- A helpful distinction:
 - Sexual Contact = Involves another person
 - Sexual Attraction = Involves self
- Who are the Characters?
 - Rasputin
 - Pygmalian
 - Potpar's Wife
 - Shahrazede

Predictors of Behavior

Adapted from the work of Kenneth Pope, MD, *Identifying and rehabilitating sexually abusive therapists*, Annual meeting of American Psychiatric Association, San Francisco, CA, May 1989.

Power and Control

- Sexual preoccupation
- Substitution
- Attraction to pathology or history of abuse
- Authoritarian orientation
- Physical or psychic immobilization

Anger

- Physical Battering
- Emotional abuse
- Provoking debilitation

• Sadism

- Pleasure in causing pain
- Sexualized humiliation

Sexually Exploitive Archetypes

Adapted from Richard Irons, MD, On Seduction and Exploitation: A Medical Model Approach, The Menninger Clinic

The naïve prince/cess

Young, feels powerful,
 invulnerable, "special
 realtionships;" blurred roles
 & boundaries.

The wounded warrior

 Dependent on professional status for validation, but overwhelmed and wishing to escape. Seeks affirmation and gratification.

• The false lover

Enjoys the game of seduction

The self-serving martyr

- Work has become their life
- Isolated, existentially stuck in career. Seeks adventure.

• The dark ruler

- Charming, charismatic, sucessful, manipulative.
- Expression of *power*,dominance & manipulation

The wild card

Extensive sexual acting out,
 probably multiple Axis I

Common Traps

- Confusing intimacy/caring with sexuality
- Confusing Demotionality with sexuality
- "Proving" caregiver safer/different than abuser
- Avoidance of anger at limits- pt or caregiver
- Difficulty distinguishing concrete from symbolic
- Gamesmanship/debate

Gender specific:

- Female cagiver intuits child beneath macho exterior
- Female caregiver can
 reform male with love
- Male caregiver can confuse cultural ritual with sexual cue
- Male caregiver can take care of female, confusing maternal with erotic

Early Warning Signs

- Excessive self disclosure
- Excessive concern re: appearance on seeing patient
- Prevailence of sexual narratives
- Fantasies about patient
 - Sexual contact
 - Giving or receiving pain
 - Rescue or uniting fantasies
 - "All she/he needs is someone who cares"
 - "If only we had met under different circumstances"
 - "Maybe we can agree to meet a year from now"
- Dreams about patient
- Anxiety in the face of sexualized transference

Issues for Consultation

- Make commitment to consultation early
 - Lovestruck caregiver would rather do nothing but bask in the feelings
 - A point of no return is reached when consultation is ineffective

Questions:

- Is consultation asked to bless doubts, or explore them?
- Of what feeling are you most confused/frightened?
- What would make you the most uncomfortable if known?
- What is being re-enacted?
- Who has the patient become for the caregiver?
- Who has the caregiver become for the patient?