he was well trained and that everything they were doing was acceptable.

The woman saw him twice a week. He held to some formalities such as addressing her by her full name, only meeting her in his office, etc. After eight years in treatment Anna started talking about her "lover" to a friend who interrupted her by asking: "And he is your therapist?" The friend then explained the forbidden nature of an intimate relationship between psychotherapist and his/her client. Back in the office Anna confronted him with what she had learned. He abruptly terminated the session by stating that they could no longer see each other.

Anna was completely confused and felt betrayed. She had to be admitted to a psychiatric ward. When she again was told that this professional had committed a crime against her, she became even more confused.

She was then referred to me for treatment. It turned out that Anna had been sexually abused during her childhood by her uncle and elder brother and, in her adolescence, by a female religious teacher. She went through a very painful time as she began to realize that her instability was caused by what she had experienced and that this was the main reason why she had been searching for help.

Anna later sued her psychotherapist. He was sentenced in criminal court for having committed PSM and had to pay her compensation.

For the next two years he was no longer allowed to treat female clients. His license was not, however, revoked.

After two years of treatment, Anna felt more stable and became more willing to work on her initial childhood trauma.

A major obstacle in Anna's treatment was her shame. She felt unable to talk about what had been done to her and considered herself to be a bad person who was responsible for everything that had happened in the past. She thought that her desperate seeking for love had contributed in making her vulnerable to the grooming of her therapist.

Several times, we discussed whether she would prefer to work with a female therapist, but she refused. She expressed a willingness to work on her problems, but also realized how shame made her unable to speak about them.

It is important to note that you, the reader, can put this book aside if and when you decide to do so. Survivors can not put aside their pain and suffering. Survivors have no choice, and they will often suffer for what has been done to them for the rest of their lives. In general, an affected patient suffers from a much greater impairment from abuse by a therapist than from the problem that originally led him or her to treatment.

Consequences for the Profession

Psychotherapeutic settings must be considered high risk places for PSM due to the many existing opportunities for offender-professionals. The setting is an ideal place for predatory behavior, further enabled by the vulnerability of patients and their dependency on their therapists.

Stopping therapist abuse requires various approaches, simultaneously implemented:

- The subject of therapist abuse must become part of professional training.
- Whistleblowers must be protected as an important precondition for reporting.

- Victim counseling must be available service free of charge.
- Effective laws must be legislated and enforced (e.g. mandatory reporting, legal protection for those who report incidents, victim compensation payment, etc.) to protect and compensate victims.

Professional bodies are not able to solve the resulting problems alone. There is an urgent need for an interdisciplinary collaboration. Intervention strategies against PSM must be designed from the survivor's perspective to be effective, but only those in charge are able to stop offender-professionals.

Final Considerations

Survivors of PSM worldwide have become experts on therapist abuse through their devastating experiences and have contributed by their disclosures to improving the level of professionalism in psychotherapy. Due to the delicate nature of the problem and the threat to the careers of offenders, we must not be surprised by backlash and attempts to discredit survivors. Worldwide, the most effective legal strategy of accused offender-professionals is to undermine the credibility of survivors and the bystanders who testify on their behalf.

For too long, society has contributed to silencing victims of PSM by simply ignoring the subject, but intensified discussion of boundary problems over the last decades has led to an increased awareness of the magnitude of the problem. Spectacular cases outside the realm of psychotherapy, such as Simon Biles or Aly Raisman in sports, and the many cases of clergy abuse, have contributed to the increased credibility of victims in professional settings. It has become common knowledge that offender professionals abuse their position of power within their professional roles. The disclosure by survivors on #MeToo has further intensified the discussion and has encouraged survivors to come forward with their allegations. An individual offender's pathology alone is no longer sufficient to describe the underlying causes. The problem of PSM is now being considered from a systemic perspective and addressed as a victim-offender-institution dynamic.

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Why Can't We Prevent Abuse by Psychotherapists?

An Anthropological Perspective

Brooks Mitchell

A two-legged stool requires an additional leg so it can stand on its own for its purpose to be complete. A three-legged stool stands alone because it supports itself and can also support others. Prevention is the third leg needed to stop the exploitation of patients by psychotherapists. TELL does an excellent job of treating the wounded and swatting away some of the bloodsucking entities that attacked them. But the problem rages on. Adding the third leg, prevention, is needed to more adequately curtail and end suffering made even more horrific because its causes are so little understood until it happens to victims.

We cannot hope to prevent exploitation by psychotherapists because we live in a culture that purposefully does not prevent harm to most people. If your skepticism takes over, look around and see what our world, with few exceptions, is like.

When I was in 8th grade, I needed the help of the school principal during my presentation of a modern dance drama. He agreed to explode a cherry bomb in a tin can in the midst of a very large audience as the curtain rose. He did so perfectly. Audience members were startled but also amused at that deafening gunshot sound and the opening scene of a dead body lying on the floor of the stage.

Now imagine that scene today: Recently eight youngsters from all over the U.S. were on stage as winners of the 2019 National Spelling Bee competition when a small pop was heard as confetti was released to fall in celebration. At the sound of the pop, all of the youngsters instantly ducked for cover.

I. Prevention

We have learned several facts about prevention of abuse by psychotherapists so far. Just as we have learned that even the death penalty does not stop or probably even reduce crime, when it comes to abusive psychotherapists, we can't just "scare 'em straight." Nor has training of psychotherapists about ethical behavior halted abuse. It can even encourage abuse, teaching some therapists how to "get away with it."

Some believe that by educating consumers about warning signs, i.e., red flags, they will be able to leave an unsafe environment while there is still time, and that will solve the problem. However, as people report in their stories in this book, the window for escape may be too short. Once it slams and locks, even when there are misgivings early on and throughout, it can be too late to prevent entrapment and abuse.

Many theories explain the human condition including suggesting that humans are innately good or evil vs. blank slates at birth. This thinking often justifies classifying therapists who transgress as different from good human beings and thus unfixable. This is often is used by victims to blame the problem on deficits in themselves and others.

Here is an invitation to move beyond the therapist and victim to look at our acculturation into the social arrangement we call civilization. No problem this pervasive and confusing is independent of the culture in which it resides. It is the nature of one's culture that its mechanisms remain hidden. This is why few spend time trying to understand and dissect it.

Psychotherapy, civilization's handmaiden, is similarly guarded from deep inspection even as called upon to treat problems created by civilization. The culture trains therapists and gives them opportunities to abuse power and, too often, be absolved for the harm done. In fact, they are often absolved even by victims who believe they found in their therapists the life preserver needed in a lifelong quest for safety, a craving most did not know they needed until they found and then lost it. The resulting profound grief can tear victims apart and leave them feeling forever hopeless.

As I write, there is a widely-covered news story of a woman lost for 17 days in a jungle, close to dying, and finally spotted. The rescuer, now the full focus of her attention, makes eye contact, smiles, and calls out gently to her "you'll be fine, I'm here to save you," and pulls her to safety. What if, as she exultantly feels it rise, her lifeline rescuer says "you're not worth saving," throws her out, and sails away, leaving her far more injured and her never-before-feeling-of-safety now overwhelmed by utter hopelessness? She is certain she not only will die but will do so alone and uncared for, and that her ending is somehow deserved. At TELL we respond to mountains of letters from people who, in the very same way, felt saved and then left behind, more hopeless than ever, after thinking they finally had found safety.

Usually the focus of harm is on the rescuer we could re-name the psychotherapist. We might do better to turn our attention to the helicopter in which the would-be rescuer flies away. That helicopter represents the bigger picture—the source of ultimate power, right and wrong, and civilization itself.

What then must be fixed? Do we fix the culture that fails to serve people well enough, and then psychotherapy will fall into line? Or can a lens focused on abuse of power in psychotherapy provide information needed to fix our culture? What happens when we fail to provide a safe environment for everyone?

II. The all-important need to be safe

Lots of bad things happen in life. Why does betrayal by a trusted psychotherapist burn so deeply?

The primal need to feel safe seems to apply to all humans in all times and places. Long lasting and beneficial cultures once kept everyone feeling safe through solidarity, not just briefly in concerts, sports, battlefields, religious ceremonies and sexual encounters. Now, finding it more permanently can lead to unhappy endings in cults, gangs and Jonestown. There is a reason psychotherapy has been sometimes called "the cult of two."

Acculturation, a powerful force, takes different forms. How about one where the chronic condition of being unsafe is engendered in people such as when:

- self-soothing is demanded of infants and abandoning them behind a closed door is called developing a needed skill preparing them for life;
- on a simple trip for groceries when the ego feels fine, distracted by thoughts and music, the nervous system remains in constant fear of dying, seeing vehicles heading straight at them, missing by inches;
- people are acculturated in domination and subservience;
- safety depends on their position on a ladder of power;
- deception is seen as normal, promoting the belief that people higher on the level are truly superior and in the brainwashing techniques of advertising and propaganda.

If we contrast cultures on the basis of their practices of "prevention," we may realize that preventing abuse of power in what we call psychotherapy may be impossible in the culture we call civilization because the concept of prevention is not applicable for most people in civilization, and civilized people generally do not know that. The culture in which people can be exploited by psychotherapists (and other professionals) is notable for erasing the full implications of prevention from our minds while engaging in all manner of other deception.

III. *Un*civilized people had better mental health than civilized people

Ralph Waldo Emerson said, *"The end of the human race will be that it will die of civilization."*

Our hunter-gatherer-sometimes-also-farming "uncivilized" ancestors occupied the planet for ninety-nine per cent of the time that humans have lived here. These ancestors, who looked like us, shared our core human need for safety but were different in that their cultures, it

appears, were based on prevention of problems for everyone. Their lifestyle:

- prevented constant hard manual and tedious labor. For many it mostly took only 2–3 hours a day of that sort of work to meet their needs. (Blain, 2004)
- prevented loneliness,
- prevented hunger and too much hot or cold weather (they followed the sun and food),
- prevented poor nutrition (their travels provided them with a wide variety of nutritious foods),
- prevented domination by others (often leaders were on an as-needed short-term basis and many strategies were employed to keep anyone from rising to power over others based on wealth and heredity),
- often consciously prevented destruction of the earth for short-term needs (decisions were made based on how they would affect the great-grandchildren of their grandchildren),
- prevented stupidity (the community worked together to make sure all children had skills needed to survive and contribute to others, and lying, which adds to stupidity, was outlawed, as dangerous to intuition,

and there are many examples of

- women holding economic power, veto power over war, and legal authority over their own lives.

So our "uncivilized" ancestors, who usually referred to themselves as "the people," were acculturated to help all people in their group be safe, healthy, and contributing by preventing stressors that made them unsafe.

In contrast, western culture is based on the few having domination and control over the many. Civilization's power is nourished by deception and a might-makes-right attitude in our institutions and homes. Problems of life that "the people" worked to prevent for all are rewards only for those high on the rungs of power in civilization, if at all. The professional classes are of civilization's upper echelons. Civilization provides rewards of status and material gain for all

professionals, including psychotherapists, called upon to treat the problems that have been caused by civilization.

Civilization has:

- people organized on hierarchal ladders of power. The higher on the ladder, the more the rewards; the lower, the more they work, are uncared for, and are preyed upon;
- exhausting work for most, whether homeless or in the upper tiers;
- poor nutrition, water, and air quality;
- rampant diseases and addictions;
- nearly endless ways to deceive self and others;
- loneliness, depression, anxiety, and failure to learn;
- an economy in a constant state of growth and exploitation of natural resources and people;
- destruction of the natural environment resulting in mass extinction of life;
- changing the climate and raising sea levels;
- cheap energy as its lifeblood which encouraged the debasement of women and other forms of slavery;
- the need for the cheapest energy, i.e., petroleum, which has turned the world into a war zone; and
- further angst as the doomsday clock has been reset back to 2 minutes before midnight. This is so extraordinarily frightening that most people probably do not think about it.

A new book with an unusual cognitive approach to history by Jeremy Lent, *The Patterning Instinct, A Cultural History of Human's Search for Meaning*, provides a more complete picture of how civilized humans have become so unsafe, providing grounds for reshaping our worldview and its story and, therefore, our lives.

Psychotherapy, among the newest professions by thousands of years, was ushered in on the winds of the message that money will buy anything you need. When you enter the office of a psychotherapist, you become equally "less than" and a supplicant in need of help from a powerful being. Oversight or other protections are usually missing.

The therapist gains power in the form of information from you, including often your most intimate secrets, but the therapist is protected from you having equal information about her/him. Also in psychotherapy, your problems may not even be accurately assessed. In physical medicine, the chances are higher that you will get a diagnosis based on science and physical observation. In other professions, there are known specialties: In psychotherapy, not so much.

Whereas some psychotherapists refer to providers for matters they do not treat, you cannot know if your psychotherapist is one of those. You may have someone who likes to treat multiple personality disorders and will convince you that is your problem even though you might have engaged her/him for family counseling or to gain some confidence-building skills.

Why would humans have made such a sharp detour from prevention of problems? Consider this: After transitioning into agriculture, humans had enough backbreaking, round the clock labor, drought, poor nutrition, fights with neighbors and marauders, hunger, starvation, and being totally dependent on nature to supply abundant rainfall and sunshine, a few of the clever ones imagined they could reorganize society to prevent those hardships for themselves. They just needed to get the vast majority to work cheaply in their behalf, including paying them for their services as “experts.” And so entered the new priest class, bolstered by smoke and mirror practices performed for the gullible. As civilization developed an economy that created competition for available resources, a military class joined the priests. And that is where we are today.

This new direction could work only if those on the resulting lower rungs of power no longer understood the concept of prevention as applying to all people. People were untrained to identify deception and re-acculturated to accept carrot and stick reward systems to motivate them. They lost sight of healthier goals that once guided their lives. When an economy is based on cheap energy, women do not hold economic power to provide for themselves and their children as they do in matrilineal societies; instead, their labor is devalued.

Add new wrinkles ironed into the cultural fabric when humans entered the industrial revolution. Freud came to America in 1909

bringing his theory that children lust for their parents. Horrified parents, fearful of inciting incestuous behaviors, stopped already meager skin to skin contact, threw out rocking chairs, and brought in schedules. Preparing children for the future could be achieved for low cost using methods of high efficiency. This re-mains the U.S. school model, increasing the need for psychotherapy beginning with children and families.

My mother was born in 1914. My grandmother, I called her Nana, told me that she cried standing outside the closed door to her baby's room where my mother, the baby, in isolation, was crying but unable to be tended to as the schedule ruled. My mother told me of an early memory, standing in the crib, alone, asthmatic, gasping for air. My mother's life was threatened by experts upholding civilization.

Fortunately, Nana could learn and did not follow cultural edicts when raising her next children. With awareness and determination, the chain can be bro-ken, an important concept.

Nana also was a wonderful grandmother. When I would launch off into adventures, still in my teens, my friends would ask, "How can you do that?" "Providence, Providence," I would say. "Providence is your grandmother," they said back. I was fortunate.

Contrast the civilized behaviors imposed on my mother when she temporarily left the "stone age" village in which she had lived and studied in order to give birth—and then returned with the baby. She brought it wrapped in a shawl, carrying it, as the village women did, close to her body. The villagers rejoiced in her return and welcomed the baby. At nap time, she took the baby into her small cabin, put it in a box, and left it there. The villagers were horrified. They would never leave a baby alone. Babies were always held and kept in the center of activity where they felt safe, an experience that allows humans, essentially physically weak animals, to survive a dangerous world through social bonding that provides reliably constant and positive human interactions. My mother quickly learned and changed her ways to conform to villager practices.

IV. Confusion over motives: what to prevent and why?

"Every man, wherever he goes, is accompanied by a cloud of comforting convictions, which move with him like flies on a summer day."

Bertrand Russell

My twin grandsons, products of both nature and nurture, arrived in the world with very different personalities, talents, and interests but similar intrinsic needs. When, soon after they turned two, my daughter and I transported them cross country, they understood immediately the power of being in a motor home, high above all cars and pickup trucks on the road and eyeball to eyeball with 18-wheel truckers. They learned to jerk their fists down and get air horn blasts from burly men. There were instant shouts of distress should a car pass us, and even worse, if we stopped for a red light. DOE!! DOE!! DOE!!! they would shout non-stop. I tried to make it a teaching moment—"Green is go, red is stop," but they would have none of that. They were replicating the sort of 'power over others' energy, seen everywhere, that runs our world. Is that the best explanation, or is a better or at least equally valid one, that they were identifying themselves as part of a social bonding group of four, and they were energetically and happily enforcing our collective interests, experiencing solidarity? Or something else?

One evening we decided for the first time to use a baby gate to enclose them in the back bedroom with its queen sized bed, television, and toys, while we sat resting after a long day at the other end, sipping wine. We ignored their demands for skin to skin access to us by not looking at them. We may have seen the gate as keeping them safe; they could have seen it as separation. Perhaps it was a moment of silence that caused us to look. We then did, just in time, to see one, standing atop a box they had pushed to the gate, now waist level, roll over it and topple over to the floor, hitting his head, screaming in pain but with a satisfied look. His brother, smiling, just behind, we managed to catch. Some would say their satisfaction came from having defeated us. Was it to prove they could win? Or was that because they'd managed to get their all-important need for

social bonding met at any cost? Interpretation determines what happens next.

How did we become so confused in thinking that we cannot come up with a common explanation that has basis in truth? Explanations could include beliefs in a culture that needs women as a cheap and controlled source of energy.

V. Are efforts futile for escaping the major paradigm that limits prevention? America's last cultural revolution in the cause of prevention

Maybe efforts to escape this major paradigm are not only futile but dangerous. The powerful stay in power by not giving it up. Amitav Ghosh (2016) describes the human dilemma when change is attempted:

> *"My life is not guided by reason, it is guided rather by the inertia of habitual motion … those who will uproot themselves and make the right preparations are precisely those monomaniacs who appear to be on the borderline of lunacy."*

In other words, you might get called crazy. Psychotherapy is a powerful supporter of the status quo and not likely to give up its power easily. It is supported by the DSM, prescription pads, medical records that will follow you for life, and even involuntary incarceration.

Add to that danger, as prevention is socially unpopular as a learned belief that change for the better is nearly impossible, especially when the bigger picture is not understood. In the 1960s and 1970s, the last true American revolution was undertaken to prevent war, discrimination based on race, religion, ethnicity and gender, along with consumerism, destruction of the natural world (*Silent Spring* had just become a bestseller), population explosion as a danger to the health of the planet. While students boycotted or held sit-ins in university offices to demand more relevant education, my friends, husband and I, in our 20s, were on the older edge of that cohort and had children. Several of "The Chicago 7," bound and

gagged in the courtroom by a judge who wanted to hear no more from them, were even older. Most of our attention was as part of the "Free School" movement of parent-run schools appearing in all states. The number may have reached 800. We were going to take back power and have choices.

Ron Miller, who studied this phenomenon thirty years later, wrote:

> *"Free School ideology was explicitly counter cultural; that is, it sought to educate children and young adults according to a set of attitudes, values, and beliefs in direct opposition to that of the predominant culture … consciously rejected the defining institutions and practices of American society—corporate capitalism—from the traditional work ethic to competition to advertising … the rational 'well-adjusted' citizen and consumer." (Miller, 2002)*

I still recall the tremendous rush from what felt like an endless sense of solidarity as we saw a way to replace a culture run amok. We were a united front, working day and night against impossible odds, and the children loved being in the school that resulted. (Ashton-Warner, 1972) After twenty years, unsupported by public funds, eventually economic issues defeated us. A hostile public school community, saying our children would never be allowed back into the public system, then used the New Prospect School as a place for kids kicked out of public schools. That those expelled kids then thrived seemed beyond their interest.

Fairly quickly, the three women most involved with me went back to universities to get degrees to be psychotherapists. One went to California where she was called the "mother" of a huge humanistic psychology convention. I followed their degree path nearly two decades later even as my friends did not stay in their careers for long. We were forever changed by the experience.

We called our central small town Florida school New Prospect because the year before it opened, my daughter, then four, and I visited The Prospect School located in New Hampshire. (see note a) Bill Gates, Jeff Bezos, Mark Zuckerberg, the Google partners Larry Page and Sergei Brin and many other notables were all youngsters in the kinds of schools we were trying to make sure all children could attend, where education was led by choices and trust in the child as a

learner. The reason these men are running the world today is that their creativity and intelligence was not stamped out. They used it, and they have had little competition. (see note b)

But not one prevention initiative of those times worked well enough to make significant changes in our well-defended culture. Even as the Civil Rights Act opened many forbidden doors, things in many ways have gotten worse, a fact largely unnoticed. In the 1960s, the public at large was convinced that we were dangerously promoting wild, "uncivilized" behavior. Indeed, we did hope to de-civilize civilization.

Abuse of power and its consequences, usual in civilization, remain a constant. Today, over 40,000 people annually spend time browsing on the TELL web-site, undoubtedly the tip of the iceberg called abuse of power in psychotherapy, a new concept since the 1960s. We also have rampant consumerism, more wars, less peace, populations discriminated against fill prisons and welfare rolls, and we are more apt to die early from violence and disease. Ignorance, learned stupidity, widespread addictions, and the capacity to be brainwashed have reached new highs. And the plight of women and children has worsened in many ways.

Our lack of ability to stop these unfixable problems as they grow larger by using available remedies remind me of a Chuck E. Cheese's game. As you hit one head bouncing up with a mallet, more jump up. The only way to stop that could be to pull the plug connected to power.

The 1960s and 70s revolution did not succeed in pulling the plug tied to the source of our problems because the adults of those times did not join us. The father-in-law of one of my fellow revolutionaries said to his son, "Can't you get your wife under control?" We thought that amusing. But he represented what we needed to bring about any lasting change, i.e., to provide additional strength and perspective to guide us into the future away from seeing salvation in big tech and big money and the growing needs for psychotherapy as a promise of deliverance.

Kids today, rightfully protesting their lack of physical safety at school and gloomy future, also need huge participation by the adults. That's not happening. Unlike our distant uncivilized ancestors,

maybe only counterculture uncivilized adults place the highest value on the work needed to prepare children in the best ways possible for the future. Well intentioned families cannot prevent the community from instilling fear in children, creating the perceived need for psychotherapy sooner or later. Clients, lured by language and acceptance of hierarchal power into believing that beings with letters attached to their names know how to diagnose and solve distress, do not know enough to question methods used. In the offices of therapists, the possibility of being subjected to domination and control and even exploitation is high. And the chance of pulling the plug on that behavior is very low.

We hear fresh versions of assault every day at TELL. Therapists who offer a more egalitarian uncivilized experience may be viewed with suspicion. Would we improve our overall culture by singling out this profession?

VI. The problem of collective blindness

> *"Throughout history people have had difficulty distinguishing reality from illusion. Reality is what happens whereas illusion is what we would like to happen. Wishful thinking is a well-worn expression. Momentum is still another element: we tend to assume things keep moving in the same direction."*
>
> Colin J. Campbell, a petroleum engineer (2013)

Wishful thinking need not rule us if we gain knowledge needed for ending all sorts of maladies, including preventing abuse of clients by psychotherapists. We can have hope if we can see the problem with its pieces tied together. More stories are needed.

Some psychotherapists say that the reason we can-not think of how to absolutely prevent abuse in therapy is that complete prevention would destroy the way therapy is conducted. Because psychotherapy supports the culture that invented it and replicates many of its methods, that is true.

This perspective runs parallel to how it was when science finally challenged the practices of physical medicine. Its slow process shows how strong the brakes against change have been. Even today, many

physicians fail to wash their hands between patients. Diseases get worse, and physical medicine has never made the strides it could—and often only ramps up when people at the top of the power structure and their families are affected.

Polio, a good example, has been recorded as a dis-ease of civilization since at least the time of the ancient Egyptians; its incidence increased as populations grew. But it was only when a wealthy U.S. President became physically crippled and personally promoted research that, in a short time, it was finally and successfully prevented by developing a vaccine. Until then, prevention meant avoiding crowds of people in summertime.

My family sought to prevent polio by sending me and my brother to the mountains for eight weeks of summer camp. Those are avoidance techniques but not true prevention, sort of like avoiding being abused in therapy by training therapists to not abuse their clients and training clients to read the rules and walk away if uncomfortable.

Preventing abuse of power in psychotherapy is at the stage polio was when so many victims were being made ill. We have yet to get serious about prevention while all signs are, as with any disease viewed as a societal issue, it is expanding.

VII. Can psychotherapy be "de-civilized" and protect the public? Probably not as practiced by many psychotherapists

"… 'psychology' does have terribly misleading connotations and built-in assumptions—for example that we are concerned primarily with what goes on in people's heads or 'psyches,' … In fact we are concerned at least as much with people's worlds. Not to mention their bodies … The analogy with 'therapy' and 'treatment' has already misled us for over a century.

It does seem likely though—perhaps in the not too far distant future—the effect on the real world of current economic policies will alter very radically indeed the physical conditions of our existence. Solidarity action may once again rise as it has in the past, from our having nothing to lose but our misery."

Psychotherapy serves civilization as a concept and is protected by civilization. Codes of Ethics may protect and enhance the power of therapists more than they protect consumers when clients have no right to know who is giving them advice. Once it was a wise, pragmatic and kindly "Dutch uncle," neighbor Nellie over the back fence, an aunt, or a grandparent. All were well known in terms of what experiences had shaped their advice and their biases.

That knowledge could have saved me from a psychotherapist whose name and ethnicity had caused him to feel ridiculed in life and who was rejected by a woman with a particular appearance and talents that caused his need for revenge on any woman like that one. I triggered that response in him. He had a twenty-month timetable, the time he had pursued his loved one in college before she rejected him.

I did not go to him for psychotherapy. No one in my family ever had an interest in that. It conflicted with our already-seen-as-difficult to achieve needs of freedom, autonomy and control. That is what my family members valued. But out-of-the-blue one day, he came to my home to recruit me based on my known intellectual interest in psychology. Before he left, always keen on learning, I had signed up for several hours of tutorials on some of his concepts. What happened after that made me believe, for the first time in my life, that I needed a therapist!

I learned over time that he had come to my home straight from a relationship with a woman who resembled his college sweetheart. I learned she also resembled me. In a story he shared with me after I was well hooked, she had left in tears after twenty months. He used this story to illustrate how difficult being a therapist is. I felt sympathy for him. Then, 20 months after first starting with me, he abruptly ended it for reasons I could not understand. Anyone who knows about abandonment by trusted therapists knows how that feels.

Knowledge of the therapist as a person, denied to me because of the Code of Ethics, could also have saved me from the subsequent therapist, a Freudian psychiatrist. That she was head of the state ethics committee, one of the few details I could know about her,

caused me to choose her. Unbeknownst to me, shortly after I sought her help, she was served with divorce papers and began a very public long, embarrassing, and losing battle, probably a reason for many of our confusing sessions and why, after a while, she declared she would not help me in court as "all attorneys are pigs!" Going to her became like putting a burn victim under the noonday sun.

Adding misery, both failed therapists based their work on theories it can take years to understand, if at all, and in the meantime all my concerns were being fitted into a mold that had nothing to do with me. That can be harm enough even if the therapists are not also attempting to mold clients in ways they can exploit them emotionally, sexually, and financially.

It is reasonable that people on this highly placed rung of the culture ladder do not want to spill their guts to every—or any—person who walks into their office, nor communicate their developing antipathies to a patient such as jealous feelings aroused when the new client is wealthy and the therapist is still paying off student loans and a house mortgage. Nor is it good for clients' needed confidence to know when therapists really haven't the personal skills to navigate life well and that they have many, if not more, unsolvable problems than those coming to them for help. For therapy to work as practiced, many believe they need to appear to be blank screens.

In our need, it is easy to imagine that therapists are honorable, competent, and know how to solve life's problems. As a client, your powerful and often frightened nervous system's need for safety can believe it has found the answer to its prayers.

Psychotherapy is criticized as being unbacked by provable research. Researching the science of human behavior, psychologist Stephen Porges and his wife, scientist Sue Carter, have spent decades working to provide new understanding that applies to healing damaged emotional states. They have pursued a theory of the nervous system to understand how it operates in humans, differently from other vertebrates, to better understand trauma. In the process, they have come to understand the mechanism involved for clients becoming so enthralled by their therapists, i.e., they lose all reason after the nervous system takes over, as an involuntary reaction, believing it has found safety. (Porges, 2011) "The transference" is not

attached to your parent, but to the concept that the parent represents as a concept, i.e., safety. Freud's explanation was misleading. Sometimes a cigar is not a cigar.

Their investigations into how it is that sexual behavior in humans is not limited to seasons but can be constant, and why the presence of eyes, finger- and toe- nails, mouths and teeth signals safety and happiness, not fear, uncovered a newly evolved nervous system specific to humans as part of the polyvagal nerve, the longest nerve in the human body. As humans haven't the strength or armor to always outmatch other animals in freeze, fight or flee strategies, the best response to keep humans safe requires bonding with others. A smile is not an aggressive show of teeth, a touch not accompanied by claws, eye contact not a challenge to fight. All are part of the human defense system achieved through social bonding.

It used to be that if you were in a place, such as out of the path of charging bison or lions, you were safe. Today, you cannot count on being safe, even in the "right" neighborhood. Homes can be the most dangerous places of all. So as modern humans rarely feel safe anywhere, in our homes, autos, air planes, worksites, or classrooms, the nervous system constantly seeks cues.

Porges identified a set of cues of finding safety "beamed" at patients in a therapist's office that trigger a powerful enthrallment leading to falling under the control of the therapist and, from then on, becoming willing to do, or attempting to do, whatever the therapist asks. Long denied, this need takes over heart and mind full force making the patient totally helpless to whatever use a therapist may want to make of her or him. That easily leads to emotional abuse and can be added to with sexual and financial exploitation and the many forms of servitude those contacting TELL describe.

Following are the specific cues that Dr. Porges describes that overpower reservation and caution: To begin, the therapeutic setting wipes out inhibitions. This requires a well-designed therapy room with a secure door to the outside where clients are safe from intrusions and protected from the world. The room may be finished with comfortable colors, furnishings, fabrics, lighting, and artifacts, and with touches of the sort of person the therapist wants you to believe he or she is and will admire. The setting suggests that the therapist as an intelligent, knowledgeable, successful and caring

being. Another cue is that the therapy is done within a specific time framework that also feels safe.

As our defenses are lowered, benevolent eye con-tact, a kindly smile, a well-modulated voice, and total interest shown to your well-being can be experienced as safety found at last. You're on the way to being infatuated with the door leading to escape sealed shut. It's as simple as that.

I would add that the term at the top of the slippery slope is "therapeutic work," meaning something is wrong with the patient that needs treatment from an expert.

VIII. Whatever then can we do?

For partial relief, we could attack civilization's underpinnings, perhaps its keystone blocks that maintain harmful practices, including financial benefit and status. What if along with holding exploitative therapists responsible, we also hold responsible: those institutions, their departments, and their department chairs who passed them through to graduation; licensure boards that fail to have sufficient admittance criteria to block their entrance into the field and then fail to remove them once claims of abuse are made and before they harm others, a failure so common that board members have been called "foxes guarding the hen house"; and legislators who fail to vote to criminalize behavior, the law in only about half the United States? One might also wonder whether shame and financial penalties would work?

My graduate studies led to a degree entitling me to work as a psychotherapist and took place in two different university colleges, plus multiple trainings for specialized knowledge in institutes and conferences in three countries over several years. Scattered among us were people who should not have been passed through to licensure. Their unsuitability was so blatant that even inexperienced students noticed them, and certainly our professors, all psychologists, must have as well.

And more:

At the time HIV/AIDS was a death sentence, a dying man came to our class to talk about his problems. One of the students became instantly incensed that he was there, made homophobic remarks and stomped out. Nothing happened to him, and he continued to behave badly;

In a sex education class, the professor announced a lesbian would come to talk to us. There was uproar among some of the men in the class. They did not approve;

One classmate worked in the prison system. He believed that rape in prison was just fine—in fact, any way prisoners could be made to suffer was justified as they were in prison to be punished.

Not only were these cruel and addled misfits apparent, surely our psychologist professors could identify more including sociopaths. I was not scanning for misfits, nor was I in every class, so certainly I missed others. If the department and college knew they would be on a list of institutions graduating people who then got into trouble, were shamed, and held financially responsible, one would hope that they would be far more concerned about better interviewing and screening applicants, and weeding out people obviously unsuited.

A victims' compensation fund could be established with the relief money obtained through licensure fees. This might call attention, through the pocket-book, to the problem of colleagues who abuse their clients. When required to financially support the injured and the numbers of injured grow, so would fees. Surely they would begin to notice their own behaviors and those of their colleagues.

Because exploitation injures a sense of personal power, I would suggest that victim compensation monies be used fully at the discretion of the victim. More therapy, perhaps, but perhaps some would benefit more from a home addition, a cruise to re-store relationships with friends and family, a new car, classes in the arts, or a donation to a favorite charity.

Education and training about exploitation of patients is good, but it also adds to clinical practice opportunities. Unfortunately, education may also train sociopaths how to not get caught.

As a profound lack of safety is universal in our culture, it makes sense that the same cues that ensnare the client can ensnare the clinician. Therapists can be overwhelmed when the cues that set off

an involuntary reaction sweep them also into a maelstrom of madness—harming others and themselves. The professor of a practicum class in which students were out for the first time treating patients, responded to one student who was amazed at the adoration and respect instantly heaped upon her, unearned, she believed, as she knew very little. She said she finally understood what transference must be. The professor responded, “And it can seem so right. Sometimes on both sides.”

I spent a day of my training to be a Jungian Analyst that was entirely about the not infrequent situation in which both the analyst and the analysand fall madly in love with each other, a situation so intense that neither will ever recover, and sometimes one or both want to leave the profession. The instructor urged both parties not to leave, should it happen to them, but to know that the community of Analysts will surround them with caring, as all understand what can happen, for the rest of their lives.

As this has to be true, even more reason for therapists to become the most well-educated and in-formed about human nature and history of all professionals, to rethink their work, join in to help re-structure childcare, schools and all institutions to put at highest priority making people feel safe. Becoming psychotherapists of our culture could be a fine use for them.

We who have been drop kicked over the goal posts into a different world can take advantage of that new state of being once the bruising goes away. That different world at first feels frightening. Strange environs and concepts can terrify, especially as we have already such low levels of safety achieved from infancy onward and cannot understand what happened to us. It’s natural that people seek safety in their cultural givens even if those practices may be misinformed and harmful.

Maybe the day will come when the need for psychotherapy vanishes as cultural practices eliminate that need. Or that assistance will come as the benefit of having a perspective from different life experiences that morph into a collaborative exploration of a problem, called psychoeducation; to simplify “treatment” to practical terms: explicating the problem to be solved, including how it exists from environmental and biological causes, and provide comfort and help with an assessment of resources the suffering person has to address

the problem or could obtain. Sometimes they have not enough, and that is where social safety nets help.

Review your own life in view of the ways you were prevented from feeling safe, as an accepted cultural practice, and begin to recognize patterns. It's up to all of us to learn and speak out if we want a world focused on preventing problems. Adlerians say "social interest" is healing. All of us have a social interest in developing a better culture. We don't all have to work to reform therapy as a way to prevent abuse of power. Having more choices in school would help. Jeff Bezos has recently committed millions to allow disadvantaged kids to have the Montessori experience. What a great equalizer that would be, a way to transform culture, if—and it's a huge IF—those hell-bent on destroying initiative, creativity, compassion, and knowledge were not allowed to add the elements that achieve that destruction such as grades, homework, desks, single-age groupings, and other ways to promote competition, humiliation and sugary rewards.

IX. Maybe we need do nothing?

If knowing that "truth can set us free," perhaps what has been understood to this point is enough to provide relief to sufferers, new ways for those working as psychotherapists to more knowledgeably apply their craft to human suffering, and new ways for parents to do their part in keeping babies from feeling abandoned, get them educated using the science of learning, and save them from being newly indoctrinated vessels of civilization.

Beyond these regime-changing suggestions for at-tacking the problem, technology may make that less needed. In other words, there may be no reason to try to fix therapy, because there soon may be no need for human therapists. As imagination is applied to biology, sociology, and engineering, finding ways to replace therapists could mean that current ideas of how therapy should be conducted and methods of training therapists will become obsolete.

With a better understanding of what today's humans need and how it ought to be provided, the employment possibilities for those interested in working in the field that used to be called psychotherapy and in a culture that used to be called civilization,

would be huge. Perhaps psychotherapists and those supporting their research could be renamed Human Ecologists and Cultural Therapists.

Several decades ago, people involved in MIT's early studies into providing therapy via an interactive voice said they got more help when having therapy with an early computerized voice than from a human therapist. MIT's computer program was based on the model of Carl Rogers. His Rogerian Therapy was famous for repeating back what clients said. Very easy for a robot to do. There already is a whole world of engineered therapists (and robotic animals) ready to assist through what will seem to be personal interactions to help people with everything from Alzheimer's and autism, PTSD, pre-PTSD (fear of the consequences of global warming), phobias, addictions, anxiety, and depression, and to teach communication skills.

If that's how you want to use your time, a step away from dominance and control in the therapist's office might be at hand. I have no doubt there is substantial work afoot to use virtual reality and artificial intelligence to meet with a therapist of your choice ready to discuss whatever you like and have ways to lessen or end your fears or obsessions or loneliness in locations of choice—in forests, on the bottom of the sea, upon Aladdin's rug, in Arthur's castle. If it contributes to personal control, autonomy and freedom rather than another way to dissuade from exercising those primal and beneficial human needs, then it might be successful. Patients would never again risk abandonment and always be in charge. If you want companions during your sessions, AI and VR psychotherapy sessions could be a new feature in gyms, schools, corporate buildings, and in hotels, alongside pools and workout rooms.

Nicholas Christakis says studies show that humans can now learn from AI how to do things better. (Christakis, 2019)

P.S. In case anyone believes otherwise at this point, be aware that AI and the technologies surrounding it may also present a further jeopardy to human beings, taking control over them. They are what Ronald Wright defines as a "progress trap." Being exploited by psychotherapists is yet another example of a progress trap gone

wrong. As the fast arriving "cure" for that, AI, is yet another and potentially even far more dangerous progress trap once we get trained to use it unquestionably, and it improves enough to take us over completely. Robots are already being trained now to read our emotions. Those who believe the goals of being human are to retain freedom, autonomy and control over our tools, will not be served when our tools use us for their own benefit. We have already crossed that line.

Footnotes

(a) WSJ article "Montessori Mafia." April 5, 2011; NY Times: Sept 24, 2018 "Why Tech Titans like Jeff Bezos Support the Model" "You can't understand Google unless you know [its founders] were Montessori kids…in a Montessori school you paint because you have something to express, or you just want to…not because the teacher said so. This is baked into Larry and Sergey…it's how their brains were programmed early on." Or their spirits liberated, this author's added interpretation.

(b) Books: The following books, reviews of them and their bibliographies are a good starting place for learning from those who find problems with psychotherapy, and some solutions:

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Blain, Bob, PhD. (2004). *The Most Wealth for the Least Work through Cooperation*. Bloomington IN: AuthorHouse. He makes an inspired stab at how to change our economy to replace our basic source of inequality and unhappiness with happiness grounded in being safe and comfortable.

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Sexual Exploitation by Therapist

The Legal Options

Linda Jorgenson and Stanley J. Spero

It was more than 50 years ago that the malpractice case of *Zipkin v. Freeman* transformed the rubric of acceptable psychiatrist-patient relationships. The metamorphic 1968 case was the first successful malpractice case in the United States to hold a psychiatrist liable for damages resulting from engaging in sexual relations with a patient.

In *Zipkin v. Freeman* (1968), Mrs. Zipkin sought therapy from a psychiatrist, Dr. Freeman, due to headaches and other physical complications. While the physical symptoms improved after a few months of therapy, Dr. Freeman insisted that she continue treatment. While undergoing Dr. Freeman's treatment, Mrs. Zipkin became very dependent on him. He persuaded Mrs. Zipkin to move away from her husband and move into quarters she rented from Dr. Freeman. She worked on his farm, performing manual labor. She stole suits from her husband for Dr. Freeman to wear. She accompanied Dr. Freeman on social outings, nude swimming parties, and overnight trips. During the course of therapy, Mrs. Zipkin was drawn into a sexual relationship with Dr. Freeman and trusted him completely. She came to believe she was in love with him; consequently, when Dr. Freeman told her to divorce her husband, she did.

The court found that the conduct of Dr. Freeman constituted malpractice because of his improper handling of the patient's transference. In its ruling, the court did not distinguish between Dr. Freeman's sexual contact with Mrs. Zipkin and his other professional boundary violations. The court stated, "…a psychiatrist should no more take an overnight trip with a patient than shoot her," adding, "…the damage would have been done if there had been ballroom dancing instead of sexual relations."

Zipkin v. Freeman was monumental in setting the stage for increased public awareness of sexual exploitation of patients by therapists based on negligence/malpractice. However, the process of bringing this to the courtroom was languid. It was not until 1975 that the next major case, *Roy v. Hartogs*, was found to be a negligent breach of fiduciary duty.

In *Roy v. Hartogs*, Dr. Hartogs engaged in sexual relations with his patient, Julie Roy. Dr. Hartogs instructed Ms. Roy to have sex with him as part of her treatment. As a result of the "treatment," Ms. Roy's mental condition deteriorated to the point that hospitalization was required. The court found that Ms. Roy had stated a cause of action against Dr. Hartogs by asserting "coercion by a person in a position of overwhelming influence and trust," noting that "there is a public policy to protect a patient from the deliberate and malicious abuse of power and abuse of trust by a psychiatrist when that patient entrusts to him, her body and mind in the hope that he will use his best efforts to effect a cure." Following this ruling, negligent breach of fiduciary duty by a therapist has been applied in many cases.

This chapter analyzes why sexual exploitation of clients by therapists is prohibited and how fiduciary theory serves as the rationale behind the regulation. Further exploration of the law will reveal the options available to clients/patients who have been sexually exploited by their therapists, including criminal complaints, board complaints, ethics complaints and civil causes of action (Table 1). Lastly, challenges to statutes of limitations, insurance coverage, and gag orders will be addressed.

Table 1: Sexual Contact Between Therapist and Patient

Difference Between Criminal, Civil, Board, and Professional Remedies

Criminal	Civil	Licensing Board	Professional Society
Who Presents the Patient's Case?			
District Attorney	Private Attorney	Board Prosecutor	Patient and/or Advocate
What Result May A Patient Expect From A Successful Case?			
Prison Term or Probation for Perpetrator	Monetary Damages Paid to Patient (By Insurance Co. and/or Therapist's Personal Assets)	Disciplinary Sanctions Including License Revocation For Perpetrator	At Most, Revocation of Professional Society Membership For Perpetrator
What is the Sexual Contact That is Prohibited?			
Specifically Defined	Usually Broader Than Criminal Definition	Usually Broader than Civil or Criminal (i.e. Unprofessional Conduct)	Unethical Conduct As Defined By Society's Ethics Code

Fiduciary/Power Differential

What is a fiduciary? A fiduciary is a professional who accepts the trust and confidence of another person and agrees to act in that person's best interest. A fiduciary relationship can exist when a client places his or her trust and confidence in a professional and the professional accepts that trust and confidence (Jorgenson & Randles, 1991). The professional must act in the client's best interest and is held to a higher standard of care than a stranger because of the increased potential for undue influence. The power differential that exists in the fiduciary relationship puts the client at risk of exploitation by the fiduciary. In addition to this power differential is the potential vulnerability of the client. The vulnerability of the client is divided into four parts.

1. Presenting Problem. The patient needs help solving a problem and relies on the professional. The emotional struggle of the patient may lead to the feelings of helplessness and dependence. The therapist is viewed as a person of authority, knowledge, and wisdom.

2. One-Sided Revelations. In therapy, patients reveal confidential, personal information to the therapist. These one-sided

revelations may increase the vulnerability experienced by the patient. The patient must have a level of trust in the professional in order to make these revelations.

3. Idealization. Idealization of the therapist by the patient increases vulnerability. This phenomenon is called transference: The courts refer to it as dependence. This idealization can alter or diminish the patient's decision-making capacities.

4. Stress of the Process. The stress of the therapeutic process increases the patient's vulnerability. Because the patient spends time, emotional energy, and money in therapy, there may be reluctance to abandon this investment by starting a new therapy with a different therapist.

With a relationship of power inequity and patient vulnerability, the potential exists for undue influence and abuse of the patient's trust. Here this potential for undue influence and abuse of trust (Jorgenson & Randles 1991), is the basis for legal and ethical prohibitions against sexual involvement of therapists with their patients. The courts, licensing bodies, professional organizations, and state legislatures use this rationale to impose sanctions or otherwise limit or proscribe certain behaviors by therapists. This provides a variety of options for action to victims of sexual misconduct by professionals. (Jorgenson & Schoener 1994)

In 1973, the American Psychiatric Association adopted a rule prohibiting sexual contact between psychiatrists and patients. The prohibition was subsequently expanded to include former patients in perpetuity, adopting the approach of "once a patient, always a patient." (American Psychiatric Association, 1992) The American Psychological Association and the National Association of Social Workers prohibit sexual contact between practitioners and patients. Additionally, these associations place constraints regarding sexual contact with former patients. (American Psychological Association, 1992; Appelbaum & Jorgenson, 1991; National Association of Social Workers, 1997)

While the implementation of rules and regulations regarding sexual relations between therapists and patients may serve to protect patients, it is important to examine the limitations and potential resolutions that exist.

Professional Organizations

Ethics codes of professional organizations are a means of self-regulation for the professions. Only professionals who choose to join the professional association are subject to the ethical code. The professional association may prescribe any discipline for misconduct by the professional (see Table 2). In general, hearings before ethics committees are confidential and intended only to carry out the self-regulatory function.

Table 2: Clinical and Risk Management Boundaries

Risk Management Boundaries

A victim of sexual misconduct may have limited rights in private disciplinary proceedings. If the patient is required to testify at a hearing, the professional association is under no obligation to

provide legal counsel. The patient may hire a private attorney at his or her own expense.

Ethics committees require that complaints be proven by a preponderance of the evidence, meaning that it is more likely than not that a particular act occurred. Ethics committees are not bound by set standards of punishment or restitution. Violation of ethical rules can result in expulsion from the professional organization; however, in most states the professional may continue practicing psychotherapy.

Licensing Boards

Licensed mental health professionals are subject to disciplinary actions by professional licensing boards. (Jorgenson, Randles, & Strasburger, 1991) There are licensing boards for psychiatrists, psychologists and social workers in all 50 states. Such boards retain the power to sanction offending license holders through censure, reprimand, license revocation, probation, and/or suspension. Boards can order licensees to submit to rehabilitation or professional supervision as conditions to retaining or regaining a license. (Jorgenson, 1995c; Schoener, 1995)

Patients can file complaints of sexual misconduct against a licensed therapist with the applicable board. If the board initiates proceedings against the therapist, a prosecuting attorney hired by the licensing board represents the public's interest. In many states, the patient's name will not be publicly disclosed. The board must establish the allegations of the complaint by a preponderance of evidence.

Criminal Options

In a criminal action under the statute prescribing sexual misconduct by a mental health professional, the state is the prosecutor. The state brings the action through its district attorney or state prosecutor. The trial is public with both the therapist and the patient exposed to public scrutiny. Criminal trials require proof of the offense beyond a reasonable doubt, a much higher standard than in civil actions. This stipulates that a reasonable person reach no other conclusion than that of guilt. Punishment for conviction in a criminal action is typically imprisonment and often can include a fine as well. (Jorgenson, Randles & Strasburger, 1991; Strasburger, Jorgenson, & Randles, 1991)

Civil Actions/Negligence

Malpractice is the most common type of lawsuit filed by victims of sexual exploitation by therapists. In this situation, the patient becomes a client seeking monetary damages and is represented by a private attorney who brings the action for the patient. Generally in civil litigation, plaintiffs' attorneys charge an hourly fee plus expenses. However, many lawyers who specialize in personal injury claims, such as for sexual and emotional exploitation by therapists, offer the option of a contingent fee arrangement in which they take a percentage of any reward, usually thirty to forty percent.

In most states, a malpractice lawsuit is a public action for which the standard of proof is the "preponderance of evidence," meaning only 51 percent of the evidence must be found to support the proof of negligence. For the client to win in a malpractice case the client must prove four elements: (1) duty of care, (2) breach of duty, (3) harm to the patient, and (4) negligence caused the harm, Table 3.

Table 3: Civil Actions/Negligence
A. Duty of care
B. Breach of duty
C. Harm to the patient
D. Negligence caused the harm

1. Duty of Care. If there is a therapist-patient relationship, the therapist owes the patient a duty to act with reasonable care. The duty is determined by what the average qualified therapist practicing in the same specialty would do.

2. Breach of Duty. The therapist's behavior is determined by using the reasonable care standard. This is usually established at trial through the use of expert testimony. In all cases, sexual misconduct by a therapist with a patient is a breach of the standard of care. The standard of care may be breached in other ways. Some breaches include: (a) breaching confidentiality; (b) isolating the patient to make the patient unduly dependent on the therapist; (c) reversing roles; (d) misusing drugs in treatment; (e) excessive self-disclosure; (f) non-treatment related e-mails, texts, and excessive phone calls with patient; (g) seeing the patient outside of the office in social settings and business relationships; (h) having the patient perform personal tasks for the therapist; (i) failure to appropriately terminate therapy, Table 4. (Jorgenson, 1995d; Jorgenson, Hirsh & Wahl, 1997; Wohlberg, Rosen, & Jorgenson, 1997; Jorgenson, Notman, Benedek & Malmquist, 2011)

3. Harm to the Patient. When the standard of care is breached, the patient must then show harm. The patient may experience depression, anxiety disorder, inability to trust, sleepless nights, post-traumatic stress disorder, and other harms. Additionally, the patient may have been hospitalized and/or lost time from work. The economic harm may include lost wages, hospitalization costs, additional therapy costs, impairment to future earning capacity, and the money paid to the abusing therapist.

4. Negligence Caused the Harm. The patient must show that the negligence of the therapist caused the harm. This is usually done through the patient's testimony and the testimony of an expert witness who will have conducted an assessment and evaluation of the patient before trial. This testimony will demonstrate that the negligence caused the harm.

Table 4: Nonsexual Boundary Violations of Negligence
1. Drugs
2. Dependency and Isolation
3. Role Reversal
4. Breach of Confidentiality
5. Failure to Treat
6. Practicing Beyond Scope of Competence
7. Practicing While Impaired
8. Wrongful Termination/Abandonment
9. Failing to Refer to Another Therapist
10. Failing to Warn that Treatment was Bad for Patient
11. Mishandling of Transference
12. Failure to Consult (Supervision)
13. Social Contact
14. Breach of Trust

Civil Litigation and the Patient

Attorneys representing clients who are considering malpractice litigation should make clear what is going to happen during, and as a result of, taking this action. Attorneys and clients should recognize that clients who are abused by their therapists have certain feelings that are very normal for this type of case. (Table 5) Clients may feel ambivalence, guilt, and shame. Clients are often distrustful of a person in a position of power. Clients may need to feel in control. (Table 5)

Table 5: Special Considerations in Working with Clients Who Have Been Sexually Exploited by a Therapist
Distrust
Power
Self and Others
Ambivalence
Love/Hate
Special/Abandoned
Attachment/Rage
Secret/Voice
Guilt/Shame
Helplessness
Depression
Control
Dependency
Rescue Fantasy
Transference
Magnified and Distorted
"You Can't Help Me"

As a client, understanding the process and its ramifications is necessary to be able to give true informed consent. This requires more than just giving a client the explanation of the court proceedings and the financial arrangements between the client and

the attorney but also includes the eight elements of a malpractice claim identified in Table 6.

Table 6: Elements of a Malpractice Claim
1. Complaint
2. Answer
3. Expert Witness
4. Medical Malpractice Tribunal
5. Interrogatories
6. Request for Admissions
7. Depositions
8. Trial

In most states, when a malpractice lawsuit is filed the client's name and details of the complaint are made a matter of public record, i.e., there is no "Jane Doe." The client should expect to be "deposed" (asked questions and give evidence that is written down and sworn to), by the opposing party and to be questioned by expert witnesses from both sides. Additionally, other fact witnesses will be deposed and may testify. Depositions do not take place in courtrooms or before judges but rather in an attorney's office or other place agreed upon by both sides.

A witness list may extend to family members and friends. Details of the client's psychiatric and medical history and personal life will become public, potentially including all notes.

It is not uncommon for therapists to deny the abuse. This contributes to a lengthy process where lawsuits may take years to litigate. In this type of a situation, the client may feel abused by the legal process itself (Table 7). The client should also be informed as to the type of legal evidence that the lawyer will be seeking (Table 8). Clarifying the legal process at the outset will lead to a better-

informed client as well as to a less threatening and uncomfortable experience for the client.

Table 7: A Plaintiff's Lawyer's Version of Informed Consent
A. Options Available to Plaintiff
B. Informed Consent and What Happens in a Civil Trial
a. No "Jane Doe"
b. Records Not Confidential
c. Years for Civil Process
d. Abused by Legal Process
e. Therapist denial
f. Diaries Not Confidential
g. Others Blame Victim

Table 8: What To Look For To Prove A Case
A. Admission by Therapist of Culpability
1. Direct Admission by Therapist
2. Admission to Patient's Subsequent Therapist
3. Admission to Colleague
4. Admission to Supervisor
5. Written Communications
B. Credible Witness
1. Witnesses to Therapist's Admissions
2. Witnesses to Therapist's Statement Against Interest
3. Witnesses to Negligent Acts or Inappropriate Behavior
4. Witnesses to Office Irregularities
5. Witnesses to Other Boundary Violations
a. Personal Telephone Calls
b. Social Outings
c. Circumstantial Evidence
6. Witnesses Told Contemporaneously of the "Affair"
C. Role Reversal
1. Personal Information Patient Has About Therapist
(i.e. therapist's childhood, family, marital issues, fantasies, mental problems, animals.)
2. Information About the Therapist's Possessions
(i.e. therapist's home, bedroom, car, other possessions.)
3. Breach of Confidentiality of Other Patients
4. Information About Therapist's Body
(i.e. Birthmark, uncirsumcised penis, scar, different colored pubic hair, mole.)

D. Other Evidence
1. Evidence of Inappropriate Contact
2. Restaurant Receipts/Credit Card Records
3. Bank Statements/ATM Receipts, payment records from therapist
4. Gifts, Cards and Letters
5. Messages Left on Voicemail from Therapist to Patient
6. Therapist's Answering Service Records
7. Phone Record of Therapist and Patient
8. Emails
9. Photographs and social media postings

E. Miscellaneous
1. Notes and Records
a. Patient's Diaries and Calendars
b. Therapist's Notes and Records of Consultation or Supervision
c. Subsequent Treating Therapist's Notes and Records
2. Repeat Offenders
a. Multiple Victims
b. An Ad Stating "Looking For Other Patients of Therapist 'X' to Compare Treatment"
F. "Amoeba" Boundaries
1. Barter Situations For Therapy
(i.e. Baby sitting, office work, cleaning services, arranging lessons for therapist's child, writing or editing for therapist.)
2. Special Treatment of Patient by Therapist
a. Frequent Extended Therapy Sessions
b Last (or First) Appointment of the Day
c. Numerous and Lengthy Telephone Conversations
d. Extension or Reduction of Normal Fees
e. Accepting Coffee and Bagels from Patient on a Regular Basis
f. Accepting Repeated Small Gifts from Patient
g. Directing Patient's Work Choices
h. Directing Patient's Personal Life

There are three additional issues of concern in a malpractice lawsuit. One is the statute of limitations. How long does the client have to bring this action? It depends on the state where the action is filed. Statutes of limitations may be as short as one year or may have a discovery rule that does not start running until the client initially becomes aware that he/she has been harmed by the therapist. (Jorgenson & Randles, 1991)

The second challenge is the availability of insurance coverage for sexual misconduct. (Bisbing, Jorgenson, & Sutherland, 1995) Many insurance companies cap or exclude coverage for damage based on sexual misconduct. This means that there is limited or no money to pay for malpractice awards based on sexual misconduct. A few states have legislation to prevent this outcome. For example, Colorado passed a statute declaring that exclusions or limits on liability in professional malpractice policies for non-sexual misconduct, when sexual misconduct is alleged, are against public policy and therefore unenforceable and void. (Colorado title 10 insurance C.R>S.10-4-110.3,1997; Jorgenson, 1999)

A third challenge poses the greatest emotional threat to patients/clients by attempting to silence them. Commonly lawyers representing a therapist will try to include a non-disclosure agreement in the settlement. This is often referred to as a "gag" order. Not only is this meant to silence patients, it takes away many of their personal rights and may re-introduce feelings of abuse or diminished power. It is inadvisable to sign such an agreement. The only instance when a gag order should be signed is when it serves as a non-disclosure of the actual dollar amount of the settlement.

Conclusion

There are a variety of options available to the client/patient who has been sexually exploited by his/her therapist. Whether it is an ethics complaint, a board complaint, a civil action or a criminal action, the decision must be up to the client. Each course of action caries specific risks and potential benefits. Knowledge of the options available and the potential risks is key if the client is to be fully informed to give consent.

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Re-victimization of Patients Who Pursue Regulatory Action in Canada Following Neglectful, Unethical or Immoral Treatment by Physicians

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To be treated by a physician in a manner that is neglectful, unethical, or immoral is hard enough. But after making a complaint, to be treated by the physician's licensing body—known in Canada as a College—in a manner that is wrong, contemptuous or abusive, may be re-traumatizing and more. A report from a citizen/patient expressing her concern about a physician should be accepted with gratitude for the contribution to the ideal of self-regulation. Self-regulation is the privilege that we extend to various professions with the goal of having them keep the public safe and to keep the profession accountable.

This paper will take a look at the similarities between how some physicians behave towards some patients and how patient/Reporters are treated by a College. The word patient or Reporter is used throughout, as the oft-used term 'complainant' can diminish the importance of the role of reporting to that of being a complainer, with all the negative connotations that brings. "No one likes a complainer," our mothers used to say to silence us.

My Story

In 1987, I experienced a severe depression requiring hospitalization. My friends encouraged me to see their physician/friend, a Chinese-trained acupuncturist. They even paid for the 5-week initial course of treatment.

In the short course of that treatment, this man used powerful words and a commanding demeanor to coerce me into doing psychotherapy while I was naked. This didn't feel right to me, and I stopped seeing him after the five sessions. Only years later did I learn that by the time I saw him, he had been already been investigated by the police and the College.

Once I began the process of reporting to his college, it unfolded very quickly. Around the time I lodged my complaint, other women came forward. The College, in its concern for patient safety, suspended the physician's license without a hearing. In the midst of media coverage about the right to suspend a license without a hearing, the physician killed himself.

In a state of despair I asked for and was admitted to hospital. Unfortunately, Dr. DF, the psychiatrist assigned to me, disregarded my desperate and dangerous feelings. He seemed to have no understanding of the trauma caused by the physician or the media. I began to question where I could go for subsequent care where I would not be dismissed.

The real story is how it felt to be shamed for allegedly not wanting to join in healing that seemed abusive. I experienced the terror of not having the seriousness of my distress recognized by the subsequent doctor, anger at having the College expect my participation in a legal dispute with the offender's family, and dismay that it took three differently worded applications and over four years to be awarded compensation on "compassionate grounds."

From my first phone call in August, 1991 until all processes were finished in 2002, I had to interact with about sixteen College employees in a number of different departments. At the same time, I dealt with the police and the Criminal Injuries Compensation Board.

It was confusing, and the first abuse by a physician was made worse by these processes.

The Reporting Process

From listening to other women's stories of exploitation, I saw a pattern emerge. After a breach of trust with a physician, the victim is often encouraged to report the exploitation as a way to obtain closure, to do the right thing, and to protect others. After entering the process with a College and expecting to be heard, it can be a shock to find a cold and legalistic system that has little regard for the person who is trying to find her voice. Speaking out is not received with sensitivity and respect and can, itself, cause further trauma.

It is wrong for the College not to adequately prepare Reporters for the reality of the complaint process. The Reporter is rarely asked what would be helpful but is told the general manner in which a Complaints Procedure will proceed. The procedure may be a waste of the patient's time and might not address what the patient is looking for. "Trust the process" are the words used to keep the victim from using her voice. The College is remiss in presenting the process as caring and benevolent. The Reporter is seen as a messenger bringing more distasteful work. It takes enormous strength to begin a process where the alleged offender has access to legal services provided by their insurance provider. The victim stands alone.

In the words of Marilou McPhedran, LLB., LLD. Chair of Canada's first public inquiry into the sexual abuse of patients by doctors in 1991 and Chair of the second task force evaluating progress of the reform, "I can tell you right now that I always advise survivors to, first and foremost, take care of themselves and to reach a point of recovery and personal strength before taking on the CPSO complaints process." (Personal communication.)

The complaints process is full of surprises. Imagine being told that a complaint will be handled as quickly as possible and then having it take about a year to get through the first step… if that is even taken.

> "… As part of that project, I interviewed people in the medical and para-medical professions about the effects of claims

processing on their patients. *The most damaging impact, and the one mentioned most frequently and without prompting was delay in decision making*."

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In the 2005 annual report of the College of Physicians and Surgeons of Ontario it states that the average time to settle a complaint is 276 days, just over double the time allowed by legislation.

The time spent waiting for an initial phone call to discuss a complaint can take weeks. Although there is a space on the electronic complaint form for an e-mail address in order to confirm receipt of the report, in reality the patient may not be contacted for a long time. After repeated calls by a Reporter to see if her complaint had been received an investigator commented, "Oh, you find 7 weeks to be a long time?"

Such lack of attention from the College may show contempt for the Reporter. Not interviewing all of the people with first hand knowledge of the wrong, ethical, or immoral events that led to the report suggests that the patient is not taken seriously. By not keeping the Reporter informed of the developments of the process, the College demonstrates contempt.

You can see the similarity of a patient wishing not to return to the offending physician and the Reporter being reluctant to continue in the complaints process with the College. There is a custom in criminal law known as "whacking" the client. This describes a practice of intimidating and shaming the client so they won't proceed with the case. This occurs when the side representing the offender uses strategies that make it very difficult for the client to continue the process. This sounds similar to the College process of discouraging the Reporter. I wonder if extensive delays and being curt to Reporters is a way to "whack" them from pursuing an expensive complaints process.

Before patients formalize their reports to start the complaints process, they should be given some indication of what the process might involve.

I suggest that the following be reviewed by anyone contemplating filing a report with a College:

Survivors of Exploitation by Health Care Professional

If you are a victim of exploitation by a physician and are considering making a report to the licensing body (known as a College), be aware that there are burdens and benefits to taking this action.

Many patients who have made a complaint have shared a common experience of devastation which may be quite severe. While providing personal information is a just and noble thing to do, it is also important to be aware of the burdens of the process.

Many patients have found the reporting process to be validating and some are glad that they pursued this remedy, but it is not without risk. Any-legal process can be long and arduous. This is an effort to prepare you for the long haul. It is important to know that your needs and wishes remain the most important consideration throughout.

The following points are to help you think about your reasons and resources for reporting.

1. *I acknowledge that I have been exploited.*
2. *I acknowledge that significant trauma has resulted from this abuse.*
3. *My intention is to bring awareness and attention to what has occurred and to assist in ensuring that others are protected.*
4. *I know that from reporting this exploitation I may or may not get some level of justice.*
5. *I understand that by reporting and following through with the complaint that I may be re-traumatized whether the process results in a just outcome or not.*
6. *I understand that there are powerful organizations that are invested in suppressing the problem of exploitation by physicians.*

7. *I will attempt to have safe people in place to debrief with during the process and this may be needed for months or years. The safe people may include but are not limited to survivors, friends, family members, therapists and subsequent health-care workers.*
8. *I understand and accept the personal risks of entering a complaints process and will withdraw, if possible, if I choose to.*

To be reconsidered in __(time frame)__

Causes of Action: Neglectful Behavior

Often the behaviour of the College replicates the neglectful and antagonistic behaviour of an offending physician. One of the main faces of neglectful behaviour on the part of the physician is laziness or not paying attention. This can be as routine as not following up on lab work or not providing clothes-hooks low enough for mobility-challenged patients. This common neglect demonstrates a lack of attention to details and shows little regard for the patient. It can also be life threatening as in the case of Dr. SV who mixed up a day and date resulting in a suicidal patient being discharged from hospital on the date of a planned suicide rather than after the acute crisis had diminished.

Unethical Behaviour by a Physician

The word unethical refers to a lack of scruples in a business or professional conduct. Unethical behaviour by a doctor speaks of arrogance and contempt just as unethical behaviour from a College tells of a power imbalance.

A physician who acts in an unethical manner may speak of equality in the physician/patient relationship, but there is no equality when one has the power of authority. Mutuality could be obtained if a doctor is willing to respect the patient's views and the patient is open to considering the views of the physician. All too often, however,

there is a belief on both parts that the physician knows what is best for the patient and that the patient should do what she is told.

A woman whose child had died a few months earlier developed pelvic pain. Doctor GT assured her that it was normal to have pain when grieving and that pelvic pain was an obvious way for her body to express this grief. He recommended vigorous leg exercises to release the inner sadness of her baby's death. In spite of following the doctor's orders, the pain intensified, and she finally went to the hospital, arriving just as her ectopic pregnancy erupted! That doctor misused his authority and didn't listen to what the patient was telling him. She did what she was expected of her, and it almost cost her life.

Abusive Behaviour

Abuse is the deliberate and grave breaking of the fiduciary relationship, i.e., is any professional relationship that is based on trust.

It is immoral to violate the patient physically or psychologically. Abuse is rarely a one time slip but usually comes after a grooming process during which the boundaries are broken step-by-step.

Withholding treatment or humiliating a patient are paths to deeper destruction. Words like "If you want to get better you must …" easily push a patient into the mire. There can be no consent when the physician in the position of power and trust coerces the patient. The patient does not hold any responsibility for the physician's behaviour. There is no free choice when the duty of care is from the physician to the patient.

Dr WC had many patients who came to him for a particular type of psychotherapy. He belittled his patients and made clear that he alone held the knowledge to make them better. Over time, his criticisms became more frequent and harsher. He set himself up as the holder of the path to healing. Once he had firmly broken down the patient, he required them to submit to his methods of therapy, i.e., sexual activity with him! Those patients weren't given safe therapy; they were used to feed his quest for power.

Replication of Unethical and Negligent Behaviour by a College

The process of reporting an unethical, negligent, or abusive physician to a College strongly reinforces the imbalance of power that existed in the Reporter's relationship to the accused. Important parts of the complaints process are hidden such as the content of medical records. There is rarely a chance for a Reporter to verify for accuracy what witnesses and the accused have said. There is no public information about how a decision is reached concerning which complaints are serious enough to merit an investigation.

Just as many patients are discouraged from seeing their medical records, the complete investigation documents are not seen by the Reporter.

The investigation documents are sent by encrypted email to the designated complaints panel. Through the use of phone discussion and electronic communication, decisions are made. Most complaints take only a day or two of closed meetings to formalize the outcomes of dozens of complaints. The criteria a panel uses in making its decisions is unknown. The outcome of complaints—or even that a complaint has been made—are never known to the public unless it is sent on to Discipline, a rare public quasi-legal step from which the outcome is published.

The College has the power to hurry or bury the process by the way it conducts an investigation. Someone at the College can grant more time than stated by law for a response to the complaint. The choice of who and how many to contact for information about the complaint seems to be quite random. According to the CPSO Annual Report of 2005, the average number of calls of concern or complaint in a year is over 13,000. In 2006, 2,566 were investigated and only 33 were sent to Discipline.

How can it be that in a province with over 33,000 doctors only 33 have such questionable behaviours or practices that they get sent to Discipline? I contend that the will to keep the public safe comes second to economics and to the unspoken wish to see doctors as infallible.

In Ontario we have legislation regarding the licensing of health care professionals, the Regulated Health Professionals Act (RHPA). In fact, close to 25 Colleges regulate their own members. The very nature of self-regulation is that it is an inside job with little accountability. There is no place to report the injustices experienced during a complaint process with a self-regulating health profession.

The provincial government seems to collude with the Colleges in maintaining te distance from the public. The government used the excuse that they can't interfere in a College's activities and the College maintains that they are hampered by legislation. It's the tail wagging the dog.

At present, a Reporter to the College does not have party status and is relegated to the role of witness for the College if the complaint makes it to the level of Discipline.

Without party status with the right to see and receive documents and without the opportunity to have or instruct counsel, call experts and cross-examine witnesses, the Discipline process lacks procedural fairness. Immoral? Yes, it is immoral to silence a victim by not making full participation possible. It is immoral to stack the cards by having legal representation for only the accused.

It is easy to see bad, unethical and immoral behaviour as a continuum. Effects of this behaviour are not on a continuum, and a patient may suffer severe consequences as a result of any form of exploitation. Although it may seem that there is a hierarchy of exploitation, that some kinds of exploitation are worse than others, the effects do not fall into those neat compartments.

Much has been written about the effects of trauma. A patient may suffer in different ways that bring her to see a doctor. When she is betrayed, the suffering is magnified. In reporting she should be able to trust that her information will be welcomed and encouraged. Her report should be seen as an opportunity for the College.

Hopefully care for women who have been neglected, treated with contempt, or abused will improve. Hopefully Colleges will work at responding in an ethical and moral manner or they must give up self-regulation.

Epilogue

We will keep TELLing!

It is Not Your Fault. You are Not Alone.

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