ABSTRACT: This paper describes some aspects of the clinical encounter between the male patient and the female therapist. Examples are given of transference involving erotic, as compared to pseudoerotic (dependency or aggressive) themes. Countertransference and countertransference problems are discussed.

INTRODUCTION

Our antiquated stereotype of psychotherapy presents a therapist—a man, and a patient—a woman, in a cultural setting that focuses on his power and her receptiveness. Freud and his hysterical Viennese ladies have become a cliche. Today, it often happens that the therapist is female and the patient is male, in a culture that no longer gives clear instructions on what it means to be male or female. Female psychotherapists are treating male patients in greater numbers than ever before, sailing into uncharted waters and learning as we work. I have discovered in my work as a therapist and as a clinical supervisor that for the female clinician the erotic elements of the transference and countertransference are often fraught with the anxiety that surrounds all things forbidden. It is a great relief for women therapists to explore these issues in consultation with each other.

It is already accepted that female patients “fall in love” with their male therapists, whose job it is to interpret and redirect this feeling. However, the erotic or pseudoerotic feeling of the male patient for the female therapist is rarely talked about and less clearly understood. Almost nothing has been written about it until very recently: Joel Shor and Jean Sanville’s (1974) article in Clinical Social Work Journal, “Erotic Provocations and Dalliances In Psychotherapeutic Practice,” includes examples from the work of a woman therapist as well as a man. The issue
was also discussed in a panel reported in *Academy Forum* (1982) of the American Academy of Psychoanalysis. The three female analysts found the erotic transference in male analysands to be rare due to biological and sociocultural as well as psychodynamic factors.

Psychoanalysts Laila Karme and Phyllis Tyson referred to their male patients’ erotic transference feelings in papers presented at a conference on women and psychoanalysis. Tyson (1984) described her patient’s struggle with feelings of shame and humiliation in a phase of erotic Oedipal transference. Karme (1984) commenting on the erotic transference-countertransference issue, said, “Resistance to experiencing or expressing erotic transference feelings in male patients with female analysts may be compounded by countertransference issues. I believe that women analysts are generally more comfortable with the homosexual transference of female patients, or with the pre-Oedipal forms of the erotic transference of male patients than with the erotic Oedipal feelings of male patients. A collusion of erotic transference-countertransference fears and defenses can lead to a conspiracy of silence or an analytic impasse.”

The dearth of literature on the female therapist and male patient relationship is the product of the “grandmother” of all taboos—the forbidden erotic attraction between mother and son. The classical Freudian position on the mother-son attraction is that it is kept in check and defused by the father-son relationship. Freud, blinded by the male chauvinism of his era, could not see that it isn’t just the father or the son’s fear of the father which prevents mother-son incest: it is the mother’s love for the son, and her investment in his future as a separate individual, that prevents it. Freud’s formulation of the oedipal phase also assumes a mother quite lacking in any assertive characteristics with which a child could confidently identify. She is not respected for herself; the child must identify with the father in order to see himself as a person at all. Social factors, as well as psychosexual ones made the mother a pawn between husband and son in Freud’s time.

Therapeutic “incest” between male therapists and female patients is common, but when the roles are reversed it is rare. A colleague, Beverly Lockwood-Conlan, MSW, shared this account of one of those rare instances: the male patient was a Don Juan, a narcissistic personality who loved no woman, idealized, then devalued many. His own mother had been anything but seductive toward him. She was oblivious to him and his needs, and in defense he had learned to court and control women. In his first venture into therapy his female therapist succumbed to his seductive skills. (Or was it a circular effort of each to control the other?) The therapy was ended and the sexual relationship terminated with bitterness when the patient learned that his therapist-mistress had become pregnant. He believes to this day that she used him for impregnation since her husband was sterile. This event was certainly not the source of