Of Clinical Interest To All

With so much recent attention and media focus on the subject of sexual harassment and the **#metoo** campaign, we thought it would be helpful to provide some insight into how this applies to mental health professionals. We were delighted that NJAMFT member, Laura Lefelar-Barch Ed.S., LMFT, agreed to help us with this article. Laura writes:

During my senior year of high school my parents separated. Occasionally, my father picked me up from school for lunch and as I sat in his car with him he faltered, laughed, and told dirty jokes. The space between us shrank, the closeness in the car was too much for me. He knew it wasn't quite right, but he made the jokes anyway. I told him I didn't like it, I was uncomfortable. "Aw, lighten up," he said. "You're too sensitive. It's just a joke."

In telling me to "lighten up," he negated my feelings and my experience, disrespected the woman I was becoming, and disowned his role in our father-daughter relationship. He refused to look at what he was doing and put it on me as if something was wrong with me.

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From behind me, the middle-aged minister put his hands on my shoulders and leaned into the back of my desk chair. "If I were 20 years younger and single, I wonder if you and I would have a thing going. I would be so into you," he cooed. Cookie, the administrative assistant colluded with a laugh. I was mortified and intimidated and I forced out a small laugh, wishing he would stop but unable to find the words to say so. In Midway, North Carolina I was the student pastoral intern. A few weeks later, while driving together to visit a sick parishioner at the city hospital, he regaled me with explicit details about sex with his wife. I was uncomfortable, but I didn't stop him. Later that day, when we lunched at a family style restaurant, a young man sent a business card to me through our waitress. The minister's face reddened with anger. "We could be together!" he exclaimed, enraged the man assumed we were not a couple.

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Like many women and some men, unwanted and unwelcome sexual advances, attention, and verbal conduct in the workplace, by so-called friends, acquaintances and strangers in the streets was not uncommon for me. My problem was this: I was wishy-washy. I was midway about it. I didn't label it as sexual harassment and I didn't ask for it to stop. Research shows that the sexualization of an instrumental relationship through the introduction or imposition of sexist or sexual remarks, requests, or requirements in the context of a power differential **is not always identified as sexual harassment. Why? Because there are significant emotional costs: we don't want to be victims. I didn't want to be a victim.**

Sexual comments, jokes, put-downs, and innuendos made with the intent, conscious or not, to make a person feel small, insecure, indebted, or to blame for unwelcome advances are about power, boundaries, and the lack of mutuality. If there is a power differential, if something is at stake for one of us-a job, financial well-being, safety-there is less possibility for mutuality. If we don't play along, if we don't cooperate, perhaps there will be consequences. If we aren't agreeable, the work environment might become hostile. We all have boundaries, which are made to be crossed at times. But legally, boundaries are not as porous. With **#metoo**, we're trying to change a culture where men feel entitled to annihilate women and the person of a woman through the misuse of power and the disrespect of boundaries.

Are we going to be wishy-washy or are we going to be able talk? This is a question for the well-intentioned among us, not the Harvey Weinsteins. We all want to be found attractive. Most men and women enjoy and want to flirt. We are two genders who need and want each other.

As mental health clinicians we have something to contribute to the conversation about sexual harassment, the abuse of power, boundaries, mutuality, and the negation of feelings through the dialogue in the treatment room. Working with individuals and couples as a licensed marriage and family therapist, I have found most women and men will share their histories of rape, sexual assault, or sexual abuse, sometimes of their own accord, sometimes with prompting through an intake or assessment; however, sexual harassment is reported and discussed less frequently. We can assess and treat our clients who are "victims" of sexual assault and harassment under the cover of a many different diagnosis's. Examples depression, anxiety, anger, elevated stress, fear and concern about the threat to one's physical integrity and safety, feelings of violation, substance abuse, and post-traumatic stress disorder.

If we are seeing couples and families, we are most likely also treating perpetrators. Do they have awareness of their power and insight into their own behavior? Do they disown their role in the relationship and negate the other person's feelings and experiences? Perhaps we can ask men, what are you doing? What are you thinking? Why would this ever be okay? What do you really want? To have a woman squirm and be uncomfortable is idiotic. How is it okay to take whatever you want? Do you want to have sex? If so, why not ask? What is the point of taking it by force? Is it to have a woman submit? Is it a feeling of entitlement? If a man asked for what he wanted, if he asked for sex in the spirit of mutuality, perhaps the woman would say yes; however, if either one of us says no thank you, that needs to be honored.

My desire is that **#metoo** does not lose its depth and dignity and become a shell of its original meaning and intent. **#Metoo** is about something legal. It is also our attempt to change the culture and sensibility between men and women. It is about the relational atmosphere we want to create together, even where sexuality can be respected.

Sources:
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