How do male child psychotherapists manage and experience perceptions of them as potentially sexually harmful?

An Interpretative Phenomenological Analysis

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Abstract

This study explores how male child and adolescent psychotherapists experience and manage being perceived as potentially sexually harmful. Drawing on five semi-structured interviews with four ACP-registered male clinicians, it uses Interpretative Phenomenological Analysis (IPA) to examine how these perceptions emerge within the transference and in wider professional contexts. My study also seeks to explore how such perceptions are influenced by wider cultural and societal narratives linking maleness with potential harm. Moreover, it considers these narratives as rooted in the fact that most sexual violence is perpetrated by men and explores how the self-perception and clinical work of male child psychotherapist is influenced by this reality. The findings suggest that male therapists' gender cannot be treated as neutral but that it is an important element within psychoanalytic work, evoking complex questions of safety, guilt, and responsibility as well as psychoanalytic technique.

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Introduction

The aim of this study is to explore how male psychoanalytic child and adolescent psychotherapists experience and manage perceptions of them as potentially sexually harmful. I have employed Interpretative Phenomenological Analysis (IPA) as my research methodology, collecting and interpreting data gained from five semi-structured interviews with four ACP-registered male child psychotherapists, one participant having been interviewed twice. My study focussed on what I believe to be three particularly important aspects of my research question:

1. The ways in which male child psychotherapists can be perceived as potentially sexually harmful in the transference when working with a child or young person and how this dynamic is in turn experienced by the therapist (in his countertransference). I would propose that such dynamics are highly likely to be particularly prevalent in the work of male clinicians since the vast majority of child sexual abuse is committed by males (Rape, Abuse & Incest National Network, n.d.) This societal factor suggests that male child psychotherapists are much more likely to work with patients who have been abused by someone of the same gender and that this factor would influence the way in which their gender affects their perception in the transference. Even outside of work where there's a known history of sexual abuse by another male, the work of male child psychotherapists will still be affected by the context of most perpetrators being male.
2. The ways in which these transference-dynamics are situated within a wider cultural and societal context and the ways in which perceptions of male child psychotherapists as potentially sexually harmful are not limited to clinical

work, but can also occur, for example, in the work with parents, networks or within multi-disciplinary teams.

3. The responses of male therapists to, and their management of, their experience of these perceptions, inside and outside of the therapy room. In particular, I wanted to use the interviews to explore what forms of support have been helpful for male child psychotherapists when they encounter these perceptions. I also focussed on the different ways in which male therapists cope with the impact caused by such a transference-dynamic and more specifically, how these experiences relate to how they make sense of their own gender and sexuality.

My interest in this topic comes from a personal experience at an early stage in my training of being faced with being seen as potentially sexually harmful in the context of a patient's sexual trauma and finding this dynamic uniquely challenging. It meant having to face a disturbing transference-perception without much prior experience that could have prepared me for its impact. In my experience, supervision and peer support played a crucial role in supporting my clinical work as well as my emotional wellbeing. It was also a way of learning how working in and with the transference can be uniquely complex, especially when such extremely troubling elements emerge. Since I've gained more experience, including by undertaking this research project, I've come to suspect that the shifts in emotional quality characteristic of transference-dynamics may be particularly extreme when working with children and young people and even more so when there's a background of sexual abuse. I hope that my study will start to illuminate both the prevalence and the intricacies of these dynamics and open up a space in which some of the very complex questions that

flow from them can be considered, such as, for example: what factors affect when and why it could be helpful for a male child psychotherapist to work with a child or young person who has suffered historical abuse from another male? Or, what modifications of technique, if any, can be helpful when working with such heightened transference-perceptions?

Initially, my plan had been to focus only on such cases where male child psychotherapists worked with a child or young person where it was known, or emerged in the course of the therapy, that their patient had historically suffered sexual abuse from a male and then to see how they may be seen as a potential perpetrator in the transference. Interestingly, the interview-process soon made clear that this would not be a viable or helpful criteria for the study since all participants shared some extremely rich and enlightening clinical experiences related to such transference-perceptions where it was unclear if there had been any sexual abuse in the background. On the one hand, this likely points to just how crushingly difficult it can be to clarify, let alone prove, incidents of sexual abuse. On the other hand, it also points to how these perceptions can develop when there isn't necessarily a sense in either the therapist or network that the young person has suffered abuse. Additionally, many discussions of these transference-perceptions organically shifted to participants' sharing just how fraught and complex it can be when any sexual feelings emerge in their clinical work and how, however latently, it will always bring up questions as to whether they are safe and appropriate. I had not expected this development in the interviews which meant that I subsequently changed my research question to focus on the *perception* of male child psychotherapists regardless of whether a sexual trauma was known to have occurred. This unexpected development has also since left me with a sense of just how difficult it

still is in general to consider sexuality, and the emergence of sexual feelings and sexual transference-dyamics, in the work that psychoanalytic child psychotherapists do.

I approached the study from the perspective that a therapist's identity, including their gender, plays a significant role in psychotherapeutic work, shaping perceptions within the transference and beyond. I intended for my study to highlight how psychoanalytic work concerned with the "internal," such as subjective feelings and fantasies, inevitably intersects with the "external," including societal realities and cultural phenomena. In the case of male child psychotherapists, their gender arguably brings up very complex questions related to guilt, accountability and responsibility. How does that the fact that most sexual violence is committed by males affect the self-understanding of male clinicians and the understanding of their work where they will often be faced with the effects of such violence? It's likely that some forms of guilt and shame will lead to unhelpful responses, such as defensiveness of manic fantasies of repair, or wanting to desperately prove how one is "safe".

In this study, I will draw on texts such as Frosh's (1987), which aim to grapple with how the fact that the vast majority of perpetrators of sexual abuse are male is linked to specific elements of male or masculine psychology and unconscious. It is also important, however, to recognise that this picture is arguably complicated by the fact that the vast majority of males do not perpetrate any form of sexual abuse.

The statistical picture is indeed complex and leaves many questions open. There is, for example, no single definitive statistic for the proportion of males in the UK who have perpetrated a sexual offence. The Crown Prosecution Service (2025) states

that in 2024/25 there were 41,070 convictions for sexual offences, with the overwhelming majority of perpetrators being male, although it does not specify the exact proportion. Yet the majority of sexual assaults are never reported. A more accurate reflection of prevalence may therefore be the Office for National Statistics (2025a) estimate that, in the UK, around 900,000 people (739,000 females and 162,000 males) aged 16 years and over were sexually assaulted in the year ending March 2025, equating to 1.9% of the population (3.0% of females and 0.7% of males) in just one year. There are also smaller-scale studies that have explored the link between maleness and sexual offences. For example, Hales et al. (2022) found that approximately one in nine male UK university students surveyed admitted to some form of sexual assault in the previous two years.

In terms of child sexual abuse, the vast majority of incidents is also believed to go unreported and unconvicted. The Centre of Expertise on Child Sexual Abuse (2025), using CPS data, states that there were only 4,438 convictions in 2023/2024. Drawing on a wide range of sources, including victim survey statistics, the ONS by contrast estimates that approximately 4.3 million people in England and Wales aged 18 years and over experienced sexual abuse during childhood, equating to approximately 9.1% of adults. It indicates that perpetrators of child sexual abuse are male in 91.3% of cases (Office for National Statistics, 2025b). Using this estimate, we arrive at a figure of around 3.9 million adults in the UK who suffered sexual abuse as children perpetrated by a male. This would amount to approximately 7% of the UK adult population.

What follows from a figure such as 7% of the UK adult population having suffered child sexual abuse perpetrated by a male, together with the complex and inconclusive data on male perpetrators of sexual offences more generally, is difficult

to state conclusively. I would argue that it points both to an undeniable link between maleness and sexual violence and to the danger of seeing men, including men in female-majority caring professions such as child psychotherapy, primarily as a potential source of sexual harm. I think that my interviews provide rich data with regards to a whole spectrum of how male child psychotherapists feel affected and make sense of these troubling realities and I'm most grateful to the participants for their openness and candour.

For me personally, questions of guilt and accountability have a strong resonance due to my own background as a white German man with a grandfather who was part of the German army during the Nazi regime and holocaust. Indeed, German society as a whole as well as my family history is shaped by the history of German state-power perpetrating the holocaust. Of course, there are important differences, not least that the over-representation of males as perpetrators of sexual violence, and violent crime in general, is universal across cultures. Still, it's an open question what personal accountability can look like when one has not personally committed such violence, but is still implicated in a structure that enables it, or has historically enabled, by way of one's gender or family history. While I believe that the complex personal resonance the research question holds for me, both in terms of my clinical experience and family history, has enabled me to approach the research-process with a helpful degree of emotional involvement, it has also meant that I needed to continuously reflect how my personal background affects both the interview-process and subsequent data-analysis. While IPA explicitly includes the researcher's subjectivity as a valid element of a study, it also demands that such subjectivity is reflected on and accounted for. Keeping a reflective diary and using my personal analysis to reflect on these personal resonances has been an important part of the

research-process. So have been regular meetings with my research supervisor which have also included conversations about these more complex personal elements of the process.

Literature Review

Purpose and Method

I will first discuss the purpose, method and process of my literature review. This will be followed by the literature review, which I've split into three sections. The first section aims to give an account of how an understanding of transference dynamics where an analyst or psychotherapist is seen as potentially sexually harmful has developed in psychoanalytic thinking, through the lens of three influential psychoanalytic thinkers. The second section discusses contemporary psychoanalytic papers about the topic. The third section explores these dynamics specifically within the context of psychoanalytic work with children and adolescents, with me discussing papers that focus on potentially disturbing sexual/sexualised transference-dynamics and those that focus on issues specific to male therapists.

In the process of finding relevant literature and research, I have conducted several database searches. The process of finding relevant papers presented me with some challenges. In most of the clinical examples participants gave in their interviews with me, the facts around a child or adolescent's possible sexual trauma remained uncertain to differing degrees, and additionally, some participants had discussed relevant transference-dynamics of being seen as seen potentially sexually harmful even when there was no known or suspected history of sexual trauma in their patient. This has led me to focus on the *perception* of the male therapist as potentially abusive and not necessarily just on clinical work where a sexual trauma has been proven or suspected. This complexity was impossible to wholly reflect in one search when using boolean operators, so I decided to undertake numerous database searches that covered different elements of my research questions, including searches for: papers about psychoanalysis, sexual abuse and the

transference; papers about psychoanalytic child psychotherapy with children and adolescents who have been sexually abused; and papers about male child psychotherapists and sexual/sexualised transference-dynamics. In other words, I decided to cast my net wider than my research question to then be able to decide on the papers most relevant to it.

I have searched five relevant databases (PEP Archive, APA PsycInfo, APA PsycArticles, APA PsycBooks, Psychology and Behavioral Sciences Collection), using a range of boolean operators. The table below shows how many results each search yielded, how many of these results I assessed for eligibility and, finally, how many I've included in the literature review.

psychoanalysis (or psychoanalytic or psychodynamic) AND sexual abuse (or sexual violence) AND transference (and countertransference)	Results: 1960 Assessed for Eligibility: 65 Included: 8
child psychotherapy AND sexual abuse (or sexual violence) AND transference (and countertransference)	Results: 190 Assessed for Eligibility: 20 Included: 2
erotic transference AND male therapists AND child psychotherapy	Results: 2 Assessed for Eligibility: 2 Included: 1

I wanted to be able to maintain a relatively open mind during the interview-process, so I decided to hold off on working on a literature review until after I'd conducted the interviews and had gone through the process of “coding” the transcripts. This meant that the choice of papers included in this review ended up being influenced in part by my interview-experience. I have, for example, decided to include papers that participants have mentioned in their interview and, more generally, the whole interview-process has led me to remember some relevant papers I had previously read. The literature included was also influenced by my pre-existing interest in the work of certain psychoanalytic clinicians and theorists who I see as pioneering in thinking psychoanalytically about the impact of trauma on transference-dynamics and the asymmetry between adults and children, such as Sandor Ferenczi and Jean Laplanche. My interest in their work also played a role in choosing my research question. In this literature review, as well as in the chapter discussing the findings of my interview, I will try to delineate what I feel is their work’s particular relevance to my research question.

The “abusive transference” in psychoanalysis and psychoanalytic child psychotherapy

- **Transference and sexual trauma: Freud, Ferenczi, Laplanche**

In order to encapsulate any transference-dynamic where a therapist or analyst is perceived as potentially sexually harmful by their patient, I will refer to it as an “abusive transference”. Of course, the term isn’t completely precise as it could also be understood to refer to a form of transference that *is* or seeks to be abusive, either by the patient towards their therapist/analyst or by the therapist/analyst towards their

patient. Interestingly, this slippage in the term's meaning evokes deeply pertinent issues that were brought up repeatedly in my interviews, namely participants' experience of a sexually traumatised patient becoming identified with an abuser and seeking to let their therapist feel like they're being, or have been, abused as well as dynamics where participants ended up with disturbing thoughts and perceptions of themselves as potentially or actually abusive, rooted in projections from their traumatised patient. These slippages in meaning arguably then make the term even more apt.

I will now look at the origins of the psychoanalytic idea and concept of transference. Freud's use of the term goes back to his earliest psychoanalytic writings, but it's not until the publication in 1905 of the "Dora"-case, *Fragment of an Analysis of a Case of History,* (Freud, 1905) that he offers a more thorough understanding of transference-dynamics, setting out "a drama which, in the course of an analysis, is enacted with respect to a significant person in the patient's past who is projected into the present and on to the psychoanalyst" (Quinodoz, 2005, p. 67). In this text, Freud also for the first time makes the case for transference's centrality to psychoanalytic work, describing it as "...its most powerful ally, if its presence can be detected each time and explained to the patient" (Freud, 1905, p. 117), having previously described it as a mere obstruction to it. His case study of Dora is therefore considered one of the foundational texts of psychoanalysis (Laplanche and Pontalis, 1973, p. 457).

Dora was Freud's pseudonym for an eighteen year old young woman who had been sent to see him by her father, due to depressive symptoms and threats of suicide. She abruptly ended her treatment after only three months which led Freud to subsequently grapple with the meaning behind that sudden termination. In his discussion of the case, which Freud published almost five years after the work

ended, he suggests that Dora had left her sessions because she had started to associate Freud with a male friend of her parents who had attempted to seduce her some years prior to her treatment, forcefully embracing her and kissing her on the mouth. Freud attributes her “negative therapeutic reaction” to the emotional turmoil caused by feelings of desire she had developed towards him as a consequence of this association and an additional association between Freud and her father. It has since been recognized that the attempted “seduction” of Dora by her parent’s friend would today be classified as a sexual assault and a form of child abuse, as Dora was still an adolescent and he has been criticised for only emphasising Dora’s passionate feelings towards the family friend and for not paying much attention to the forced kiss being a violation (see for example: Moi, 1981). More recently, her decision to terminate treatment has therefore also been read as a potential response to a re-traumatization triggered by the transference, i.e. by her perception of Freud as potentially abusive. It could then be argued that the concept of transference has been linked to sexuality and, more specifically, sexual trauma since its first significant appearance in psychoanalytic literature. Freud also did not explicitly address his own “countertransference”, his own projections onto his patient rooted in personal history, towards Dora and only developed the concept later on (Laplanche and Pontalis, 1973, pp. 92–93), leaving out any discussion of Dora’s impact on him. As a whole, the paper still offers a complex and challenging view of sexuality, with Freud for example recognising the importance of Dora’s homosexual attachment to the family friend’s wife, preparing the way for an understanding of sexuality as made up of manifold identifications and desires (see for example: Rose, 2005).

A historically important paper that explores the impact of sexual abuse on a child, the impact of childhood sexual abuse on adult-life and the influence of both on the

transference and countertransference in adult psychoanalysis is *Confusion of Tongues Between Adults and the Child,* by Freud's contemporary Sandor Ferenczi (1933). Famously, the modifications of his technique that Ferenczi described in this paper as well as his implicit critique of Freud's abandonment of his "seduction theory" – the idea that many hysterical symptoms are rooted in childhood sexual abuse, particularly paternal incest – led to an irredeemable rift between the two analysts. In *Confusion of Tongues*, Ferenczi describes sexual abuse as the violent imposition of adult sexuality on a child, which, especially when the abuser is also the child's caregiver, experiences in turn a deeply damaging confusion between the emotional "languages" of tenderness and sexuality. He poignantly discusses how abuse often leads to a fragmentation of the child's developing personality, a sense of internal division and the emergence of false precociousness or pseudomaturity as the child becomes more and more attuned to the abusive adult's state of mind in order to try and protect themselves. In his paper, Ferenczi also critiques Freud's insistence on an analysts' "neutrality", observing that traumatised patients will sometimes perceive this stance as a form of cruel detachment that echoes their experiences of abuse, with them perceiving their analysts as "insensitive, cold, even hard and cruel" (p. 157). He also describes how while there may be rare outbursts of open hatred towards the analyst, more often these patients will suppress their hate and instead become identified with their analyst out of a hyper-sensitivity to their state of mind:

> *"Gradually, then, I came to the conclusion that the patients have an exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity. Instead of contradicting the*

> *analyst or accusing him of errors and blindness,* the patients identify themselves with him *(...)"* (ibid, p. 157 - 158)

Ferenczi also emphasizes that analysts must be thoroughly analysed and maintain awareness of their own psychological makeup to work effectively with traumatised individuals. Instead of "neutrality", he argues that the analyst should adopt a stance akin to "maternal friendliness" since "the patient gone off into his trance is a child indeed who no longer reacts to intellectual explanations" (p. 160). Interestingly, he also notes the importance of the colour of the analyst's voice (ibid, p. 161). Ferenczi could be understood as seeking to emphasise that psychoanalytic work can create situations where a trauma is re-experienced is by patients and that this can only be overcome through a positive experience of the analyst's presence as a whole rather than his or her interpretations, as a benign perception "establishes the contrast between the present and the unbearable traumatogenic past, the contrast which is absolutely necessary for the patient in order to enable him to re-experience the past no longer as hallucinatory reproduction but as an objective memory" (ibid, p. 160).

Ferenczi draws out the healing effect of a patient's shifting perception of their analyst from being felt to be potentially harmful to being perceived as essentially safe. This then allows for the trauma that was stirred up in the transference to be partly over-written by a new experience. Ferenczi's ideas resonate with a lot of contemporary writing on trauma, including from the field child psychotherapy, that de-emphasises interpretations and instead emphasises the relationship between therapist and patient, and the effects of a containment provided by the therapist's overall attitude (see for example: Emanuel, 2021). At the same time, I'm also skeptical of some of Ferenczi's conclusions, especially when it comes to technique. He writes extensively

of how the analyst's "neutral" stance may echo an experience of abuse due a perception of the analyst as callous and cold, but wouldn't an experience of the analyst as intrusive or over-familiar more closely echo the violent intrusiveness of sexual abuse? Ferenczi makes the case for a more "active" technique that involves not only the admitting of any "mistakes" on the part of the analyst but also an open sharing of his or her countertransference-experiences, arguing that "patients do not react to theatrical phrases, but only to real sincere sympathy" (Ferenczi, 1933, p. 161). He doesn't seem to consider the possibility that this may be perceived as intrusive by the patient, as a being-burdened with the analyst's feelings and impressions and not as "sincere sympathy". It may be possible to go along with much of Ferenczi's ideas on the effects of abuse on the psyche and its emergence in the transference, but to come to a different conclusion in terms of technique, considering that the effects of trauma may cause the therapist to be experienced as intrusive despite the analyst's best intentions.

Ferenczi's critique of Freud's abandonment of the seduction theory has not only been echoed by those who criticised him for clouding the wide-spread existence of childhood sexual abuse. The French psychoanalyst and theorist Jean Laplanche has argued that, on a conceptual level, the unconscious is better described by Freud's first model of the "seduction theory" as it posits the origin of the unconscious in a relationship and not as something innate to an individual.[1] Laplanche describes the unconscious as emerging out of the communications between an infant or child and an adult who he or she depends on, but who also carries within them an adult

[1] The concept of a "general" theory of seduction only forms one element of Laplanche's project to conceptualise "new foundations for psychoanalysis" (1989) and I can only give a very condensed account of it here.

unconscious that the infant cannot make sense of. He proposes that even in situations of parenting where there is no abuse, the repressed parts of the adult caretaker's sexuality that form part of his or her unconscious will affect and influence the infant and child in his or her development, sending "enigmatic" messages that are "verbal, non-verbal and even behavioural signifiers which are pregnant with unconscious sexual significations" (Laplanche, 1989, p. 126).

Psychic development is then understood by Laplanche as the gradual integration of this perplexing and disturbing message, although crucially this process of "translation" can never be complete and there remains within each psyche, throughout its development, a remainder of the illegibility of that message that continues to form part of unconscious sexuality. This "general" theory of seduction Laplanche understands as speaking to a form of constitutive trauma that he sees at the heart of the unconscious and, indeed, any form of subjectivity, rooted in his view that there can be no psyche without something or someone that is "other" to it. Aware of the risk that his universalisation of a particular trauma runs the risk of obscuring the reality of actual abuse, Laplanche also tried to conceptualise its difference, seeking to differentiate between the "implantation" of enigmatic messages in the case of ordinary parenting and an abusive variant he coined "intromission":

> *"Implantation is a process which is common, everyday, normal or neurotic. Beside it, as its violent variant, a place must be given to* intromission*. While implantation allows the individual to take things up actively, at once translating and repressing, one must try to conceive of a process which blocks this, short-circuits the differentiation of the agencies in the process of their formation, and puts into*

> *the interior an element resistant to all metabolizations."* (Laplanche, 1998, p. 136)

I would argue that Laplanche's concept of "intromission" conveys how sexual abuse gravely damages a child's relationship to his or her unconscious, as it makes the gradual integration of the adult's "enigmatic" message that psychic development is rooted in impossible, instead leaving the child with an experience of violence impossible to metabolise. At the same time, Laplanche's emphasis on an inevitable asymmetry, or mismatch, between the infant's and the adult's psyche strikingly describes to me how psychoanalytic work with children will always to some degree contain fraught elements of mis-translations, as it entails an encounter between an adult's unconscious and a child's unconscious, with the adult therapist necessarily unaware of elements of his own unconscious and its difference to that of his child patient's.

- **Contemporary views on the "abusive transference"**

Howard B. Levine's article *Difficulties in Maintaining an Analytic Stance in the Treatment of Adults Who Were Sexually Abused as Children* (1997) discusses how in his experience, analysts working with patients who were sexually abused as children will often be continually tested by intense pressures to act out in some way, in ways that echo the abuse their patients would have been subjected to:

> *"Unwittingly, the patient, joined by unconscious forces operating within the analyst, attempts to drive, compel, coerce, seduce, implore, and so on the analyst to abandon an analytic stance in favor of one that is more oriented towards action."* (ibid, p. 314)

He also describes how some patients may demand to repeatedly be reassured or validated and, if the analyst remains in their analytic stance, will perceive this as rejection or even an echo of their abuse. Interestingly, he comes to a different conclusion to Ferenczi and emphasises the importance for analysts to resist the pull towards action or a more “active” technique. He instead insists that an analytic stance is necessary to support patients in exploring the subjective meanings of their trauma.

Levine also gives an account of the particular intensity of the transference-countertransference relationship when a past sexual trauma emerges within it:

> *“… it is not unusual for patients to act as if they imagine or feel convinced that the analyst is being seductive, manipulative, dishonest, or selfish. Alternatively, it may be the patient who fantasizes about or attempts to seduce the analyst or engage him or her in corrupt or shady dealings.*
>
> *At times, the compulsion to repeat elements of the trauma may be so powerful and the weakness of symbolic capacity and other ego functions so undermining to the patient's reality sense that the distinction between reality and fantasy becomes tenuous and the “as if” quality of the transference as illusion may disappear.*
>
> *(...)*
>
> *Then, for the patient,* the experience of the treatment situation may feel like or even become the trauma.” (Ibid, p. 320)

His descriptions of a transference becoming so intense that it loses any “as if” may resonate with what is arguably the often more intense and less symbolic

transference found in psychoanalytic work with children or adolescents. Levine also describes how in turn, the analyst has to often weather intense countertransference-experiences – “at various times feeling stimulated, tempted, repelled, hateful, judgmental, and identified with or protective towards their sexually traumatized patients” (ibid) – and argues that cases may break down if the analyst isn’t adequately supported and supervised.

Dissociative Processes and Transference-Countertransference Paradigms in the Psychoanalytically Oriented Treatment of Adult Survivors of Childhood Sexual Abuse (1992), by Jody Messler Davies and Mary Gail Frawley, resonates with Ferenczi’s descriptions of the internal divisions in personality that child sexual abuse creates, with the authors describing dissociative processes that will affect victims into their adult lives. The authors describe how survivors' psyches are often split into an outwardly functional adult persona and a dissociated child-self who still carries the burden of traumatic memories, rage, shame, and guilt. They pay particular attention to the rapidly shifting transference-dynamics that often emerge in psychoanalytic work with survivors, what they call a “kaleidoscopic transference-countertransference picture that shifts illusively but can often be understood as based on the projective-introjective volleying of a fantasized victim, abuser, and idealized, omnipotent savior” (ibid, p. 5).

Similarly, Diamond (1997) describes how child sexual abuse leads to states of fragmentation that persist long after the traumatic event in the form of ongoing states of torment. Like Levine, he emphasises that the patient’s transference-experience can be so intense that patients feel like they are actually re-experiencing their trauma in the therapy, adding the point that this is exacerbated by the traumatic event being an early experience that cannot consciously be remembered. He also describes how

interpretations are not what helps patients during these moments, since they tend to be unable to “talk about their experience as an object” (p. 506). Instead, “the dissociated units of experience become observable only through the analyst’s capacity to live with the patient in a psychoanalytic reality that is often characterised by a ‘somatic chaos’.” (ibid) He draws out that the analyst’s counter-transference in response to such chaos is often in the form of a vicarious trauma, a sense of deep helplessness associated with the loss of the analyst’s familiar analytic tools. This element of a traumatised countertransference, consistent with the patient’s experience of trauma and often resulting from patients becoming identified with an abuser, has been commonly noted (see for example: Herman, 1992, Courtois, 1988, McCann & Perlmann, 1990).

- **The “abusive transference” in psychoanalytic work with children and adolescents**

In his 1987 paper, *Issues for Men Working with Sexually Abused Children*, Stephen Frosh argues that, since the vast majority of perpetrators of child sexual abuse are men, there’s a link between male sexuality generally and an abusive potential that has to be reckoned with by any male clinician:

> *“… if there are systematic factors that make men more likely to abuse children sexually then these factors will be present, more or less strongly, in all men. This is perhaps one of the most crushing discoveries facing men who work with sexually abused children.”*
> (Frosh, 1987, p. 335)

Frosh describes how such work tends to confront men with their own potential capacity for abuse and then create a response in them that's rooted in a reparative drive or reaction-formation – a strong wish to distance themselves from their own abusive potential and association with men who abuse children. Frosh's paper left me questioning why he singled out child sexual abuse as systematically linked to male sexuality since the vast majority of any sexual, and indeed violent, crime and not just child sexual abuse is perpetrated by men. Wouldn't this mean that male clinicians are constantly drawn into a situation where they have to face a link between their gender and any sort of violence or abuse, and indeed most forms of aggression and physical or psychological harm? The answer may well be yes, but Frosh doesn't go into the implications of his argument beyond the specificity of working with child sexual abuse. His analysis of the impact of patriarchal socialisation on men is compelling, as he argues that men are often alienated from emotional intimacy due to their socialisation and that this leads to "severely narrowed rendering of sexuality" (ibid) that's more at risk of becoming abusive. Such alienation would then offer a social rather than psychological or evolutionary explanation why the majority of sexual abuse is committed by men. Overall, the paper's argument evokes extremely complex questions as to the 'nature and/or nurture' roots of why the overwhelming majority of child sexual abuse is perpetrated by men.

Frosh describes his work as a male clinician in a team specialising in working with children who have been sexually abused and the clinical material is about assessments as well as therapy, work that child psychotherapists working in the NHS will be very familiar with. He also discussed the extremely difficult work of undertaking disclosure interviews in the presence of police, which child psychotherapists would generally be less familiar with. Frosh sets out how his team

eventually made the decision that these interviews should not be conducted by male clinicians and how this process had left him to consider more deeply the issues his paper grapples with. He reflects on his sense that the questions he asked during a disclosure interview would have been an echo of the intrusiveness of the abuse the young person had suffered and that the intrusiveness was compounded by his strong reparative urge, which he was unconscious of at the time. He also shares how working with a boy who had been sexually abused and was acting out violently in sessions left him with an experience of rage which he recognised as rooted in his own personal history and personality. Frosh makes a strong case for the importance of male therapists maintaining awareness of their own feelings and personality when working with sexually abused children, so they can separate out what is a genuine counter-transference communication. He also notes how the most common emotional responses of male clinicians to such work are anger and shame. In both clinical examples, Frosh suggests that it was important to respond with a level of restraint to his patients, “a more subdued and perhaps distanced containment.” (ibid, p. 338)

Inji Ralph’s paper *Countertransference, Enactment and Sexual Abuse* (2001) is a case study of an eight-year-old girl in foster care, “Flora”, who had suffered chronic sexual abuse from her birth parents and the author’s discussion of her being perceived as potentially abusive form a central part of the paper. Drawing on her experiences of working with Flora, she describes the different ways in which her patient re-enacted elements of her trauma in the sessions. She notes that re-enactment “has to be allowed into the transference relationship where the therapist must be available to be perceived as a potentially abusive adult (...) as a means of presenting [the child’s] dreadful experiences to the therapist and as a means of

projecting onto the therapist the shock and outrage he may not have been able to express." (p. 287) In disturbing clinical vignettes, she describes how, in the early stages, of therapy, Flora would act in a highly sexualised and seductive manner, lifting her skirt and wiggling her bottom, leaving Ralph feeling sick and helpless, identified with a sexually abusive adult. She also stresses the importance of the countertransference, as only a therapist who is genuinely affected by his or her patient's communication, while also able to manage these, will allow the child to reclaim and re-introject previously unbearable aspects of self. As well as a communication of trauma, she also interprets Flora's behaviour as a testing of whether her therapist was in fact abusive:

> *"She constantly checked whether I could be a safe adult and whether the clinic was a safe place. Her need to test boundaries, and to establish whether or not I would also be an abuser, were the main themes of these early months."* (p. 288)

Ralph describes how initially, Flora was overwhelmed by even a cautious interpretation of her wondering if she could be safe with her therapist, with Flora immediately running out of the room. Through Ralph's persistent containment of disturbing projections, Flora gradually established a more trusting relationship. Ralph also emphasises the importance of the network around "Flora" and the fact that despite having to move between two placements while in therapy, both placements were with stable and supportive foster carers.

A striking feature of the treatment was Flora's eventual creation of an imaginary twin, Claire, through whom she displaced aspects of her traumatized self, including abusive excitement. Later, she invented an imaginary daughter, Tamara, allowing

her to explore nurturing roles and benign mother–child relationships. These fantasy figures became central therapeutic tools, enabling Flora to articulate previously inexpressible experiences, arguably the results of the dissociative processes described by Ferenczi and others. The paper goes on to discuss how when Flora had to be told about the ending of the therapy, the perception of her therapist as potentially abusive and of her therapist as identified with her abusive father became most acute and led to intense rage and fear. Ralph describes her fear that the progress made during sessions would be lost and how affected by guilt and sadness she was. She describes a poignant moment, where she reached out for her patient's hand and then recoiled at the sense that this may be perceived as abusive. In the end, both her and "Flora" were able to work through the ending of their sessions in a way that allowed her to again develop feelings of gratitude and care. Ralph's paper is an affecting account of the intensity of the "abusive" transference" as well as the function of its working-through as the main route for therapeutic progress. She also conveys how "space to think about the processes and mechanisms that are enacted when working with these children is crucial." (p. 287) Ralph doesn't explicitly discuss her gender and I wonder about this omission. Perhaps it would be more difficult for a male child psychotherapist to do the work that Ralph did with Flora, as the transference-association with her abusive father would likely be stirred up almost immediately. Still, her paper gives ample attention to an "abusive" transference, also of her being identified with his patient's abusive father, conveying how transference-dynamics are not bound to a specific gender.

Emil Jackson's paper *Too close for comfort: the challenges of engaging with sexuality in work with adolescents* (2017) focusses on the presence of sexuality in transference-dynamics in psychoanalytic work with adolescents and the intense

countertransference it evokes in therapists. He explores how both patients and therapists can be drawn to misunderstand, deny, or act out sexual feelings, and argues for the importance of addressing these dynamics in the therapy. Jackson links the intensity of transference-dynamics in such work to the intense psychological upheaval associated with adolescent sexuality. He gives ample attention to the defensive responses emerging sexual feelings can lead to, how therapists may intellectualise, obscure, or flat-out deny that sexual feelings have been stirred up in them. He only alludes to the fact that he is a male psychotherapist and that this was significant especially in his work with female adolescents. He also doesn't focus on transference-dynamics where he would have been perceived as potentially harmful but does give some clinical examples of seductive communications from adolescent patients and the troubling implications for technique, how they could lead to being drawn to becoming intrusive. In one vignette, he considers how an interpretation of an adolescent's curiosity about him seemed appropriate at first, but then left him wondering whether it had been perceived as intrusive by his adolescent patient, that he may have…

> *"... missed the way she might already be experiencing me, in the transference, as an object who simultaneously invites (sexual) intrusion and leaves her feeling (sexually) intruded upon in what Rosenfeld might call an 'intrusive identification with the object'"* (p. 15)

He acknowledges the dilemma of being caught between the possibility of being too cautious, becoming avoidant, and acting into a dynamic and thereby being perceived intrusive. Overall, he makes the case that often, therapists need to take risks and make the decision to speak to sexual

transference-dynamics, as an avoidant attitude would amount to a collusion with the adolescent patient's feelings of shame. I also appreciate that Jackson doesn't only write about the counter-transference, but acknowledges that when working with adolescents, sexual feelings may be stirred up that belong to the therapist as much as the patient. He contends that therapists must face the whole range of feelings evoked by the patient, without either acting on them or shutting them down. He also acknowledges the crucial role of supervision and containment for the therapist.

In her paper *Types of sexual transference and countertransference in psychotherapeutic work with children and adolescents* (2010), Alvarez first gives an account of the complexity of psychoanalytic understandings of sexuality. She notes that psychoanalysts have from Freud onwards, considered sexuality as central to the unconscious while also often conceiving of it rather narrowly and with a pathologising tendency. Instead of Freud's description of infantile sexuality as "polymorphously perverse" she suggests to understand it instead as speaking to "the global passionateness of babies" (ibid, p. 212), linking sexuality to the healthy development of a sense of aliveness. She then credits Klein with introducing the object related rather than "anaclitic" nature of sexuality and makes the case that the Kleinian concept of symbolisation also aptly describes the developmental shift from an infantile to a post-oedipal sexuality, since the concept describes the need to relinquish early oedipal fantasies through the internalisation of one's primary objects of desire. At the same time, she contends that "Kleinian thinking tends to lay stress on the self's feelings for the object" (p. 215), and asks:

> *"... but what about the self's phantasies of the object's feelings, even sexual feelings for it? How are we to think about both aspects of the sexuality of our child patients?"* (ibid)

Alvarez then introduces the distinctions of perverse, disordered, and normal forms of childhood sexuality and gives some clinical examples and stresses the role of the therapist's countertransference in discerning these differences. She doesn't give any examples of countertransference-responses, but arguably links sexuality to counter-transference on a more conceptual level, positing sexuality within a relationship, for example in the infant's wish to have an effect on their caregiver, for example, the wish make them feel excited about the infant. She links these concepts to clinical examples that show different ways in which healthy childhood sexuality seeks to create an impact on an object, be they the therapist or parent. Alvarez's clinical examples are all of work with pre-pubescent children which limits the forms of transference and countertransference she considers. I was also struck that she doesn't go into examples of more disturbing counter-transference experiences, while also stating that "... the positive transference is harder to take and stay with than the negative – and when it is sexual too, it demands much courage, honesty and respect from us in our countertransference responses." (ibid, p. 222) Instead of focussing on an "abusive" transference, Alvarez's paper emphasises positive forms of sexual transference and the way in which therapists may be oblivious to them. Arguably, her paper points to the importance of acknowledging healthy expressions of sexuality, even in disturbed or traumatised patients.

Research Methodology

In this chapter, I will outline the theoretical foundations of my chosen research method, Interpretative Phenomenological Analysis (IPA), and explain my rationale for selecting it. I will then describe the process of my participant recruitment, data collection, and analysis. Ethical issues and confidentiality are also addressed.

Interpretative Phenomenological Analysis

My interest in the research question developed out of an encounter early on in my training with a dynamic where I felt I was seen as potentially sexually harmful by a young person with a history of sexual trauma and struggling with its impact on me. In my study, I wanted to investigate the lived experience of male child psychotherapists when they have to manage these transference-dynamics in their clinical practice. A qualitative methodology seemed most appropriate and feasible for an exploration of this subject as a single researcher. Unlike quantitative research, which focuses on analysing numerical data to identify patterns, test hypotheses, and make predictions, qualitative research focuses on exploring experiences, meanings, and concepts (Pietkiewicz & Smith, 2014), often using interviews, observations, or textual analysis and can include studies on a much smaller scale.

In the course of preparing the design of my study, I had to choose the most suitable qualitative approach and after some research, I was able to identify Grounded Theory and Interpretative Phenomenological Analysis as the most appropriate for my research question. As IPA is considered particularly useful when exploring particularly complex, ambiguous and sensitive topics (Smith and Osborn, 2015), I felt it suited my research question better and led me to select it as the research

methodology for my study. Grounded Theory (GT) tends to involve a larger number of participants and, as a method, is aimed at developing theory from data through systematic coding and constant comparison. In essence, there is somewhat less of a focus on the particularity of each interview and more of a focus on similarities. IPA emphasises a detailed exploration of how each participant in a study makes sense of their lived experiences, emphasizing personal meaning-making. In essence, Grounded Theory is theory-generating, while IPA is meaning-focused (Smith, Flowers, & Larkin, 2009).

IPA has become a widely adopted qualitative research method in psychology. Its theoretical foundation is grounded in phenomenology – a philosophical tradition concerned with describing the essential features of objects as they are perceived by individuals, rather than categorizing them through predefined scientific theories (ibid). At its core, phenomenology is based on Kant's philosophy of critical judgement which is based on his distinction between the status of an object as it appears to us (phenomena) and of it as existing independent of our perception, as a so-called "thing-in-itself" (noumena), impossible to access through any forms representation or observation (Kant, 1790/2000). IPA operates with a similar distinction of the phenomenological and ontological status of any object of inquiry, as described by Larkin, Watts, and Clifton: "What is real is not dependent on us, but the exact meaning and nature of reality is" (2006, p. 107). In other words, IPA is based on the acknowledgment that while objects exist independently of perception, we can only *know* them through the way we experience them. IPA's methodology therefore follows from the idea that the best way to understand an object's meaning is through a focus on an individual subject's experience of it. In this sense, it emphasises lived experience and a subjective perspective. A distinctive feature flowing from these

theoretical foundations is IPA's "idiographic" orientation, exemplified by small samples where each case is examined in depth before drawing broader insights. The aim is to capture the nuance and complexity of a participant's lived experience, privileging the particular over a universalising aim. This stands in contrast to a "nomothetic" approach common in empirical research, which seeks to identify generalizable patterns across groups and predict the probability of certain phenomena occurring under specific conditions (ibid).

Considering the sensitive nature of my research question, I felt that IPA was the most appropriate method for my study as it would allow for an in-depth analysis of a small sample of interviews. From my own experiences, I had a sense of how complex and often contradictory the feelings evoked both in myself and my patients had been when transference-dynamics rooted in past sexual trauma emerged in a session, particularly when it was in the form of a suspicion of me as potentially harmful. I also suspected that the quality of these transference-dynamics and the way in which they are addressed would likely depend to a large extent on the idiosyncrasies of both the child psychotherapist and the child or young person in therapy, both in terms of their separate idiosyncrasies and the idiosyncrasy of them as a therapeutic pairing. Following my interviews and data-analysis, I feel vindicated in my decision as the interviews I conducted proved to be very different from one another, both in terms of the themes that were discussed and in terms of their overall atmosphere. IPA allowed me to capture those nuances and to give attention to each interview in its own right. For my purposes, I believe that the "idiographic" focus of IPA has allowed me to explore the intricacies of the transference–countertransference phenomena I was interested in and the ways in which these were subjectively experienced by each interviewee.

Recruitment of participants

I recruited participants according to specific inclusion and exclusion criteria. Eligible participants were male-identifying child psychotherapists accredited with the Association of Child Psychotherapists (ACP), working either in the NHS, in private practice, or both. I initially focused my search on therapists trained, or in training, at institutions with a more Kleinian orientation (the Tavistock Centre and the training schools in Birmingham and Leeds) due to what I felt was their emphasis on transference–countertransference dynamics, though I did not exclude those from independent psychoanalytic backgrounds and training schools. In the end, I recruited four participants and interviewed one of them twice, with three participants having trained with the Tavistock and one with the IPCAPA training. The recruitment took place through several channels as I asked for emails to be circulated via training schools and the ACP, but also approached potential participants informally, for example through colleagues. Because of the sensitive and potentially disturbing subject matter, I avoided overly broad recruitment methods. In the case of three of the four participants, I successfully recruited them through different interlocutors, different female child psychotherapist colleagues who I had spoken to about my research question and who had then offered to approach a male child psychotherapist colleague of theirs. I think that this fact speaks to the challenging and persecutory feelings the topic of my study likely brought up in potential participants. I felt that in these cases, it had been necessary for potential participants to be approached by a trusted colleague, who implicitly vouched for my integrity. I think it also made it less likely that potential participants simply put off thinking about

the study, as when they may have encountered an e-mail that wasn't specifically addressed to them. Even when I had started to exchange emails with potential participants following their initial interests, they often ended up deciding against taking part. On more than one occasion, I got the response that my research question was interesting, but that they could not think of any relevant cases (despite ample experience). I think that these elements of my search for participants were far from incidental, but instead speak to the most salient themes that emerged in my interviews, namely the powerful feelings of persecution, fear, anxiety, shame and loneliness transference-perceptions of potential sexual harmfulness evoke in male child psychotherapists.

More specifically, I was able to recruit the participant I call "Nicolas" through a female colleague at the Trust where I work, who helpfully introduced him to my research question before I made contact. "Nicolas" qualified as a child psychotherapist within the last five years and is currently working in private practice in a suburban setting. He is in his forties, migrated to the UK from another European country, and is White.

"Arthur" was recruited through another interlocutor at my Trust, a male colleague in a senior administrative position. Similarly, he had been informed about my research prior to my contacting him. He is White British, in his fifties, and has more than a decade of experience working in the public sector.

"Theo" was recruited through a member of staff at my training school, who put me in touch with him. He is in his forties, still in training, and White British. The same member of staff also introduced me to "Daniel". He is in his fifties, White British, and has over a decade of experience working in the public sector in an inner-city clinic.

While my participants have differing levels of experience and work across a range of settings and sectors, there is also a clear degree of homogeneity, particularly in terms of ethnicity. Although not all participants were British and they came from different class and cultural backgrounds within the UK, an important dimension of transference dynamics — namely the influence of ethnicity, difference, and racism — is therefore not explored in this doctoral study. I hope that future research will address this important intersection of transference dynamics.

As can likely be gleaned from these descriptions, my recruitment-process was far from straightforward and took quite a bit of time. In the end, my sample size still turned out to be relatively small but, as Smith, Flowers, and Larkin argue, small sample sizes are- well suited to IPA studies because of its concern with "understanding particular phenomena in particular contexts" (2009, p. 49). I also feel grateful that I was able to undertake five interviews that all felt exceptionally rich in terms of the data they provided, with all participants showing courage by openly discussing their own experiences. While limiting the study to five interviews meant that my findings cannot necessarily be considered as representative of the wider profession, I feel confident that it has allowed me to make sense of the depth and complexity of the experience of each participant and identify salient themes across interviews. While the study does not seek to make representative claims, I still sought to include participants with as much diversity of identity, background, and clinical experience as possible.

Interview-design and data-analysis

Using IPA enabled me to conduct the interviews in a “semi-structured” manner, which meant that I could adapt questions in response to participants’ answers. This flexibility meant that the interviews could also be more conversational which made for a more natural and manageable interviewing experience. Given the nature of the subject, there was a considerable degree of anxiety and vulnerability present for both interviewees and myself and I found that the semi-structured format helped to contain some of this discomfort, both in myself and the participants. In order to encourage participants to speak openly about potentially disturbing aspects of their experiences, I wanted to provide an emotionally containing structure to the interviews and convey a degree of openness to whatever was stirred up by the research question for each participant individually. For this reason, I had prepared only a few guiding questions designed to elicit aspects I was especially interested in, leaving space for follow-up questions and other responses that emerged from the participants’ material. When it felt appropriate, I also shared some of my own experiences and how they had informed my interest in the topic.

As previously mentioned in my introduction, I had initially intended to focus on male child psychotherapists’ experiences of working with children or adolescents where there was a known history of sexual abuse by a male perpetrator. However, after my first two interviews, it became clear that much of the extremely rich material participants shared related to work with children or adolescents where it was uncertain whether any sexual abuse had taken place. In keeping with the spontaneity and responsiveness that form an important part of IPA methodology, I openly engaged with and responded to the material brought by these two interviewees.

Following these initial interviews, I revised my interview schedule and adjusted my overall approach to make it more explicit in subsequent interviews that I was interested in experiences where participants had felt *perceived* as potentially sexually harmful and also openly shared with participants how my approach had changed. Up to this point, the working title of my study had been *What is the experience of male child psychotherapists working with children and young people who have been sexually abused by another male?* This had also been the title and central question through which I approached potential interviewees (see Appendix A). After further discussion with my research supervisor, I changed the working title of the study to its current and final form.

I believe this important shift in the study's focus speaks to some of the central themes that emerged in my findings, particularly uncertainty, unknowability, and volatility within transference dynamics. It also highlights the flexibility of IPA as a methodology, especially when engaging with such a sensitive topic.

In terms of data interpretation, I followed the IPA process of transcribing the interviews and reading them over several times, before moving from initial notes to the development of questions and themes, and finally identifying broader "superordinate" themes. I broadly followed Smith, Flowers & Larkin's six-step guideline (2009):

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for the connections across emergent themes
5. Moving to the next case

6. Looking for patterns across cases

Pietkiewicz and Smith (2014, p. 11) write about a repeated immersion in the interview's data as an important effect of the repeated processes of note-taking and "coding" the interviews. I often found the repetitive nature of several stages of ever-more developed notes, or "codes", very frustrating but by the end of the process, I could see how such immersion meant that I had become attuned to the nuances of each, especially in terms of the overall emotional quality of what was said and how it was said. I think that this inclusion of thinking about the form of what is being shared rather than an exclusive focus on its explicit content forms another salient link between the research-process and the dynamics my research is interested in. This is because all participants spoke in different ways of how crucial the quality and form of their responses had been when they encountered transference-dynamics where a perception of them as potentially harmful led to high degrees of distress or agitation in their patient.

The iterative process that forms the core of IPA's methodology eventually enabled me to draw links across interviews and to identify recurring themes in the data. Of course, the process of identifying themes is subjective, partly rooted in my own experience and biases, and far from exhaustive. An important aspect of the theoretical foundations of IPA is a recognition that not only the participants' experiences but also the researcher's own experiences – and the ways in which these shape both data collection and interpretation – form part of the process of analysing the interview data. Drawing on this reflexive element of IPA, described as "double hermeneutics" (Smith, Flowers and Larkin, p. 3), I was able to consider my position as an active participant in the process of conducting and analysing the

interviews. Since my interest in the research question had a personal and emotional resonance for me, I aimed to reflect on how these resonances influenced, for example, who I ended up recruiting and how I structured the interview questions. IPA considers the researcher's subjectivity a valid and important part of its approach to research, but also acknowledges that such subjectivity, especially if its impact is not reflected on, can run the risk of eclipsing the subjectivity of participants. I have sought to be mindful of my own influence and open to how participants' perspectives will differ in important ways from my own. I'm confident that I was able to do so since there were significant aspects of the data I gathered that I was surprised by, enabled by an openness to follow participants' lead in the interviews. One aspect is the important relationship between the transference-perceptions I sought to study and more generally, clinical work with sexual feelings that also include positive and ordinary expressions of it. Another has been how in most examples that participants thought of, it was unclear whether a child or young person had historically been sexually abused, leading me to modify my research question. Both aspects I will discuss further in the findings and discussion-chapters.

IPA is described as a "dynamic relationship between the part and the whole, at a series of levels" (ibid, p. 28) and this conceptualisation has influenced how I sought to create super-ordinate themes across all five interviews, moving from a close reading of individual interviews to a more free-floating attention given to the interview-process as a whole. I would argue that by attending to these mutual influences, IPA also shares a conceptual affinity with psychoanalytic perspectives on transference–countertransference dynamics and that this made it a particularly appropriate approach for my research focus. By employing IPA, I hope that I have

been able to meaningfully retain an overall psychoanalytic perspective to my research.

In this study, I will present my findings in the form of an amalgam of the individual interviews, as is common for IPA doctoral research theses, and I will illustrate each theme with relevant excerpts from my interviews. I have decided to stick closely to my transcription, largely retaining the idiosyncrasies, ellipses and repetitions inherent to speech, as I felt that often the way someone spoke pointed to a form of latent meaning within it. Repeatedly going through several stages of coding, at an increasing level of abstraction, enabled me to gradually group the different codes and identify sub-ordinate themes. Eventually, I then settled for four super-ordinate themes that I felt most adequately represented the breadth of the interviews in relation to my research question. The repetitive process of coding each interview meant that I had created a large amount of subordinate themes, so a process of editing was needed to create a meaningful and legible study, in line with the explicit inclusion of such subjective decisions as part of IPA's methodology.

Ethics

Protecting anonymity was a central ethical consideration, particularly due to the sensitive nature of my research question. I used pseudonyms and altered any potentially identifying details in the data. Anticipating that participants might feel vulnerable discussing their countertransference experiences, I reassured them about the steps taken to protect confidentiality while also explaining its limits. Initially, I considered recruiting only trainees, but I decided against this due to the very small number of male trainees (which could compromise anonymity) and the added

pressure of their assessment status within training. Due to the sensitive and potentially impactful nature of the interviews, I offered a short debrief after each, and also provided participants with a sheet including information for further support if needed as well as my own contact details.

Ethical approval was obtained from the Tavistock's Research and Development Department through the Integrated Research Application System (IRAS), as well as from the Tavistock Research Ethics Committee (TREC). All public-facing documents, including participant information sheets and consent forms, were submitted for review. Because the study was not conducted within a specific site or organisation, further local approvals were not required, nor was NHS Research Ethics Committee (NREC) approval necessary given the study's small scale. I also received ongoing guidance and support from my doctoral research supervisor throughout the ethical review process.

Aims and Limitations

I hope that my study sheds light on what I feel to be an important yet under-researched clinical issue facing all child psychotherapists, but male child psychotherapists with a higher prevalence and particular quality due to the fact that the vast majority of sexual violence is perpetrated by males. Through conversations with fellow male trainees and qualified colleagues, I became aware that many had either personally encountered dynamics where they were perceived as potentially sexually harmful or had faced related challenges within their multidisciplinary teams. Colleagues also reported that the question of whether it is appropriate to pair a patient who has suffered historical harm from a male with a male therapist, arises

frequently in CAMHS and other services and particularly in relation to historical sexual abuse experienced by a child or young person. While providing definitive answers to such a question is far beyond the scope of this project, I intended for the study to contribute to existing research by focusing on how child psychotherapists themselves experience and manage such clinical situations.

A central limitation of the study is its exclusive focus on the therapist's perspective. The decision to exclude the perspective of patients was driven by both practical and ethical considerations. Interviewing children or young people would have required complex procedures around consent and safeguarding which would have gone beyond the resources and remit of a trainee researcher. Moreover, engaging service users on such a profoundly sensitive topic would likely necessitate a wholly different methodology. I therefore designed the study in a way that was both feasible for a single researcher and appropriate to my role as a child psychotherapy trainee.

Findings

In this chapter, I will discuss my findings from five semi-structured interviews with male child and adolescent psychotherapists. As can be seen in the below table, I've drawn on the IPA model of super- and subordinate themes to structure my findings. I will introduce each superordinate theme in detail, drawing on extracts from interview transcripts.

SUPER-ORDINATE AND SUB-ORDINATE THEMES

Male CAPTS' experiences of being seen as potentially sexually harmful in the transference

- 1.1. "We are not felt to be safe": being seen as potentially abusive
- 1.2. Sexualised or seductive provocations by the patient
- 1.3. Ordinary elements of sexuality in the transference

Feelings and responses evoked in the male CAPTs when faced with perceptions of themselves as potentially sexually harmful

- 2.1. Shame, anxiety and self-criticism
- 2.2. The fear of causing harm and the possibility of allegations

Questions of technique and the therapeutic frame

- 3.1. "Boundaries are there for the patient but also for us": the importance of boundaries and a reliable framework
- 3.2. The "temperature and distance" of sessions: balancing courage and caution

Difficulties male CAPTS experience when discussing sexuality with supervisors, colleagues and other professionals

- 4.1. The struggle for an appropriate language for sexual feelings and dynamics
- 4.2. The feelings and affects getting in the way of more honest discussions

Superordinate theme one: Male child psychotherapists' experience of being seen as potentially sexually harmful in the transference

When I started considering my research questions, I already knew that I was particularly interested in the transference-dynamics that are specific to the work of male child psychotherapists as they emerge from a perception of them as potentially sexually harmful, or as generally more "unsafe" than their female counterparts, due to society's association of violence and abuse with men (an association borne from the reality that violent crime is disproportionally committed by men).

I would begin each of my interviews with a short introduction that mentioned my interest in transference-dynamics related to the research question. I would also offer some reflections on my own experience of how challenging these dynamics can be. It was no surprise then that transference-dynamics were discussed by all participants. I *was* still surprised by the wide variety and different qualities of the transference-dynamics participants discussed. While everyone shared examples of challenging experiences of being perceived as potentially abusive, it also became clear just how complex and nuanced many of these experiences had been.

It seemed to me that when sexuality in one form or another entered into transference-dynamics, its meaning often became quite volatile and elusive. The discussions also led me to consider what in hindsight I had not thought about enough, that sexual elements in the transference are not always necessarily a sign of disturbance, that they can also be ordinary and even part of a healthy progression within sessions. The discussions of transference-dynamics opened me up to the complex relationship between what is ordinary and what is disturbance or a sign of trauma.

1.1 “We aren’t felt to be safe”: being seen as potentially abusive

When prompted, all five participants shared experiences of being seen as potentially abusive, either during their sessions with children and adolescents or within the wider context of the work, i.e. by families or other professionals. Across all five interviews, a major theme of the discussions of these experiences was the therapist's gender and how being a man affected perceptions of them in their role as child psychotherapist. Following my introduction of the topic, Daniel responded immediately with a memory of the relief he felt when during a group event in his training, a senior male member of the course team brought up the way in which gender-specific assumptions affect male child psychotherapists and their work:

> *“I think it was a whole group event when I was training, and there was a bit of a discussion about how it is to be a male psychotherapist. And I think on the staff at the time there were only two men, I think it was x and x. And I remember thinking, oh God, I really hope they say something. Please say something about men. You know, what it feels like. And the thing that stayed with me was x’s very short comment, he said: ‘The thing is that we aren't felt to be safe.’”* (Daniel)

Daniel’s relief speaks to how the experience of being seen as “unsafe” is extremely common among child psychotherapists, but little talked about. After he shared this memory, Daniel went on to recount statistics about how the vast majority of sexual abuse is perpetrated by men, pointing to how there is, arguably, a realistic basis to

the perception of male child psychotherapists as potentially abusive. Perhaps this also pointed to how difficult these conversations can be, how quickly male child psychotherapists may be drawn to want to acknowledge this reality, when in fact, these perceptions also place considerable strain on them.

When Nicolas tried to think of an example of being perceived as a potential abuser, he remembered his work with a sixteen year old male adolescent who, as a young child, had been sexually abused by his stepfather. Nicolas was struck by how much violence there was in the adolescent's material, specifically a recurring idea that whatever horrid things others may do to him, the adolescent would be much more violent in turn. As the sessions progressed, this idea moved into a more direct transference towards Nicolas, who was supposed to feel sufficiently intimidated:

> *"In the beginning he would always speak of this general "you", he always said something like, well, if you do this, then you know, I will take you on, I can take you on. He didn't necessarily mean me, but in general, he meant if somebody on the streets would attack him, would jump him, he would attack them back. So his mind was very preoccupied with this violence all the time.*
>
> *(...)*
>
> *A couple of times, you know, I would say something like, I wonder if, if you can trust me and what kind of a man I am? Yeah, yeah. And he said, well, I can also take you on. And I think yes, definitely, he was quite sure about that. He was quite street-wise and it felt really, really uncomfortable at times."* (Nicolas)

In his own counter-transference, Nicolas would increasingly feel that by communicating that he could potentially attack and “take on” Nicolas, the adolescent also implicitly communicated a fear of Nicolas as a potential attacker, rooted in his trauma of being abused as a child. In the interview, Nicolas then described how he would notice the adolescent wearing his trousers sagging ever lower, which he perceived not only as associated with hip-hop culture but also as communicating something increasingly exposing and exposed about him. Nicolas vividly described his discomfort in the sessions, as he could feel like he was in the room with a part of his patient that represented a younger and more vulnerable child:

> *“I guess it felt different, yeah, because of the abuse, right? The way that he looked at me sometimes, you know, I felt he's a very scared little boy. That's where this kind of featured, you know, the sexual abuse, yeah, and, how does he relate to man? He was abused by a man in this way, and now he’s sitting there with one in a small room, and is expected to, you know, open up…?”* (Nicolas)

Nicolas's example powerfully exemplified how trauma of past abuse can emerge in the sessions by way of the therapist’s perception of himself as a potential abuser in the transference. As the sessions continued, it also showed that there was a longing in the adolescent for an experience of a male who was felt to be safe.

After I had introduced the research question in our interview, Arthur took some time to think and then described a situation where had agreed to see a sixteen year old female adolescent earlier than usual, at 8:30am, since she couldn’t attend at any

other time. He was then taken aback by his own anxiety around seeing the young person when no one else was in the clinic:

> *"It felt quite awkward because I was usually one of the first people in the clinic, so it felt quite uncomfortable seeing a 16 year old girl in the clinic when there wasn't other clinicians around. A bit risky from my point of view…"* (Arthur)

Arthur knew that there had been a series of sexual assaults in the adolescent's background, but only fully appreciated their significance when he sensed both her discomfort with being in a room with a male therapist as well as his own discomfort and worry about being alone with her in the clinic:

> *"I think one of the things I picked up on was really lack of eye contact to begin with, and how eye contact in particular was very uncomfortable for her. And I think other clinicians had picked up on that as well. And I guess it might be quite easy to think of that as maybe related to autism, neurodiversity, but I think that with her, it seemed more related to a sort of anxiety, I felt, about being in a room with a male clinician specifically."* (Arthur)

He described how there was then a long period where he felt very aware of his impact on the young person and held back in his interpretation, so much so that he chose not to speak to the fear and suspicion she likely experienced in the transference towards him.

Similarly, Theo, who is still in training, talked about feeling deeply anxious when he started sessions with one of his first patients, another sixteen year old female adolescent with a background of being sexually assaulted by a male:

> *“It was right at the beginning of my training, I think she was one of the first patients that I saw. And I was just very anxious, I suppose, very sort of hyper-alert.*
>
> *(...)*
>
> *I think there was a big doubt over me seeing her, I think she didn't want to see me, that she wanted to have a female therapist. But we sort of persisted. And I think the first couple of sessions I just found really, really difficult. She raised the issue about wanting to see a woman. And I was struggling to understand what was going on between us and to connect with her. I don't think it was really possible, I think there were just sort of all these different ideas and projections.”* (Theo)

Theo in particular reflected on his own sense of vulnerability and he connected it to a wider sense of vulnerability he felt as a man starting the child psychotherapy training and being part of a small minority. He recounted feeling pressure to interpret transference-dynamics early on in the sessions as he had just started the training and thought this was the main purpose of therapy, while also feeling disturbed by what he felt was his patient’s perception of him as potentially abusive.

Strikingly, only Nicolas gave an example of such counter-transference experiences emerging in psychotherapeutic work with young children. He described how when working with a latency girl who had been exposed to severe sexual violence perpetrated by her father towards her mother, he became frighteningly aware of his "grown-upness" and the abusive potential in that difference:

> *"She would come in and move this coffee table to one side, so it's just like me and her, and then she'd sit in this corner. She was actually sitting in the corner and on the floor, which, again, was very, very uncomfortable, actually. So I was sitting on the chair in a tall corner and she was in the corner on the floor, yeah, which is maybe quite a powerful experience, to be so aware of being so much more grown up and having much more strength that could also be used in abusive ways."* (Nicolas)

All but one participant also gave examples of being perceived as potentially unsafe by colleagues, parents or others in the wider network around a child or young person. While this is of course different to the transference-dynamics within the psychotherapy, I would argue that it is still a form of transference since it involves projections and assumptions being made about the therapist.

Nicolas recounted a painful experience of starting sessions with an eleven year old girl who had been exposed to her father repeatedly sexually abusing her mother, before the work had to stop due to a safeguarding referral by her school, as they had felt alarmed at the prospect of her seeing a male therapist:

> *“We did a lot of work setting up the sessions and I started seeing… things actually seemed quite manageable. She seemed quite interested in who I was. The family kind of looked me up beforehand, and she thought in a way, because mom trusted me, maybe she could trust me. But then school got really worried, and they said to mom that this could be almost a bit of a safeguarding concern, really, why is she seeing a male therapist. And then things got really, really complicated, and I think also that the mother didn't really support the therapy anymore, and it came to the end, she wasn’t brought anymore, yeah, and I think that was somehow related more to everybody else around the young person, obviously maybe also her, but it meant that it couldn’t be worked with.”* (Nicolas)

Nicolas went on to describe how furious he felt at how he had also received relatively little support from the clinic when the school had raised their concerns. Understandably, he felt as if there was already an assumption of him as harmful and how this affected his own self-perception.

Daniel shared an example of when such a negative transference towards him emerged in a way rather shocking and sudden way:

> *“As a trainee, my colleague and I were doing some work with a four year old together, sort of generic work, and I thought that the parents were rather a bit racist, because they were White and English, and my colleague wasn't White, and I thought I'd made a good relationship with them. And then we were trying to work out what to*

> *do in terms of the work, and they said, we don't want to see you. We don't want to see you. I think there was this feeling of a lack of safety."* (Daniel)

I thought it was interesting how Daniel had felt protective of his colleague while also perhaps feeling glad at what he thought was the family seeing him in a better light, and then had been taken aback by their dismissal of him due to him being a man.

1.2. Sexualised or seductive provocations by the patient

In Nicolas's vignette he described how a transference-dynamic could shift rapidly from him being seen as a potential victim to him being seen as a potential perpetrator. Relatedly, all but one participant also shared examples of how they felt the transference could shift from them being attacked or seen as a potential abuser to the young person becoming provocative or even seductive towards them. Sometimes, this was felt to amount to a kind of "testing out" of whether the therapist would remain appropriate and "safe", at other times, it felt more like a form of sexual excitement or a form of identification with an abusive/intrusive figure on a sexual level. Generally, participants shared that these moments of provocations towards them were the most uncomfortable and lead to the most persecutory states of mind, with a recurring fear of potential allegations being made against them. This dynamic could therefore at times function as a powerful vulnerability for a young person to exploit in the service of projecting their own distress and confusion.

It varied considerably as to how uncomfortable participants found these dynamics generally, experience being a big factor. Theo shared that he had found it very difficult when, early on in his training, a patient of his started to talk in sessions about her sexual relationships with peers in a way that felt quite provocative towards him:

> *"There was just all this horrible not-knowing and discomfort, I just couldn't really work out what was going with this patient, at first she was talking about feeling let down by all these different men, in particular her dad and all these bad experiences, and then she she somehow started talking about these sorts of sexual things happening with boys and and lots of talking about lots of boys and what she did with them, all these different relationships happening…"* (Theo)

Theo described being left with a discomfort he couldn't quite place at the time, and when he tried to speak to what he thought was happening in the sessions, his comments were read by the patient as him being inappropriate, so much so that the patient ended up complaining to the service. Fortunately, Theo's team was robust enough to support him and mediate.

Nicolas shared that prior to his child psychotherapy training, he had worked extensively with adolescents who had suffered sexual abuse as children and that he has often drawn on this experience in his training and practice since. At the same time, he also wanted to discuss a case where a similar dynamic to Theo's example had played out and the work broke down. His patient, an older adolescent, had a

pattern of seeking out risky sexual encounters with older adults and brought his sexuality into the room in a way? that left Nicolas deeply uncomfortable:

> *“He came across as very, very camp and I did sort of say something about his sexuality, and he said, oh my God, I can't possibly talk about this. And after a holiday he was then wearing these very short trousers, and he was kind of showing me his legs in quite a seductive kind of way and I'm again quite uncomfortable, I didn’t know what to do.”* (Nicolas)

Nicolas tried to speak to these dynamics, but subsequently, the young person chose not to return to his sessions, seeming to find discussions of seductive dynamics “too much”.

Arthur described how unsettled he had been when one of his patients, a non-binary assigned female at birth adolescent with a history of sexual abuse, started talking about their sexual fantasies and use of pornography in a way that he felt was an invitation to join them in their excitement:

> *“This patient, I think, in the context of the mental health difficulties, is quite inclined to act out in sessions and can be quite seductive, really is quite perverse in that. They watch lots of pornography, have a lot of interest in quite perverse sexual behaviors like BDSM and there’s I guess a seductiveness as almost kind of looking for a reaction. It was almost like the floodgates opened when they talked about this very perverse, sexualized material and it felt like an invitation to kind of join them in sort of discussing this very perverse*

> *material. There was a sort of sexual component to it, where they got quite excited talking about these sexualized themes."* (Arthur)

In this case, it was possible to work through this material in a way that allowed both Arthur and the young person to see these preoccupations as positioned within a larger picture of their personality and difficulties.

> *"I think this is a patient where there's this perversity, there is this sort of sexualized material, and there's the seductiveness in the sessions as well. There's the kind of interplay between, you know, what are those kinds of concerns regarding the sexual aspect and the way that the patient is communicating because of other difficulties, such as ADHD, and there's also a diagnosis of autism as well, possible borderline personality disorder. So there's just the interplay of different aspects of this patient's presentation."* (Arthur)

Arthur felt that the approach of child psychotherapy may in such cases lead to uncomfortable and even risky situations, but also allows for a level of working-through that other modalities do not. As he didn't immediately shut down this young person's provocations in response to his discomfort, he was able to see how their behaviour interacts with other parts of the young person's personality.

1.3. Ordinary elements of sexuality in the transference

Daniel was keen to convey that he thought it was important to see sexual elements of the transference (and counter-transference) as not just necessarily a sign of some kind of disturbance, but also as something potentially ordinary. He shared with me a case that had stayed with him since his training where he had felt rather infatuated with an adolescent he saw for once-weekly therapy sessions.

> *"I mean, I, you know, really remember not somebody who was abused, but a 16 year old who was just very beguiling, who I think I was completely seduced by. And I remember, after the sessions I looked down into the carpark and she was standing there with her boyfriend, snogging him and I felt really provoked, you know, like, yeah, how dare you?! There was sort of something about what they can do to you and what you do with their material as well. I mean, so it's kind of around, just kind of in more an almost ordinary way.*
>
> *(...)*
>
> *You know, it was really, it was in my face,*
>
> *yeah, that this was supposed to make you feel jealous, and I absolutely did. I felt really sort of put out and really, kind of like, well, why, you know, why am I not chosen, the chosen one, really, but I suppose, you know, when you feel those feelings, sometimes you don't always realize that it's a projection."* (Daniel)

Daniel shared that he had found the impact of these sessions very difficult as he had still been a trainee and had found himself unable to bring up these feelings in his supervision. He went on to describe how, with increasing experience, he has learned how such feelings can be the result of projections rooted in the quite ordinary wish of an adolescent to have an impact on their therapist. He also related this insight to his experience of himself now being a parent to adolescents:

> *"You know, I can also think of it as a parent with adolescents and thinking that they do want to know that they are attractive and potent and that that is seen and recognized in them."* (Daniel)

It's striking that Daniel was the only participant who openly talked about sexual elements in the transference as something decidedly ordinary, which may well speak to how it's still very difficult for many male child psychotherapists to talk about the impact of such dynamics on them, to talk about their own feelings of desire and attraction that may be stirred up. All participants, though, were drawn to describe cases where the general atmosphere shifted from being very tense, fraught and anxious to something more benign and open. Implicit in that may be an element of an increasing sense of safety where all sorts of feelings, including sexual feelings, as part of transference-dynamics can be accepted as something ordinary and safe. Arthur described the importance of carefully building such an atmosphere of safety:

"I think that that's definitely very important for these kinds of cases, where the young person probably is feeling unsafe, and almost sort of expecting things to be unsafe. So you know, I think we need to do what we can to provide that sense of safety and comfort and develop trust." (Daniel)

Superordinate theme two: Feelings and responses evoked in male child psychotherapists when faced with perceptions of themselves as potentially sexually harmful

The next section will move the focus from examples of being seen as potentially sexually harmful to their effects on the participants. I've decided to hone in on three feelings or affects (shame, anxiety and self-criticism) which were repeatedly described by participants and which felt most salient in terms of my research question. The second sub-ordinate theme will discuss what I felt was often the latent content of these experiences, the fear of doing harm and the fear of allegations. The latter could also be conceived of as a fear of being harmed oneself.

2.1Shame, anxiety and self-criticism

I would argue that all participants described different facets of feeling shame when faced with being perceived as potentially abusive in some way, even if not all explicitly used that description. I was struck by the repetition of experiences of anxiety being described as "*very* uncomfortable", often in conjunction with a filler-phrase such as "you know". I think that this may point to how difficult it is to talk about the impact of these experiences, to the point of one's language becoming rather impoverished and allusive. The repeated occurrence of "you know" may also point to an unspoken hope that in an interview between two male child psychotherapists the other will understand, without too many words, the type of anxiety these dynamics can inspire, a hope that I very much felt myself.

Nicolas talked about how when his patient's school questioned the safety of their sessions, he felt both furious and ashamed at being seen in this way. He also discussed his regret at another case, where he felt he had not been sufficiently sensitive when talking to an adolescent about sexual feelings in the transference, becoming quite harsh with himself in a way that led me to think of aspects of shame:

> *"I think that was too much for him and very, very uncomfortable, maybe I didn't quite, actually… I think asking about his sexuality, I thought afterwards, maybe that was a bit too provocative in a way. With teenagers, you know, I tend to ask, you know, if it feels okay to talk about, you know, but I felt like maybe… maybe I shouldn't have done this. You know, maybe I was too provocative."* (Nicolas)

Similarly, Theo became quite critical of himself when he reflected on the case where his attempt to interpret a transference-dynamic was understood as inappropriate, with the young person subsequently making a complaint:

> *"Yeah, I'd made this sort of slightly clumsy interpretation (...) and I think this sort interpretation of something was a sort of a wish to want to do something when I didn't know what to do, like, this wish to sort something out. And yeah, then maybe you make it worse, by just going ahead and trying to sort it out."* (Theo)

I was struck by the repetition of such superegoic self-criticism in the interviews. I wonder if with this issue in particular it's harder for male child psychotherapists to

see something going awry as also part of a larger picture rather than as simply due to them.

Theo also reflected some more on the case where there had been initial suspicions of him, but where it was possible for the work to continue, with him sharing how much progress there had been throughout its duration. As he described his anxiety when early on, the young person had said she would prefer a female therapist, I felt that this was linked in his mind to a wider anxiety as to whether he was on the right training which he expressed soon after and in the context of an ambient association of being male with something potentially shameful:

> *“There is, like, with the case, there's this idea: is it right? I guess there's something around, is it right since you're a man for you to see this young person? Yeah. And especially when there’s abuse in the background.*
>
> *(...)*
>
> *I think I was just sort of aware, very aware, that I was in very much a minority being a man in the training and was, like, am I even in the right training.”* (Theo)

When discussing similarly difficult transference-dynamics when there is sexual violence in a young person’s background, Arthur was talking in a tone that felt rather apologetic about his “style as a therapist” which he described as more cautious than others. It also felt like another example of how linked it becomes to an anxiety as to what *the right thing to do* is:

> *“But my style, I guess, as a therapist is to not link that to the sexual assaults too quickly, others may do all that very differently. I think, ideally, for me, anyway, it’s about helping to kind of let it unfold quite naturally, so that it doesn't feel like it’s being kind of really pushed in a way onto the patient.”* (Arthur)

Daniel described how he felt that during his training he couldn’t be honest about the impact the work with some young people had on him, either with supervisors or group discussions in the training more widely. He shared that he’s come to notice when male child psychotherapists present a write-up that leaves out any description of what a young person looked like, as he used to do so himself due to an ambient sense of shame. He also acknowledged that supervision and other professional discussions can still feel fraught in this way, even after many years of experience:

> *“I think, actually, I think it gets really hard and it can get a bit yeah… I think it's because groups don't talk about it very easily as well. Yeah, they don't talk about the sort of sexual feelings that exist. And I don't know whether you know, with a man, a male therapist, there is a sort of question around about, are you safe, yeah, or are you being creepy?”* (Daniel)

2.2. The fear of causing harm and the possibility of allegations

Explicitly and implicitly, many of the examples of participants sharing their feelings of shame were, I felt, linked to a fear of causing harm. That fear in turn often seemed linked to a fear of oneself ending up harmed, mostly through the prospect of a complaint or allegation being made.

Theo was the only participant who shared an example of a complaint being made against him and he spoke honestly about how destabilising this experience had been, especially since it had happened early on in his training. At the same time, he conveyed that his supervisors and the wider team around him had been very supportive and practically helpful, leaving him with a lot of gratitude and a sense of hope about the ability of MDTs to respond appropriately to complaints. His experience early on in the training has indeed helped him manage similar anxieties when they emerged later on.

Nicolas shared that when different professionals started to question his work with a child, he himself started to worry about the potential harmfulness others seemed to see in him:

> *“And, maybe, I wanted to, you know, say that this work could have been really helpful, but I was also thinking, I hope I don't do any harm, you know, by pushing this, by trying to get them back to the clinic. I did then fear that I might do some harm somehow, and I wanted maybe also to, you know, prove that wrong and prove them wrong."* (Nicolas)

Nicolas conveyed the conflicted feelings he was experiencing as he felt both compelled to stand up for his work and affected by the presumptions made about him which had clearly affected him. I would think that such conflicted responses may well be quite common when male child psychotherapists find themselves in similar situations and Nicolas's example points to the dilemma inherent to a situation like this, as standing up for a piece of work that's being questioned may itself be perceived as aggressive and therefore a confirmation of the initial suspicion.

Arthur, who was generally somewhat less inclined to speak about more difficult feelings and experiences, shared his thoughts on what he felt was therapists' responsibility of being mindful of the potential impact of their interpretations while also pointing to the particular vulnerability of male trainees:

> *"I think we have to be careful with what we're saying to patients. You know, I think our role in the NHS is very different from that of psychoanalysts working privately. So, you know, that's not the model that we're using. And there's certain things that we can't say to patients that a private analyst might say."* (Arthur)

While of course reasonable as a matter of advice, I felt like the phrase "we have to be careful with what we're saying to patients" also pointed to a latent anxiety about potential harm being done and just how present it is. Arthur also pointed to the complexity of working in an MDT in the NHS, how it can both be an invaluable source of support and be felt to constrict one's technique ("very different from that of psychoanalysts working privately"). I wondered if Arthur's thoughts on the

vulnerability of trainees may have been partly linked to his own experiences while training.

Daniel summarised the fears that sexualised transference-dynamics can stir up in male child psychotherapists as a fear of them potentially “acting on something”. It’s fair to assume that especially with children or young people who have suffered or been exposed to sexual abuse, this will be their central conscious or unconscious fear about the therapist, so would then likely be received by the therapist as a counter-transference experience in some form, as well as something already present in the therapist’s mind. Daniel spoke about how the building-up of experience will ideally lead to a building-up of “solidity”, referring to a colleague who he felt had been especially adept at talking to potential sexual feelings in his clinical work while also conveying that he was, fundamentally, safe:

> *“It feels a risky thing to say in a way, but [with him] it also feels quite safe, the way he's put it to them, yeah. Actually, there's this, there's a clear idea that he's not going to act on something, yes, yeah, but that he can think about the impact on himself, which is maybe something you hopefully build up as you gain more experience.”*
> (Daniel)

Several participants spoke about experiences of them doubting whether sessions with such difficult transference-dynamics were helpful or harmful, and their worries about the latter possibility.

These worries seemed even more acute when the work was with a child or young person with a known background of having suffered sexual abuse perpetrated by a male. Several participants shared experiences where they had worried about the potentially re-traumatising effect of therapy with a male child psychotherapist. Nicolas reflected on this when discussing the same case as in 1.1. (when he felt disturbingly aware of his own size and strength compared to his child-patient):

> *"You know, in the beginning, I wasn't sure that I would do more harm… I mean, also maybe, you know, I think we both had to work this out, yeah, is this actually, that the work is safe. Can we get to a place where it feels safe? So I had to be a bit convinced that us meeting together, you know, her sitting in the corner in this small room with me, yeah, that that's actually a helpful thing. I mean, how do I know? What kind of training could really prepare you for that? Or, yeah, help you understand that, you know? I mean, that's the first bit for both the patient and the therapist, perhaps, to work out, if it's safe and helpful."* (Nicolas)

Daniel shared that these thoughts (and fears) about harm versus helpfulness have also followed him into his practice as a supervisor and more senior clinician with the responsibility of referring and setting up psychotherapy-cases:

> *"I also do think sometimes it's the nature of the abuse, of what's happened, that if they feel too frightened to even be in room with the man, then you're really setting something up (...) I think, I think even*

in my mind, if somebody's been abused, I will be thinking, is this going to be possible for the work to happen, really?" (Daniel)

Both examples point to just how complex any decision-making around the appropriateness of such clinical work will likely always be.

Superordinate theme three: Questions of technique and the therapeutic frame

In most of the interviews, conversations about how participants responded to transference-dynamics where they were seen as potentially sexually harmful naturally evolved into discussions of their technique, of how participants sought to respond to these dynamics and how they contain them. I will also discuss how participants repeatedly spoke of their own need for containment and the different ways in which they relied on what could be called a framework around the therapy, for example: the regularity of sessions and of supervisions as well as support from a wider team within a clinic.

In the second sub-ordinate theme, I will explore how all participants need to strike a balance in this work between actively speaking to transference-dynamics and remaining more cautious and reticent. Strikingly, several mentioned Donald Meltzer's paper on "temperature and distance", a phrase that clearly struck a chord.

3.1. “Boundaries are there for the patient but also for us”: the importance of boundaries and a reliable framework

When Arthur discussed his alarm at seeing an adolescent patient at 8:30am when he was the only clinician in the building, he referred to boundaries as supporting the therapist as well as the patient. His description of how he had been struck by his own need for other clinicians to provide a type of boundary for his work, however abstract, stayed with me. It made me think about how much successful therapeutic work will also depend on how safe and supported the therapist feels. Theo also spoke of this rather movingly when he reflected on how he had been supported when a complaint was made against him.

Daniel and Arthur both spoke about the importance of MDTs in providing a framework for complex psychotherapeutic work. Arthur shared only positive experiences, describing how there’s a general understanding in his team of the specific transference-dynamics that can emerge with male clinicians and how these may sometimes place them in a vulnerable position. Daniel spoke of more mixed experiences. He described how during his training and in his previous place of work, he had often felt unsupported with these issues or felt that there was a general lack of understanding of them. By contrast, he spoke warmly of his current MDT while also putting the lessening of his anxiety around such work down to simply gaining more experience and, indeed, getting older.

Generally, there was an understanding among participants of how the sexual abuse that many patients they saw had experienced constituted at its heart a traumatic breaking of a boundary. This meant that questions of boundaries and boundariedness immediately became pertinent in discussions of their clinical work.

Arthur spoke about the therapist's responsibility to stay "in role" and how an aim of the child psychotherapy training should be to help trainees do so:

> *"We have to be mindful of our roles as psychotherapists, staying in role and being boundaried. I think especially when there is more kind of seductive or acting-out kind of behavior from a patient which, you know, I think when you're training that's especially difficult to deal with, isn't it? Because you might not have really experienced that before and so it's more difficult to know how to respond. It might be more difficult to stay in role, you know, in a sort of self contained kind of way. You know, I think the boundaries for the patient, I guess I think of it mainly in terms of, you know, providing the patient with a sense of the boundaries, a sense of things being safe, that there are limits to what happens. And that it's not just kind of out of control, that your therapist can be expected to behave in a certain kind of professional way. That's what makes the difficult conversations possible, that it's not just kind of out of control."* (Arthur)

Arthur further spoke of the necessity of there being a sense in the patient that they're with a "safe" male therapist who has an understanding of their own impact as a condition for any psychotherapeutic work that looks to address such trauma:

> *"I mean, I think that that's definitely very important for these kinds of cases, where the young person probably is feeling unsafe, and almost sort of expecting things to be unsafe. So you know, I think we need to do what we can to provide that sense of safety and comfort*

> *and develop trust. And I really think that, you know, those aspects need to be in place before we can do any kind of deeper work with these kinds of people."* (Arthur)

Nicolas pointed out how, while supervision and the support from colleagues is important, there's also a more personal work that's necessary for male therapists to go through, to feel safe enough with themselves and develop trust in their boundariedness:

> *"I also feel like supervisors have very different ideas and approaches, so maybe it's kind of working something out for yourself, kind of, how you relate to that topic, and how to approach that in a safe and helpful way, to be honest with yourself, but it's a big challenge for us, for us men in this profession."* (Nicolas)

Daniel said something similar about developing an internal framework that allows male child psychotherapists to own their counter-transference without feeling overwhelmed by it or somehow compelled to transgress the boundaries of their role:

> *"I think it's about, over time, developing how we try to own what [patients] have done to us, as well as what's belonging to us as a reaction."* (Daniel)

3.2. The “temperature and distance” of sessions: balancing courage and caution

Several participants shared experiences where their holding back on interpreting or modifying how they spoke to a patient had been rooted in an acute sense of their patient’s vulnerability to becoming overwhelmed and re-traumatised in some way. All participants spoke in different ways of transference-dynamics where they were seen as potentially sexually harmful in terms of their intensity, often in terms of something feeling “too much” and needing to be attenuated in some way. This obviously links with the examples of self-criticism I discussed in 2.1. where participants had felt that a comment or interpretation they had made meant that the intensity of the work became too much for the young person, so the young person either stopped attending or shut down.

Theo, in particular, spoke about how much he struggled early on in his training when he felt acutely aware of a young person’s ambivalence and discomfort about seeing a male psychotherapist, while also feeling pressure to speak to the transference-dynamics he perceived, as he had internalised that speaking to the transference was an essential part of psychoanalytic work:

> *“And sort of my job, really, should have been to just to sort of soak that up, but I didn't fully understand that. Yeah, I didn't think I could just sit there and try and be slightly containing, yeah, and be quite sort of a good presence. But I think, with what was going on for me, and with maybe the strength of the projections as well, it was, I just really struggled to do that. And I yeah, I didn't fully understand that. And I think that I was sort of making transference interpretations*

> *quite early on, in an effort to sort of do something and because I felt I should. But then it also sometimes felt just quite wrong and I was probably freaking her out and making her more frightened."* (Theo)

As part of Arthur's previously mentioned thoughts on the difference between adult private psychoanalytic work and the work of psychoanalytic child psychotherapists in the NHS, he further talked about the potential risk to trainees in a way that especially resonated with Theo's description of his own experience as a trainee and his account of a complaint being made against him. Arthur said:

> *"There's potentially a kind of a bit of a risk there, especially for the trainee, who might kind of might be more inclined to think that analysis is the model that they're using in the clinic. So I think that if that is around, then, you know, that might lead the trainee to be kind of getting into unhelpful, kind of conversations with the patient that could mean they're more at risk, actually, of allegations."* (Arthur)

I think that when Arthur spoke of "unhelpful conversations" he referred to conversations that are too confronting, "too much" for the patient to take in.

Daniel also spoke about how he had felt quite unprepared for the emergence of such transference-dynamics and how, as a trainee he had felt a pressure to interpret:

> *"In a way, I'm thinking, often with interpreting something I feel will just make it way too overwhelming, especially when there's this dynamic, I think it's a real difficulty about trying to work out, you*

> *know, the temperature and distance, like the Meltzer paper, you know, temperature, and timing too, that's it, where is the temperature in the room? And I think, also sometimes, you know, when you learn about something, you think, I got to name it, and then you do it in a really blundering way."* (Daniel)

Daniel reflected that learning to manage these transference-dynamics had been a crucial element of the early stages of his training. Similar to Theo and Arthur, he recounted having to learn when to be cautious and that his way of interpreting had changed over time:

> *"Nowadays I sort of don't necessarily always put it in relation to me and them, in that kind of transference-way, but I might talk about their wish to show me how potent they are, or their ability to affect people. So I think I might try to kind of speak to their wish for them to have an impact on somebody. They're telling you about that really, because I think, I think when you're training, you get very caught up in interpretation, and then the right way to make an interpretation. And I think when you move a bit away from that, you see that you really don't need to make as many interpretations, and that they don't need to be very clever, that there's something really ordinary that can often work much better."* (Daniel)

Daniel's emphasis on moving away from too many interpretations was perhaps contrasted by his insistence on the need for male child psychotherapists to own their

responses to the young people they see, and for the need for a space to discuss these. I felt that in terms of clinic work, Daniel somewhat displaced that element of it into his colleague whose braveness in interpreting sexual feelings he commended:

> *"You know, I was completely amazed by his ability to be able to talk about the impact of her on him, yeah, and how he was made to feel."* (Daniel)

Most participants also acknowledged how they had noticed in themselves a tendency to put out of their mind memories of challenging transference-dynamics in sessions that were related to sexuality and some talked about the need to be courageous in acknowledging these. Nicolas, Daniel and Arthur also spoke of the need to address them appropriately in sessions, that sometimes a transference-interpretation was needed, however uncomfortable. Daniel put it in general terms and shared his thought that it will often be helpful to phrase an interpretation in a way that speaks to some inchoate hope that the therapist could in fact be trustworthy, rather than just to focus on fear and distrust:

> *"If there's a sense that the young person might be really scared, or there's something about where they might think that you're actually abuser, wondering, it makes, I think, sense to say something like, well, maybe you're not sure if I'm actually safe, you know, I might be a man that works here and but maybe you're just not sure if you can really trust me and to also put it in a way where it's a bit more hopeful than maybe just about being scared, putting some words to that also, you know, it's probably quite helpful, isn't it?"* (Daniel)

Strikingly, though, no one gave a clear positive example of when they had directly addressed a sexualised transference-dynamic in their work in a way they felt had been helpful. Arthur talked about the case already mentioned in 1.2., where he described speaking to the young person's excitement and preoccupation with watching unusual pornography and the effect of them talking about their excitement in sessions with him. Even then, though, he didn't give an example of him directly addressing these dynamics as transference-dynamics. This may well of course also be down to my own latent avoidance and inexperience as an interviewer. If I had directed the conversation to these questions or if the interviews had simply been longer, examples may well have been given. I still think that this omission is striking in relation to how every participant brought up the need to strike a balance and gauge the "temperature and distance" in sessions, it meant that there were many more examples of caution and the only examples of directly speaking to the transference had been understood as having played a role in cases breaking down.

Superordinate theme four: Difficulties male CAPTS experience when discussing sexualised transference-dynamics with supervisors, colleagues and in MDTs

All participants acknowledged in different ways and to differing degrees that discussing sexual elements in their clinical work with supervisor and colleagues can be fraught. The first sub-ordinate theme will link the issue to a wider difficulty in finding the right language to do so, both for participants and their colleagues and

supervisors. Some participants shared their sense that there's a more general taboo around talking about sexual dynamics, both within the child psychotherapy profession and in MDTs. Linked to this sense of a taboo, the second theme will look at the feelings and affects that can get in the way of more open and honest discussions with supervisors and colleagues.

4.1. The struggle for an appropriate language for sexual feelings and dynamics in clinical work

As I have already mentioned in 2.1., I've been left wondering about moments in the interviews where both the interviewee and myself seemed to be grasping for words and where there was a clear struggle to put the experience in question into language, with filler-words like "you know" arguably then filling a gap in a makeshift-way. For many participants, this difficulty was felt to be linked, in perhaps a rather concrete way, to the reality that the child psychotherapy-profession is still majority female, with participants sharing that they've mostly been supervised by women. Daniel shared:

> *"I think it's really, really difficult to talk about. I think, yeah, at all. I don't know, my experience was finding that I'm sort of being surrounded by a lot of women all the time, and finding it really difficult to think that I could talk about it with the women in my environment. I think I remember talking about it in an individual supervision with a male supervisor. Yeah, it felt it was possible to talk about that kind of thing there*
>
> *(...)*

> *It's very personal, I also remember thinking maybe it isn't for a group, you know, maybe it's too explosive or difficult, but I don't know, you know, I suppose we are always trying to explore our contact, what does our contact do?"* (Daniel)

Nicolas shared, along similar lines:

> *"If you're having to face that in your work then that's made you, forced you, to kind of work through something, and that's how you learn to work with it, isn't it? Because it's also most psychotherapists, I guess, and supervisors are female, that must have some kind of meaning as well… But then also to talk to, how do you talk about sexuality and sexual transference? You know, sexual abuse or not, you know?"* (Nicolas)

Theo shared that he also felt drawn to other male clinicians in the hope that he would find it easier to talk about these challenging dynamics with them, but he remained more circumspect as to what exactly these conversations had been like. Maybe this also points to questions about a wider difficulty in finding the right words when speaking with colleagues of whatever gender?

> *"I have a sort of, you know, sought out this qualified male member of staff, right, in my team. I find myself sort of going towards male members of staff to sort of… as a form of support. And, and, yeah,*

> *just to help me think about some of these things. And my analyst is also male, he was always very helpful. Sort of, really pushing me to think about my sort of male identity, what that sort of means for me and my background."* (Theo)

Daniel placed the struggle to talk about sexual dynamics in clinical work within the context of what he felt was a taboo around discussing sexuality that exists both within the child psychotherapy profession as well as in MDTs and within other therapeutic professions:

> *"I don't know whether it's just about being a man… the idea of talking about erotic kind of feelings in the counter transference is just really difficult, I think, for everyone actually, to even acknowledge or admit them. And I think I didn't feel that they could be talked about and I'm not sure they can still be talked about, we can talk about racist thoughts, I think more easily, but I'm not sure we can talk about sexual thoughts… because it's almost like, oh my god, I had that thought!"* (Daniel)

I believe Daniel's exclamation at the end of this vignette was meant to illustrate the alarm and shame that can so easily be stirred up when thinking and talking about sexual feelings. He lamented the lack of progress in finding a context and indeed a language that allows child psychotherapists to discuss sexuality without that degree of alarm.

Daniel went on to share a memory of an Italian group analyst he came across during a group relations conference:

> *"I remember, actually, I was doing a group relations events, I was working as a staff member and this Italian analyst, she said about two of the members, she said, oh my God, they're so gorgeous, they're so beautiful and they're so into one another, like kind of in a very erotic way, but I was just, bloody hell, I thought maybe this is me being British, I was taken aback by how candid she was. I also thought she's right, she was talking about the impact the these people had on her in a very authentic way, in a real way. And, you know, it's a bit like when you hear, I don't know, my experience sometimes, particularly when there's a sort of a very sexualized transference, is that the, the way it's written up is that somebody avoids talking about how the person works…"* (Daniel)

The ease with which this analyst had shared her sense that there was a sexual attraction between two members of the conference and with which she also addressed her own attraction towards them had clearly impressed Daniel and made us think about cultural differences. While there surely are such differences, I felt like the more salient point of Daniel's anecdote was the way in which it expressed his wish for there to be more easily accessible ways with which sexual feelings, especially one's own, could be discussed in a way that allows for the possibility of them being ordinary and safe, rather than immediately creating different forms of alarm and vigilance.

4.2. The feelings and affects getting in the way of more honest discussions

When discussing his difficult experiences with supervision, Theo drew attention to how supervisor-supervisee relationships are not just influenced by gendered dynamics, but also by power-differences, with service supervisors also having line manager-responsibilities as well as potential influence on one's progression through the training. He was acutely aware of the power his service supervisor held over him since there had previously been difficulties with his placement and this affected his ability to feel supervision was a safe enough space to discuss how affected he felt by certain transference-dynamics in his work. He contrasted this experience with his small supervision group, where he felt quite contained:

> *"I found, I mean, I didn't particularly talk about it in service supervision. Maybe the relationship with me and my supervisor at that time was just too fraught, yeah, for all these reasons… but I did take it to the small group and it was helpful. Actually, that was really helpful when thinking about [the patient's] abusive relationship with her brother, right, and what she might then expect from me. Yeah, I think I think that probably was a big defining factor in helping us to settle down a bit in the work."* (Theo)

Towards the end of the interview, he also came to describe more positive elements about his relationship to the same supervisor, acknowledging that she had in fact been very helpful in getting him to modify his interpretations. The difficulty seemed to

be his own sense that he couldn't discuss what he felt were elements specific to him being a male.

> *"I just didn't talk about how this was difficult because I'm a man. I felt like there wasn't sort of space for it, almost in a way that it wasn't talked about. And, and I also didn't make space for it. I didn't know how to sort of talk about this issue sort of first time I've really come across this."* (Theo)

I wonder if a description such as Theo's, which mirrors those of other participants, also points to participants' reluctance to bring up difficulties they experience in relation to their gender and sexual transference-dynamics with female supervisors, that it's not just about their supervisor's avoidance but also their own, such as when Theo says he "didn't make space for it". Arguably, this is also linked to the previous section on the many descriptions of feelings of shame.

Arthur also brought up what he felt was the especially vulnerable position of male psychotherapist with regards to allegations being made against them and pointed to how MDTs should be aware of this risk and ready to support appropriately, adding that teams can also become avoidant:

> *"I think there could probably be more discussion in supervisions, around the kind of fear of allegations being made towards us.Because I think that we are probably more at risk of that as male clinicians. I mean, I would hope that most teams are quite thoughtful about it, you know, how to work with the fear of allegations, but you know, there can also be something where teams don't want to think*

> *about it. I think teams have to be kind of responsive to our needs, when that kind of fear is around, because it can have really serious implications for clinicians, you know, in terms of your career. So, I think, you know, if there is that kind of risk, then, you know, there has to be some kind of adjustments to make the therapy feels safe for the clinician as well as the person."* (Arthur)

He also felt that supervisors should be proactive in considering how male trainees may expose themselves unwittingly and unnecessarily to the potential allegations, pointing to potential avoidance there.

Discussion

In this chapter, I will discuss my findings further by situating them in the context of some literature relevant to the topic. My study aimed to explore how male child psychotherapists experience perceptions of themselves as potentially sexually harmful. Semi-structured interviews were carried out and the data was analysed using IPA. I would argue that my analysis of the interview data shows just how complex the transference-countertransference dynamics related to such a perception can be and I hope that this chapter will convey something of the many elements of the lived experience of the four male child psychotherapists I interviewed. In this chapter, I will also discuss my study's potential implications for the child psychotherapy profession, the study's limitations, and recommendations for further research.

Prevalence, manifestations, and reasons for perceptions of male child psychotherapists as potentially sexually harmful

The analysis of my interviews suggests that male child psychotherapists commonly experience being perceived as potentially sexually harmful in their clinical work, as all participants were able to share numerous such experiences and discuss them in detail. Of course, participants volunteered to be part of my study, so it is likely that there was an element of self-selection, with participants likely having already been more open and interested in discussing the topic than others, in part due to their own experiences. I still believe that the interview data point to these dynamics being highly prevalent and especially prevalent in the work of male clinicians. Some

participants discussed how they had refrained from discussing these disturbing clinical encounters with supervisors due to the powerful feelings these transferential dynamics stirred up. I think that these persecutory anxieties discussed in my interviews point to how this topic is likely not seen in all its salience and prevalence within the profession and is often not brought up in supervision despite the therapist grappling with its impact and implications.

The most important paper with regards to perceptions of male clinicians being perceived as potentially harmful in the context of work with children and adolescents that I could find through my literature review has been Stephen Frosh's paper, *Issues for Men Working with Sexually Abused Children* (1987). I was able to find numerous papers about perceptions of psychotherapists as potentially sexually harmful in relation to work with adults, but not children, pointing to just how much of a contribution Frosh's paper forms. He is explicit about how these perceptions of harmfulness are rooted in the statistical fact that sexual violence towards children, as well as sexual violence in general, is overwhelmingly committed by men and uses the paper to candidly think about its implications. Some participants have also contended with this statistical fact, and its potential meaning for them and their work, in their interviews. All shared examples of their work with children or adolescents who had suffered historical abuse from a male and their sense of how they felt this background influenced transferential perceptions of them.

Participants shared a wide range of examples of them experiencing these dynamics, so much so that it is close to impossible to easily summarise them. An important finding of my interviews is arguably that a dynamic of suspected harmfulness of the therapist can manifest itself in extremely different clinical situations. Some participants shared examples of where they felt they had become in the transference

a potentially abusive figure that was linked to someone from the young person's past who had in fact been abusive. This had then led to either the patient becoming threatening towards them or resistant to the therapy as a whole, sometimes by leaving the room and ending sessions early. At the same time, with many other examples it was less straightforwardly clear that the participant was only inhabiting a transferential role that led to a purely negative reaction from the young person they were seeing or one mainly rooted in fear. What comes through in the interview data is that in most examples, there's an extremely complex and contradictory amalgam of feelings at play in the relationship between the therapist and their patient, often with negative feelings such as fear or anger being accompanied by positive feelings such as excitement or warmth or dynamics of a seductive nature.

It is important to note that the vast majority of examples given by participants were about work with adolescents and I think that the contradictory feelings and impulses present in them also speak to the psychic upheaval characteristic of adolescence where unfamiliar sexual feelings emerge that destabilise a young person's sense of identity and body-image. Following the ideas of Ferenczi (1933) about the deeply damaging confusion between the emotional "languages" of tenderness and sexuality that results from child sexual abuse, it could be argued that a sexual trauma in childhood or adolescence leads to an extreme version of the confusion ordinarily present in adolescence and that then, the transference-dynamics rooted in it can be especially intense. One participant shared an example where he had a disturbing sense that the young person he was seeing, an older male adolescent, was both experiencing a degree of sexual excitement in the sessions while also looking to test out whether he as a therapist was safe and could be trustworthy and remain within appropriate boundaries. In this case, there was an added disturbing element of the

young person having already acted out some risky sexual behaviours with older men. Despite the young person's provocativeness, when the participant tried to speak to these dynamics, his patient responded seemingly with a degree of shock that left him ending the treatment. I think that this example, as well as others, speak to the troublingly contradictory nature of sexuality and the complex way in which it interacts with trauma. It's an example, too, of how suddenly the perception of the therapist can shift in these moments between them as an object of desire and an object potentially causing harm and trauma. Many participants described examples of encountering inhabiting a role in the transference that could shift similarly rapidly between, for example, a sense of them as potentially harmful, a sense of them as potentially trustworthy and a sense of them as an object of desire or seduction. Despite being applied to psychoanalytic work with adults who have experienced childhood sexual abuse, Davies and Frawley's notion of a "kaleidoscopic transference-countertransference picture" (1992) also seems like an apt term for the dynamics described by the participants in my study.

One participant also shared an example of work with a latency child who had been exposed to sexual violence perpetrated by a male and described his sense of his own maleness and abusive possibility in the countertransference. He vividly described how his patient would move between being acutely wary and fearful of him, before slowly developing more trust, and the need for him to be cautious and contained in his responses. Due to its small size, the study still leaves ample space for a further exploration of the differences of these dynamics in the work with pre-pubescent children and with adolescents.

Strikingly, the participant's discussion of work with a younger child quite soon turned to a wider discussion of the influence of the child's mother and the network around

the child, especially her school, and how a suspicion of him developed in that network despite the therapist feeling like the work was progressing well. Indeed, many examples that participants shared of them being perceived as potentially sexually harmful seemed to be as much about the context around their patients and the networks around them as about the clinical work per se. Participants also shared examples of being perceived as potentially harmful on occasions when they had not yet worked with the child in question or where this was only considered. Several papers, including, for example: Ralph's (2001), discuss the importance of the family context and network around a child when psychotherapeutic work is being done against a background of historical sexual abuse. I think that the interviews point to how the child or young person in psychotherapy can never be extricated from the wider context around them. One participant shared an example of a complaint being made against him and he emphasised the amount of suspicion there had been in the family as a whole, starting from when psychotherapy with him was first suggested. I think that while the influence of such contextual factors will be important in any psychotherapy, it's particularly salient when a male child psychotherapist is involved in work where there's a background of historical sexual abuse or where there's other reasons why a suspicion of them as potentially harmful exists.

Responses that perceptions of sexual harmfulness can evoke in male child psychotherapists

It was striking that all participants discussed in different ways their own feelings of shame and anxiety in response to encountering perceptions of them as potentially sexually harmful. Some participants also described experiencing an urge to distance themselves from being seen as potentially abusive in the transference

This element of the interviews resonates with Frosh's contention that an unconscious reparative urge underlies the motivations of any male clinician working with sexually abused children. His argument could arguably be extended to encompass psychotherapeutic work with children and adolescents more broadly, since many, if not most, of the children and young people seen by child psychotherapists will have experienced some form of harm at the hands of adults. The psychoanalytic emphasis on working within the transference relationship can perhaps sometimes function as a safeguard against the problematic effects of clinicians' unconscious reparative impulses, especially insofar as the negative transference can be regarded as serving therapeutic progress.

What the interview data also highlights, however, is the extent to which the powerful feelings stirred up by these transference dynamics can override such knowledge, because they touch upon such deep anxieties: anxieties about one's own potential to cause harm, as well as fears of being accused. In other words, it is one thing to accept negative transference as an important aspect of psychoanalytic theory and technique, and another to actually experience being perceived as a potential abuser and to tolerate that perception as part of a therapeutic process.

Several participants shared examples of how they had unconsciously shut out their awareness of such perceptions of them. One participant described how he was completely taken aback when a family he was working with made it clear that they did not feel him to be safe enough to be working with their daughter and how he had denied to himself any previous sense he might have had of their suspicion. These examples point to Frosh's argument for the importance of working against an often unconscious urge to look away when faced with such perceptions. He makes the case that for male clinicians a recognition of their abusive possibilities is necessary

to counteract the unconscious obliviousness that results from the great discomfort at the situation they may be placed in, that it “is only in this way that the discomfort and ambiguity of feeling that sexual abuse produces in us can be worked with and translated into a therapeutic form” (ibid, p. 336). He grounds this argument in a broader need for male clinicians to face the troubling ambiguities of their own sexuality:

> “… if there are systematic factors that make men more likely to abuse children sexually then these factors will be present, more or less strongly, in all men. This is perhaps one of the most crushing discoveries facing men who work with sexually abused children. We enter the work with protective and rescuing motives towards the child victims of exploitation, and usually with a powerful rejection of the men who have abused them. However, the focus on sex sensitises us to sexual possibilities in the situation and to the ambiguities of our own sexuality.” (ibid, p. 335)

Frosh’s suggestion makes me think of how male child psychotherapists may in fact be in a better position than clinicians with a different training to be able to do the difficult reflective work he calls for. The mandatory psychoanalysis that forms a cornerstone of the training could allow for more of a safe space where male child psychotherapists develop a deeper insight into their sexuality in all its complexity. I was struck, though, by how little discussions of the participants’ personal analysis featured in the interviews. At the same time, by way of its nature as a confidential space it is probably uniquely difficult to discuss this in an interview of this kind. I

strongly suspect that their personal psychoanalysis would still have been a crucial part of how participants managed these difficult clinical experiences, especially during their training. One participant at least hinted at its importance in weathering these experiences by sharing that he had found it helpful and supportive that his psychoanalyst during his training was a male. Frosh's emphasis on the importance of reflecting on one's own personality and sexuality also resonates with Ferenczi's emphasis in his groundbreaking "confusion of tongues"-paper on a thorough personal analysis as necessary for an analyst engage with transference-dynamics rooted in a patient's sexual trauma (1933, p.198). Ferenczi's paper doesn't explicitly mention the analyst's gender, although of course the vast majority of analyst at the point of him writing the paper would have been men – which of course bring its own problematic implications and omissions in thinking.

Some participants hinted at how they had discussed their experiences with other male child psychotherapists and how they felt they had been helped by a sense that they are not alone in having gone through them. I was left wondering if a reluctance to discuss these experiences in supervision may in fact go both ways, with for example, male supervisees feeling so anxious about opening up to a female supervisor that they decide not to and, conversely, female supervisors sometimes lacking an awareness of how common this transferential element is present in the work of their male supervisees. Some participants shared that they feel that female child psychotherapists are not affected by perceptions of them as potentially sexually harmful in quite the same way and pointed to how the majority of child psychotherapists are female. How such dynamics may affect female child psychotherapists is an important question left open by my study. As I will discuss in more detail later, my study shows how these transference-dynamics can affect and

discombobulate the male psychotherapists' sense of their own sexuality and indeed whole personality, so I would venture that this would in turn also affect the relationship to supervisors.

I was struck by how distinct the atmosphere of each interview felt and by the different ways participants approached the topic. Some inhabited a more professional attitude, readily discussing clinical cases and offering thoughtful reflections on technique, yet showing somewhat less readiness to explore the personal impact these dynamics had on them. Others were more willing to acknowledge their own vulnerability and to speak openly about the personal dimensions of their experiences. External factors likely also shaped these differences. One of the more professional-feeling interviews was conducted remotely, which may have contributed to a greater sense of emotional distance. The other reflected the participant's extensive experience of working with adolescents who had been sexually abused that preceded his training as a child psychotherapist and meant he was very familiar with the clinical dimensions of the research question.

In contrast, conducting two interviews with one participant likely allowed for a deepening of the conversation into its more vulnerable and personal dimensions. Conducting a second also enabled us to revisit themes from the first, after both of us had had time to reflect on them. This participant also expressed a particular interest in how my research topic might relate to broader question of sexual feelings in psychotherapeutic work with children and adolescents, including their more ordinary and healthy expressions — an important dimension I had not previously considered. The interview with a participant who was still in training unfolded in a different register again. His clinical examples were closely linked with the challenges related to the position of a male trainee, which naturally directed the conversation toward

more personal aspects of the task. This highlighted the important question of how male trainees might be better supported in navigating these complex dynamics while in a more vulnerable position. It also underscored for me that each psychotherapist's response to such dynamics will be based by a wide range of factors that include their personality, their circumstances and their past clinical experiences.

Questions of technique and boundaries

All participants spoke of the transference-dynamics in question in terms of their particular intensity and several mentioned Donald Meltzer's paper, *Temperature and Distance* (1976/2010) in that context. Even if not specifically related to the emergence of sexual trauma in the transference-countertransference relationship, Meltzer's concept of "temperature" and "distance" in psychoanalytic work clearly resonated both with participants' sense of the intensity of these dynamics and the need for them try and contain – or attenuate – that intensity by means other than mere interpretation. Meltzer's paper aims to shift the emphasis from the content of analyst's responses to their form, introducing "temperature" and "distance" as dimensions of verbal modulation, an idea which arguably also harks back to Ferenczi's discussion of the importance of tone of voice (1933/1994). "Temperature" refers to the form the analyst's speech takes and the emotion it conveys: its rhythm, timbre, volume, and musicality. By adjusting these, Meltzer suggests the analyst can aim to either dampen excessive intensity or enliven flatness, thereby influencing the overall atmosphere of a session. In particular, attempting to control a session's temperature could be understood as an important tool in trying to make a session bearable when a patient is distressed or agitated in some form, this being the dimension of the paper participants drew on in their interviews. "Distance",

meanwhile, involves both the object and direction of the analyst's communication: whether he or she speaks to something in a more neutral way or directly addresses the patient and if the latter, what part of the patient they address, for example, their adult or infantile self. Meltzer notes: "I tend to modify these aspects (...) according to whether what I have to say seems likely to increase or diminish the pain in the patient's awareness at the moment" (ibid, p. 47). Two participants, both with ample clinical experience, discussed their sense that trainees may feel pressure to make a direct interpretation during moments of heightened intensity and end up heightening that intensity further. While Meltzer's paper has clearly been influential, I also suspect that it was brought up repeatedly because its title is a poignant poetic description of a crucial element in any psychotherapy that's difficult to put into words, expressing something of all the nuances that exist outside of what's being stated by either party.

The participant who was still a trainee shared that he had felt an internalised pressure to interpret the transference even when he had felt this may be unhelpful and shared an instance where such an interpretation led to a complaint due to it being received as inappropriate. He didn't locate the source of that pressure in any one person or anything too specific but alluded to a general culture within the child psychotherapy training. I can say from my personal experience of the child psychotherapy training that a transference-interpretation, or what is generally considered "working in the transference", is often made out to be what distinguishes psychoanalytic clinicians from other modalities. I would argue that while my study shows just how crucial transference-dynamics in fact are, both in order to understand a patient's internal world and to facilitate therapeutic progress, it also points to the possible risks of a premature transference-interpretation. It may be extremely difficult

to pinpoint the elements that point to when an interpretation is likely to be helpful, as transference-dynamics are influenced by myriad external and internal factors and dispositions and arguably occur within a space that goes beyond language. The need for caution that could be extrapolated from the interview data stands in contrast to, for example, Jackson's paper (2017) on working with sexual feelings in therapy with adolescents and his view that therapists often need to take risks by addressing sexual transference dynamics, that avoiding the topic can amount to colluding with a patient's feelings of shame. Indeed, some participants also pointed to such positive examples of them being able to speak to these dynamics and their openness providing relief.

It is important to note that transference-interpretations occur in a context where myriad factors will affect how they are expressed and perceived. I was left thinking about the way in which Jackson writes from a position of ample experience and reflectivity and how with such experience a degree of professional "solidity" (to borrow a term used by one interviewee in this context) likely builds up that will increase the confidence with which a therapist can speak to a highly sensitive transference-dynamic. This may mean that it will be important for supervisors to keep in mind how they would likely have the advantage of considerable experience and built-up confidence that their supervisees don't (yet) inhabit. I suspect that "experience" here doesn't only relate to clinical experience but also the ability for self-reflection that Frosh (1992) writes of. A transference-interpretation could be exactly the same in terms of what words are said, but still be perceived differently, if, say, the therapist articulating it is highly anxious due to, for example, an unresolved fear of their own potential to do harm.

In some ways like the spectrums of temperature and distance introduced by Meltzer, Ferenczi's paper (1933) has already introduced a distinction between active and passive responses of the analyst, pointing out how more "passive" responses that merely interpret from a neutral analytic stance can be perceived as hypocritical or cold by traumatised patients. By contrast, he advocated for a more "active" technique, which might include the analyst's open communication of countertransference impressions. At the time, this was highly controversial and contributed to the eventual rupture between Freud and Ferenczi (see, for example: Lothane, 1998). It also stands in tension with the findings from my interviews, where participants consistently emphasised the need for caution when responding to heightened transference dynamics rooted in the emergence of a patient's past trauma. Even expressions of sympathy, they noted, could be perceived as intrusive or inappropriate. Nevertheless, Ferenczi's insistence on authenticity arguably remains important as he underscored how acutely traumatised patients will often be extremely perceptive to responses that feel inauthentic, or, in his words, "hypocritical". I think this element was expressed in some participants emphasising how they had to learn to be more ordinary in their responses.

Bion's concept of the container-contained relationship (1962) in clinical work seems particularly apt when trying to make sense of highly charged situations such as when transference-dynamics of the therapist as potentially sexually harmful emerge. Bion's concept describes the therapeutic relationship as a process in which the therapist "contains" the patient's overwhelming or unprocessed emotional experiences. In clinical work, this means the therapist receives the patient's raw, often chaotic feelings holds and processes them through their own capacity for thinking, and then returns them in a more manageable, meaningful form. This argument can arguably

be helpfully extended beyond the therapist as the only containing factor, as it also points to the regularity of the sessions and the context in which they take place as important sources of containment. I would argue that my study points to the need for such an expanded definition. For example, one participant discussed how he had felt unexpectedly unsettled when he had agreed to see a patient with a background of sexual trauma partly outside of the usual hours of his clinic. He succinctly described how “boundaries are not only there for the patient, but also for us”, illustrating how the relative emotional containment of the therapist within his work-context will affect his ability to work with deeply affecting transference-dynamics. The fragmentation and chaos that results from childhood sexual trauma (as discussed, for example by: Diamond, 1997) which is so often at the root of a perception of the therapist as potentially sexually harmful arguably makes the reliable form regular psychotherapy takes and its context particularly important.

Limitations of the study and recommendations for further research

As with any research, this study carried certain limitations, both in its design and in relation to IPA as a methodology. My analysis of the data is inevitably shaped both by my psychoanalytic training within the object-relations tradition and more generally, by my own personal lens and experiences. This will inevitably create certain biases, although these forms of subjectivity are explicitly accounted for in IPA by its incorporation of the idea of “double hermeneutics” (Smith, Flowers, and Larkin, 2009), conceiving of a researcher subjectively making sense of participants as they, in turn, make sense of their experiences. My motivation for this study was partly due to my own experiences of struggling with the dynamics in question, and while this will have provided a certain depth to both my interviews and the process of analysing, it

would have also influenced both. The study of a clinician with differing experiences may well have come to different conclusions. As I set out in my introduction, I also approached the study with a pre-existing interest in the relationship between guilt, accountability and responsibility that's rooted in my own personal history. At the same time as allowing for my own subjectivity as a researcher, following the IPA-model has required ongoing reflection on how my own background might shape both the interview process and the subsequent analysis of data. To meet this challenge, I have kept a reflective diary, drawing on insights from my personal analysis, and engaging in regular supervision meetings where these more complex personal dimensions of the research could be openly explored. The supervision allowed for a collaborative reflection on the process of finding superordinate themes across the different interviews.

As Tuffour (2017) sets out, one of the main criticisms of IPA is concerned with the central role it gives to language. Critics argue that IPA tends to treat language as a transparent medium through which experiences are conveyed, without sufficiently addressing its constructive and sometimes limiting nature. This raises questions about whether IPA captures lived experience itself, or merely participants' attempts to articulate that experience. I have sought to partly address such a potential overemphasis of language as a representation of experience by not only looking at the content of what participants have shared, but also the form and quality of their speech. I've found it an interesting and enlightening experience to think in more depth about how speech differs from written language and what meaning its specific qualities may point to. This focus on form as well as content also partly addresses another significant limitation of my study, namely the inhibition participants very likely have experienced when addressing such a sensitive topic. I tried to think about what

their speech might point out about their experiences that wasn't explicitly stated. Of course, this in turn introduces a high level of subjectivity and conjecture.

My study not only explored participants' experiences of being perceived as potentially sexually harmful, but also the societal and cultural background against which these transference-dynamics occur. Smith, Flowers, and Larkin (2009) argue that the hermeneutic, idiographic, and conceptual dimensions of IPA allow for a broader understanding of cultural positions in relation to experience. Yardley (2000) sets out some basic principles for evaluating qualitative research which I have aimed to follow. She highlights the importance of sensitivity to context, shown through engagement with relevant literature, an awareness of socio-cultural factors, and attentiveness to participants' voices. She also sets out commitment and rigour as important principles which refer to the researcher's investment in the process, methodological competence, and thoroughness of analysis. Finally, aiming for transparency and coherence should involve clear documentation of the research process and ensuring consistency between theoretical framework, methodology, and interpretation. In my study, I have aimed to show appropriate sensitivity to my research question through a close engagement with relevant literature, a focus on the idiographic nature of my interview data, and an exploration of participants' speech that situates their account of their lived experience within its broader context. I think that my study shows a degree of rigour through my careful and thorough analysis of the data which I collected by following the framework of IPA. I have sought to demonstrate my commitment by immersing myself in the data, making use of regular supervision and a reflective, and selecting participants carefully. I have sought to show transparency through a clear description of my participant selection, the interview process, and the stages of data analysis. My aim was to create

coherence by carefully considering themes that emerged across several interviews and then drawing broader arguments on their basis.

As mentioned already in my discussion, the fact that participants volunteered to take part in the study most likely points to their pre-existing openness and reflexivity with regards to the topic and male child psychotherapists with different perspectives and experiences may well not have chosen to take part. This also links to the limitations necessarily caused by my focus on the experience of male child psychotherapists only. Immersing myself in the interview data, I have felt uncomfortable that conversations sometimes seemed to take place against a vaguely persecutory background of child psychotherapy being a majority-female profession. I felt aware that sometimes a sense that issues specific to male child psychotherapists aren't discussed enough could turn into an unhelpful expression of grievance. I was also reminded of Sedgwick's concept of the "homosocial" (1985) which argues that in patriarchal societies male–male bonds are central to the distribution of power and are often maintained and reinforced through women, who may serve as mediators or symbols within these relationships. I think it is inevitable that these dynamics would form an element of the interview-process and that an awareness of them would be crucial. At the same time, I also think that all participants have proven themselves to be thoughtful of the implications of the gender-role they inhabit and their context.

Implications for the child psychotherapy profession

While my study cannot make general claims about the experience of male child psychotherapists being perceived as potentially sexually harmful in the transference due to its small sample size, and other limitations already discussed, I hope that it does point to how commonly these dynamics occur and that they bring up complicated dilemmas which have not been thought about sufficiently in the profession. Indeed, I wasn't able to find a paper that specifically addressed this topic in psychoanalytic child psychotherapy.

The research-process of this study with its exclusive focus on the experience of male child psychotherapists has also left me with a great curiosity as to how female child psychotherapists may experience perceptions of them as potentially sexually harmful. I was left with a sense that the transference might often simply be more on the surface in the work of male clinicians due to most perpetrators being male. I hope that my study could point to how elements of the dynamics I discuss may well be prevalent in much of the work of female child psychotherapists, if with a different quality.

Overall, I believe that rather than providing answers or articulating straightforward implications for the profession, my study points to the need for an increased awareness of the issue. As mentioned previously, all participants mentioned that persecutory feelings can get in the way of male child psychotherapists opening up to their supervisors about experiences of perceptions of them as potentially sexually harmful in their clinical work. An increased awareness of supervisors would surely be helpful, as would be an increased awareness in male child psychotherapists that theirs is a common experience that can be discussed sensitively and openly.

My study does not provide definitive answers regarding which psychotherapeutic or analytic techniques are most helpful when therapists are confronted with transferential perceptions of themselves as potentially sexually harmful. What it does offer are conceptual frameworks through which such experiences can be thought about and examined. Across all interviews, participants consistently highlighted the importance of the therapist containing the intensity of these dynamics while also responding with sincerity, authenticity, and genuine sympathy. By linking these findings with the distinctions proposed by Ferenczi (1933/1994) between “active” and “passive” responses, and by Meltzer’s (1976/2010) spectrum of “temperature and distance” in the analytic encounter, I hope to provide clinicians and supervisors with tools to reflect more deeply on how these challenging dynamics may be understood and worked with in clinical practice.

Conclusion

My research investigated how male child psychotherapists make sense of being perceived as potentially sexually harmful. To explore this, I conducted semi-structured interviews and analysed them using Interpretative Phenomenological Analysis (IPA). The findings reveal the complex nature of the transference–countertransference dynamics associated with such perceptions. A striking feature of the interviews was the consistency with which participants described feelings of shame and anxiety when confronted with perceptions of themselves as potentially sexually harmful. The accounts suggest that the intensity of the emotions evoked by these dynamics can make working with the transference – so commonly associated with a psychoanalytic approach – particularly challenging, since they touch upon profound anxieties in male clinicians, both about their own capacity to cause harm and about the risk of being accused of misconduct.

My analysis indicates that male child psychotherapists frequently encounter perceptions of themselves as potentially sexually harmful within their clinical practice. All participants described multiple instances of such experiences and reflected on them in depth. Several reported choosing not to raise these troubling encounters in supervision, largely because of the intensity of the feelings evoked by the transferential dynamics involved. I would argue that this suggests that the issue is under-recognised within the profession: if therapists often avoid discussing it in supervision, its prevalence and significance will remain obscured, even as male child psychotherapists continue to struggle with its impact and implications. Some

participants illustrated this tension by describing moments when they unconsciously defended against or blocked awareness of such perceptions.

For male child psychotherapists, their gender itself introduces a set of complex questions around guilt, accountability, and responsibility. The reality that the overwhelming majority of sexual violence is perpetrated by men inevitably shapes how male clinicians perceive themselves and their professional role. My study has sought to explore how male child psychotherapists' self-understanding is influenced by this context and how they approach their therapeutic work where they are likely to be frequently confronted with the consequences of such violence.

Early in my training as a child psychotherapist, I found it profoundly challenging to be perceived as potentially harmful in the context of a young person's history of sexual abuse emerging in the transference. It soon became clear to me how complex such a dynamic can be, since it also included troubling expressions of a seductive nature and of more ordinary forms of affection. Throughout the research process, I relied on a reflective diary and regular supervision to sustain the self-awareness needed to prevent my own emotional involvement from overly influencing the interviews. Indeed, what struck me was the extent to which interviews varied in atmosphere, in the material participants shared, and in how they communicated it. This underscored for me that each psychotherapist's response to such dynamics is necessarily shaped by their personality, that if they weren't they wouldn't be perceived as authentic — and, as I would argue, children and adolescents are remarkably perceptive in detecting inauthenticity.

I believe this study has illuminated a set of important questions about how male child psychotherapists can respond to these complex transference dynamics and what

kinds of support may be helpful for male child psychotherapists managing them. While my study cannot claim to provide definitive answers regarding clinical technique, it highlights aspects of therapeutic work that warrant fuller discussion — both in supervision and across the profession. On a personal level, I have found it inspiring to engage so deeply with the experiences of other male child psychotherapists. I am confident that the insights gained through this research will inform my future clinical work, reminding me that every child or young person must be encountered afresh, in the uniqueness of their experiences and personality and the specificity of the therapeutic relationship.

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Appendix A

Participant Information Sheet

What is the experience of male psychoanalytic child and adolescent psychotherapists working with children and young people who have been sexually abused by another male?

My name is Takeo Marquardt and I am doing a study on the experience of male child psychotherapists working with children and young people who have been sexually abused by another male. I'm particularly interested in how the challenging nature and emotional impact of this work is managed by male therapists and how their gender affects transference-dynamics in such cases. I'm also interested in how experiences of supervision may have helped work through these challenges.

To be eligible for this study you would need to be a child and adolescent psychoanalytic psychotherapist accredited with the ACP, either in training or qualified and identify as male. I plan to conduct some individual interviews that will last approximately an hour. They will take the form of a fairly open conversation, with only a few predetermined interview questions. The interviews will be tape recorded and transcribed by myself. Following transcription, the tape recordings will be destroyed within 6 months. In order to ensure as much anonymity as possible considering the sensitive nature of this topic, I have decided to recruit from as large a pool of participants as possible, including trainees and qualified.

Participation in this study is entirely voluntary and anything recorded will remain confidential. When the study is finished, I will be writing my dissertation based on it. Direct quotes from interviews may be used in this paper but these will be anonymised. It's also possible that this paper, or parts of this paper, could go on to be published in academic journals.

If you consent to take part in this study, you are free to change your mind at any point during participation or up to a month after participation. All data collected from or about you would in this case be destroyed immediately. After a month, it's likely that data will have been processed and so it will no longer be possible to withdraw. All data will be held securely (on secure servers or locked away) in accordance with the University's Data Protection Policy and will be destroyed no later than 3 years after the study (although tape recordings will be destroyed as soon as they have been typed up: likely in less than a year).

This study is being supported by The Tavistock & Portman and has been through all relevant ethics approval (TREC, HRA and Springfield Hospital R&D).

If you have any questions or would like to discuss possible participation further, you can contact me on takeo.marquardt@nhs.net

Alternatively, any concerns or further questions can be directed to my supervisor: Danny Isaacs (disaacs@tavi-port.nhs.uk).

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General Data Protection Regulation (2018) arrangements

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for not more than 3 years after the study has finished.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details.

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Diane Gypps: DGypps@tavi-port.nhs.uk If you have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, you may contact the Head of Academic Registry: academicquality@tavi-port.nhs.uk

Appendix B

Consent form

Please tick boxes and sign against the statements that apply to you

I (name) _____confirm that I have received, read and understood the participant information sheet for the research study carried out by Takeo Marquardt as part of the child psychotherapy doctorate regarding the experiences of male psychoanalytic child and adolescent psychotherapists working with children and adolescents who have been sexually abused by another male. ☐

Signed: …… Date: ……

I (name) _____confirm that I would like to take part in the audio recorded interview as described in the participant information sheet received. ☐

Signed: …… Date: ……

I (name) _____confirm that I understand that I may withdraw my consent for any or all of the above at any point during my participation in the study and up to one month after my participation. ☐

Signed: …… Date: ……

I (name) _____confirm that I understand, whilst every effort will be made to anonymise the interview that I provide, that it is possible that quotes used in the final piece of work might be recognisable to myself or to staff I work closely with due to the nature of the work. I am aware that I may request at the time of interview or up to a month afterwards for particular quotes to be withheld from the final piece of work for this reason or any reason. ☐

Signed: …… Date: ……

I (name) _____confirm that I understand that parts of the research study may be used in an academic paper or presentation. These will follow the same rules of making every effort to ensure anonymity of participants is maintained.

Signed: …… Date: ……

If you would like to discuss any of the above with me further before making your decision or if you have any questions, concerns or would like more clarification please make a note here or email me on takeo.marquardt@nhs.net and I will arrange to meet with you.

Appendix C

The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699

https://tavistockandportman.nhs.uk/

Takeo Marquardt

By Email

23 January 2024

Dear Takeo,

Re: Trust Research Ethics Application

Title: *'What is the experience of male psychoanalytic child and adolescent psychotherapists working with children and young people who have been sexually abused by another male?*

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Michael Franklyn

Academic Governance and Quality Officer
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

Appendix D

Example of Transcript Analysis

relation to a sexual abuse. I also feel like supervisors have very different ideas and approaches. Yeah, so maybe it's about kind of working something out for yourself, kind of maybe how you relate to that topic, and how to approach that in a kind of safe and helpful way. But it's a big challenge for us, for us men in this profession, yeah. Interviewer: Do you have anything come to mind when you speak of finding out for yourself how to manage such situations? Participant: I think with a lot of experiences in this work it's about finding something out for yourself. And, yeah, so, maybe it's also helpful for some context, I've worked in a therapeutic setting, you know, for a long time before qualifying as a child psychotherapist, where I was faced with that all the time, working with young people who have been sexually abused. So I guess that that's something I brought to my training as a therapist as well, having done that for 12 years prior. But then also, interestingly, my initial response was to say, actually, I haven't really worked with anybody, yeah, in the last seven years, at	managing different ideas from different supervisors, whose ideas should you follow drawing on previous experiences of working with sexual abuse feeling unprepared despite experience	inconsistency in supervisors approaches and guidance What resources to draw on to manage the work

Participant: Yes, quite, quite a complex question, isn't it? My initial kind of response was really, I don't work with anybody who's been sexually abused, so I can't help. I remember that was my initial response, yeah. And then when I kept thinking about it, eventually I did remember somebody I'm working with right now, two people in fact, and also young people I have worked with in the past. But it was very interesting that my initial kind of thought was actually, I don't really work with anybody. Interviewer: That's happened a few times actually, when talking to others. Participant: Really, you know, again, it's a hard thing to really think about, and, you know, maybe also to think about your awareness of what it means, and what would you bring into this, and not wanting to, you know, cause any more harm. Kind of, as a male therapist, you have to kind of work this out for yourself, it's not really being taught. It doesn't show up very often in the training. I can't remember, like, like a paper about really struggling with the transference in	putting this type of work out of your mind due to the discomfort it causes fear of causing harm feeling left alone with the issue, link to male identity and its central role in dynamics no support through the training, feeling unprepared	Evasion of thinking about the work Feeling left alone / Having to find one's own way of managing

Appendix E

Example of super- and subordinate themes for one participant

1. **Manifestations of transference-dynamics**

Feelings of shame and discomfort leading to evasion of thinking (5:37)
Having to manage provocations of an aggressive or sexualised nature from the young person / child (10:18)
being perceived as potentially abusive / being tested as to how "safe" one is (35:50)
ambivalence in the patients regarding talking about the abusive events (11:07)
Needing to follow rapid changes in transference-dynamics (12:16)
the intensity of the transference / the asymmetry or power-difference (14:13 / 26:58)

2. **Feelings evoked in the therapist**

Feeling left alone / Having to find one's own way of managing (6:06)
Fear of causing harm (5:37)
Having to manage uncertainty and not-knowing (8:34)
Having to manage disturbing projections (15:10)
Feeling persecuted due to assumptions made about one's male identity (21:55)
unconscious fear of what might emerge in therapy (22:37)
doubt as to whether work is helpful or harmful (35:50)

3. **Questions of technique**

the role of background information and preparatory work incl. potentially knowing more than the patient (14:13 / 27:59 / 24:59)
staying open-minded as to the individual experience of trauma (14:13 / 26:58)
considering when talking about the abusive events may be therapeutic and when it may be merely re-traumatising (35:10)
considering when to take up the transference (12:16 / 15:52 / 47:50)
how to speak to more vulnerable parts of the young person without overwhelming or humiliating them (14:13)
managing the session's "temperature" (15:49 / 26:58)
the importance of working with parents and the network around the young person (23:04)
Difficulty of speaking to and about sexuality (42:44)