Homoerotic Countertransference in Psychoanalytic Literature:

A Thematic Analysis

by

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), or material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: _____
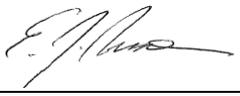
Jane Tuson   8 April 2013

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ABSTRACT

This dissertation poses the question 'how is homoerotic countertransference written about in psychoanalytic literature?' Utilising a thematic analysis methodology, an analysis of the literature was undertaken with the aim of identifying the embedded themes within the literature.

Four themes were revealed: desire; fear; taboo and acceptance. Desire was the central theme from which all the others emanated. It underpinned the writing in various guises. Fear predominantly related to the clinician's intrapsychic response to homoerotic desire. Taboo encompassed all references to external judgment from a perceived authority or the potential opprobrium from the profession. It also related to socio-cultural attitudes to same sex attraction that are both implicit and explicit in the literature. A fourth theme of acceptance was identified. This emanated from writing that acknowledged the potency and enrichment borne out of embracing and accepting homoerotic countertransference. The implications for clinical practice of these four themes are discussed including the value of acknowledging and utilising homoerotic countertransference when it emerges in the work.

STRUCTURE OF STUDY

Chapter One introduces the reader to the research and gives a contextual and historical overview of its relevance. I outline the initial reasons why the topic of homoerotic countertransference interested me as a researcher.

Chapter Two gives an overview of the methodology of thematic analysis. The method is described and the data collection process outlined. The key concepts of 'homoerotic' and 'countertransference' are defined.

Chapter Three describes the process for selecting the final data set for analysis. An overview of the literature is given.

Chapter Four describes the coding process in some detail. Following the coding process is a description of how the initial themes were selected. Each theme is defined and a rationale given for its selection.

Chapter Five will show how the process continued with a more refined set of categories/themes than was previously produced, leading to the emergence of the final themes.

Chapter Six describes the process of identifying the final four themes and provides a rationale for their selection.

Chapter Seven considers how the results of this analysis may impact the profession; it elaborates on clinical implications of this research including how this information may guide improvements in both clinical training and practice.

CHAPTER ONE: INTRODUCTION

It is only in the last twenty years that the profession of psychoanalytically informed psychotherapy has begun to address erotic transference in any depth, despite it being an enduring feature of psychoanalysis since its early twentieth century beginnings. Erotic countertransference appears to have been even more ardently avoided. Barrett (2003), referring to Karen Maroda, says there is "the traditional analytic tendency to believe that if the analyst is sexually aroused, then the patient was being seductive" (p.168) and Tansey (1994) writes: "Despite our advances, our profession remains paralyzed by phobic dread of countertransference that is sexual or desirous in nature and by a glaring and deeply unfortunate absence of self-examining papers on the subject" (p.140).

This dissertation examines the phenomenon of homoerotic countertransference as it is written about in psychoanalytic literature. The methodology used is thematic analysis, in which a selection of data is coded and analysed in order to discover the overarching themes embedded in the writing.

The subject of eroticism in our work may be shrouded in a veil of professional puritanism, yet my experience with colleagues suggests a repressed yearning amongst clinicians to hear and talk more about it. Charles Silverstein's (1992) experience perhaps exemplifies this. He facilitated a workshop at an Institute for Human Identity Conference in New York where he asked participants to write about an erotic fantasy they had had about a patient. He felt a theme emerged that suggested that therapists can become quite dependent on their patients for love and affirmation. This workshop went on to become a regular fixture at the conferences due to its popularity. Therapists, he said, were relieved to discover that others fantasise about their patients and appreciated having a safe forum to discuss their erotic feelings. "Each year the room is filled to

capacity, by therapists wanting to learn more about how their own erotic needs are expressed during psychotherapy" (Silverstein, 1991, p.2).

Fortunately the twenty first century has heralded a slightly more expansive view of the erotic in the psychoanalytic relationship, predominantly in the realm of the male / female dyad. There is a paucity of material written about same sex attraction in the analytic dyad. It has not benefitted from the same curiosity, reflection and understanding. I find this perplexing given the apparent acceptance of eroticism in the early parent / infant relationship that is unconstrained by gender boundaries. The oedipal complex is discussed from both same sex and opposite sex permutations and some (Burch, 1996; Davies, 2003; Elise, 2002a; Mann, 1997) suggest it is essential that the child feels desired by parents of both sexes in order for a healthy maturational process to take place. Should we not expect to see the same, same sex erotic attachments replicated in the transferential matrix? These questions planted the seed for this research.

Personal Experience

During my training, I was surprised to realise any eroticism in the transferential matrix was disconcerting for me. After a patient declared his sexual interest, I took the issue to supervision. I focussed all my energy on the erotic transference which I now realise was a patent disavowal of my own desire. It was as if the issue belonged entirely to the patient. When asked about my countertransference, I replied that I was surprised, uncomfortable and fairly certain I had not colluded in any way. My defensive retort belied my truth. I failed to tell my supervisor that I was flattered, found the patient attractive, and was finding it hard to think. Of course the transference was an elaborate coproduction with layers of meaning for both the patient and me. My embarrassment and shame at feeling anything like erotic countertransference alerted me to how difficult

having any erotic feelings can be for a therapist. However, it seems my inhibited

response is not unique. Dianne Elise (2002) echoes my sentiments and alludes to how

this reverberates through the profession:

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> This inhibition on the part of analysts extends to our participation in a
> particular professional community where, along with our colleagues,
> we generally act as if we are the parents who never "do it" or at least
> not in any way ever known to the "children" (p.189).

More recently, after experiencing erotic transference and countertransference with a gay

male patient, my fascination with the intimacy of the psychotherapeutic dyad was

further evoked. I am also curious about the labels we attribute to people's sexual

orientation, questioning their accuracy and utility, given the fluidity of attraction. All

these elements were warming me to the question I would eventually posit for the

purposes of this research:

> *How is homoerotic countertransference written about in psychoanalytic*
>
> *literature?*

I later read a paper by Eric Sherman (2002) "Homoerotic Countertransference: The

Love That Dare Not Speak Its Name." Sherman is one of the few authors who

challenge therapists to think about same sex attraction in the therapeutic dyad. He

proposes that there may be a myriad of reasons why therapists fail to address their

homoerotic feelings in their work, including; something not resolved regarding their

own sexuality, homophobia, or feelings of guilt and shame. I began to wonder who else

shared his opinion. I also reflected on my own attitudes and wondered whether I would

feel comfortable discussing homoerotic countertransference with my supervisor and

peers. I came to the conclusion that I would find it difficult. This was a painful

realisation, particularly as I work in an agency where issues of gender identity and

sexuality are a constant focus.

From Freud (1910/1953), who believed, "no psycho-analyst goes further than his own complexes and inner resistances permit" (p.145), through to Lawrence Hedges (2011), who states "Intimate relationships, including the psychotherapeutic one, provide us with an opportunity to experience ourselves and our sexual natures in ever new and rewarding contexts" (p.169), there is a clear signalling that being open and honest with ourselves infuses the work with the greatest potency. With this in mind, I began my journey of systematically working my way through literature that made even the merest mention of homoerotic countertransference, with the hope of exploring the themes in the writing that might inform my attitude and that of others, in the service of understanding these phenomena which arise in the uniquely intimate therapeutic relationship. I was particularly interested in what themes were embedded beneath the surface of the writing, not necessarily immediately obvious to the reader, given the fact that homoerotic countertransference appeared so often to lurk in the shadows rather than be addressed openly and directly. Thematic analysis was the ideal methodology to explore the literature in this way.

CHAPTER TWO: METHODOLOGY AND METHOD

Methodology

This chapter introduces thematic analysis, an interpretative approach used to conduct a systematic examination of the literature on homoerotic countertransference. This chapter also explains the methods used and introduces Braun and Clarke's (2006) six recommended phases for carrying out a thematic analysis

Thematic analysis is a method that investigates data, looking for any patterns that may be evident. These patterns are referred to as themes and give insight into the underlying essence of the data chosen. The data set is organised and described in a final report.

Why thematic analysis?

Thematic analysis is borne out of the interpretative tradition allowing the exploration of underlying themes. The ability to interpret embedded themes was an important feature, as it allowed a thorough exploration of an area of psychotherapy that has many complex perspectives. Homoerotic countertransference is something that authors and clinicians are often shy, even avoidant of, so it felt important to be able to explore latent and embedded themes rather than be limited to merely summarising overt content. Thematic analysis takes into account the ways we make meaning of our experiences and invites the researcher to explore how social context influences the material being analysed. Homoerotic countertransference is rooted in socio-cultural dynamics, therefore it felt essential that this aspect of the phenomenon be attended to. As Braun and Clarke (2006) note, "thematic analysis … can also be a 'contextualist' method … which acknowledges the ways individuals make meaning of their experience, and in turn, the ways the broader social context impinges on those meanings …" (p.81).

In this analysis, I was interested in all aspects of homoerotic countertransference within the literature, ranging from the experience and what meaning was made of the phenomenon, through to how socio-cultural influences may have impacted the writing.

Thematic analysis is particularly helpful in organising data from a range of sources due to its inherent flexibility (Braun & Clarke, 2006). It enables a detailed and intricate exploration of multiple analysts thinking on a subject, in this case homoerotic countertransference. It supported my objective, which was to expose the underlying essence of the writing, and not to depend solely on a literal interpretation. It permitted extraction of meaning across multiple articles using a subjective lens. Going beneath the surface of the writing makes it possible to interpret what is excluded from the literature as well as what is included, adding another dimension to the research.

There are additional practical reasons for utilising this methodology. Thematic analysis permits the examination of a limited amount of data, in detail, and is thus suitable for the scope of the requirements for a dissertation. Furthermore it could be legitimately structured in a manner that made the task achievable for a sole researcher without compromising the outcome.

Author's Subjectivity

Thematic analysis emanates from the subjective interpretative tradition. Boyatzis (1998) describes it as "a way of seeing" that is particularly unique to the researcher. He thinks that we each see things from our own subjectivity and that this "seeing" is what informs how we code the material being analysed. "Often, what one sees through thematic analysis does not appear to others, even if they are observing the same information, events or situations" (Boyatzis, 1998, p.1). Ergo, inherent in this method is the active role I assumed in analysing the data. Others, with their own way of "seeing", may arrive at a completely different set of themes. My findings are influenced and guided by

my values as applied to the interpreted material. This subjectivity was expressed from the outset when important decisions had to be made, such as how 'homoerotic' would be defined, what definition would be used for countertransference. These considerations are addressed below. I am also cognisant of the impact of my work on the area of sexual and gender identity. I am confronted on a daily basis with the impact of homophobia, internalised homophobia, or heteronormative attitudes. I am frequently saddened and surprised at the lengths people will go to disavow the complexity of their sexuality. Working with transgender patients, I am also challenged to think about constructs our society place around gender and identity. Just as these factors influence the transferential matrix, they consciously, and unconsciously, impact on this research.

Data Collection

The literature studied was not centralised but came from a number of different sources. These sources included qualitative studies in psychoanalytic books, particularly those that examine transference and countertransference in the therapeutic dyad, and journal articles. Published commentaries between psychoanalytic authors examining particular therapeutic themes were also explored.

Method

Identifying a data set

The research began with identifying a data set for analysis. This phase involved gaining an overview of the literature, exploring a variety of psychoanalytic databases and generating ideas regarding avenues for exploration. Total immersion in the topic led to a sense of possible patterns and meanings that might emerge. Exclusion criteria were specified as follows:

- anything not published in English;

- material where there is only an oblique mention of the phenomenon of homoerotic countertransference but no elaboration. (More specific detail regarding these criteria for selection is explained below.)

- work that focuses singularly on the patient's experience of homoerotic transference.

Definition of key concepts

In order to answer the research question, I needed to be clear about how I identified the key concepts of 'countertransference' and 'homoerotic' as there could be several interpretations of their meaning which could impact on material selection for analysis.

Countertransference: The concept of countertransference has been defined more and more broadly as psychoanalytic thinking has developed since its origins in the 1890s. Within psychoanalytic literature there are many definitions of countertransference (Freud, 1910/1953; Kwawer, 1980; Racker, 1953; Searles, 1959). In general, over time, definitions of countertransference have become broader and more inclusive of all aspects of therapists subjectivity. I searched for a descriptor of the phenomenon that most closely resonated with my own theoretical beliefs and clinical practice and which took into account many of the nuanced perspectives on countertransference. Ultimately I chose a broad and inclusive interpretation of the phenomenon by English and Pearson (as cited in Orr, 1954) who stated "It is impossible for the physician not to have some attitude toward the patient, and this is called countertransference.
In other words, *everything* that the analyst feels toward his patient is countertransference" (p.649). (Italics in original text).

Homoerotic: Similarly, I have chosen to employ David Mann's (1997) explanation of the erotic from his book *Psychotherapy: An Erotic Relationship*, because of its broad

conceptual reach. He sees the erotic as being both positive and negative in psychotherapy and feels it is at the heart of all fantasy:

> I bring both the idea of love and sex into the unifying concept of Eros. The erotic includes all sexual and sensual feelings or fantasies a person may have. It should not be identified solely with attraction or sexual arousal as it may also include anxiety or the excitement generated by the revolting" (p.6).

Because the topic is *homo*erotic, the focus for this dissertation will be on all erotic material arising between same sex individuals, regardless of sexual orientation. Again I concur with Mann's assessment of 'homoerotic'. He believes it "relates merely to a kind of erotic desire and does not imply a compulsion to express itself in action" (Mann, 1997, p.103).

Data Collection

With the key concepts defined, the next stage was to begin a scope of the available literature. The primary search used the Psychoanalytic Electronic Publishing (PEP Archive 1 Version 11) database which contains comprehensive coverage of premier psychoanalytic journals and seventy classic psychoanalytic books. OvidSP; Sage Journals; ProQuest Central and EBSCO databases were also used. They are substantial research platforms accessing thousands of peer reviewed journals, ebooks, books and archived collections. Table 1 provides a summary of the searches conducted.

Table 1. *Summary of searches*

Engine	Search Terms	Result
PEP	Homoerotic AND Countertransference	194
PEP	" "homoerotic countertransference" "	7
OvidSP	Homoerotic or "same sex" AND countertransference	38
OvidSP	Homo* adj5 countertransference	52
OvidSP	Homoerotic adj5 countertransference	12
ProQuest	Homoerotic AND Countertransference	155
EBSCO	Homoerotic in all text AND Countertransference in all text	62
EBSCO	"same sex" in all text AND Countertransference in subject	9
Sage Journals	Homoerotic AND Countertransference in all fields	34

The databases were chosen for their access to the greatest volume of psychoanalytic literature, including journal articles, books, reviews and electronic publishing. The search terms used were chosen for both their specificity and inclusivity. For example, homo* was used as a truncation to pick up any published material that may have referred to both homosexual and homoerotic countertransference. "Same sex" was used as an alternative descriptor to homoerotic or homosexual. Countertransference was an essential element of the analysis, so no alternative descriptors such as "therapist response" were employed in the searches.

Once the searches were complete and a reading list collated, I realised that, due to the large volume of material to be analysed, I needed to develop a system for organising and managing the data. I refer to this stage as 'precoding', which I will elaborate on in Chapter Four. Once the precoding was complete, I was ready to begin Braun and Clarke's (2006) six recommended phases of thematic analysis.

The first phase is referred to as data familiarisation. This involved a total immersion in the selected data set, reading, rereading and recording any initial responses and ideas about the literature.

The second phase is the generation of initial codes. Now familiar with the data, a selection of articles that met all specified criteria, and which had particular pertinence to the research, were identified and coded. Coding was conducted manually. In the course of coding and identification of patterns within the chosen literature, key concepts emerged with varying prevalence. Both predictable and unpredictable findings revealed themselves.

The third phase is the search for themes. Once all data had been collated and coded, a broader examination of the embedded themes began. How did the codes combine to form overarching themes? Here, tools such as mind mapping were used. "This is when you start thinking about the relationship between codes, between themes, and between different levels of themes" (Braun & Clarke, 2006, p.89).

Definition of a theme

According to Strauss and Corbin (as cited in Ryan & Bernard, 2003):

> Themes, or categories, are the classification of more discrete concepts. This classification is discovered when concepts are compared one against another and appear to pertain to a similar phenomenon. Thus, the concepts are grouped together under a higher order, more abstract concept called a category (p.87).

(For the purposes of this research "category" and "theme" are used synonymously).

The codes generated are clustered according to commonalities; i.e. those that referred to a similar phenomenon. These clusters were then given a label that represents this more abstract, higher order concept. This higher order concept is called a theme.

The fourth phase is the analysis of the emerging themes. During this phase a thematic map was constructed. The coded extracts identified in Phase Two that had been broadly placed under various themes were now examined. The analysis looked for any emerging patterns; did the literature actually fit into the themes identified? At this stage data was reread and some additional coding or recoding occurred. Once done, a check occurred ensuring that all themes identified accurately reflected the essence of the entire literature set and that essential meanings were present.

Phase Five is the definition and naming of themes. This phase refined the specifics of each theme, made sure the themes were clearly defined and named and ensured there was a clear, overall story that the analysis told.

The final, sixth phase was the production of this report telling the story of the analysed data. Included was evidence of the themes occurring across the literature showing their prevalence and relevance to the original question.

Summary

This chapter has briefly explained the methodology of thematic analysis and detailed the method employed in the execution of this research. Key concepts have been defined and an explanation of the data collection and analysis process given. The following chapter explains the data collection process in greater detail and provides an overview of the literature selected for coding.

CHAPTER THREE: SELECTING THE DATA SET AND CODING

This chapter provides greater detail on the data selection process. It will introduce the reader to the final data set and outline how this was organised in preparation for coding. An illustration of the coding process is then provided.

Having conducted searches using the databases and search terms outlined in Table 1, an inclusive reading list on the topic was collated. There was a significant amount of material returned in the searches for preliminary reading. There was very little duplication of results between the included search engines, apart from a small selection of seminal articles on the topic. It became clear that homoerotic countertransference was not a topic widely or explicitly discussed in the available literature, but it occasionally appeared embedded in articles and books, particularly those examining issues of sexuality or transference phenomena. One of the few papers that wrote explicitly about the phenomenon was Eric Sherman's (2002) paper, "Homoerotic Countertransference: The Love That Dare Not Speak Its Name." I contacted Sherman via email and asked whether he felt there had been much elaboration on the topic since his writing. His recommendation was to read Martin Frommer's (2000) paper "Reflections on Self-disclosure, Desire, Shame and Emotional Engagement in the Gay Male Psychoanalytic Dyad." (personal communication, June 15, 2012). This is one of the 27 pieces of literature selected for the final data set.

With the reading list now identified, a lengthy process began to select data for coding. This occurred in several stages. The first step involved cross matching searches to find any commonalities. In some cases, the articles selected for coding occurred in multiple databases, thereby becoming a 'primary article' on the topic. There were eleven such articles that were clipped and set aside using the software tool Evernote. (Evernote allows you to take notes and archive articles which are then stored in 'notebooks'. You

can cut and paste text, then tag embedded ideas for easy access. It has the capacity to search all notebooks for key words which was very useful for the purposes of this research).

The searches frequently found articles that have the words 'homoerotic' and 'countertransference' embedded in the abstract, but in the body of the article, these two concepts were written about with no direct relationship to each other. This lead to 143 papers being eliminated.

In one of the EBSCO searches, the word homo* had been truncated to retrieve any article that referred to homoerotic, homosexual, or homophobic countertransference. This produced a number of easily eliminated articles as an erroneous word had been the focus (for example, 'homogeneity').

I read 191 articles and books to ensure a full scope of the available literature had taken place and irrelevant material had been eliminated. Using the following criteria, I created a data corpus of 48 pieces of literature. A data corpus refers to all material collected for a particular research project (Braun and Clarke, 2006):

- The paper had to explicitly mention homoerotic countertransference. It was not considered sufficient to include a paper that wrote extensively about homoerotic transference, but the countertransference was either ignored, or written about from a general perspective (that is, with no mention of erotic or sexual affect).

- The paper had to be published in a peer reviewed journal or book. I did not broaden the search to other sources such as newspapers or health related publications. My intention was to focus on articles that explored the issue in a robust manner with solid, academic discussion as opposed to a more prosaic, populist view of the topic.

The amount of directly relevant material within each of the 48 articles ranged from an oblique mention of the topic, through to the entire article focusing on homoerotic countertransference (as in the case of Eric Sherman's 2002 paper).

A final criterion was applied to the data corpus in order to identify the ultimate data set and to ensure the research was a feasible undertaking. There had to be a minimum of five hundred words specifically discussing homoerotic countertransference and /or a minimum of thirty five identifiable meaning units within the article that could be coded. Many articles contained a single sentence or a passing mention of the phenomenon. I did not consider this sufficient to warrant coding, preferring to find articles where there was greater depth in the discussion.

As my familiarity with the texts increased, it became evident that many of the papers reiterated or restated points that had been made in articles already selected for coding. If the paper met all of the above criteria and merely repeated codable meaning units (that is, no new material was introduced to the research) it was not included in the final selection. A final data set of 27 pieces of literature was chosen (listed in Appendix A).

The selected literature was felt to be the best representation of the diversity of ideas expressed in the literature. The greatest volume of writing on the topic came from gay and lesbian authors, but it was considered important to include the perspective of heterosexual authors and practitioners as they bring a unique and important point of view to the topic.

Several of the articles selected were the responses of analysts to the published papers of colleagues. These provided excellent illustration of the debate and discord surrounding the topic.

Overview of the literature coded in this dissertation

In this section I provide an overview of the papers and books used in the coding process. In cases where papers have been reviewed by other authors, they will be grouped together in order to show their relationship to each other. Following this overview, in Chapter Four, I will commence the description of my thematic analysis of this data, beginning with a description of the initial coding process.

Sherman (2002) in the paper "Homoerotic Countertransference: The Love That Dare Not Speak Its Name," believes it is both natural and normal for passionate feelings to arise in analytic work given that it frequently deals with intimate issues in what he calls a 'seductively safe environment'. He links the desires that arise to the healthy oedipal situation where desire between parent and same sex child is both necessary and formative in terms of creating empathy; yet there is an aversion to thinking about homoerotic countertransference in therapy. He notes that same sex attraction is defended against both similarly and differently in homosexual and heterosexual dyads, although he comments that gay and lesbian therapists are more familiar with feeling shame and guilt in relation to their desire as compared to their heterosexual peers. Gay and lesbian therapists have greater difficulty disclosing loving feelings. He suggests that sexual orientation is not predictive of whether the phenomenon will occur and that it can arise in any treatment. Sherman speaks of the tension between anxiety and potential, and the dangers of not acknowledging the powerful feelings that arise between analyst and patient. He argues that sending these feelings underground increases the potential for dangerous enactment by the therapist. He emphasises that we therapists need to be sensitive to our own biases about sex and intimacy if our intention is to provide a safe environment in which to do the therapeutic work.

Frommer's (2002) response to Sherman's (2002) paper, whilst critical of some aspects of Sherman's clinical vignette, concurs that homoerotic countertransference has the potential to enliven and enrich therapy. He discusses the phenomenon from a gender and sexual orientation point of view and gives his opinion as to why it is viewed as transgressive. In Frommer's opinion, female authors have progressed their thinking on homoerotic countertransference much more than their male counterparts.

Elise (2002a) also critiques Sherman's paper and elaborates on the phenomenon of homoerotic countertransference from a gender point of view. She agrees with Sherman that same sex desire is a normal oedipal phenomenon and opines that whilst this is accepted by many, the template for the oedipal drama is heterosexual. Sherman (2002a) replies to Elise (2002a) and Frommer (2002), reflecting on their commentaries. His book (2005) includes his (2002) paper and many other clinical vignettes. In them all, he reflects on his countertransference, his enactments, insecurities and blindspots. Any reference to homoerotic countertransference in the book was coded for the purposes of this research.

Phillips (2002) discusses the impact of shame on countertransference dynamics but stresses the potency of homoerotic countertransference. He believes the phenomenon often mirrors something of the patient's experience and is therefore very informative. Phillips refers to his work as an intersubjective co-production.

Friedman (1998) in his paper 'Eros in a Gay Dyad: A Case Presentation,' presents a case where homoerotic countertransference was a feature. He analyses the origin and utility of his feelings and names his anxiety regarding presenting the paper to peers. He questions the impact of his internalised homophobia with regard to this issue. Morrison (1998) critiques Friedman's (1998) treatment commenting on the tension between Friedman's harsh superego and internalised homophobia and the potential he created by

not ignoring the homoerotic countertransference. Morrison (1998) believes it is potentially easier to tolerate love than lust from a patient. Frommer (2000) also responds to Friedman's (1998) paper and the impact of shame on the gay therapist. He stresses the mutuality or co construction of transference phenomenon and the necessity for responsiveness in the therapist in order to facilitate movement in the work.

Flower (2007) in his paper, "On the Slopes of Brokeback Mountain: Countertransference Impediments to an Analytic Attitude in Work with Gay Men" discusses the challenges of working with intimacy and eroticism in a same sex dyad. He suggests deep reflection about his countertransference lead to better understanding of both the patient and himself. He discusses neutrality from a technical and emotional point of view and whether it is either useful, or in fact possible.

Searles' (1959) paper "Oedipal Love in the Counter Transference" is one of the first papers to address homoerotic countertransference, describing his treatment of a schizophrenic patient to whom he developed an erotic attraction. He discusses disclosure of feelings and the value of doing so. He names his anxiety and his intense romantic feelings. Searles believes his personal analysis was an important factor in helping him understand his countertransference. He names the historical horror associated with these erotic feelings in countertransference, and how this serves to relegate them to the unconscious of the therapist where they become problematic.

The material coded from Chapter Two of Joyce McDougall's (1995) book, *The Many Faces of Eros: A Psychoanalytic Exploration of Human Sexuality*, relates to the nature of her homoerotic countertransference and how it helped her understand her patient. She ultimately sees the experience as being a projective identification from the patient. However, before making sense of this she had to acknowledge her own "emotional deafness" towards the patient's erotic material. She realised she had defended against

her own denied homoerotic desires towards her mother which she then relates to the patient's experience with her own mother.

There is very little written about homoerotic countertransference in McWilliam's (1996) article "Therapy across the sexual orientation boundary: Reflections of a heterosexual female analyst on working with lesbian, gay and bisexual patients." However, her paper is included because it represents one aspect of an apparent split in the heterosexual literature in which the homoerotic countertransference is mentioned in the third person rather than from a personal point of view.

Coen's (1996) "Love Between Therapist and Patient" describes same sex loving feelings that can often be defended against in any dyad. He discusses how the professional can defend against acknowledging these homoerotic feelings if they are discordant with your dominant sexual orientation. Coen emphasises the importance of acknowledging homoerotic feelings and using them to make meaning for the patient.

In Chapter 5 of Mann's (1997) book, *Psychotherapy: An Erotic Relationship* is a comprehensive view of the homoerotic in the dyad and he attends to the developmental / oedipal aspects of homoeroticism and how it may emerge in the work. He discusses the socio-cultural influences that may inhibit clinicians from attending to it and how the profession has historically inhibited progressive thinking in this area due to its attitudes towards homosexuality in general. He laments the avoidance of this important informative phenomenon and encourages therapists to challenge assumptions about sexuality. He thinks it is essential that we deal with the homoerotic in our personal therapy in order to prepare us for dealing with it in the work.

Hedges' (2011) "Sex in Psychotherapy: Sexuality, Passion, Love and Desire in the Therapeutic Encounter" discusses several clinical cases in which homoerotic countertransference emerged, discussing both its challenges and potential. He

encourages the therapist to be aware of the multiple socio-cultural influences that impact the erotic intersubjective experience. He urges clinicians to remain aware of their individuality and expansive capacity for creativity and sexual expression, employing neuropsychological, historical and cultural references to illustrate how there is no one truth regarding how we experience our sexual selves.

Elise discusses in her (2002) paper, "Blocked Creativity and Inhibited Erotic Transference," what being overwhelmed or underwhelmed by the erotic might signal. Like many of the other coded authors, (Mann, 1997; Sherman, 2002; Kassoff, 2004) she expresses her belief that desire between females in the oedipal matrix is seen as crucial to healthy sexual self-esteem and therefore it should be allowed to be expressed in the transference. If an analyst cannot tolerate the desire, this can mirror the mother's lack of recognition of the daughter's desire. This paper is included because it spoke directly to the issue of the absence of homoerotic countertransference and how this may indicate an unconscious seduction of the patient.

Another paper written by Elise (2007) "The Black Man and the Mermaid: Desire and Disruption in the Analytic Relationship" is a case discussion, where the erotic pervaded the treatment. She discusses how unconscious processes around gender influence the treatment; how maternal roles are assumed much more readily in the transference than sexually potent ones and there being an unspoken assumption that sexy and maternal do not go together. She links this to the oedipal drama and demonstrates in a clinical vignette, that by not splitting the maternal off from the sexual, and by acknowledging both these elements of self, one has much more to offer the patient. Elise (2007) speaks of the constant tension between showing ones sexuality and being seen as seductive. De Peyer (2007) reviews Elise's (2007) work using poetic imagery related to dance. She questions how analysts defend against feeling erotic due to their own sexual shame and she concurs that there is real importance in allowing the erotic to flower in the analytic

relationship to repair what may have failed in pre oedipal and oedipal development for the patient.

Rosiello's (2001) paper, "On Lust and Loathing," focuses on homoerotic countertransference in the female dyad. The paper discusses the value and / or risks associated with disclosure and how enactment may occur outside of treatment due to the eroticism in the transferential matrix.

Meyers (2001) in the paper, "Gay or Straight?" thinks that the therapist has to understand their own attitudes towards homosexuality. She believes that labels such as gay or straight can create distance from the patient and that they are an artifice that gets in the way of productively using countertransference. Using a clinical vignette she shows how fantasy creates movement in the work. She provides honest reflection about her own growth and the impact of her defences and also illustrates movement in the treatment from pre oedipal to oedipal desire. Meyers (2001) illustrates the tightrope that one needs to walk in order to neither reject nor seduce.

Maroda (2001) commenting on Meyers (2001) and Rosiello's (2001) papers, agrees the erotic countertransference can be problematic if it is tinged in shame. She discusses the tension between interacting with the patient and maintaining boundaries without being seductive. Maroda is particularly critical of aspects of Rosiello's clinical presentation, insinuating that boundaries were not adequately observed.

Rosiello (2001a) responds to Maroda's (2001) critique stressing the intersubjectivity of the transferential matrix. She energetically rebukes Maroda's suggestion that boundaries were blurred in treatment, stressing that Maroda's subjectivity is inevitably different from her own, so it is natural that their analytic frame will differ. The paper elaborates on the treatment of the three women mentioned in her original paper. In response to Maroda's criticism of countertransference dominance she says:

>I don't have to make sure that an erotic transference developed first in my patient, because I don't believe it could possibly just originate in the patient – I'm involved even when I don't know it. Similarly, my countertransference or my subjectivity is also created within the relational mix with ingredients from my patient's transference / subjectivity. Transference and countertransference are not linear. They develop together and are indistinguishable from the whole (Rosiello, 2001a, p.73)

In her paper "The Queering of Relational Psychoanalysis", Kassoff (2004) stresses the importance of countertransference in relational analysis refuting the historical tendency to blame the patient for any sexual feelings in the countertransference. She believes it is the responsibility of the therapist to own their own process and anxiety and to be aware of the heterosexual unconscious. Kassoff (2004) believes erotic transferences are useful and informative, regardless of the gender of the dyad, believing that if there is an absence of erotic desire, you should ask, are there defences at play?

Schwartz (2000) in "A Place of Recognition," exemplifies the inherent loss in ignoring the homoerotic countertransference. Critiquing a paper by Levounis (which is not included in this research) Schwartz thinks Levounis operated from a one person perspective leading to the (inter) subjectivities of each person in the dyad being overlooked. She thinks avoiding the countertransference including the erotic desire it contained, potentially limited the work.

In Chapter Five of Charles Silverstein's (1991) book, *Gays, lesbians, and their therapists: Studies in psychotherapy*, Dianne Elise presents a paper "When Sexual and Romantic Feelings Permeate the Therapeutic Relationship."   She discusses the profession's attitudes to discussing erotic countertransference feelings, offering a case illustration that elaborates on her own erotic countertransference with a lesbian patient. She outlines both the difficulties and the opportunities that it brought to the work and discusses the tension surrounding disclosure.

Summary

This chapter described the data selection process and gave an overview of the final data set. With the data set chosen, I was now ready to scan this literature for codable extracts. Due to the large amount of material, I developed a system of isolating all references to homoerotic countertransference. I referred to this stage as precoding which I describe in Chapter Four. Chapter Four will also outline how the data set was coded and first order themes were revealed.

CHAPTER FOUR: CODING AND THE INITIAL IDENTIFICATION OF THEMES AND SUB-THEMES

This chapter will provide an overview of the coding process beginning with an explanation of the logistics of managing a large data set. I refer to the filtering and organising of the data as precoding. I will then describe how coding was conducted before introducing the first order themes that emerged.

Precoding

Precoding is not one of Braun and Clarke's (2006) six phases of thematic analysis, however it was a necessary step in order to manage the large volume of material I had selected as a data set.

Using the software tool Evernote, any paragraph referring to homoerotic countertransference (HECT) was cut and pasted, regardless of size, into individual notebooks and labelled with the title of the paper or book from which it was derived. This was a useful step as it meant that later in the research when I wished to find examples to illustrate codes and themes, I could do a word search of all the notebooks and it would assist me to locate a coded meaning unit within a particular article.

Coding the meaning units

Having cut and pasted each of the paragraphs, I then commenced the coding process (Phase One of Braun and Clarke's six phases of thematic analysis). I cut each of the paragraphs into individual sentences. These sentences were then scanned for meaning units (see Table 2), at times producing multiple units per sentence.

> Coding is the process of combing the data for themes, ideas and
> categories and then marking similar passages of text with a code label
> so that they can be easily retrieved at a later stage for further
> comparison and analysis (Taylor & Gibbs, 2010, p.1)

As Saldana (2009) states, "coding is not a precise science; it's primarily an interpretative act" (p4). Sometimes the code (coded meaning unit) would be a word, other times a short phrase (Saldana, 2009). For the purposes of this report I have used the terms 'coded meaning unit' and 'code' synonymously.

Table 2 below, provides an illustration of this coding process, using an excerpt from Flower's (2007) paper, "On the Slopes of Brokeback Mountain: Countertransference Impediments to an Analytic Attitude in Work with Gay Men." This demonstrates how I identified a codable meaning unit, separating out each constituent idea expressed in each sentence.

Table 2. *An illustration of the coding process*

Data Extract:	Coded meaning unit:
"David Mann similarly acknowledged his own defensiveness in staving off the potential homosexual interest of a gay patient by fantasizing about caressing his wife's breasts (Flower, 2007, p.433)."	Heterosexual therapist defensive
	Discomfort with homosexual interest of patient
	Reaction formation defence employed – heterosexual fantasy.
	Therapist awareness of defensiveness

Each sentence was taken from Evernote, placed into an excel workbook and labelled with the article from which it was derived. In an adjacent cell I wrote the code that I thought best represented each element of what was being said. More than two and a half thousand coded meaning units (codes) were generated.

With the coding completed, I moved to Phase Three of Braun and Clarke's (2006) recommended phases for thematic analysis, the search for themes.

Identifying the initial themes

This phase of the research process was to look for any apparent patterns in the coded material and to give them meaningful names. These names represent the idea underpinning the theme (Taylor & Gibbs, 2010).

This was achieved by taking each coded meaning unit and dropping it into the same document, thereby creating a twenty eight page Word document, in preparation for sorting the coded material into meaningful clusters.

In the first instance I appraised this master sheet of coded material looking at each coded meaning unit. As suggested by Charmaz (2003), I asked the following questions:

- "What is going on?

- What are people doing?

- What is the person saying?

- What do these actions and statements take for granted?" (p.95).

Some categories and patterns were relatively easy to recognise and name based on common terms, phrases, or keywords named in the meaning unit. For example any mention of defences, sexual orientation, or description of negative affect in the therapist lead to these features being named as a theme. Sometimes the theme name was more generic or referred to a concept or topic such as intersubjectivity. An example of a coded meaning unit referring to intersubjectivity is 'homoerotic countertransference created in relational mix'. The word 'intersubjective' does not feature in the assigned code but I have interpreted it to be referring to this concept. This reflects the interpretive, subjective nature of thematic analysis. As Saldana (2009) writes "Each qualitative study is context-specific and your data are unique, as are you and your creative abilities to code them" (p.30). I systematically worked my way through the

coded material; cutting and pasting it under the various labels according to what I interpreted each coded meaning unit was referring to. Table 3 below gives an illustration of how coded meaning units were allocated to various theme headings.

Table 3. *An illustration of how themes were assigned to individual coded meaning units*

Coded meaning unit	First generation themes
Heterosexual therapist defensive	The impact of sexual orientation – heterosexuality Comments related to homophobia Common defences associated with HECT
Discomfort with homo interest of pat	Therapist negative affect Difficulties for the therapist
Reaction formation defence employed – hetero fantasy.	Common defences associated with HECT Fantasy
Therapist awareness of defensiveness	Recommended therapeutic response

Table 3 also illustrates how coded meaning units were sometimes placed under more than one theme. As Braun and Clarke (2006) have explained, "You can code individual extracts of data in as many different 'themes' as they fit into …" (p.89).

Looking at all the coded meaning units, it was clear that the context, from which the meaning unit emanated, may influence the theme heading it was placed under. Occasionally there was a need to return to the original article to check the context, in order to be sure it was placed under the appropriate theme heading. For example, was the defensiveness of the therapist, mentioned in Table 3, actually related to homophobia? I re-read the text to be sure this was an accurate categorisation. This was time consuming, but ensured the eventual authenticity of the themes.

Table 4 below illustrates how the lists of coded meaning units looked in the Word document I created. It shows three of the themed headings with a selection of coded

meaning units beneath them. These are not complete lists of coded meaning units, but are intended to give the reader an insight into how the coding process proceeded. The names of the categories, or theme headings were deemed to be the best representation of the essence of the codes that lay beneath.

Table 4. *Illustrative sample of coded meaning units that appear under the following theme headings; 'Common defences associated with homoerotic countertransference', 'The impact of sexual orientation: Comments related to gay males' and 'Comments related to homophobia'.*

Common defences associated with HECT	
Mutual affirmation of heterosexual masculinity	
Father son CT/T used to prevent deepening of the homoerotic	
Disgust towards patient as defence against feelings of sexual excitement	
Denial of reality of T and CT connected to wish to be exclusive love object of patient	
Sleepiness as warning	Dissociation
Sleepiness as dissociation	Reaction formation
States of hyperarousal in men	Disavowal
Stiff distant professionalism	Resistance
Denial	Intense hetero fantasy
Resistance	Compulsive heterosexual fantasy
Maintaining distance	Emotional deafness
Foreclosure	Phobic avoidance
Sudden forgetting	

The impact of sexual orientation: Comments related to gay males

Misconception that erotic potential there for plucking

Misconception that erotic CT will flourish

Misconception that primary task to prune erotic feelings

Misconception of greater potential for boundary violation

Defences can be heightened in gay male dyad

Defend against shame

Protect against humiliation

Defend against rejection

Often resistance to erotic transferences by both members

Anxiety related to erotic by both

Challenge to not react seductively

Challenge to not act in way that reflects defensive detachment

More likely to have dealt with feelings of discomfort in desiring another man

Homoerotic in realm of everyday experience for gay analyst

Challenge to avoid reacting in emotionally constricted way

Comments related to homophobia

Homosexuality still seen as perversion

Homophobic CT is therapist's problem

Superego makes us renounce homo goals

Gay and lesbian dyads regarded with ambivalence

Gay and lesbian dyads regarded with scepticism

Gay and lesbian dyads regarded with misunderstanding

HE sullies clean sense of love, intimacy and desire

Once every coded meaning unit had been placed in piles, nineteen first order themes

had been named. Several of these had sub categories as outlined in Table 5. This was

the first rudimentary ordering of a large amount of material. Once I had completed the

process I noticed that many of the themes overlapped. For example, 'the nature of

homoerotic countertransference' had many of the same coded meaning units as

'comments related to homophobia'. I was not concerned about this at this stage as I

would be reviewing all the themes in the next phase of the research.

Table 5. *List of themes and subthemes identified in the first ordering*

	THEME	SUB THEME
1.	The impact of sexual orientation	Comments related to bisexuality
		Comments related to gay males
		Comments related to lesbian women
		Comments related to heterosexuality
2.	References to gender	Women and homoerotic countertransference
		Men and homoerotic countertransference
3.	Beneficial potential of homoerotic countertransference	General comments about the usefulness of HECT
		Therapists defending their treatment decisions
4.	Difficulties for the therapist	
5.	Comments related to homophobia	
6.	Therapist affect	Negative
		Positive
7.	Developmental references	
8.	Therapist arousal / expressions of homoerotic countertransference	
9.	Fantasy	
10.	Enactment	
11.	Common defences associated with homoerotic countertransference	
12.	The patient's perception of homoerotic countertransference	
13.	Metaphorical representations	

14.	The nature of homoerotic transference	General description
15.	Homoerotic countertransference as a transgression	
16.	HECT and professional literature	
17.	Recommended therapist response to HECT	
18.	Mutuality / intersubjectivity	
19.	The professional superego	Positive critique
		Negative critique

I will now look at each of the named themes and clarify the reason for their attributed labels.

The impact of sexual orientation

The first theme named was 'the impact of sexual orientation'. Sexual orientation seemed to be an obvious classification starting point as it was frequently discussed in the literature as having an impact on the countertransference. At this point, I felt there may be some important distinctions between the identified sexualities, providing important information about how homoerotic countertransference was written about in the literature. Under this theme heading, sub themes were established based on the content of the meaning unit. These were as follows: Any reference to bisexuality; reference to either lesbian therapists or lesbian patients; reference to gay patients or gay therapists; any reference to heterosexual therapists / patients. Each of these sub headings had their own characteristics.

    Bisexuality

Bisexuality was frequently mentioned in a developmental context, referring to the bisexual potential within us all at a pre-genital phase of our development.

Lesbian

Dissension characterises the writing on the topic by lesbian authors. It is very difficult to generalise about the perspectives of Maroda, (2001), Rosiello (2001, 2001a) and Elise (1991, 2002, 2002a, 2007) based on sexual orientation. They each provide diverse and provocative opinion on homoerotic countertransference and as a group are seemingly the most uninhibited when writing about their clinical experience. For example, Elise (1991) talks about the eroticism pulling her out of her role as a therapist. Rosiello (2000) claims that seeing a patient breast feeding is nothing in comparison to Bollas' writing about a male colleague masturbating and climaxing on his couch. Maroda (2001) has a more conservative view and is critical of, and at times shocked by, the stance Rosiello takes with regard to her homoerotic countertransference.

This theme was not limited to coded material solely derived from the writing of lesbian therapists. Occasionally gay and heterosexual writers would refer to lesbian therapists and / or patients in the context of homoerotic countertransference. For example, Coen (1996) wrote about a female colleague having difficulty with a lesbian patient desiring her and the anxiety this provoked.

Heterosexuality

Heterosexual therapists were notably absent in writing about homoerotic countertransference and again it was not easy to generalise their response to it.

Noteworthy were authors such as David Mann (1997), Joyce McDougall, (1995), and Howard Searles (1959), who openly discuss their own experiences and who are often referred to in this context as being 'brave' or 'courageous' by their peers. Searles' (1959) paper in particular is heralded as remarkable (Coen, 1996), courageous (Elise, 2002), ground breaking (Coen, 1996), and seminal (Sherman, 2002).

Some authors, not always heterosexual themselves, comment on their perception of heterosexual therapists' response to same sex countertransference. For example, Rosiello (2001) comments, "it's like coming out writing about homoeroticism in heterosexuality" (p.12). Coen (1996) comments that heterosexual therapists are often uncomfortable with a patient's homoerotic transference.

Kassoff (2004), in her paper, refers to Layton who admits to 'heterosexualising' gay patients because of her anxiety, which she relates to her own homoerotic countertransference.

Comments related to gay males (therapist and / or patient)

The large number of coded meaning units referring to gay therapists' experiences highlighted the fact that this niche group has written more about homoerotic countertransference despite Sherman's (2002) opinion that it is often ignored even by gay authors. The coded material reflected an oft cited phenomenon whereby dealing with homoerotic countertransference for the gay therapist strongly resembled the coming out experience. Sherman (2005) describes his homoerotic countertransference with a straight man as 'dangerous'. In another vignette, he believes his desire would have terrified his patient. Kassoff (2004) refers to the fear that gay analysts often feel when discussing erotic feelings for straight male patients.

Sherman (2005) suggests enactments can be particularly charged in a male dyad particularly if they are both gay.

References to gender

This theme contained any coded material that made reference to gender. It was not clear at this point whether gender would ultimately be relevant to the answering of my research question, but there were enough coded references in the literature to justify it

as a category at this phase. Examples are as follows. Male therapists may equate

notion of penetration to weakness (Sherman, 2002). Erotic desire in male dyad was

muted (Mann, 1997). Heterosexual male dyads definitely experience homoerotic

countertransference (Sherman, 2002). Intense desire between female therapists and

their female patients is not uncommon (Elise, 2002; McWilliams, 1996). There were

musings about how a female therapist's sexual identity impacted on that of her patient

(De Peyer, 2007) and other authors who felt that female analysts have been much more

willing to consider their homoerotic countertransference than their male counterparts

(Frommer, 2002; Kassoff, 2004; Mann, 1997). In contrast, and illustrating this

category's lack of generalizability, some authors felt there was an absence of attention

to homoerotic transference and countertransference in female dyads (Elise, 2002;

Rosiello, 2001)

The beneficial potential of homoerotic countertransference

This theme related to predominantly clinical material that had been presented in the

literature, in which the author outlined how attending to the homoerotic

countertransference had enhanced the quality of the work and improved the outcomes

for the patient.

This category incorporated ways in which a therapist might defend their actions based

on the potential it created. Some thought that the homoerotic countertransference was a

natural part of the work and added value (Rosiello, 2001a). Others thought that being

honest with a patient regarding the homoerotic countertransference helped the patient

feel safe (Morrison, 1998). Some authors felt that the therapist's desire was a fantastic

tool for learning something important about the patient's desire and can lead to some

useful interpretations (Coen, 1996; Elise, 1991; Mann 1997). Homoerotic

countertransference was linked to the potential to create a more positive relational

experience than the patient may have experienced in the oedipal phase with the parent of the same sex (Elise, 2002a; De Peyer, 2007; McWilliams, 1996; Mann, 1997; Sherman, 2002).

Difficulties for the therapist

This theme contained coded meaning units that referred specifically to the difficulties that homoerotic countertransference could pose for the therapist. Examples of these codes included, feels like a moral failure (Phillips, 2002), can lead to identification with a seducer (Phillips, 2002), and can lead to massive anxiety (Mann, 1997). Examples of these were numerous. This group was to be an important starting point for the next stage of the analysis.

This was also a group of coded meaning units where the authors who presented clinical material, openly expressed their uncertainty about homoerotic countertransference as a phenomenon. Examples of coded material appearing under this theme are; unsure how to bring split off feelings into the room (Sherman, 2002); wondering if being careful enough (Sherman, 2002); worrying about how much of self to reveal (Friedman, 1998).

Comments related to homophobia

This category contained coded material that referred to any negative emotional responses, within the literature to same sex desire, which I refer to as homophobia. So pervasive were these types of comments, that I considered homophobia to be a potentially overarching theme. However, it felt premature to name it as such. It was at this stage of the analysis that I noticed that there were nuanced differences between a fear and phobia that was intrapsychic (homophobia) and that which was in response to socio-cultural factors (homonegative), although I did not create a separate category reflecting this distinction. The type of coded meaning units under this category included; desire seen as perverted (Sherman, 2002), expectation of censure by

colleagues (Sherman, 2002), feeling of homoerotic countertransference feels like professional failure (Schwartz, 2000).

Therapist affect

As I perused the coded material, it was evident that much of it referred to therapists' and patients' emotional responses to homoerotic countertransference leading to a category being formed with two sub themes, negative affect associated with the phenomenon and positive affect.

Negative

A litany of negative affect was detailed in the writing. A list was collated of 83 adjectives describing unfavourable feelings associated with countertransference of this nature, leading to this becoming a discrete code. Examples of negative affect included: apprehensive (Mann, 1997), helpless (McWilliams, 1996), disgusted (Mann, 1997); agonised (Elise, 2002), and abused (Sherman, 2002). The literature portrayed a myriad of experiences tinged with fear and shame in various guises - fear and shame not only as the projected or split off experience of the patient's sexuality (Sherman, 2005) but fear and shame as a transference response to the therapist's own dogma concerning same sex attraction. An example of this is, that even when no boundary is violated, Phillips (2002) feels shame about his homoerotic arousal with a patient. Frommer (2002) hypothesises that shame may be a factor in Sherman feeling aroused by his client.

Positive

In contrast, the list of adjectives describing positive affect in the therapist acknowledging homoerotic countertransference numbered only 17. Examples of this type of reference are eager (Sherman, 2002), enlivened (Sherman, 2002a, 2005), positive (Elise, 2002; Mann, 1997; Meyers, 2001; Morrison, 1998; Rosiello, 2000;

Sherman, 2002), empathic (Elise, 1991). This imbalance illustrated how excruciatingly difficult these feelings are for therapists.

Developmental references

This theme referred to any reference to a developmental phase in either the therapist or the patient.

From the outset of the research it was clear that homoerotic feelings in both the transference and the countertransference were often understood in the context of the oedipal experience. For example, some authors embraced the bisexual nature of the pre oedipal and oedipal experience and portrayed the need for the therapist as mother or father figure to acknowledge the same sex erotic attraction in the transference and countertransference (Elise, 2002, 2002a, 2007; Kassoff, 2004; Mann, 1997).

Some authors spoke of the homoerotic nature of their own oedipal experience and how, if it was not acknowledged, it could negatively affect the therapeutic dyad and the potential for positive outcomes in the work. McDougall (1995), who identifies as heterosexual, thought her repressed homosexual wishes in relation to her mother stopped her being able to listen to and understand her patient.

Therapist arousal and / or expressions of homoerotic countertransference

This theme referred to any explicit descriptions of the manner in which the homoerotic countertransference manifested itself in the therapist or how the therapist expressed the phenomenon in the work. In this category there were many referrals to somatic responses such as erections (Elise, 2002), a racing heart (Sherman, 2002) or blushing (Elise, 2002). There were descriptions of erotic dreams (Elise, 2002; Hedges, 2011; Rosiello, 2001; Searles, 1959), raunchy dressing (Hedges, 2011; Maroda, 2001; Rosiello, 2001), and expressions of flirtatious bravado (Sherman, 2002). There were

more esoteric descriptions such as being propelled by an internal force (Elise, 2002; Sherman, 2002) or a sense of rhapsodic identification (Rosiello, 2001).

Fantasy

I noticed that fantasy was a word frequently mentioned in many of the coded meaning units, leading it to be named as a discrete theme. For example, Phillips (2002) talks of a recurrent fantasy with a patient based on their demeanour, the content of their sessions, their appearance. Sherman (2002) says that male analysts may recoil from the fantasy of being penetrated. Mann (1997) talks of his reaction-formation fantasy.

Enactment

This theme contained coded material that spoke to the conscious and unconscious 'acts' referred to as 'enactments', carried out by the therapist experiencing homoerotic feelings. There were a number of varying dimensions. For example, enactments as a means of avoiding the erotic in the work (McDougall, 1995), they could be sadomasochistic (Morrison, 1998), dangerous (Mann, 1997), impacted by gender or sexual orientation (Sherman, 2005), or organised around shame or confusion (Sherman, 2002).

Common defences associated with homoerotic countertransference

This theme referred to coded material that described ways in which the therapist defended against their homoerotic countertransference regardless of sexual orientation. Examples of defences include: minimising (Rosiello, 2001); collusion (Schwartz, 2000; Sherman, 2002); reaction formation (Sherman, 2002); rigid professional stance (Elise, 2002a; Sherman, 2002); sleepiness (Flower, 2007; Sherman, 2005); sudden forgetfulness (Sherman, 2002). The list was extensive.

The patient's perception of homoerotic countertransference

This theme related to the patient's perception of the therapist's homoerotic countertransference. Within this group were codes relating to both the positive and negative responses to the work and the therapist. Patients are often very aware of the therapist's countertransference even when it is not disclosed and this can have a powerful effect on the transference response. For example, the therapist could be experienced as seductive (Meyers, 2001); uneasy (Sherman, 2002); ambivalent (Rosiello, 2001); flirtatious (Sherman, 2005); or indifferent (McWilliams, 1996), each perception creating an impact on the dyad and the work.

Recommended therapeutic response to homoerotic countertransference

Many authors proffered opinion on what 'should' happen or have happened when homoerotic countertransference emerges leading to this category being formed. In terms of volume, this was a significant group of coded material. Ironically, some authors wrote about the importance of not avoiding the homoerotic countertransference, yet few attend to the phenomenon in their own published clinical material (McWilliams, 1996; Maroda, 2001). It appears the minimum requisite attribute in the therapist is awareness. Awareness of resistances (Mann, 1997) or the awareness of the therapists own oedipal experiences (Elise, 2002), can all seemingly facilitate coherence in the work.

Included here were codes that referred to features of the dyad for optimal outcome in the face of homoerotic countertransference. Trust (Rosiello, 2001), awareness (De Peyer, 2007; Elise, 2002; Flower, 2007; Frommer, 2002; McWilliams, 1996; Mann, 1997; Sherman 2002), emotional honesty (Rosiello, 2000), acceptance (Meyers, 2001; Schwartz, 2000) and a desire to know (Schwartz, 2000) were all features of this group.

Homoerotic countertransference in the literature

This theme refers to coded material that was grouped together because it referred to the nature of, or the absence of, the phenomenon in the literature. Examples of coded meaning units are as follows: writing about homoerotic countertransference seems dangerously uncertain (Sherman, 2002); there is a scarcity of reporting about it formally or informally (Mann, 1997); little written about same gender erotic countertransference (Mann, 1997; Sherman, 2002); literature on homoerotic transference and countertransference mostly written by females (Mann, 1997); little to help in literature re same sex feelings in therapy (Morrison,1998); not prepared for homoerotic countertransference in literature (Searles, 1959); McDougall provides rare clinical illustration (Rosiello, 2001). This is a small selection of the numerous coded meaning units that referred to homoerotic countertransference in the literature and a significant number that referred particularly to its absence.

The nature of homoerotic countertransference

This theme was a group of adjectives used in the literature to describe homoerotic countertransference as a phenomenon as opposed to a description of the therapist. It included destabilising (Frommer, 2002); difficult to understand (Flower, 2007); magnetic (Elise, 2002); sadomasochistic (Hedges, 2011; Mann, 1997; Sherman, 2002, 2005). This theme overlapped with many of the others and would later be reinvestigated in order to make greater sense of the underlying meaning in the context of this analysis.

Homoerotic countertransference as a transgression

Closely aligned to the above theme was a category of coded meaning units that specifically referred to homoerotic countertransference as a transgression characterised by danger and taboo. It was referred to as risky (Elise, 2002; Sherman. 2002), and

dangerous (Sherman, 2005). Homoerotic countertransference may be described as prohibited and as such difficult to discuss with colleagues (Elise, 2002; Mann, 1997; Sherman, 2002).

Metaphorical representations

Occasionally metaphors were used to describe the homoerotic countertransference hence the naming of this theme. For example, it was like Pandora's box or rough sex (Sherman, 2005). Sometimes the metaphor would describe the therapist's role, as choir boy for example (Sherman, 2002). Strands of mucus (Mann, 1997) or big feet (Sherman, 2005) were used to represent penis size. This illustrated some of the creative ways the countertransference was portrayed leading to 'metaphorical representations' becoming a theme.

Mutuality / intersubjectivity

Writing about homoerotic countertransference often referred to the intersubjective or relational attributes of the therapy which lead to homoerotic feelings in one or both members of the dyad. It is difficult to separate the transference and the countertransference and a seemingly futile exercise to try to establish who initiates the erotic when it is jointly experienced in the dyad (Rosiello, 2001a). There was a wide range of mutual experience written about in the literature but this research focussed on how mutuality was reflected in the countertransference. Feelings of being raped (Sherman, 2005); of phobic avoidance (Frommer, 2002); of longing (Sherman, 2005); arousal (Frommer, 2002; Kassoff, 2004; Phillips, 2002; Rosiello, 2001; Sherman, 2005) and a desire for closeness (Rosiello, 2001; Sherman, 2002) give a flavour of how mutuality was written about.

The professional superego

Many coded meaning units referred to a professional attitude toward the homoerotic. As there was frequently a moralizing, critical tone to these comments, they were referred to as 'the professional superego'. Some of the coded material categorised in this group included, expectation of censure from colleagues (Sherman, 2002), much internalised homophobia within the profession (Flower, 2007; Sherman, 2002), and expectation of prejudice by colleagues (Sherman, 2002). Phillips (2002) commented on how same sex erotic fantasies about patients felt like a moral and professional failure.

As many of the articles coded were reviews of other authors' work, there were many meaning units that reflected professional critique. Some of this critique was negative, some positive and there was a group of meaning units where the tone was more curious.

Some of the more critical suggestions by other authors were that the therapist had overlooked something important (Schwartz, 2000) or was voyeuristic (Maroda, 2001). Coen (1996) suggests Gabbard opts for a paternal transference rather than allowing intimacy to develop with a male patient and acknowledging his desire to be loved, and De Peyer (2007) questions whether Elise may have dissociated her sexuality.

Some of the coded meaning units reflected a positive critique of peers, describing their colleague's work as pithy (De Peyer, 2007); provocative (Frommer, 2002).

Summary

This chapter has provided an explanation of the precoding and coding process. It highlighted the use of the software tools Evernote; Microsoft Excel and Word. It has illustrated how these coded meaning units were grouped according to the theme that best described their underlying meaning.

After outlining how the first order themes were arrived at examples were provided illustrating how the literature supported these groupings. This was the first stage of the thematic analysis process. It provided a rudimentary order to the thousands of coded meaning units and a foundation from which to launch the next probe to discover the central overarching themes. Chapter Five will illustrate how further refinement of the themes occurred.

CHAPTER FIVE: SECOND GENERATION OF THEMES

This chapter outlines how the themes from Chapter Four were reanalysed and reframed to give greater depth of meaning. This correlates with Phase Four of Braun and Clarke's (2006) stages of analysis. "Phase 4 begins when you have devised a set of candidate themes, and it involves the refinement of those themes" (p.91). There are two levels to this review; firstly, reviewing at the level of the coded data extracts - looking for different patterns; reassigning any data extracts that do not fit into the reformulated themes; discarding any that do not fit. The second level is a review of the entire data set. This required a rereading of all the coded articles to ensure all the themes 'worked'. At this stage, any additional data that had been missed were coded (Braun and Clarke, 2006).

The primary list of themes and sub themes created an initial framework, but upon further reflection many did not fully illuminate the essence of the literature. A significant number of the themes seemed to reflect *who* had written about the phenomenon (and in particular the sexual orientation of the author) but fewer expressed *how* it had been written and *what* had been said. I returned to the meaning units with the purpose of winnowing the list down, until several salient descriptors were found that more accurately reflected the themes underpinning this literature. The aim was to describe a more abstract, higher order classification system given that the nineteen themes and their respective subthemes outlined in Chapter Four were some distance from the ultimate goal of finding three or four overarching themes. This is expected at this stage of the research as Braun and Clarke (2006) explain:

> During this phase, it will become evident that some candidate themes are not really themes (e.g. if there are not enough data to support them or the data are too diverse), while others might collapse into each other (e.g. two apparently separate themes might form one theme) (p.91).

The data was reanalysed, with the objective of getting nearer to the essence of the material. As Ryan and Bernard note (2003):

> You know you have found a theme when you can answer the question, 'What is this expression an example of?' Themes come in all shapes and sizes. Some themes are broad and sweeping constructs that link many different kinds of expressions. Other themes are more focused and link very specific kinds of expressions (p.88).

Many of the theme headings remained unchanged. A few were reviewed with the research question in mind. For example, for each theme I would ask, 'is this telling me anything about *how* homoerotic countertransference is written about?' When I felt the theme did not answer the question, the theme was collapsed, and the meaning units that sat beneath it redistributed to other theme headings. An example of this occurred with the category 'sexual orientation'. Upon reflection, I considered this to be an unhelpful categorisation, as the diversity of material in the literature by homosexual and heterosexual authors was vast and could not be generalised under this category heading and its sub themes. It did not ultimately assist with answering the research question.

Other themes, for example 'comments related to gender', were also collapsed and redistributed because like sexual orientation, the theme illuminated very little about how homoerotic countertransference was written about. Once again this involved uplifting the coded meaning units from beneath their previous theme heading and reallocating them, according to either the affect or action underlying what was being said. Affect illustrated *how* authors felt about homoerotic countertransference and action informed *how* authors responded to the phenomenon, both important links to the broader question; *how* is homoerotic countertransference written about in psychoanalytic literature?

An abridged example of how this occurred can be seen in Table 6, where I have taken one of the theme headings from the previous chapter, included a selection of the coded

meaning units that were listed beneath it, and shown how these meaning units were

reassigned to a new theme heading.

Table 6. *Illustration of the recoding process*

First order theme – "Difficulties for the therapist" which contained the following coded meaning units:	Coded meaning units were reassigned to the following theme headings:
Homoerotic lust not acceptable in therapist	Desire
	Professional superego
	Homophobia
Danger of acting out	Desire
	Enactment
	Dangerous
Tensions are present between danger and anxiety	Desire
	Fear
	Dangerous
Therapist has difficulty claiming darker aspects of own affective experience	Desire
	Defending against / resistance
	Difficult
HECT can destabilise	Desire
	Difficult
Difficult to talk about erotic feelings towards patients	Desire
	Difficult
	Homophobia
	Professional superego
Avoidance could link to something disturbing about patient's sexuality	Desire
	Avoidance
	Beneficial potential of HECT

This phase of the research involved a much more interpretative approach to the analysis

as I attempted to get underneath the surface of the writing. For example, in the above

table you can see that I have interpreted that the coded meaning unit 'Avoidance could

link to something disturbing about patient's sexuality' as implying that the therapist

could learn something that would be useful about the patient from observing their

reaction to homoerotic countertransference, hence it is placed under the theme

'Beneficial potential of homoerotic countertransference'.

Once this process of redistribution was complete, the number of themes was eighteen

(see Appendix B). This was not significantly fewer than the first ordering; however, the

themes chosen in this reappraisal seemed to better answer the research question 'how' is

homoerotic countertransference written about in psychoanalytic literature as opposed to

'who' had written about the phenomenon. Many of the themes from the previous

chapter were retained and are listed in Table 7. (Appendix C provides an illustration of

the movement from first generation themes to second generation themes).

Table 7. *Themes retained from first ordering to second*

Homoerotic countertransference seen as a transgression
Therapist negative affect
Common defences (renamed as Defending against or resistance)
Professional superego
Enactment
Homophobia comments
Developmental references

The following is an outline of the categories chosen for this second appraisal of themes.

A definition of each of the themes is given and also an explanation of why I thought

they remained relevant to the analysis.

Homoerotic countertransference seen as a transgression

This theme is retained from the first categorisation of coded meaning units as it directly related to 'how' homoerotic countertransference was written about. Homoerotic countertransference is frequently described as a transgression or a transgressive act and in this context, is defined as the contravening of explicit or implicit rules of psychoanalysis. Women were seen as less likely than their male colleagues to view their homoerotic countertransference as transgressive (Frommer, 2002). Men develop emotional deafness in response to a male patient's erotic transference, to ward off their sense of transgression (Frommer, 2002). Others believed that we need to be able to tolerate the sense of transgression that is associated with acknowledging our erotic desire. If we cannot tolerate this, we cannot expect a patient who is struggling with their desire to be able to tolerate it (Elise, 2002).

Therapist negative affect

This remained a theme in keeping with findings in Chapter Four. The category contained any adjective or adverb that described how the therapist felt when considering or experiencing homoerotic countertransference; for example, agonised (Elise, 2002a; Sherman, 2002a), agitated (Hedges, 2011), conflicted (McWilliams, 1996), disturbed (Elise, 2002), envious (De Peyer, 2007; Meyers, 2001), humiliated (Phillips, 2002), and queasy (Sherman, 2002). If there was a high volume of a particular affect in the codes, it became a category in its own right; for example fear, shame, and guilt were themes in this redistribution of coded meaning units based on the number of codes that referred specifically to this type of affect.

Defending against or resistance and Professional superego

Both these themes were retained with no change in definition from the previous phase

of coding. Some additional coded meaning units appeared under these headings after

the gender and sexual orientation themes were collapsed.

Enactment

Enactment also remained from the previous list of themes due to the many references by

authors to either the occurrence of, fear of, or the potential for enactment to occur. A

large list of relevant coded material was produced. Examples of how enactment was

written about are as follows: therapist and patient worry that dangerous enactments will

occur (Mann, 1997). Enactments were seen as co-created and inevitable (Rosiello,

2001) and viewed as part of doing the work (Rosiello, 2001); accusations of the

therapist titillating and of being deliberately seductive due to their homoerotic

countertransference (Maroda, 2001). Sherman (2002) talks about sexual attraction

being in the foreground in a gay dyad and how highly charged enactments can occur in

the service of avoiding real intimacy.

Homophobia

As with the first generation theme 'comments relating to homophobia', this theme

contained any reference to either explicitly mentioned, or implied, homophobia. An

example would be Flower's (2007) comment that psychotherapists and the theories that

underpin practice are equally vulnerable to homophobic dynamics. Friedman (1998) in

his writing muses that homosexual feelings are unacceptable for both therapists and

patients. This could be seen as either homophobic if the therapist and / or patient is

heterosexual, or a reflection of the internalised homophobia of a gay therapist.

A large percentage of the codes were perceived as belonging under this theme without

explicit mention of homophobia. For example, the coded meaning unit 'misconception

of greater potential for a boundary violation in a gay male dyad' (Frommer, 2002) I interpreted to be alluding to homophobia based on the use of the word misconception. Due to the significant number of meaning units that could be coded under this theme, it was flagged as a potential overarching theme for the next round of sorting.

Developmental references

The oedipal perspectives on homoerotic countertransference remained a dominating presence within the literature, justifying its retention as a theme. It was frequently a way authors defended or made sense of the phenomenon. For example homoerotic countertransference was linked to a healthy aspect of the oedipal complex (Elise, 2002a; Mann, 1997). The oedipally oriented incest taboo was cited as one reason therapists may be inhibited about examining their attraction to same sex patients (Elise, 2002).

Forbidden

I defined the theme forbidden as any reference that suggested that homoerotic countertransference was not allowed. This included meaning units such as therapist feels like an outlaw (Sherman, 2002), therapist feels like sharing something dirty and forbidden (Sherman, 2002). Homoerotic countertransference is referred to as an unacceptable desire (Mann, 1997; Morrison, 1998).

The theme 'forbidden' had a close semantic relationship to other themes such as 'dangerous' and, in particular, 'homoerotic countertransference seen as a transgression', however, I felt they were different enough in nuance to justify separating them at this stage. For example, the theme 'homoerotic countertransference seen as a transgression' contained more meaning units that referred to how homoerotic countertransference was viewed should it occur. It leaned more towards the nature of the phenomenon. 'Forbidden' encapsulated writing that opined that it should not occur at all.

Fear

This category was predominantly borne out of the first order theme 'negative therapist affect' where it referred to the many meaning units that mentioned therapist anxiety or fear in relation to homoerotic countertransference. The fear written about traversed many different aspects of the work. Sherman (2005) fears his desire in relation to a straight patient will be found out. A mutual desire to be penetrated may create fear in both the therapist and patient according to Rosiello (2001). Schwartz (2000) links avoidance with fear, in that the therapist and patient collude to avoid something frightening for them both.

At this point of the research, I could see that fear was a prevalent theme and it shared a close relationship with many of the other categories named such as defences associated with homoerotic countertransference. I did not wish to prejudge fear as being an overarching theme as it felt premature to do so, but I held it in mind as a potentially broader construct in the context of this analysis. I continued with an examination of each of the sub headings that had been forged.

Shame

Like fear, shame emerged from the previous theme 'therapist negative affect' based on the number of references that were made to the phenomenon. It appeared in many guises within the writing on homoerotic countertransference. It was cited as a complementary feeling in response to the patient's homoerotic transference (Sherman, 2002a). It was sometimes linked to perceived scripts for gender determined behaviour, for example, feeling sexy can feel disempowering or bad for women (De Peyer, 2007). De Peyer (2007) also thought that shame inhibits the female embodiment of desire therefore impacting on the homoerotic countertransference.

Shame was occasionally linked to the patient's response, based on how a therapist managed their homoerotic countertransference. For example, if a therapist avoids the erotic material in same sex dyads, then the patient can feel shame that potentially mirrors previous experiences concerning their sexuality. This is particularly pertinent for gay and lesbian patients (Sherman, 2005). Sherman (2002a) discusses the value of using humour when there is an erotic charge in the dyad but there is the potential that this can further shame the patient. There were examples where authors interpreted shame as being a feature of a colleague's work that they were critiquing (Frommer, 2002; Morrison, 1998). Sometimes shame was linked to having any sexual feelings at all as a therapist (Elise, 2002; Maroda, 2001; Rosiello, 2001).

Similarly to fear, the recognition of shame in the countertransference was seen as a potential alert to something of the patient's experience therefore, it could be interpreted as offering a positive dimension to the therapeutic experience (Phillips, 2002).

Guilt

Guilt in relation to homoerotic countertransference was territory dominated by gay and lesbian authors. Many of the references to guilt were connected to the taboo of same sex attraction. Phillips (2002) thinks that even when no boundary is broken the therapist can feel guilty about homoerotic countertransference. Speaking more generically about guilt, Frommer (2002) suggests that it can throw us off balance; however we need to allow room for the erotic in ourselves to exist and then wonder to whom do the feelings really belong?

Desire

At this stage of the research, desire seemed to be claiming its resolute place as a theme. It had an inescapable presence no matter how you looked at both explicit and latent meaning in the literature. It encapsulated fantasy and many of the positive and negative

descriptions of the experience of homoerotic countertransference could be directly linked to the therapist's desire. It also encapsulated the previous themes 'therapist arousal', or 'expression of homoerotic countertransference', that were evident in much of the clinical material presented. It frequently contained codes that could be located under a number of different themes which hinted at its centrality as a potential overarching theme. For example, Frommer (2002) believes that "the ability to engage in enactments that contain exiled desires is also important" (p.683) and later in the paper he explains how homoerotic desire is linked to shame for both the therapist and patient, which in turn can lead to dissociation. This coded meaning unit would also be coded under 'shame' and 'defending against or resistance'.

Schwartz (2000) discusses the impact of desire in a colleague's clinical presentation and notes how the therapist shies away from exploring sexually charged material. Again this is an example of both avoidance and desire.

Desire is an integral part of the oedipal conflict which frequently gets replicated in the transferential relationship. De Peyer (2007) discussing Elise's work (2007), stresses the importance of the daughter experiencing the mother's homoerotic desire, as it is an important step in the development of a healthy sexual agentic self.

Qualities in the therapist

The theme 'qualities in the therapist', referred to a vast number of references to the attributes a therapist needed in order to successfully utilise the homoerotic countertransference. For example, they need to be level headed or be able to feel the polymorphous trends (McWilliams, 1996). When closely examined, all the qualities written about, relied heavily on therapist acceptance, accepting of the possibility and the potential of homoerotic countertransference. For example, a need to be tolerant

(Flower, 2007); a need to allow discomfort (Elise, 2002); a need to allow a full range of sexual feelings (Sherman, 2002); a need to lift superego injunctions (Frommer, 2002).

Difficult

The theme 'difficult' is a rather latitudinous appellation, however, it was used to describe a perceived attitude towards homoerotic countertransference in the literature. Difficult sometimes referred to the difficulty in approaching passion for the same sex. It also included the difficulty in recognising homoerotic feelings towards the patient and the difficulty in negotiating these feelings in treatment. This difficulty was associated with homophobia which may stem from both cognitive and emotional sources (Elise, 2002a).

Sherman described writing about homoerotic countertransference being like swimming in choppy seas (Sherman, 2002a).

Dangerous

Not a lot separates the themes 'difficult' and 'dangerous'; however, if relying on semantics alone, there appeared to be sufficient naming of 'danger' to create a discrete category. Predominantly comments mentioning danger were linked to enactment (again a theme in its own right). For example, David Mann (1997) talks of the way homoerotic desire evokes a sense of danger based on the fear of enactment in both the therapist and the patient.

Danger appeared in the literature in a multitude of guises. Linda Meyers (2001) presents a clinical case where she realises that her awareness of her own desire is essential, otherwise she becomes another dangerous predator to her female patient. Sherman (2005) writes about a case where he interprets his falling asleep while the patient remains awake, as a means of warding off sexually arousing feelings. He felt

that the patient had induced the sleep as a means of keeping his own "intolerable feelings of closeness" (p.90) out of consciousness. He could not risk the therapist becoming aroused as it was too dangerous.

De Peyer (2007) thinks there is an element of danger in owning your homoerotic desire. She links this to the need to survive the same sex parent's rejection during the oedipal phase, which is duly connected to the disappointing realisation that you cannot compete with the erotic connection of your parents.

Seduction

Seduction is a new theme in this phase of the analysis, based on the number of references to either the therapist or the patient feeling seduced as the result of homoerotic countertransference. In the first categorisation of coded material, there was a theme 'patient's perception of homoerotic countertransference' which included several references to seduction. As I was now refocusing on 'what' was being said rather than 'who' was saying it, these seduction oriented meaning units were now recategorised under this new theme heading. Occasionally writers would critique the work of their colleagues and highlight the seductive elements as Maroda (2001) did with Rosiello. She believed that Rosiello was unaware of her seductive behaviour with her patient.

However, like several of the other themes, seduction was not exclusively negatively portrayed in the writing about homoerotic countertransference. Similar to the themes such as 'fear' and 'shame' it had a positive dimension, whereby it could enhance the therapeutic experience by alerting the clinician to something important about the patient. A fantasy of seduction was felt to allude to something important about Phillips' (2002) patient.

Avoidance

Looking at the earlier theme 'common defences associated with homoerotic countertransference', a standout feature is avoidance in various semblances. Examples of coded material are; avoidance leads to collusion (Schwartz, 2000), avoidance of engagement with homoerotic elements bogs down treatment (Frommer 2002).

Avoidance had a strong relationship to many of the other themes. It was frequently linked to the professional response to homoerotic countertransference. Some authors wrote about the negative impact of avoidance particularly its potential for increasing shame (Sherman, 2005). Phobic avoidance was seen as a potential reason for not mentioning homoerotic countertransference in professional literature (Sherman, 2002).

Once again avoidance could be seen as a purveyor of useful information for the therapist, hinting at the beneficial potential subsumed within this theme. For example, if the therapist attends to her own avoidance of same sex erotic desires, it may alert her to something critical in the patient's experience. McDougall (1995) provides a clear example of this in her paper. Sherman (2002) suggests that the avoidance of homoerotic countertransference is potentially an alert to something disturbing about the patient's sexuality. Elise (2002) also uses her awareness of same sex oedipal desire to understand what her patient was avoiding in the transferential matrix.

Beneficial potential of homoerotic countertransference

The beneficial potential of homoerotic countertransference remained a theme in psychoanalytic writing and was therefore retained as a category. This theme included any reference to a positive outcome related to the phenomenon. An earlier theme 'recommended therapeutic response to homoerotic countertransference' included codes that could be incorporated under this new, broader theme in the recategorisation.

Elise (2007) spoke of how journeying in the countertransference allowed a better understanding of a patient's transference fantasies. De Peyer (2007) spoke of the potential for the analyst to develop through attending to the countertransference. Frommer (2002) talks of increasing the capacity for love, sexual desire and intimacy by attending to the homoerotic countertransference

Codes appearing under the previous sub theme of 'therapist positive affect', were now in part, redistributed to this theme. They were also subsumed within the categories of seduction and desire, as without exception, every adjective or meaning unit could accurately be applied to either of these two themes. Examples of positive affect reallocated to the themes desire and seduction are as follows: titillated (Maroda, 2001; Sherman, 2002); enlivened (Sherman, 2002a, 2005); enticed (Frommer, 2002); longing (De Peyer, 2007; Flower, 2007; McWilliams, 1996; Phillips, 2002; Rosiello, 2001; Sherman, 2002, 2005).

Summary

This chapter has shown how the coded material was reframed into themes that better addressed the research question. Some ideas were germinating about what the final themes might be and it was time to take each category and explore more fully the latent meanings in each. What unified each of the codes? What qualities were synergistic? The following chapter will elaborate on this exploration and detail how the final overarching themes emerged.

CHAPTER SIX: THE FINAL THEMES

In the previous chapter, I had condensed the data down to eighteen themes based on the essence of what I interpreted within the chosen psychoanalytic literature. There was now a reasonable thematic map of all the data but further refinement was required. I now embarked on Phase Five of Braun and Clarke's (2006) thematic analysis which involves "identifying the 'essence' of what each theme is about (as well as the themes overall), and determining what aspect of the data each theme captures" (Braun & Clarke, 2006, p 92).

The eighteen broad themes outlined in Chapter Five represented both explicit and implicit meaning regarding homoerotic countertransference in the analysed literature. Some of these themes had been evident from the first analysis of the chosen material, for example, desire and fear. Others emerged as the work progressed. Now the objective was to ascertain if there was a coherent relationship between these categories and to illuminate any overarching theme or themes that bound them in a meaningful way. This chapter will outline how I carried out this process, distilling the material into four predominant themes. I will offer a rationale for each of my choices. I undertook this phase in two stages.

Stage One

Stage One involved an allocation of the previous chapter's themes into four discrete categories based upon what I considered to be synergistic concepts. Any repetition of ideas guided the process, as I perused the themes. I repeatedly posed the question, 'what is this reminiscent of?' I was looking for any obvious characteristic that linked them or separated them.

Fear

Avoidance, homophobia, defending against / resistance, fear, therapist negative affect, professional superego, enactment, and dangerous all seemed to have elements of anxiety and fear in them. I cut and pasted these themes into a group with all their respective coded meaning units beneath them. I read through the meaning units and, with a yellow highlighter pen, I marked each piece of coded material that had an element of fear embedded within it. The list was extensive.

Table 8. *Illustration of second generation themes that were attributed to the overarching theme of Fear*

Dangerous	Fear
Professional Superego	Fear
Homophobia	Fear
Fear	Fear
Enactment	Fear
Avoidance	Fear
Defending Against / Resistance	Fear
Therapist negative affect	Fear

Taboo

The next stand out feature of the remaining themes was a sense of taboo regarding the phenomenon. Transgression, forbidden, shame, guilt and difficult easily fell into this broader theme. Again I cut and pasted them into one larger group. I went through each of the coded meaning units and marked those that supported this proposition with a blue highlighter.

Table 9. *Illustration of second generation themes attributed to the overarching theme of Taboo*

HECT seen as a transgression	Taboo
Forbidden	Taboo
Shame	Taboo
Guilt	Taboo
Difficult	Taboo

In considering both fear and taboo, I wondered whether these two categories were sufficiently different to both be considered primary themes in the literature. I concluded that, yes, they were distinct in important ways. Freud helped me clarify my thinking. He commented, "Taboo is a primaeval prohibition forcibly imposed (by some authority) from outside and directed against the most powerful longings to which human beings are subject" (Freud, 1950, p. 35). For a more contemporaneous definition from Fershtman, Gneezy and Hoffman, (2008) "A taboo is an "unthinkable" action, that is, even the thought of violating it triggers social punishment. Taboos are the social "thought police," discouraging individuals from considering certain type of actions" (p.1). It appeared that taboo linked to homoerotic countertransference was related to an external authority, to the collective attitudes of the profession, to the influence of society's response to same sex attraction. Within the literature, taboo was evidenced, for example, in Mann's (1997) comment that homoeroticism in the therapeutic relationship is more alarming because homosexuality is still believed to be a perversion by some people. Frommer (2002) comments that homoerotic countertransferences in males and females are multiply transgressive sites. These comments reflect the attitudes of the wider society as they impact on and are experienced in the therapist. Fear, whilst similar to taboo, is sufficiently different to justify these being separate themes. If taboo

reflects the external prohibition of wider society in relation to homoerotic

countertransference, fear is often the internal manifestation of this external pressure,

within the clinician.

Desire

This now left the themes of desire, developmental references, beneficial potential of

homoerotic countertransference, qualities in the therapist and seduction. Desire and

seduction were quite clearly linked, so I cut and pasted them into the new Word

document and highlighted their coded meaning units in green. I assigned the moniker

'desire' to this new broader category.

Table 10. *Illustration of second generation themes attributed to the overarching theme*

of Desire

Desire	Desire
Seduction	Desire

Acceptance

Thinking about the themes 'beneficial potential of homoerotic countertransference' and

'qualities in the therapist', I decided that the binding characteristic was an 'acceptance'

of the phenomenon. These groups were highlighted pink.

Table 11. *Illustration of second generation themes attributed to the overarching theme*

of Acceptance

Beneficial potential of HECT	Acceptance
Qualities in the therapist	Acceptance

Developmental

This left the second generation theme 'developmental references'. Looking at the coded

meaning units that this theme embraced, I realised that of the four themes I had arrived

at, desire, fear, taboo and acceptance, there were developmental references that

traversed each of these, often multiple times. For example the coded meaning units in

Table 12 were attributed to the second generation theme developmental references. The

table illustrates how these coded meaning units could then be related to the broader

overarching themes of desire, fear, taboo and acceptance. I was tempted at this point to

name 'developmental' or more specifically 'oedipal', as a fifth discrete theme but

decided that whilst developmental references were prevalent they were not predominant

in the same way as the other four named themes. I will elaborate further on this

decision later in this chapter.

Table 12. *Illustration of the redistribution of coded meaning units related to*

Developmental References

Coded meaning units related to Developmental References	Distribution into new broader themes
Therapist as father experiences lust as incestuous	Taboo Desire Fear
Same sex desire seen as healthy part of oedipal situation	Desire Acceptance
Gets patient in touch with need to be desired by father figure	Desire Acceptance
Ignoring desire avoids intimacy – therapist becomes rejecting mother.	Desire Fear

Stage one had involved a straightforward distribution of all the second generation

themes into the four overarching themes. At this point I began to wonder, if

developmental references traversed all four themes, then perhaps this applied to other

themes? Perhaps they too traversed multiple categories? This led to the second stage of

identifying overarching themes – the search for any potential overlap or intersection of

ideas.

Stage Two

Stage Two involved a more intense scrutiny of the four identified themes. As Braun

and Clarke (2006) outline, this methodology permits back tracking to previous stages of

the analysis in order to achieve the best results. The purpose of this is to ensure that if

these broader themes are to be linked, that they have to have a genuine relationship with

each other and this stage was about looking for the relationship between the four

themes.

The following will illustrate how I interpreted desire, and how it had a presence in all

references to homoerotic countertransference in the literature.

> **Desire**
>
> v.t To wish or long for, crave, to hanker after, to covet, to yearn for,
> to solicit and to have a sexual appetite for (Collins Dictionary of the
> English Language, 2001).

Desire appears in all the above guises within the researched literature. Applying criteria

outlined by Opler (as cited in Ryan & Bernard, 2003), it was clear that desire was the

central theme in this analysis. Opler believed that the importance of any theme related

to:

> (1) how often it appears, (2) how pervasive it is across different types
> of cultural ideas and practices, (3) how people react when the theme is

> violated, and (4) the degree to which the number, force, and variety of
> a theme's expression is controlled by specific contexts (p.87).

In naming desire as a central theme, I expanded on my original definition from the previous chapter, now viewing it in a broader, more inclusive sense. I saw it as being much more than fantasy, seduction, and enactment. It occupied a latent presence in all the second generation themes when I fully considered what was central to each meaning unit.

Desire's relationship to love, arousal, and excitement is clear. It also underpins all the defences named in the coding. Avoidance and disavowal are both ways of neutralising desire. Desire was written about by many of the authors as being dangerous (De Peyer, 2007; Mann, 1997; Meyers, 2001; Morrison, 1998; Sherman, 2002, 2002a, 2005) or anxiety provoking (Coen, 1996; Elise, 2002, 2002a; Flower, 2007; Hedges, 2011; Kassoff, 2004; Mann, 1997; Meyers, 2001; Morrison, 1998; Sherman, 2002, 2005). It was also frequently seen as problematic (Coen, 1996; Elise, 2002, 2002a; Flower, 2007; McWilliams, 1996; Mann, 1997).

Guilt was affectively linked to the therapist's desire, for example Sherman (2005) speaks of how the guilt related to his desire prevented him from "thinking straight" (p. 62). Phillips (2002) thinks therapists feel guilty about arousal even when no boundary is actually broken. Arousal, I interpreted in this case, being a physiological response to desire.

Homoerotic desire evokes worry about dangerous enactments in both patient and therapist (Mann, 1997). Ownership of desire in the therapist feels dangerous for some (De Peyer, 2007). Sherman (2002) describes writing about homoerotic countertransference as 'dangerously uncertain'.

There were coded meaning units where some licence was taken in interpreting desire as a component. For example, with a meaning unit like, 'gay therapist afraid of leading patient on' I would make the assumption that desire is implicit in the meaning unit.

As the analysis progressed, desire had moved from being linked only to desire and seduction to now permeating all aspects of the literature on homoerotic countertransference. It underpinned both the positive and negative aspects of the clinician's experience and was central to the earliest developmental explanations of erotic connection.

Table 13. *Full list of second generation themes reappraised as having links to Desire*

HECT seen as a transgression	Desire
Forbidden	Desire
Shame	Desire
Guilt	Desire
Difficult	Desire
Dangerous	Desire
Professional Superego	Desire
Homophobia	Desire
Fear	Desire
Enactment	Desire
Avoidance	Desire
Defending Against / Resistance	Desire
Therapist negative affect	Desire
Desire	Desire
Developmental references	Desire
Seduction	Desire
Beneficial potential of HECT	Desire
Qualities in the therapist	Desire

Fear

> n. The anxiety that is produced in relation to the outcome of
> something. An unpleasant emotion caused by the threat of danger,
> pain, or harm. The likelihood of something unwelcome happening
> (Collins Dictionary of the English Language, 2001).

Having recognised desire as ubiquitous, I reappraised fear as an overarching construct.

In the previous chapter I had named fear as a theme based on any reference to anxiety or

fear. However, just as I had with desire, I broadened my concept of fear. For example,

in the second generation themes, fear included any reference to fear or anxiety. I now

looked at the second generation themes and the coded meaning units that related to them and I interpreted that a significant portion of them were generated by fear or anxiety, or that this affect was embedded somewhere in the latent meaning. I will illustrate this in due course.

Fear is at times closely linked to 'enactment'. For example, Maroda (2001) thinks that the difficulty in working with erotic transferences, no matter the sexual orientation of the dyad, is the combination of fear and a desire that they will be acted on. Coen (1996) writes of ways others well versed in the complexity of erotic countertransference such as Glen Gabbard, managed their fear of homoerotic countertransference, opting for interpreting a paternal transference rather than working with the mutual desire for love that was in the room.

Fear did not maintain a solely negative thematic presence in the literature. Some authors wrote about the impact of facing their fear of homoerotic countertransference and how it aided the patient (Flower, 2007; Phillips, 2002). Fear was, more often than not, linked to the defences against homoerotic countertransference for example, denial of homoerotic countertransference unwittingly increased fears of being manipulated or misused in the patient (Meyers, 2001). Fear was implicit in any homophobic coded meaning unit and they were numerous. It was also a significant contributor to the categories of dangerous, and developmental references. Avoidance and fear were often entangled, for example, Coen (1996), Elise (2002a) and Mann, (1997) all refer to avoidance as being a way of preventing something painful occurring. Fear was written about as though it emanated from within the individual.

As previously discussed, fear and desire were clearly linked. Subsequently, when the other two central themes of taboo and acceptance were identified, it was clear that fear was also closely linked to these themes as well. For example with the coded meaning

unit 'tensions present between danger and anxiety' (Sherman, 2002) I could recognise elements of fear, taboo and desire. Likewise with 'gay therapists afraid of being out of control' (Rosiello, 2001; Sherman, 2005), there are elements of fear, taboo and desire.

Fear and acceptance could have a positive impact on the work as Meyers (2001) illustrates. She felt that the therapist's acceptance of her own sexual feelings and that of the patient, helped abate the patient's fear of abandonment. Fear and acceptance in this case add an unpredictable potency to the work.

After careful scrutiny of the meaning units, I could link fear to the themes listed in Table 14.

Table 14. *Full list of second generation themes that had a relationship to Desire and Fear*

Dangerous	Desire; Fear
Professional Superego	Desire; Fear
Homophobia	Desire; Fear
Fear	Desire; Fear
Enactment	Desire; Fear
Avoidance	Desire; Fear
Defending Against / Resistance	Desire; Fear
Therapist negative affect	Desire; Fear
Desire	Desire; Fear
Developmental references	Desire; Fear
Beneficial Potential of HECT	Desire; Fear
Qualities in the therapist	Desire; Fear

Taboo

> n. A custom prohibiting or restricting a particular practice or forbidding association with a particular person, place, or thing (Collins Dictionary of the English Language, 2001).

If the significance of a theme is related to the frequency of its appearance or the response to its violation (Opler as cited in Ryan & Bernard, 2003), then taboo asserts itself as a theme of some prominence. It is almost as thematically pervasive as desire in the literature.

The themes and sub themes identified in this analysis support this proposition. Taboo relates to all but two of the previous chapter's themes. For example, transgression suggests a violation of accepted or imposed boundaries, especially those of social acceptability. It implies the breaking of a socially-constructed taboo. There is a large body of evidence that the profession viewed homosexuality, and by inference same sex attraction, as a transgressive activity, therefore taboo. This is exemplified in any meaning unit with a homophobic or heteronormative reference. Sherman (2002a) believes that society's views of what is normal and acceptable get transgressed when a therapist experiences homoerotic countertransference. This relates to homonegativity which is directed at anything that is believed to be a flouting of conventional, acceptable practice.

As established in Stage One of this phase, transgression, forbidden, shame, guilt, avoidance, all had a relationship with the theme of taboo. I was able to add developmental references and professional judgement to this theme as they, too, had elements of taboo embedded in them. The incest taboo was most commonly mentioned when homoerotic countertransference was linked to the oedipal phenomenon (Elise, 2002, 2002a; Mann, 1997; Sherman, 2002). Professional judgement was linked to

taboo with coded meaning units such as Friedman's wondering whether any same sex feelings were acceptable (Friedman, 1998; Morrison, 1998).

There is a sense of taboo that causes confusion, guilt and secrecy particularly amongst gay practitioners (De Peyer 2007; Morrison, 1998; Sherman, 2002). There is the sense that acknowledging the homoerotic countertransference will expose you to shame and professional judgement (Coen, 1996; Friedman, 1998; Morrison, 1998; Rosiello, 2001). Frommer (2002) felt that homoerotic countertransference represented multiple transgressive sites because it frequently violates the socially constructed roles linked to gender. If an individual feels that they have transgressed a societal taboo, shame can become the by-product. Denial of homoerotic feelings in the therapist may be linked to a taboo surrounding the procreative primal scene (Mann, 1997). Some authors wonder whether *any* homosexual feelings are acceptable in the work (Friedman, 1998; Morrison, 1998).

As all the coding was revisited, it appeared that there was a distinction between fear and taboo yet there was also a strong relationship between them. Therapist negative affect, enactment, professional superego, desire, fear, avoidance, defending against / resistance, homophobia, dangerous, and developmental references are themes that transcended both categories. Perhaps one of the most omnipresent examples of the marriage of fear and taboo is homophobia which is frequently mentioned in the context of homoerotic countertransference. Flower (2007) refers to its pervasiveness in the following quote:

> Psychotherapists working with gay men may well then have to
> contend with a range of responses that are rooted both in collective
> homophobia and unconscious homosexual feelings, including towards
> their own same sex parent" (Flower, 2007, p.440).

Table 15. *Full list of second generation themes that had a relationship with Desire,*

Fear and / or Taboo

Dangerous	Desire; Fear; Taboo
Professional Superego	Desire; Fear; Taboo
Homophobia	Desire; Fear; Taboo
Fear	Desire; Fear; Taboo
Enactment	Desire; Fear; Taboo
Avoidance	Desire; Fear; Taboo
Defending Against / Resistance	Desire; Fear; Taboo
Therapist negative affect	Desire; Fear; Taboo
Desire	Desire; Fear; Taboo
Developmental references	Desire; Fear; Taboo
Seduction	Desire; Taboo
Beneficial potential of HECT	Desire; Fear
Qualities in the therapist	Desire; Fear
HECT seen as a transgression	Desire; Taboo
Forbidden	Desire; Taboo
Shame	Desire; Taboo
Difficult	Desire; Taboo
Guilt	Desire; Taboo

Acceptance

The final overarching theme that illustrates how homoerotic countertransference is
written about in psychoanalytic literature is acceptance. This is a broad, inclusive
theme which I have defined as a willingness to undertake an exploration of homoerotic
countertransference even in the face of personal and professional discomfort. I also

viewed it as willingness to consider homoerotic countertransference as being valid and potentially useful.

The second generation themes of homoerotic countertransference seen as a transgression, shame, guilt, forbidden, fear, avoidance, desire, developmental references, homophobia, defending against / resistance, beneficial potential of homoerotic countertransference, qualities of the therapist and seduction all linked to this broader theme in some way.

As explained earlier in the research, when homoerotic countertransference was written about in a positive light, its potential as a therapeutic tool was frequently referred to. The following are a selection of meaning units that were included under this theme and as you can see they were linked strongly with the theme of desire.

Table 16. *Illustration of coded meaning units linked to both Desire and Acceptance*

literature on homoerotic countertransference mostly written by females	desire and acceptance
can arise in any treatment	desire and acceptance
therapist needs to make use of the homoerotic	desire and acceptance
therapist needs to engage in dangerous psychic acrobatics	desire and acceptance
relationship between symbolic sexual "play" in analysis and the capacity for creativity	desire and acceptance

Sometimes a seemingly negative affect like shame was interpreted from a positive point of view. For example, Frommer (2002) thought shame in response to homoerotic countertransference could be useful, as it can allude to something in the patient. Similarly, Mann (1997) thought homoerotic desire could be an expression of pre oedipal sexuality when we were more in touch with polymorphous perversity. Many of the authors (De Peyer, 2007; Elise, 2002a, 2007; Mann, 1997 to name a few) spoke of the

power of the homoerotic countertransference in an oedipal sense. The patient / child feels desired by the same sex parent which is often a reparative developmental experience. Others spoke of the loss if this has not occurred either in the patient's past or in the transferential matrix (De Peyer, 2007).

Acceptance was characterised in many comments in the literature by what a therapist could or should do in response to their homoerotic countertransference. Whilst not explicitly stated, this implied that acceptance of the phenomenon could lead to some positive gain therapeutically. An example of such a comment is the following from McWilliams (1996) who said, to help gay and lesbian patients, straight therapists need awareness of non-dominant wishes. Flower (2007) also said that grappling with one's homophobia and defences leads to acceptance and therefore greater depth to the work.

Some of the literature alluded to how we become fixed in the meanings we attribute to feelings and actions that link us to a particular sexual identity. This can also limit the work that we do. Some of the analysed material acknowledged this in relation to homoerotic countertransference and made reference to what could be achieved if clinicians remained more open to their countertransferential experience (Elise, 2002; Flower, 2007; Mann, 1997; Meyers, 2001; Searles, 1959; Sherman, 2002). Sherman (2002) felt in his treatment of Kevin that the sensual desire that infused the treatment created potential. He valued his ability to play with the homoerotic countertransference as it had a potentially positive impact for the patient. A therapist's acceptance of her own sexual feelings and those of the patient, helped abate the patient's fear of abandonment (Meyers, 2001). Potential was created when the therapist was prepared to confront their own prejudices (Flower, 2007; McWilliams, 1996; Mann, 1997). Coded meaning units such as these came within the scope of acceptance. I supposed that the authors are implying that if the therapist accepts their own process, then the work is enriched.

Beneath the umbrella of acceptance was a theme from the previous chapter 'qualities in the therapist'. This theme included any reference in the literature to ways in which the therapist could best utilise the homoerotic countertransference. This also implies acceptance in my opinion. There were many direct references to what the therapist 'needed' to do, for example, 'roll with complexity' (Sherman, 2002), 'allow a full range of sexual feelings' (Sherman, 2002), 'feel not just think' (Elise, 1991), 'lift superego injunctions' (Mann, 1997). These things could not be incorporated into the work without acceptance.

Table 17. *Full list of second generation themes that had a relationship with Desire,*

Fear, Taboo and / or Acceptance

HECT seen as a transgression	Desire; Taboo; Acceptance
Forbidden	Desire; Taboo; Acceptance
Shame	Desire; Taboo; Acceptance
Guilt	Desire; Taboo; Acceptance
Difficult	Desire; Taboo
Dangerous	Desire; Fear; Taboo
Professional Superego	Desire; Fear; Taboo
Homophobia	Desire; Fear; Taboo; Acceptance
Fear	Desire; Fear; Taboo; Acceptance
Enactment	Desire; Fear; Taboo
Avoidance	Desire; Fear; Taboo; Acceptance
Defending Against / Resistance	Desire; Fear ; Taboo; Acceptance
Therapist negative affect	Desire; Fear; Taboo
Desire	Desire; Taboo; Fear; Acceptance
Developmental references	Desire; Taboo; Fear; Acceptance
Beneficial potential of HECT	Desire; Fear; Acceptance
Qualities in the therapist	Desire; Fear; Acceptance
Seduction	Desire; Taboo; Acceptance

Oedipal – a fifth theme?

At this point in the analysis it was tempting to create a fifth central theme.

Developmental, and in particular oedipal references, were widespread throughout the

data set as outlined in the previous chapters. These psychoanalytic authors referenced

the oedipal complex in the context of homoerotic countertransference, using it as a

phenomenon to explicate the interpersonal dynamics of their clinical work. For

example, Searles (1959) thinks that deep love and connection is fostered in analytic work but there is such taboo surrounding the expression of any erotic component to this love that it gets relegated to our unconscious where it may join "the deepest intensities of his oedipal strivings toward a similarly beloved, and similarly unobtainable and rigorously tabooed, parent" (p.187). Elise (2002) agrees with him. Many of the authors wrote of the importance of being aware of our reciprocal feelings towards the patient and their erotic pre oedipal and oedipal strivings (De Peyer, 2007; Elise, 2007; Searles, 1959). Rosiello (2001) writes about girls renouncing their homosexual love in the oedipal phase of development, making identification with mother or another woman difficult. This she believes impacts the erotic countertransference in heterosexual female dyads. There were many other examples that could be cited.

Whilst I considered 'oedipal' as a fifth central theme, on further analysis of the data it became clear that these references were indeed all embedded within or woven throughout the other four themes. They did not dominate them, but they had a definite presence. For example taboo was frequently linked to the incest taboo (Elise, 2002, 2002a; Mann, 1997; Searles, 1959; Sherman, 2002). The oedipal complex was reflected in the theme of acceptance where homoerotic feelings in the therapist where seen as mirroring those of the parent. Frequently the importance of 'the parent / therapist' desiring the 'child / patient' was seen as a critical developmental experience implying an acceptance is therapeutically beneficial (Elise, 2002, 2002a; Mann, 1997; Sherman, 2002). I interpreted that whilst not explicit in the literature, oedipal phenomenon were also thematically linked to fear as well as taboo. I base this on the intrapsychic experience of breaking or transgressing a societal taboo for example, having incestuous feelings. Finally, I made the decision that the oedipal was an important element of the four named themes, however, not sufficiently discrete to justify becoming another separate overarching theme. Figure 1 is a visual representation of the relationship

between the themes and also illustrates how I perceived oedipal as a thematic element of the four named central themes. It also spatially illustrates how there is much more to desire, fear, taboo and acceptance than just this element.
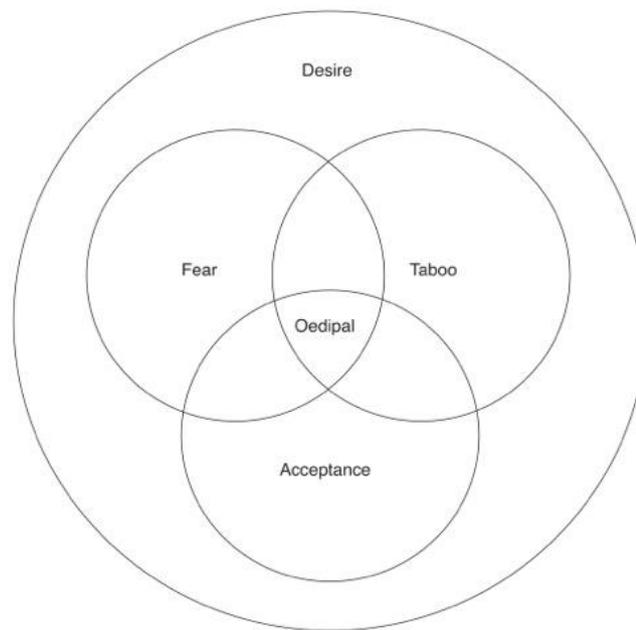

Figure 1: *Illustration of the interrelationship between the themes and their relationship to oedipal references*

Summary

This chapter outlined the findings of this research. In the coded psychoanalytic data set four themes pervaded the writing about homoerotic countertransference. Of these the most pervasive was desire which was the foundational theme from which all others emanated. Intersecting with desire were strong elements of fear and taboo. Fear represented the intrapsychic experience frequently associated with same sex countertransference. Taboo corresponded with the internalised socio-cultural perspectives associated with homoerotic experience. Fear and taboo were often bound together in a symbiotic union. Acceptance represented the essence of the writing that alluded to the potency, creativity and enriching qualities of homoerotic countertransference. It encompassed all that could be achieved in the work if the

therapist could accept their homoerotic countertransference, including their fear and taboo, and face into the multiple possible meanings that could be made of their countertransferential desire. Oedipal was considered as a potential fifth theme, but was ultimately deemed to be an important embedded element of the other four predominant themes, though not sufficiently pervasive to warrant being in the final overarching categorisation.

CHAPTER SEVEN: DISCUSSION

This chapter will discuss the findings of this analysis and their implications for clinical practice, training and research. I will also elaborate on my own responses to this analysis and what it has evoked. Finally, I will address the limitations of the study and offer my thoughts on possible further research.

Desire

As discussed in Chapter Six, the findings of this research place desire as a central theme with the other three themes of fear, taboo and acceptance being in response to desire. It may seem unsurprising that desire is such a central theme, given the 'erotic' material being analysed. One can recognise that semantically and conceptually there is a connection between eros and desire. However, what was striking in my analysis of the literature was that while desire emerged as central, it frequently surfaced out of the shadows and was not consistently at the forefront in the literature. This I found less predictable but illuminating. For example, a coded meaning unit such as 'analyst shares something forbidden' (Sherman, 2002), in the context of the literature from which it emanated, is underscored by desire, yet the desire is not explicitly stated. The fact that the desire is forbidden, highlights its relationship to the themes of taboo and fear. This is one of many examples that reflected the avoidance or shyness surrounding homoerotic desire.

The literature spoke of how desire can lead to fluctuating responses in the dyad. As Sherman (2002) describes it, there can be sudden moves from hyperarousal to stiff rigid professionalism in the therapist. At times the writing intimated that the feelings of homoerotic countertransference surfaced only to be disavowed by either the author's professional or personal superego or both. For example, Elise's (2007) expectation of disapproval from the profession, De Peyer's (2007) reference to the 'professional

analytic costume' that shrouds desire, and Rosiello's (2001) comment that disclosure of desire brings professional risk.

It is also important to note that the desire that permeated the literature on homoerotic countertransference was not exclusively erotic. Desire was frequently linked to intimacy. The psychotherapeutic relationship is uniquely intimate. As Schwartz (2000) comments intimacy is all about desire – a desire to know and be known.

Fear and Taboo

As the analysis revealed, taboo and fear are dominant motifs in homoerotic countertransference. Taboo reflects the external societal anxiety and fear is often the individual subjective and internal manifestation of this external anxiety and prohibition. Sometimes these two themes had a symbiotic relationship with each other, each justifying and sustaining the other's existence. However, fear was not exclusively entwined with taboo. For example, anxieties that were coded and linked to the theme of fear were sometimes a reflection of how the therapist responded to feeling any desire at all towards the patient and a lack of knowing about how to manage such strong feelings (Elise, 2002; Kassoff, 2004; Mann, 1997; Searles, 1959; Sherman, 2002).

Taboo, as mentioned in Chapter Six, is a response to a perceived external authority perhaps most overtly recognisable in the many comments that refer to the fear of professional judgment regarding homoerotic countertransference. However, the taboo that emerged throughout the analysis was multi-faceted. Homoerotic countertransference was at times ardently defended against as a phenomenon leading to challenges issued within the literature such as that from Maroda (2001), who suggested that disavowal of the homoerotic can potentially indicate something unresolved in the therapist and from Flower (2007), who wrote that challenges arising in the countertransference are linked to the intrusion of personal prejudice and discomfort.

These are both potentially referring to introjected societal taboos. Taboo also had strong links to the relationship between desire and the analytic frame. For example, Mann (1997) commented that many writers feel the need to reassure the reader that they do not act on their erotic countertransferences. He says "The underlying anxiety seems to be that if you talk about the erotic then other therapists will think you act on your feelings; to think about it is to do it" (p.193).

The research illustrated the effort some therapists make to repress and disavow their homoerotic desires. Yet this was in contrast, at times, to other threads of meaning woven throughout the analysis, such as the importance and legitimacy of the early developmental expressions of polymorphous inclinations. This eschewal of same sex desire in the therapeutic dyad negates the principle that we can regress and express any number of early developmental and relational experiences in the transference. By association, it also potentially undermines developmental theorists' opinion that our sexual orientation is not hard wired from birth. Recent brain imaging research indicates that our sexuality is inherently idiosyncratic and ever shifting (Hedges, 2011). This supports Freud's (1910/1953) early declaration that we are all born with polymorphous inclinations and, according to Nancy McWilliams (1996);

> Freud was not wrong about polymorphousness. We all can find in ourselves dormant or latent aspects of every kind of sexual longing.... A genuinely empathic stance requires more than the intellectual "admission" of polymorphous trends; it requires that the therapist be able to feel and enjoy them (p. 211).

What this research revealed was that the authors were comfortable referring to same sex longing within the context of oedipal phenomena, legitimising the emergence of the earlier themes of 'developmental references'. However, oedipal and post oedipal expressions of desire were less easily tolerated and frequently defended against or disavowed. The findings of this research suggest that we need to acknowledge our

bisexual participation in the oedipal drama that can play out in therapy and, in doing so, we then allow much more creativity to emerge in the work (Elise, 2002; Flower, 2007; Hedges, 2011; Mann, 1997).

Seduction is perhaps the errant child of desire. Some literature (Maroda, 2001) was scornful of seductive behaviour originating in the therapist from an ethical perspective. I suggest however, that whether we are comfortable with it or not, these responses and behaviours can enter the therapeutic frame quite unconsciously. We need to be prepared to explore this countertransference openly, regardless of the gender of the dyad. In this analysis, coded meaning units related to seduction were interpreted as being clear derivatives of desire and therefore a key aspect of how homoerotic countertransference is written about in psychoanalytic literature.

Perhaps the findings of this research reflect that we as clinicians are at risk of disavowing one of the core principles of contemporary psychoanalytic thinking, that we are inherently object seeking, and that, for most of us, there is deep desire within to be known regardless of the gender of those with whom we interact.

The data set was heavily weighted to gay and lesbian writers as it is they who have initiated much of the discussion in this domain. One may argue that this is predictable, given that same sex attraction is within the realms of their everyday experience. However, given that most psychoanalytic training institutions only considered openly homosexual candidates for training in the 1980s and that homosexuality was pathologised to such an extent that it was a classified DSM disorder until 1973, one could feasibly assume there is still a perceived risk in openly reflecting on any erotic attraction as a gay or lesbian therapist. This gave further resonance to Elise's (2002, 2007) writing. She reflects that we act as though therapists are not supposed to be sexual beings. Her reasons include a lack of focus in analytic training and theory on

issues pertaining to sexuality, but also to the familial nature of the therapeutic relationship, inciting feelings of discomfort if either person in the dyad is desired.

The analysis also highlighted that any desire, taboo or fear that the patient experiences and defends against is likely to be evoked in the countertransference. Clinically we need to be attuned to this and accept that this is important information.

Acceptance

The theme of acceptance which related to any positive aspect of homoerotic countertransference or a willingness to at least think about the negative aspects, imbued the work with hope for better outcomes in the dyad by attending to the erotic coproduction between therapist and patient. Acceptance also intersected with the more negative themes of fear and taboo. Negative aspects of homoerotic countertransference such as fear, shame, and guilt need not be disavowed but acknowledged, accepted and even appreciated. Analysis of the literature suggested that when this occurred the therapy had greater puissance. Clinically, acceptance requires an open mind and a willingness to sit with discomfort. It demands a dismantling of defences and a curiosity about the intersubjective experience.

Clinically we are trained to value the transferential matrix as an important source of information, and to realise that the work lies in recognising and making sense of all feelings that emerge, not just those we are comfortable with. Nor can we 'blame' our patients for some of our strong reactions.

This requires an open mind regarding the range of possible feelings and a willingness to accept that some responses such as homoerotic countertransference, are potentially well outside our range of previous experience. This may seem an obvious proclamation; however, if it was a generally accepted and practiced truth, then I suggest taboo and fear

would not have been uncovered as such prominent and predominant themes within this analysis.

Desire and acceptance

The findings of this research illustrate that desire, and the multitude of ways it can emerge in therapy, is a dominant theme in the writing about homoerotic countertransference. Despite the prevalence of this central theme, there are authors who believe desire in the therapist can potentially signal something much more problematic and unresolved (Bonasia, 2001; Gabbard, 1994). In some cases, this may be accurate. However, to view countertransferential desire solely through this lens, would seem reminiscent of more archaic ways of viewing countertransference, where any feelings in relation to the patient were pathologised, seen as questionable and in need of further analysis. The findings of this research suggest that perhaps desire in the intimate therapy setting is inevitable. I propose that whilst of course there are important boundaries that are essential for keeping patient and clinician safe from sexual acting out, this does not necessitate the disavowal of desire. Additionally, the clinician who experiences desire is not necessarily 'lovesick', a term Gabbard (1994) used to describe the therapist who responds to sexual overtures from the patient as a means of sating their own narcissistic requirements. As the research illustrated, desire and in particular homoerotic desire, is shrouded in fear and taboo. I contend that the findings of this research support the notion that it is not desire that is problematic, but the fear and taboo that underscores it and the consequent disavowal of potentially rich clinical data, which homoerotic countertransference offers. The theme of acceptance, points to the possibility that when we accept desire and other aspects of homoerotic countertransference as phenomena that inform clinical work, and we are willing to think about their complexity and meaning, then the greatest gains are made.

Training

The little training I received concerning erotic countertransference, is apparently

reflective of the training many others have received in other psychotherapy educational

programmes. This research exposed the fact that other psychoanalytic writers have also

experienced a deficit in this domain. It appears that it is not uncommon for issues

pertaining to the erotic and sexuality to be avoided despite the inevitability that they

will form an important aspect of the work we do. This avoidance however, has

seemingly led to us not knowing what to do with our feelings and to a fear of speaking

out about them.

Elise (2002) refers to our avoidance as a profession of issues pertaining to sexuality in

general.

> When in training is there discussion of our own sexuality and how it
> would be appropriately integrated into our professional lives? The
> absence of such discussions further reinforces the sense that the
> "sexiness" of clinicians is a completely inappropriate topic. Yet we
> know that we use ourselves as our analysing instrument (p.189).

Mann (1997) thinks that the profession's historical homophobic attitudes towards

training homosexuals, has impacted how we view the homoerotic in the work today. He

discusses how lack of preparation for these feelings in training can lead to concealment.

He believes if therapists do not deal with their homoerotic feelings in their personal

analysis, then this will hinder the same feelings being attended to in the transference and

countertransference with their patients. Morrison (1998), admittedly writing fifteen

years ago, wonders whether any homosexual feelings are acceptable to the profession

and says "One's psychoanalytic training institute may be seen as a collective ego ideal

that sits heavily upon a candidate's shoulder, whispering judgments about what is and

isn't acceptable" (p.358) I suggest that in training we need to face the reality of all

forms of erotic countertransference feelings, in order to extract the best from ourselves and the work, and in the best interests of the patient.

Homoerotic transference was never mentioned in my training. Yet there was an intense focus given to oedipal dynamics in the work we do and the acknowledgment that homoerotic feelings are a common feature of the parent / child dyad. Given the general avoidance of homoerotic transferences in the literature and my training, one could perceive that there is little expectation that these feelings will be mirrored in the therapeutic dyad. However, after completing this analysis, I am now of the opinion that these feelings do emerge in the work but, as a profession, we have a tendency to disavow them, due to the discomfort within the profession and society in general with same sex attraction. Simply put, it is as if the homoerotic is absolutely explicable and predictable in a developmental sense but beyond that, these feelings are aberrant. Why else would we work so hard to ignore or shroud them?

Additional clinical challenges

In the introduction to this dissertation I noted that I had found erotic countertransference difficult to discuss in clinical circles. Given the findings of this research, I am confident homoerotic countertransference would take this impasse to a whole new level. The research clearly illustrated that this particular expression of desire is complex, ambiguous and not at all easy to talk about. One of the explanations that emerged out of this analysis is the implicit heteronormative influences within the literature, the profession and society at large. To be complicit with this heteronormativity as a therapist, means to assume a restrictive lens through which to view the therapeutic relationship. It forecloses many opportunities to learn about the patient, oneself and the intersubjective experience. I have concluded that not attending to homoerotic countertransference, due to the overbearing influence of fear and taboo only serves to

cauterise our efficacy as clinicians and bolster the false self in both patient and therapist.

It may be useful for us as clinicians, to think more spaciously about the binary

constructs of homo and heterosexuality in terms of countertransference, particularly if

we acknowledge that our sexuality has the potential be quite fluid in nature. It may be

that we also have to acknowledge that our sexual orientation may have an unconscious

life of its own. As Miller (2006) writes:

> No one group has ownership of the homoerotic or heteroerotic …
> Simply put, the law of Eros operates regardless of how we may
> experience our conscious sexuality. Eros draws us toward contact with
> what the psyche needs (p.396).

Acceptance and boundaries

Desire in the uniquely intimate analytic setting, be it hetero or homoerotic, is

necessarily bound by explicit and implicit rules regarding acting on these feelings,

which are essential for keeping both the therapist and patient safe. But denial of such

feelings is potentially more dangerous than acceptance and utilisation of these feelings

in the service of the work.

I suggest that by encouraging clinicians to explore honestly their transferential feelings,

including the homoerotic, there is considerable potential created to broaden the scope of

our work, thereby fulfilling the intent of the therapeutic endeavour to assist our patients

to live and love fully.

Limitations o**f this study and ideas for further research**

This research provides the author's perspective on how psychoanalytic literature has

explored homoerotic countertransference. There were pragmatic limitations such as

time and the manual coding of such a large data set that inevitably impacted the work. It

would have been an interesting exercise to have conducted the work in tandem with

another researcher to see where, if at all, synergies in the findings lay.

My research question was broad. Further research might narrow the focus of the study to a particular aspect of homoerotic countertransference. For example, a possible approach might be to research how homoerotic countertransference is written about by exclusively heterosexual therapists. It may be interesting to explore more closely the differences in attitude to the phenomenon based on gender. Gender identity certainly appears to play a role in fear and taboo related to homoerotic countertransference. For example, Sherman (2005) notes how patient and therapist may go to great lengths in order to affirm their heterosexual masculinity in an effort to avoid a conscious experience of their homosexual anxiety.

Conclusion

This dissertation explored homoerotic countertransference in psychoanalytic literature. A thematic analysis was used to systematically explore a data set of twenty seven articles looking for the explicit and latently embedded themes. The findings of this interpretative analysis indicate that desire, taboo, fear and acceptance are the four major themes that reflect the essence of the writing explored and that oedipal material is woven within each of these. Desire in a range of guises, was seen to be the formative underlying presence. Desire was seen in the erotic aspects of the work, the yearning for intimacy and connection within the dyad, and at times, was notable by its absence. Fear and taboo were discrete and, at times, intertwined themes. Fear described the internal experience of the clinician and taboo appeared to reflect the socio-cultural impact of attitudes towards same sex attraction within the work. The oedipal material woven within these themes reflected the inevitability of homoerotic feelings, which within the psychoanalytic literature analysed, are assumed to occur in pre oedipal development and are strongly disavowed in the therapeutic dyad. Acceptance was a theme that referred to the beneficial aspects of embracing the phenomenon of homoerotic countertransference. It encompassed all references to what could be both understood

and achieved when the homoerotic was not defended against or avoided. I concluded

the dissertation with a discussion of the findings and a recommendation that we

embrace the homoerotic in our work with the same curiosity, candour and receptivity as

any other dynamic that may emerge in the transferential matrix.

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APPENDIX A.

Articles included in the data set

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APPENDIX B.

Second Generation Themes

Homoerotic countertransference seen as a transgression

Therapist negative affect

Common defences (renamed as Defending against or resistance)

Professional superego

Enactment

Homophobia

Developmental references

Forbidden

Shame

Guilt

Desire

Qualities in the therapist

Difficult

Dangerous

Seduction

Avoidance

Beneficial potential of homoerotic countertransference

Fear

APPENDIX C.

Illustration of movement from first to second generation themes

FIRST ORDER THEMES AND SUBTHEMES	OUTCOME OF THEME AFTER SECOND REVIEW
The impact of sexual orientation • Comments related to bisexuality • Comments related to gay males • Comments related to lesbian women • Comments related to heterosexuality	Collapsed and spread across new set of themes
References to gender • Women and homoerotic countertransference • Men and homoerotic countertransference	Collapsed and spread across new set of themes
The beneficial potential of homoerotic countertransference	Retained
Difficulties for the therapist	Recategorised across themes such as shame, guilt, dangerous, difficult, forbidden
Comments relating to homophobia	Retained
Therapist affect • Negative • Positive	 Negative retained Positive moved into Beneficial potential of HECT; Desire; Seduction
Developmental references	Retained
Therapist arousal and / or expression of HECT	Recategorised to desire
Fantasy	Recategorised to desire
Enactment	Retained
Common defences associated with HECT	Predominantly retained as is, with avoidance forming own category
The patient's perception of HECT	Spread across multiple new themes
Recommended therapeutic response to HECT	Spread across multiple new themes

HECT in the literature	Spread across multiple new themes
The nature of HECT	Spread across multiple new themes
HECT as a transgression	Retained
Metaphorical representations	Mostly reallocated to desire
Mutuality / Intersubjectivity	Spread across multiple new themes

The Professional superego
   • Positive critique
   • Negative critique
	Retained with positive critique reallocated to beneficial potential of HECT