WHEN IS A COUCH JUST A COUCH?

Thus far, I have focused on the psychological and dynamic factors that play a role in sexual boundary violations. There are also concrete and tangible aspects of the therapeutic context that may take on symbolic value. What role do these aspects—the props, so to speak—of the therapeutic setting play in setting the stage for sexual boundary violations? In the analytic play space, the only concrete behavior permitted between patient and analyst is talking and we are accustomed to viewing talking as not doing. When doing becomes the mode of relating, polarizing these two truncates the play space in the sense that meanings are telescoped, at least in terms of what is being explored or elaborated. This is an essential characteristic of perversions and the use of a fetish, in that play is constrained, repetitive, and objectified (Stoller, 1979, 1985; Coen, 1992; Bach, 1994). Many perverse sexual acts hinge on the use of some concrete thing or ritual for sexual pleasure.

In the therapeutic context, sexual boundary violations have such a character of perversion. The doing gets going, the talking stops, meanings are enacted and not explored. There can be the use of a concrete aspect of the setting, such as the couch, as part of this drama. In this mode, the play space has collapsed and the analytic couch becomes just a couch. This can be described as the collapse of the symbolized and the symbol. What is symbolized is what the analytic couch represents, that is, the potential space and play between analyst and patient. The symbol is the couch itself.

In psychoanalysis, the talking is often about love and sex. In turn, the language of love and the language of sexual longing constitute what we mean by desire—the desire to be close, literally (i.e., physically) and intimately (on an intersubjective level). This desire carries with it the desire to possess and to transgress, that is, to be inside the other or to take in, devour, and have the other inside you. The treatment situation aims to symbolize all of these longings in verbal form. But this very talking presents an inherent challenge that is part of what can sexualize the treatment situation itself (Celenza, in press).
This challenge is the performative nature of sexual language—the fact that the language of sexuality is, in and of itself, erotic and arousing (see, for example, J. Davies, quoted in Slavin, Oxenhandler, Seligman, Stein, & Davies, 2004; Havens, 1997). Here’s where the polarization of talking and doing, seeing them as distinct and even opposite, breaks down.

So, the treatment situation can get very hot, rippled with unmet longings and frustrated desire. How to keep the action at the level of discourse and symbol, metaphor and play? When do the concrete aspects of the setting lose their power to evoke layered images, multiple, perhaps infinite, potential modes of relating and become instead co-opted into some degraded, concretized scenario?

THE FETISHIZED COUCH

Consider the case of a Christian minister, Father C. He became involved with a female parishioner whom he had been counseling for many months. Each session ended with a ritual—they would move to the chapel and join hands in prayer. One thing led to another and then they would have sex under the altar. The altar, this icon of worship, was inextricably bound up in creating the context for desecration and corruption. In Father C’s words, “This was a way to fuck God and fuck the church at the same time.” The desecration of a holy symbol was, for him, a way to corrupt love, a sacred act, and to blaspheme the church. (I am reminded here of the scene in Ken Russell’s The Devils where Sister Jeanne, played by Vanessa Redgrave, masturbates with a crucifix.)

What is the function of the prop, the altar? Did it matter that the deed was done in a chapel under the altar? I would say, yes, it mattered very much. Would it have happened anyway, were a chapel not nearby? Yes and no. Yes, it would happen anywhere because the boundaries, or lack thereof, are, in the end, internal. Without an altar, however, it might not have happened in just this way. Still, we can use the visual-spatial arrangements in the external setting to help elucidate the unconscious drama that is being played out (Celenza, 2005) since they play a crucial role in the mind of the transgressor whether they are physically present or not.

In a psychoanalytic context, the analogous object to the altar, undeniably, is the couch. So, we may ask, when and how does a psychoanalytic process, along with its setting, become degraded, as in sexualized boundary violations? Or, when is a couch just a couch? I would say that in psychoanalysis, a couch is never just a couch, but there is a way in which we can say that the play
space—that sacred, multilevel, expansive area of the mind and intersubjective space—can collapse such that the couch becomes a concretized object, that is, just a couch, functioning much like a fetish. It is this couch that plays a part in the staging for sexual boundary violations in psychoanalysis.

But to refer to the couch in the psychoanalytic setting is already to refer to a fetishized object. The phrase “Are you on the couch?” has been shorthand for “Are you in analysis?” I say “has been” because I know that today there is a greater appreciation for psychoanalysis according to its intrinsic features—that is, as an intrapsychic and intersubjective process that cannot be simply defined by extrinsic criteria such as frequency of meetings or where one sits or lies down (Gill, 1984). Still, historically the couch has symbolized psychoanalysis and, in that sense, remains an icon.¹

So to ask “Are you on the couch?” is to conjure up a set of images, attitudes, and feelings associated with psychoanalysis. If this same question is asked in reference to sexual boundary violations, “Are you on the couch?” really means “Which couch are you lying on?” There are two couches that are relevant in sexualized boundary violations: the degraded icon of psychoanalysis (that is, the fetishized object) and the furniture. This couch, in both of these functions, is not the couch of the analytic play space. The psychoanalytic couch functions in multiple domains, containing the potential for multiple relational configurations, as in parent/child, analyst/analysand, man/woman, friend/lover, and perhaps colleague too. Obviously, not all of these potential modes of relating are cultivated or developed (Mitchell, 1993; Modell, 1990), but they remain potentials in the room. The couch of sexual boundary violations is one where the collapse of the symbol and symbolized has occurred; it is a concrete couch that functions solely in two domains—a place for both analyst and analysand to physically lie down (that is, to have sex) and a place to eroticize and degrade. When the analytic couch is concretized, it retains its symbolic function as a degraded icon.

DIRECT AND DISPLACED OBJECT SCENARIOS

When psychoanalysis is the stage on which this drama is played out, it also is important to ask, Who is being degraded in this use of the couch as a fetish? We can approach this question on a visual-spatial level as well, by asking whether the drama is a direct one or essentially a displaced scenario incorporating a third object in the mind of the transgressor.

The direct perverse scenario is an example of a classic perversion where the perverse act is focused directly on the other. In classic perverse fantasies,
there is usually an attempt to degrade the other in an attempt to manage, control, and reduce (that is, objectify) the other's potentially dangerous subjectivity. This is essentially a direct unconscious scenario in that the drama revolves around the other who is objectified, thereby reduced from a separate subject to an object, and then sadomasochistically controlled. Most sexual boundary violations have this structure.

However, some sexual boundary violations, perhaps the most notorious type, make use of a displacement object and thereby are more accurately referred to as a displaced perverse scenario. In these cases of sexual boundary violations, the effort to degrade is not primarily directed to the other but is directed to the profession, the body or figure that oversees the dyad—hence the use of the symbol of the couch, the icon of psychoanalysis, as a place to enact this perverse scenario. In this sense, the couch represents a third object and in this way, symbolizes psychoanalysis. *The patient is a displacement object*—a stand-in, so to speak—for an aspect of the setting or context.

The question of who is being degraded and whether the unconscious drama is essentially direct or displaced depends on the type of sexual boundary violation. As has been discussed in previous chapters, it is possible to broadly categorize the different types of sexual boundary violations into two types (Gabbard & Lester, 1995a; Celenza & Gabbard, 2003). One includes the egregious, notorious cases that have attracted statewide and sometimes national attention. These usually involve a therapist or analyst who is a psychopathic predator and who has sexually exploited multiple patients multiple times over many years. Though this is probably the best-known type, largely due to the extensive media attention such cases typically attract, fortunately these predatory actions are not representative of the most prevalent type of sexual boundary violations.

For the psychopathic predator, the unconscious drama that is being played out is best characterized as a displaced degradation. It is largely the profession that is being degraded, though, of course, the patient, in the way she is used, objectified, and even minimized in dynamic importance, is degraded along the way. In the main, however, she plays a relatively small role in the unconscious psychic drama of the transgressor, and by this I don’t mean to downplay the traumatic effects such an experience can have on her. But in the mind of the transgressor, she is usually replaceable by multiple others who may or may not be involved contemporaneously. The externalization of the drama extends as well to the staging and props, including here and perhaps especially so, to the couch. Analogously, Father C was not fucking his patient but was using her to fuck God and the church, symbolized by the altar.

So, in this way, the perversion of the psychoanalytic process—largely aimed at corrupting the profession itself—is brought about by using the very
means of healing in order to exploit and harm rather than help, and to do so in a sometimes flagrant manner. We all know the cases that have involved chairs of ethics committees, the most trusted "analyst of analysts," or the couple's therapist who, while treating the couple, has sex with the wife between sessions. These are, invariably, displaced dynamic scenarios and, even when these psychodynamics are understood, it is difficult to put ourselves in the transgressor's shoes.

DIRECT PERVERSE SCENARIOS

As I have described in previous chapters, the other and most prevalent type of sexual boundary violation involves a heterosexual male analyst or therapist who becomes sexually involved with only one of his patients. Gabbard (1994a) refers to this type of offender as lovesick; I have called him narcissistically needy (Celenza, 1998). As described in chapter 1, the analyst or therapist of this type is usually midcareer, isolated in his practice, and is treating a difficult patient in a highly stressful time in his life. The "love" relationship that ensues is an intensely absorbing love affair (at the time). It may last for several years and the couple may feel that they have found "true love," at least initially. Sometimes the therapy relationship is terminated while the sexual relationship continues. If the relationship is brought to an end by the therapist, this is the time when a complaint is most likely to be filed by the patient.

When we think of this type of sexual boundary violation, it is tempting to think that it's about love or even sex. But in my work with these cases, I have not found love in the air. This type of sexual boundary violation usually occurs because there is danger in the air. From the analyst's perspective, something is dangerous and it has to be managed. More than love, or even sexual attraction, this type of sexual boundary violation happens when a narcissistically fragile analyst or therapist feels that the treatment process is threatening his own delicate narcissistic equilibrium. He feels threatened by the patient, by the instability of the treatment, and is in a subjectively helpless, desperate state. A related point, it is important to note, is that acute suicidality in the patient is a major feature in over half of these cases (Celenza, 1998; Celenza & Gabbard, 2003). This is not an intersubjective engagement, as in subject/subject, but one better characterized as subject/object or doer/done to (Benjamin, 2004).

Here, I believe, the degradation, though unconscious, is primarily aimed at the patient (as opposed to a third object). It is a sadomasochistic relation, focused on the other who is objectified and reduced from subject to object. This is an example of a classic perverse scenario where the dangerous subjectivity of
the other is controlled and reduced through objectification (for other examples of sadomasochistic perversion, see Stoller, 1979, 1985; Bach, 1994; and its relation to pathological dependency, Coen, 1992). I say this because in this type of sexual boundary violation, the seduction occurs when the therapist believes that the therapy is at an impasse, a time of threat, acute suicidality, or some other type of critical juncture (Celenza, 1991, 1998). The sexualization serves to shift the process from one of enormous frustration and challenge to one of seduction and sexual gratification. It also manages to transform the patient’s emerging negative transference toward the analyst or therapist to a positive idealizing transference, a much more comfortable mode of relating for such a narcissistically fragile analyst or therapist. This is not the mutual surrender of healthy loving (Ghent, 1990; Maroda, 1998) but a perverse submission because it occurs in the context of threat and turns a setting of healing into one of domination and control.

Thus, the degradation in this type of sexual boundary violation is primarily focused on the felt danger in the patient. It is a direct, unconscious scenario in the mind of the transgressor and here, the couch or the setting is a less important prop on the stage. In my experience with this type of boundary violation, the sexual act is at least as likely to occur in the patient’s home as in the office, home office, or hotel. In other words, the official props of the setting are less important; the transgression occurs more in and between the minds of the two.

THE DANGER IN THE ANALYST

The felt danger charging the atmosphere in most cases of sexual boundary violations comes not only from the patient’s subjectivity, however. There is also the danger that the patient may feel in the analyst’s subjectivity. In this sense, the danger is mutual. The potential dangers for the patient inherent in psychoanalysis are illustrated in any number of New Yorker cartoons: the analyst’s lack of caring (as in clipping his toenails, sleeping); the analyst’s aggression (poised with a dagger, about to strangle); or the analyst’s judging or shaming response (shaking his head or laughing). All of these revolve around fundamental questions: Do you like me? Am I safe? Will you hurt me? And again, Why can’t we be lovers?

Liking is one of many aspects of our subjectivity that forms the basis of the alliance, the background of safety (Sandler, 1960) that makes it possible for the analysand to reveal herself. But liking is only meaningful if “not liking” is also a possibility. This brings me back to the couch and to aspects of the
patient’s motivation to get the analyst on the couch with her. The New Yorker cartoons are humorous because they depict as real our worst fears—that behind our back, the analyst is laughing or sleeping (I’ll leave out the one with the dagger). Whether or not we like our patients (and this is just the precursor to the question, Why can’t we be lovers?) can become a matter of life or death for some patients. Again, it is worth reminding ourselves that acute suicidality in the patient is a major feature in over half of cases of sexual boundary violations. When the patient’s desire is focused on the analyst, the refusal to engage in a sexual/love relationship can become a life or death struggle between them.

An analysand of mine has gone from total asexuality to hiring prostitutes. I’ll respectfully call him Randy. He says in comparison, my fees are low because my services are limited. He tells me there’s a benefit you can sometimes get where she will “do the girlfriend thing.” This means she will pretend that she likes you. Some charge extra for this; others throw it in as a freebie.

This was just the beginning of Randy’s emerging erotic transference toward me. He began with a hint that he needed to know that I liked him. The implications of what he gets from prostitutes and what he does not get from me loomed large in the room. Soon, he more directly revealed a desire that we have sex, run off together, and live happily ever after. When I refused to return his desire in the ways he wanted, he felt devastated and then a humiliated fury emerged. He called my Hippocratic Oath “my Hypocritical Oath” and said he felt trapped, depressed, and wanted to kill himself. This eventually took the form of a fantasy to stab me with a knife (see Celenza, 2006, for a more elaborated discussion of this case).

What would it have taken to get me to respond in the way analysts and therapists do when they sexually violate boundaries? Fortunately, I do not have now (and hopefully never will) the characteristic features of those transgressors. I was able to withstand the danger, bear it, seek consultation (a lot of it), and remain in a terrifying but affectively healing relational position with Randy. Had I been in a different mental state, perhaps at a different time of my life, and under extreme situational stress, I might have needed to manage this danger in a different way. Perhaps in desperation, sexualization might have seemed an option.

So, the motive to love and be sexual on the couch (or anywhere) is a mutual desire in this type of transgression. Here, I do not mean to shift responsibility in the direction of the patient, just to describe the transference/countertransference pressures that are part of the unconscious drama and to emphasize that it is a two-person act, though only one bears the responsibility of maintaining boundaries. I also do not mean to excuse the transgressor, just to explain what I have learned.
Chapter 4

It is tempting to think that words might suffice in this context. Why not just tell Randy I like him? Or love him, especially since I do? But as Randy has often put it, “Octa non verba”—Latin for “Action, not words” (or so he tells me). Words are thin and have an excruciatingly short lifespan. (In effect, you just said you love me, but what about now?) The only lasting truths are those we feel, the ones that are informed by our guts, our ability to intuit, feel, and recognize as real what is already in the atmosphere between us. These are the skills I try to help Randy and all of my patients hone, to pay attention to what they know because they can feel it. Knowing from that level is more reliable compared to what anyone might say. (After all, people lie.) In this sense, analysts and analysands who engage in sexualized boundary violations, especially of the direct type, are trying to make real—that is, feel—by doing rather than saying. The need to make real by physical touch is, at times, an attempt to make the body feel where emotions are mistrusted or too weakly recognized. Words increase in power only as they resonate with a recognized internally felt state.

ANGER IN THE AIR

In all cases of sexual boundary violations, whether two or three are represented in the unconscious dynamic scenario, it can be difficult to empathize with the position of the analyst. The question comes up, How does one cross that boundary between talking and doing, loving and actually having sex?

To understand how this may come about, it is necessary to appreciate the complexity of the feelings the analyst is trying to express or control. It is never simply love or sexual attraction. In all cases of sexual boundary violations, it is common to find a vast reservoir of unresolved anger toward authority. This factor is evident in the transgressor’s history as well as in current preoccupations. Though they often can present themselves as highly remorseful (which is genuine), the exploitation itself represents a rebellion against the authority of the profession and an underlying desire to break the rules (see also Fogel [2006] for an insightful account of resentment and defiance as these relate to sexual boundary violations).

In the displaced scenarios of the psychopathic predator, I have found that the expression of unresolved anger toward the profession is primary and is rooted in an unconscious, unresolved aggression-laden drama toward an abusive parent. Like Father C, the hostility is aimed at the figure of the third, the overseer of the dyad, as in God and the church. Why did he do it? The triumphant response is, because he could! Derived from unresolved anger toward an authoritarian parent, the licensing board, ethics committee, and/or professional
WHY CAN'T WE LOVERS?

So, why can't we lovers? Isn't this the fundamental question we all have of each other? Most answers dodge it. That's our purpose, we didn't agree to that it's not our contract. But it's the reasonable response. Or do you disagree? And finally, some analysts do it all there was to it: however, no marriages could be conditioned. So, there is no such thing as a typical response. Or, don't have that power and then? That's not the point. And the answer is: no, we can't. The unconscious holding things together, the unconscious is there, it's the unconscious. The unconscious is structured, that is, it's embedded in the structure of the setting. That's why the unconscious can take on this aspect of the transference. This is the crucial phase of the subsequent treatment of transferences.}

The question is expressed within the dyad, directed toward the patient and directed inwardly, in an unconscious self-destructive move that usually results in the expulsion from the profession. Sexualization and organization can take on this aspect of the transference. This is a crucial phase...
in order to deny the immutability of the psychoanalytic structure. For example, an analyst may believe that lying on the couch with the patient creates equality between them. This, however, is an empty gesture, and usually effects a denial only in the mind of the analyst. The transferences developed when roles and expectancies were assigned. Lying on the couch together does not transform the analysand into an adult; she becomes a parentified child.

It is also true that there are multiple potentials that exist in any interpersonal relationship, lovers being one example. In the psychoanalytic setting, many potentials are purposefully not cultivated (Mitchell, 1993) or developed when the treatment contract is agreed upon. While it can be said that in most relationships, the undeveloped potentials remain as real potentials by choice, the psychoanalytic situation and the structure that defines it limit the extent to which such choices remain unencumbered. This is why sexualized boundary violations are deemed unethical, even when the patient is an adult. It is not simply by virtue of being under the influence of transference, however, but also for the fact that the transferences are structuralized and therefore immutably constraining.

In contemporary theory, it is generally recognized that transferences always organize the various ways of experiencing self and other in relationships. Even Freud recognized that it was impossible to distinguish between transference love and love in real life (Freud, 1915). It is not that “true” or “real” love has no transference in it, but that loving in real life (i.e., outside the psychoanalytic setting and structure) is negotiable (theoretically, at least) and thereby accessible to new experience. The structure of the psychoanalytic situation is designed to evoke those ways of experiencing that unconsciously foreclose new experience, thereby rendering loving in the psychoanalytic situation constrained by old patterns of relating.

ENDNOTES

This paper is derived from a 2006 paper by A. Celenza, “Sexual boundary violations in the office: When is a couch just a couch?” Psychoanalytic Dialogues, 16(1), 113–28.

1. The first-year candidates engage in constant questioning about who has bought a couch, where you get one, what type, and so forth. Buying your couch is a ritual that symbolizes the indoctrination into the analytic community. One candidate analogized it to losing her virginity, where who did it first becomes pertinent. (I am indebted to Ellen Golding, Ph.D., for these thoughts and anecdote.)

2. The term “third object” as used here is differentiated from some of the ways in which the concept of the third is used in contemporary theory (see Benjamin, 2004;
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3. I am indebted to Lew Aron for encouraging me to admit this universal truth.