Shattered Intimacy, Desolating Truths: Ruptures due to Ethical Misconduct

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This paper was written in 2017, and it only reflects the tip of the iceberg of a very complicated pseudo-therapeutic relationship. I still believe this paper has value regarding what happens to patients/clients and their families, and to the mental health field, when a therapist has to abruptly stop practicing and terminate therapy with their full caseload due to ethical misconduct, causing undeniably traumatic ruptures to unsuspecting "unharmed" clients: an underexamined topic even within the existing body of work on therapy harm.

However, it is of uttermost importance to note that this paper fails to mention behaviors of my former therapist that led to the state of dependence described, independently of the literature on dependence cited in this work. In other words, it is inaccurate and incomplete to pretend that the dependence that I had on the "analysis" that was subjected to abrupt termination was only due to the theory described in the paper, failing to mention the therapy harm in our analysis too. Nowadays we know much more that oftentimes practitioners who practice unethical conduct hardly ever do it with just one patient.

As such, now sharing it through the Therapy Harm Resistance Project, I would like to keep this paper with as few alterations as possible, as it is a reflection of my formulation of the experience at the time, and how surviving harmful therapeutic relationships is mostly a multifaceted, always-changing, non-static process. I believe that going through those phases — and showing work on different stages of the survival process— adds value to the resources available, while recognizing that the work might never be fully completed as the survivors' phases and presentations keep evolving and changing over time.

Thus, while there are important pieces missing to this story reflective of my stage of healing then, I believe there is some value in the points presented, and I genuinely hope it can be of help to survivors of therapy harm and their loved ones; and professionals in the mental health field alike. Feel free to contact me with questions or comments: they are welcomed and encouraged.

Abstract

The frame of psychotherapy and psychoanalysis should intrinsically provide safety. As a profession, psychoanalysis is subject to external rules and regulations. In order to safeguard the public, psychoanalytic practice is overseen by licensing boards and ethics committees. These organizations respond to complaints; and, if these complaints are deemed legitimate, Boards can force psychoanalysts to stop practicing either temporarily or permanently. Such suspensions may occur immediately and without warning to the other patients in the chastised analyst's practice. The impact of such forced ruptures can be dire, evoking a shattered sense of safety and feelings of transgression in patients. Such ruptures can be traumatic, especially in analytic treatments and psychodynamic therapies that emphasize the use of the transference and countertransference. It is incumbent upon our profession to provide a comprehensive response to the victims of such ruptures. This presentation describes the experiences of the author while undergoing an abrupt termination of psychoanalysis due to an alleged ethical boundary violation by her analyst with another patient. It also explores the literature of abrupt terminations and delves into the suffering that such patients are exposed to, while providing clinical advice to subsequent analysts, therapists, and survivors in order to better address this pernicious type of trauma, which is often concealed.

Keywords: Abrupt terminations in psychotherapy, ethical complaints, psychoanalysis, psychotherapy, therapy abuse, boundary violations**,** secrecy in psychotherapy

Context and Introduction

"In the dark times

Will there also be singing?

Yes, there will also be singing.

About the dark times." Bertolt Brecht (1939/1987)

Grief is like the unconscious as it has no time, or at least it sometimes feels like that. In my chronological life, almost eleven years have passed since the abrupt cessation of my analysis with an analytic candidate. The rationale for termination was due to an investigation of boundary violations of "romantic, sexual and personal nature"[1] filed by another patient against my analyst. The multiple layers of loss and confusion that have accompanied me through time led me to try to seek answers. In my search of the professional literature, I found few references to situations similar to my own. The most salient factor in my case was my status as the patient of a candidate[2] who was under supervision with a training analyst: I was her first control case[3].

The literature I found primarily discussed analytic candidates who were harmed as patients. The literature also focused on training analysts as "boundary violators," but there was

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[1] Out of respect to the patient who filed the complaint, and to maintain my own confidentiality as her patient as well, I chose not to add to the 'references' section the source of this quotation, since it would display details of my analyst and of the other patient's analysis.

[2] "Candidate" is the term used for professionals in training to be a psychoanalyst.

[3] "Control case" is the term used for the psychoanalytic patients of professionals in training to be a psychoanalyst.

next to nothing written about control cases who were victimized by candidates in training. It was also difficult to find literature about the impact that abrupt terminations and boundary violations in psychoanalysis or psychodynamic psychotherapy has on patients and clients outside of the psychoanalytic community.

After years of ongoing reflection, I have concluded that the complexity of entanglements and enactments that occurred is too vast to do justice in one paper. Thus, my focus shall be on offering a window to my experience of this ongoing process in the hope that it fosters deeper understanding of the damage that unethical behaviors and their consequential ruptures can inflict —not only on those directly injured by unethical behavior—but on families, on the analyst's other patients, on psychoanalytic institutes, on psychoanalysis, and on the mental health field.

As a disclosure, I would like to add that the few items discussed in this paper related to the allegations of the boundary violations by my former analyst are public information. I am sharing them as minimally and as respectfully as possible to provide context, with the sole purpose to highlight the trauma underlying abrupt terminations due to unethical behaviors, with the ultimate goal of opening conversations that could lead to generate guidelines that can protect the general public and minimize risk.

A very brief recount of my analysis

When I started my analysis, I had trouble trusting my analyst, as I came to psychoanalysis fleeing from a psychotherapy with an ethically questionable therapist. On a conscious level, I was hopeful when I started analysis with an analytic candidate. I thought: "there must be more *control* in the analysis of *control cases*."

My trust in her started to deepen in the earliest days of treatment when she said to me with tears in her eyes, "I cannot imagine a deeper pain than what you are going through," referring to the recount of my experiences with my former ethically dubious psychodynamic psychotherapist. I believed that her response guaranteed that she would never be one to violate boundaries. In my eyes, she truly connected with the pain that resulted from my prior untrustworthy therapeutic treatment. I am almost certain that she believed that she would never ethically lapse either.

After I consciously began trusting my analyst more deeply—knowing that the unconscious would express its protest in so many ways—I read Margaret Little's recount of her analysis with Winnicott and became fascinated with Dr. Little's idea of the "value of regression to dependence," which "is a means by which areas where psychotic anxieties predominate and can be explored, early experiences uncovered, and underlying delusional ideas recognized and resolved, via the transference/countertransference partnership of analyst and analysand, in both positive and negative phases" (Little, 1971/1990, p.83). Identified with Margaret Little and eager to delve into the deepest corners of my psyche, I became determined to "[rely] on [my analyst's] holding" by fully trusting the "transference/countertransference partnership" (Little, 1971/1990) that led to a type of fused regression where often she and I referred to the therapeutic space as *ours,* and to the therapeutic partnership as a *"we."* Little did I know that such space was about to be abducted and that "the enduring transference-countertransference patterns" that developed over many years and hours would be "broken open and shattered" (Young, 2014, p. 118) in minutes.

The last day of my analysis

In dream (1946)

Black and enduring separation

I share equally with you.

Why weep? Give me your hand,

Promise me you will come again.

You and I are like high

Mountains and we can't move closer.

Just send me word

At midnight sometime through the stars. (Anna Akhmatova, 1946/1992)

During the course of my analysis, I became acutely attuned to my analyst's inner states. My analyst frequently stated in amazement how "connected" *we* were, and in the days prior I had been intuiting that something was about to happen. Two days before the cessation of my analysis, in a "three-day vacation" from psychoanalysis I wrote a poem in a fierce state that reads like a summary of the story of the analytic dyad. In retrospect, I wonder if I unconsciously perceived that what my analyst referred to as "a reciprocal intimate connection" was about to be broken.

After that three-day break, I walked into session on a Thursday afternoon as usual without any conscious foreknowledge that it would be the last day of my analysis. My analyst and I made deep eye contact at the doorstep, something I usually avoided. Once I settled into session, my analyst urged me to read out loud the poem I had written in the prior days. After reading it, there was an uncanny silence in the room. I said in an apologetic way that reading the poem in her presence made it sound like a farewell poem, even though neither she, nor I, (nor *we*) had never before discussed the topic of termination.

My analyst then stated that she had "bad news." She proceeded to tell me in a matter-of-fact demeanor that another patient, alleging boundary violations, had filed an ethical complaint about her to the professional state Board[4] — the Board who oversaw her professional license, which allowed her to work with patients. She then informed me that she thought that the complaint was unfounded, but that unfortunately she was required to stop practicing professionally and from communicating with her patients from that day onward exactly in two hours and thirty minutes. In an instant, I realized that I was being traumatized right at that moment.

I did not fathom how this could happen to *her,* the person who has listened to me for countless hours talk about the pain inflicted by psychotherapists who commit boundary violations. Furthermore, I could not understand how this could happen to her as a *candidate*, who I imagined had support from supervisors, a training analyst, seminars, fellow candidates, and others. Symbolically, I did not understand where her *analytic family* was. Puzzled, I asked why I was not given any type of warning, and referred to the termination literature I had read, which emphasized that termination is a process that requires time to unfold, more so in psychoanalysis

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[4] In the United States of America, in order to provide professional licenses professional state Boards verify that practitioners of psychotherapy have completed specific requirements, including supervised psychotherapy. In addition, once a practitioner is licensed to practice in the state that they applied for licensure, they are required to stay connected with advancements in their professional field (Dittman, 2004). The state Psychology Licensing Boards oversee the work of psychologists, the state Boards of Registration in Medicine oversee the work of psychiatrists, and the state Boards of Registration of Social Workers oversee the work of social workers. These are the most common licensure Boards that oversee the work of psychotherapists and psychoanalysts, but there are other professional Boards as well, such as the Board that oversees the professional licenses of Mental Health Counselors, Marriage and Family Therapists, and other types of psychotherapies. Professional state Boards also oversee professional practice once practitioners are licensed.

Patients can file a complaint with the therapist's/analyst's professional Board if they believe that they have been subject to behavior that falls under the desired level of care. Professional Boards' regulations vary slightly from state to state, but, in general, if a professional Board believes through a complaint that there might have been a violation of a law or regulation, an investigation is initiated. Depending on the nature of the complaint, and through the initial findings of the investigation process, a professional can be given the opportunity to stop their professional practice while further investigation occurs, in order to protect the wellbeing of the general public. If through the investigation it is found that a therapist violated the law or a substantial regulation, the therapist can be sanctioned in different ways up to the point of having their professional license revoked (Massachusetts Board of Registration in Medicine, n.d.). Licensed professionals can also choose to resign to their licensure. In many cases, professionals are offered rehabilitation programs, or can allow practitioners to work on specific conditions while under probation.

Typically, boundary violations are reviewed thoroughly and the outcome for the therapist is decided on a case-by-case basis. While not all states in the U.S.A. require psychotherapists to hold a professional license, most psychoanalytic institutes require that their members are licensed in their field of practice when working with patients, and that they are in good standing with their professional Board.

and psychotherapies that use transference and countertransference as the cornerstone of treatment. My analyst explained that she only found out about this outcome two days earlier—the day I wrote the poem—and said that she was hopeful that this would resolve "quickly," but that she could not give me an estimate of the time it would take to be able to reinstate analysis. I asked to see the training analyst who oversaw my case to talk about a temporary referral, as I quickly figured out that I had been traumatized: I was now "collateral damage." Candace Young (2014) refers to "wartime metaphors of attack" that permeate the personal accounts of psychoanalytic candidates who lost their analyst to boundary violations. Indirect victims of these events include

> the analyst's remaining patients whose trust has also been betrayed, the profession that has been blackened, and the candidates who have been traumatized by the abrupt loss of an analyst as certainly as to a sudden death, yet robbed of the consolation of a benignly idealized analyst to remember and internalize (p.109).

If we look at it this way, most psychoanalysts are victims of the "collateral damage" of boundary violations, as these actions "blacken" the field of psychoanalysis. Those patients damaged by abrupt terminations due to boundary violations outside of the psychoanalytic field do not even have a term: we are fully invisibilized, unnamed, and vanished.

While that was not the last time I heard about my analyst, I never imagined that it was going to be our final farewell. This traumatic betrayal made us change in fundamental ways. In an instant, neither of us was the same person, not in transference or countertransference. Not even in reality.

Abrupt Terminations in the Mid-Phase of Psychoanalysis

The writing on the suffering of patients who have undergone analytic ruptures due to the analyst's death—particularly those patients who were in the mid-phase of their analysis at the time of the loss—provides an analog of the dangers produced by ruptures due to ethical violations. The dangers of abrupt terminations in this stage are not to minimize. In these ruptures, patients are left at the mercy of "internalized bad objects that attack hope and create despair," at a time when "their defenses have become weakened by the analytic work, which [had previously] allowed access to deeper analytic material" (Traesdal, 2005, in Young, 2014, p.117). The mid-phase of analysis is also a period where "deep and regressive fantasies emerge" heightening the possibility of patients experiencing the abrupt termination "much as the loss of the mother for an infant, [which leads] to existential terror in the analysand" (Rendely, 1999). The literature confirmed my vulnerability, suggesting that traumatic ruptures in this stage of analysis—whether by death or by ethical failures—can be even more challenging and traumatizing, as one is left at the mercy of bad objects with no safe container (Young, 2014). Words like "damaged shells, wombs, and cocoons" are abundant in these narratives (Young, 2014; Wallace, 2014). I suspect that I was in the mid-phase of my analysis at the time of this traumatic rupture.

In addition, analytic candidates who lose their analyst to boundary violations experience a "more powerful… collapse of the internalized good objects"… than candidates who abruptly lose their analysis due to death of the analyst "as the element of betrayal… further incites the analysand's troubling inner objects that have not yet been integrated sufficiently" (Young, 2014, p. 119). As Candace Young (2014) stated, "while a dying analyst has not chosen his lot, a boundary-violating analyst most certainly has done so" (p. 119).

In these cases, idealization and illusions are deflated and shattered almost immediately, and negative affect and uncontained aggression are scarily discharged. Words like "secrecy," "isolation," "shame," "despair," "betrayal," "grief," and "guilt" abound in the literature related to losing an analyst to boundary violations. These terms accurately and vividly illustrate my experience.

The Aftermath of Losing an Analyst

Trauma, associations, and eviction

A series of valuable associations in Spanish, which is my mother tongue and was the main language of my analysis, emerged in those post-termination days. These associations provide a glimpse into the profound intersection of dyadic, historical, and intergenerational trauma that became stirred in this process. Paradoxically, it felt as if the word associations accompanying the trauma were also being smothered, as the sudden annihilation of the analytic dyad and its contained physical space left no safe room for free exploration. It is my belief that the elimination of the analytic space further enhanced the risk for enactments.

In terms of attachment and the analytic dyad, abrupt terminations can have impact on a physical level. Adrienne Harris beautifully describes the synchronization and "enmeshed biorhythms" that are produced during the course of a "repeating relationship in analysis" where the analytic dyad becomes "entangled at levels that range from the metaphoric and soaringly symbolic right down to breath, voice, metabolic process and the body" (2011, p.537). In this aftermath, I physically remember experiencing corporal sensations of having been *arrancada* (ripped out/abducted) from my analyst and from my analysis. My body was wounded by the abduction that I experienced from the analytic space.

My word and visual associations included the concepts of having been *degradada* (degraded, which I connected with James Herzog's paper titled "Los Degradados," that refers to "intrafamilial trauma" (2005)), *destetada* (weaned from the maternal breast), *desaparecida* (which I related with "the disappeared" in Argentina), and foremost "*desterrada:"* I wrote about my analyst and I as being "*Las Desterradas"* (the exiled). I also felt *desterrada* (banished) from my "extra-analytical life" (Guggenbühl-Craig, 1971/1999) while being sucked into this trauma. It sometimes felt like murder, as the analytic dyad and what had been created had no space to be alive, while I also felt evicted from my "extra-analytical life." I oscillated from deep sorrow, to rage, to numbness when I realized that this pain overextended to the lives of my loved ones.

The professional life, institutions, and subsequent treatments

While trying to explain the loss of my analysis to the non-analytic community was alienating, encountering "pervasive denial" (Gabbard and Peltz, 2001, in Sinsheimer, 2014) of the analytic community when hearing about my experience felt desolating. Through literature and personal recounts, I realized that these feelings are common among candidates who have gone through these types of ruptures (Sinsheimer, 2014; Galatzer-Levy, 2004; Rendely, 1999; Traesdal, 2005, in Young, 2014).

In the first stages of this loss, I had trouble recognizing and articulating concrete needs, as it is very common for people in the midst of trauma to experience a temporary loss of the "capacity for symbolic thinking" (Brown, 2005; Schore, 2003, in Burka, 2014). Yet, as impaired as I felt, I still knew that I wanted and needed help. Considering that I was a control case at the time of this rupture, I first met with my analyst's supervisor who would give me a referral for therapy since my analyst did not give me one, and this was the termination plan that I came up

with. After he greeted me I was in floods of tears. He proceeded to tell me, "Are you here to cry or to talk?" I honestly did not know, I was in the midst of trauma. I do know that such response made me cry less, but suffer more. I *talked*, but not about what I wanted to talk. He referred me to another therapist—a therapist that I could not financially afford[5], who was possibly engaging in insurance fraud, and that knew little about this subject.

I kept trying to discuss my experience with people in the psychoanalytic institute where my analyst was training. While most consultants received my words with empathy, I was not formally offered additional concrete measures. After more than three years of talking about this with different people in the institute, finally someone mentioned that the institute had an appointed ombudsman with whom I could potentially discuss my situation, only because at the time of the abrupt cessation of my analysis I had been enrolled in one of their programs. Such meeting did not bring further help.

Settling into a subsequent therapy is in itself an ordeal when going through this type of termination, both for the therapist and the patient. For therapists, the countertransference evoked in subsequent therapists of therapy abuse survivors is particularly strong, and "[tends] to fall along a continuum, with over-involvement at one extreme… "manifesting in reactions of outrage, denial of personal feelings, compensating behavior, and attempts to control the patient's reactions to the abuse,"… and "under-involvement" at the other extreme…"manifesting as disbelief, identification with the perpetrator, blaming the victim, and/or counseling inaction on the part of the patient" (Jorgenson, 1995). While an abrupt termination due to ethical complaints

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[5] Patients often agree to be a "control case" for different reasons. In my case, I agreed to become a "control case" as I had always want to do psychoanalysis, and as an international student this was an excellent opportunity to do it for a low fee. The supervisor was aware of my financial situation at the time.

does not officially fall into “therapy abuse,” it is certainly a traumatic situation that occurs within therapy that clearly causes to the very least “therapy harm.” As such, it should be approached in a similar way in order to understand the feelings that patients who have gone through this evoke in subsequent therapists. Unless the subsequent therapist is truly attuned to this factor, successive treatments can often leave patients feeling even lonelier and with higher levels of despair.

When this happened to me, I was able to talk with some individuals who have gone through similar situations. In those conversations, I learned that many patients never go back to psychoanalysis or psychotherapy after undergoing abrupt terminations. The same was true for those whose psychoanalyst or psychotherapist had allegedly committed boundary violations with other patients or with them. Those who sought out additional treatment reported that they returned with caution, distrust, shame, and fear. From the people I spoke to, the individuals who returned to treatment were already part of the mental health field, and actively wondered if they would have gone back to analysis or therapy if they had been in another professional field. Those mental health professionals who were not part of a psychoanalytic institute and who returned to therapy sought out different therapy modalities that do not use transference or countertransference as a treatment tool, such as C.B.T. Frequently, this phenomena spreads to the loved ones of those directly or indirectly damaged by ethical misconduct (e.g. parents can become reluctant to send their children to psychotherapy when they would have sent them otherwise).

Professionally, candidates who experienced an abrupt termination due to boundary violations by their training analysts reported feeling alienated from their analytic cohorts and going through periods of “professional dis-identification,” which constitutes yet another loss for

these individuals (Burka, 2008; Wallace, 2007, in Young, 2014). I was a doctoral student in clinical psychology and a new mother with an intense maternal transference at the time of this abrupt termination due to ethical misconduct. Going through professional and maternal "dis-identification" in such early stages of my career and of motherhood had significant repercussions in my life.

To mourn or not to mourn

My analyst referred to our ending as a "pause," and that confused me even more. Perhaps she was in her own process of denial, but I cannot say for sure. My own pain, denial, and resistance to believing that this event happened in *reality* made it difficult to acknowledge this event as a *loss,* even more so when I knew that my analyst — her physical person — was still alive in a nearby town. I believe that for a long time I was absorbed in a state of "relentless hope," which Martha Stark (2015) described as "a defense to which the patient clings in order not to have to feel the pain of her disappointment in the object." Eventually, I knew that I needed to mourn not only the "pause" or the "loss," but also the vast amount of transferential and real-life losses that I experienced in this process; a process that felt like an abortion[6] with a stunted and deformed transference, as if all the unraveling of the unconscious that I had done during analysis was all of a sudden shattered. It was a daunting and secluded process.

To know or not to know: legitimate needs, wishes, and fantasies

For years, I thought about my analyst's other patients, and imagined that I was not the only patient whose life has been significantly affected by this tragedy—I worried about them, as if once we had been siblings. I also thought a lot about the patient who made the formal

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[6] Being "aborted" was another of my word associations in the later stages of this process.

complaint to the professional Board. At first, I resented the patient and even felt jealous at times, making me feel unbearably guilty and anxious. I also had fantasies about what more my analyst could have done to keep seeing her patients. I wondered if she still saw a few "chosen patients," as some reprimanded analysts do. I grew bitter while also worrying about my analyst, imagining the negative repercussions that this event must have brought to her life. With these fantasies, I developed a sense of the responsibility that those of us in the mental health field have towards patients, especially those patients who are not part of the mental health field. I started to write about my experience, but somatized and regressed in my attempts. It was not easy, and I do not say that lightly.

At a time when I felt clearer, I became determined to advocate for my needs. It was an arduous process, as I felt the need to protect my analyst, while I also needed to advocate for myself. By talking to survivors of terminations due to ethical complaints who were analytic candidates at the time of termination, to survivors of therapy abuse who were in analytic training at the time of the abuse, and by reading literature of psychoanalytic candidates who had gone through situations where their analysts had to suspend their practices due to ethical violations, I realized that all of these candidates were given the choice of a "grace period" to continue their analysis and go through a termination process, in some cases even when their analyst's license had been suspended or revoked. I was not offered that choice even when I advocated and justified the importance of going through some sort of focused termination. The explanation that the institute gave me was that once an analyst or candidate is dealing with a professional Board, there is nothing that the institute can do. I proceeded to write a letter to the professional Board outlining my thoughts about abrupt terminations; and respectfully petitioning an arrangement

that could allow me to work with my analyst specifically around these issues. I first sent the letter to my former analyst's attorney, as I felt uneasy of writing directly to the Board. I did not send the letter to the Board. Much later, I unexpectedly found out that my analyst's attorney used the letter for an appeal, which was certainly not the purpose of the letter.

Dealing with such feelings of helplessness was devastating. Most importantly, the attempts I made at trying to communicate with my former analyst made me feel as if I was the "boundary violator": a lawbreaker for exerting my thoughts, and in my thoughts voicing my relational, transferential, and legitimate needs and wishes. I wanted and needed to know the truth. Accepting my analyst as a "boundary violator" was too difficult for me, and it took me many years to accept it.

In retrospect, I think that I could have asked for more help from the institute, but I felt betrayed as a patient and as a "control case." I missed the psychoanalytic community, which had once felt as my own, but had now become a trigger. *Note from Jan 2025: at this moment, I disagree with my last statement: I incessantly asked the institute for help. The help provided by most people at the institute, except to a few very fond advisors, was mostly to check formal boxes (I was even told about how lawyers could get involved on multiple occasions). Such attempts at helping me lacked empathy and basic understanding from mental health professionals about how I was being traumatized, and as such, I could not formulate my thoughts and petitions as a non-traumatized person. That does not mean that I did not deserve help or that I "should have tried harder" as I say in that paragraph—it in fact means quite the opposite.*

To Know: Further Disillusionment and a Glimpse of Liberation

"[And] you will know the truth, and the truth will set you free." (English Standard Version Bible, 2001, John. 8:32).

More than two years after that last day of my analysis, the professional Board officially "suspended" my analyst's professional license, and I now had the opportunity to read about the actions that led to disciplinary action if I chose to. After careful consideration, I decided to read the entire documentation. The feelings of rage, sadness, immense grief, and betrayal that I felt after reading those pages were terrifying, and led to another type of rupture where intimacy was fully betrayed and lost. Unsurprisingly, when I sought out my former analyst's supervisor to talk about the outcome he received my words with openness, yet, he also said, "You don't expect me to read the entire documentation, do you?" This time, I did not take personal what to me felt as an inappropriate and unempathetic response from a seasoned analyst, as after all these years I had come to understand the deep complexity of the historic and systematic components of boundary violations in psychoanalytic institutes, and how these affect us all. *Note from January 2025: I want to add that while I understand the systemic complexities I stand in my posture that I should have been treated better.*

Abuse equals abuse of power

The abuse of power differential in the analytic room and in psychotherapy happens much more frequently than is acknowledged, and it is only through a minority of victims speaking out about their experiences that we can remain aware of the misuse of power in the psychoanalytic

field. According to therapy abuse advocates "therapy abuse occurs when a therapist uses their patient to fulfill the therapist's needs rather than provide therapy for the patient. This use/abuse of the patient can range from emotional manipulation to outright physical and sexual abuse" (W. Needleman, personal communication, n.d.). The abuse of power differential does not have to reach the extremes of committing boundary violations and "living out sexual [and other type of] fantasies," but it can be as "innocuous" as psychoanalysts inflicting "abuse under the cover of good intentions and the desire to help," or when analysts live "vicariously" … through [their] patients" (Guggenbühl-Craig, 1971/1999).

Analytic battles

Learning about the process that analysts must undergo to reinstate their professional license in the U.S.A. was disconcerting, and provoked an even deeper level of grief and despair.[7] While being able to speak out about abuse is validated as a "right," the process of seeking justice can be a daunting, double-edged sword that re-traumatizes patients. It may even prevent analysts who committed unethical behaviors from undergoing genuine rehabilitation by reinforcing pathological splitting and denial, symptoms frequently occurring in analysts who commit boundary violations.

In these *battles,* psychoanalysts can use the abused patient's diagnoses, their history, their transference, their measure of ego strength in any way it suits the analyst, and any other material that the patient vulnerably offered to their analysis to defend themselves. This process

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[7] Each country approach is different regarding the actions or lack thereof that follow from a patient's complaint to a professional Board and/or if patients choose to file a civil lawsuit. In many countries patients' lack the legal rights to have their confidentiality protected by law. Even in the United States of America, which federally mandates patient confidentially, psychoanalysts and psychotherapists who are under professional review for suspension or are the defendant in malpractice lawsuits can breach the confidentiality of the patient who filed the complaint or who is seeking damages in a malpractice lawsuit in order to defend themselves.

depersonalizes anything that was still left of the analytic process and can deeply invalidate the vast amount of bravery and vulnerability that engaging in psychoanalysis requires. It is not uncommon for the attorneys of the sanctioned practitioner to rely on "professional experts" and measure the degree of abuse in concrete, literal terms. For example, lawyers can push to define abuse in terms of penetration in alleged sexual abuse cases, or to propose that a patient's history of suicidality rather than the actual abuse inflicted by the therapist on the patient precipitated further suicidal ideation or attempts in the aftermath of therapy abuse, even when research shows that "about 14% of people who are sexually involved with a therapist will make at least one suicide attempt, and about 1%" will die by suicide" (Penfold, 1998). They can resort to labeling the abused patient as a "difficult patient," somehow overlooking the rights of patients to be and act as *patients* in the so-called "safety" of the analytic room. In some malpractice lawsuits, patients are asked to sign "gag orders" that "preclude the victim from taking further action, publicly naming an abuser," or talk about the abuse they experienced for the rest of their lives (Anonymous & Anonymous, 2011).

To mourn: Life goes on

The secrecy around the event, which had forced me to remain in an infantilized position of not knowing, had not allowed me to properly mourn. When talking of the art of mourning, Thomas Ogden (2000) states the following:

> Successful mourning centrally involves a demand that we make on ourselves to create something —whether it be a memory, a dream, a story, a poem, a response to a poem— that begins to meet, to be equal to, the full complexity of our relationship to what has been lost and to the experience of loss itself. Paradoxically, in this process, we are

enlivened by the experience of loss and death, even when what is given up or is taken from us is an aspect of ourselves.

Even though knowing was excruciatingly painful, it was also liberating. It allowed me to resign to relentless hope, to successfully mourn, to understand that my life is my creation, and to find and speak my voice.

Speaking Truth to Power

My analyst once informed me that her supervisor told her that one day I might become the type of person who could "speak truth to power." The silence and secrecy that is embedded in the psychoanalytic community—and therefore in therapeutic and supervisory relationships—when there are instances of ethical misconduct not only does a disservice to patients and their families or to psychoanalytic institutes; but to the mental field as a whole, as the general population often does not make distinctions between the different types of psychotherapies or schools of thought.

I feel that it is imperative for professionals in the mental health field to be open to honest dialogue and to take full accountability for our actions—and lack of actions—during treatment and beyond treatment. It is my opinion that the analytic community should not take measures to protect analysts who commit boundary violations, while it should take further measures to protect patients and their loved ones—including those outside of the analytic community—who undergo traumatic experiences in analysis, including experiences of abuse in psychotherapy and abrupt terminations.

It used to be my fantasy, then it became my hope, that raising my voice as a patient and as a psychologist who was directly harmed by boundary violations can have an impact that can

hopefully lead to change in the analytic community and the mental health field as a whole. Now, it is my work.

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