

A SPECTRUM OF THERAPEUTIC ABUSE

by Geoffrey Whitfield.

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Quite rightly there is now in this country, wide and open discussion of abuse in therapy. It has been a subject of which people have been aware for decades, especially those in the training and supervisory modes. However, recently, not so very far behind America this time, the subject has become open, varying from measured objective discussion to levels of outrage and occasionally beyond into hysteria.

It seems that there are a variety of sections under which the subject of "Abuse" might be discussed for there is a range of experience and modes we might do well to consider. Otherwise, we shall be caught with lumping everything under one far to wide category.

Before going into this spectrum, four points need to be made:

Maturity

There is a need to distinguish between those clients who are adults and those who are children. This offering is dealing with the former i.e. those who are of mature years-even this can be a vexed subject, yet on a rough guide I am thinking of those over thirty, or if this causes offence twenty five. I do not feel it helpful to draw a clear age at this stage, though it may well come later.

Those under twenty, or perhaps twenty five, seem to be a second and more vulnerable age group and I am less experienced with this age group to speak as well as the other.

Regression

There is a need to be aware of the most powerful process of regression, i.e. the client of whatever age is likely to regress to the emotion of the adolescent, child, infant or baby. To ignore this is to be in peril, both for the client and the therapist. The client has a right to this regression, indeed for many therapists it is the place where the healing of the ancient wounds begin, when the early traumas

are uncovered and seen with understanding and the then prohibited responses are released, paving the way for different ways of living in the future.

Witness

There is an observer ego on the part of the client who witnesses the regression of the child and who can witness, monitor and ultimately control events. He can see when the regressed "Child" state moves into the four fundamental core issues of terror, separation, loss and vulnerability with the four consequences of rage, sexuality, sadness and panic. He can see when they overlap and interlink as well as when they are clear and distinct. He can distinguish between control, manipulation, seduction and maturation and all that is involved in a therapeutic process and alliance.

Responsibility

As in hypnosis, he has the power to withdraw from a situation if he wishes or go deeper. He is not in someone else's power. He allows only what he wishes. He is a fully functioning adult as he witnesses himself in a different acting out place, whether a regressed child or indeed a raging, critical destructive parent. He is not a passive prisoner without resources. But the client is vulnerable and there should be no doubt about that.

The Spectrum

The Spectrum of Therapeutic Abuse is not intended to be exclusive nor the treatment to be considered exhaustive. It is meant to establish some of the varieties of abuse from two extremes and a number in between. Where I use the word "he", I hope this will be understood as a convenience rather than a gender issue because "He" could easily be "She". Equally the word therapist could be understood to be Counsellor or any other helper. The Spectrum is as follows:

- The Predator Therapist
- The Controlling Therapist
- The Catalytic/Facilitative Therapist
- The Bonding Therapist
- The Mismanaging Therapist
- The Collusive Therapist
- The Predator Client

The Predator Therapist

It has been long known that from time to time there emerges a therapist who is found to have sought gratification of his need for power and control.

The worst of these seem to have centred on money and the extraction of money beyond the payment of fees from needy clients which has been quite outside

any kind of implicit or explicit contract. Clients have been encouraged, or coerced to part with money which has sometimes proved difficult and occasionally impossible to recover. Equally it is not unknown for clients to be expected to pay indirectly under the guise of questionable extra sessions over a sustained period.

It is also well known that therapists have sought their own sexual gratification by using the gullibility, or fallibility of clients. This has been known to exist within the therapeutic session or outside the therapeutic office while the client was still in therapy. The therapist appears to have used the client as a subject rather than for any therapeutic facilitation or empowerment.

The abuse of the client can also take place in the realm of violence, where some of the more somatic therapies, which involve stressful interventions of a physical nature to reduce blocks and tensions, create pain and suffering of a physical kind which may be beyond what is appropriate. In one such activity it is reported that a client died in a group therapy session.

Lastly there is the emotional abuse where the therapist induces states of terror and panic, leaving the client in a state of dread without any support or affirmation with careful closures at the end of the session. This can be said to border on the sadistic in the misuses of power. Mercifully the above examples are rare, but they happen.

The Controlling Therapist

In a discussion with a therapist from one of the analytic schools, the subject moved to what would be considered sexual involvement with a client. He replied that if he so much as smiled at his client, his professional colleagues would regard that as sexual involvement!!

Certainly, in order to avoid any such notion of involvement there are therapists who take considerable control of the boundaries, e.g. re: times, fees, posture, position etc., etc., It is similar to a military regime, but it does provide reasonable safety for the client and the therapist. It also results in total responsibility being in the hands of one person and the difficulty therefore of working with issues of empowerment and responsibility. From this restrictive background, the humanistic movement created it's distance in order that a more mutual therapeutic alliance might be created.

Nevertheless this authoritarian stance provides such strict boundaries that while accepting that the conscious intention is for the protection of the client, one wonders if the unconscious process is for the protection of the therapist and therefore becomes an adjunct of his control and even oppression of the client.

The Catalytic/Facilitative Therapist

It would be hoped that all therapists would be empathetic and believe in the capacity of their client to deal effectively with their lives.

Let me suggest that the Catalytic/Facilitative therapist is one who hears the pain of his client and is sufficiently skilled to allow his client to make that journey to where he meets his pain in such a way that the issues are re-evaluated, fresh choices made and ontological change begins to emerge.

For this to happen, a therapeutic alliance will be created where the competence of the client is enhanced and boundaries established as a joint operation between client and therapist. Using transference material the client will be enabled to regress and yet be accompanied to those places of pain and dereliction

i) where terror is experienced without being annihilated and the raging being within released so that in the human presence of the therapist, there is hope.

ii) Where separation and abandonment can be felt with all its threat of non-existence and the quest for security and bonding with all its sexual material can be honoured and fulfilled appropriately.

iii) Where loss can be experienced with its utter broken heartedness and total desolation, yet with the companionship of the therapist who is there as a reinforcement while the grief and bereavement process is being owned and assimilated.

iv) Where vulnerability can be exposed with its shattering and screaming fright, but in such a way that the panic can be endured without splitting and fragmenting, and ultimately turned and integrated within the human condition.

This therapist, handling his own counter-transference, will not be overcome by his fear of the transference, whether positive or negative, nor be defensive as the client abreacts his core of dereliction. The client will be able to acknowledge, not only what he was, but what he still is, and be able to move to new explorations of being in the world with himself and his fellows.

The Bonding Therapist

In my early days as a professional helper, I saw a colleague walking arm in arm with his lady client. I was surprised and when I spoke about it to another colleague he said "They're in love". Some months later I learned they had married and still later, had a family. Although discomfited at the time I came to understand that this is a frequent event - perhaps to the temporary consternation of their friends and colleagues.

Many therapeutic relationships seem to move into the romantic when the pairing moves to the exploration of a personal and intimate relationship. Sometimes they move on into marriage or partnership. Sometimes they only survive for a while before ending. It is not always that this gives way to bickering or charges of exploitation, because those concerned seem to take responsibility for the change of direction and its outcome. However, while all personal relationships have their share of transference material, a therapeutic relationship seems a shaky place to start. Some colleagues resolutely refuse to allow this to occur at some considerable cost to themselves, for affairs of the heart cannot be so eas-

ily catalogued or pigeon holed.

What is critical is that if the relationship is to be explored at a personal level, this relationship has to take place outside the therapy and therapy continued elsewhere or concluded. Some may be appalled at such a notion even being considered but the reality is that successful relationships of a permanent loving kind do seem to have commenced as a therapeutic alliance as many married couples bear witness.

The Mismanaging Therapist

There is little doubt that most therapists will take risks with their clients, whether they are experienced and do so knowingly or inexperienced and do so unknowingly.

However, some therapists move into megalomania unconsciously or maybe simply they trust their clients too much. It is too easy to underestimate the child in the client and to overestimate the adult in the client, whether working on any major issue, aggression, sexual, emotional, etc.

One therapist who was working with clients sought to facilitate the use of the transferences and regression. He sought to empower the client by encouraging the client to create the boundaries as a way of dealing with his background where he had been strictly controlled by others in the name of "love". All went well as the client was working creatively through the regressed material, using the therapist as the target in the negative transference. It seemed a very fertile therapeutic alliance with evidence of insight and awareness at a high level. Only one day the client brought a huge knife and the therapist to his terror realised he had misjudged the process. What had been successful with previous clients no longer applied. The client detected the shift in dynamics and had to deal with this boundary issue prematurely and with considerable resentment to the therapist. How the therapist would have handled it more effectively is not the point. The reality is that the client felt let down and worse, ashamed. He found he could not find the time to deal with this and left the therapy prematurely.

The therapist also felt ashamed, all too conscious of his mishandling, wondering how he could have done it differently and more effectively.

So there was a mirroring process! But the outcome is not only sad but salutary. Whether the issue is violence as here or whether it is sexual or emotional the therapist has to take responsibility for his misjudgement.

When the issue has been sexual rather than violence, the energy that has become charged is less in the shoulders and back, and more in the heart and the genitals. The sense of hurt is more severe and the sense of betrayal all the greater for the client.

The therapist must be aware of being so narcissistic that he cannot bear to admit his errors. If he seeks to blame the client and put it all down to the negative transference, he in the place of HUBRIS and learns nothing.

Equally the client may be in danger of moving into their narcissism and appear

to be totally innocent and to put the entire responsibility at the door of the therapist. There is little scope for learning there either.

The Collusive Therapist

The late Frank Lake used to warn his students of the "Gruesome Twosome" where counsellors and clients become entwined in something which began with non-possessive warmth and became out of control.

Most therapeutic alliances begin with good intentions and hopefully embark on a journey of discovery and heightening awareness. Issues are uncovered with growing excitement, whether rooted in anger, sexuality, or loss. The effect on the joint potency of the therapeutic alliance can be very marked, whatever the stage that is uncovered, whether pre birth issues or symbiotic bonding, psychosexual development, or oedipal material. The fruitfulness of the venture creates a heightened sense of potency and the partnership seems creative and fertile. The transference and counter transference are double positives!

However if the client regresses into their sexuality as a child and needs contact and reassurance and a heightened degree of closeness, this may be allowable by some therapists.

Certainly it needs to be seen as a honourable state or the child will again receive that wounding that is so frequently experienced in the oedipal phase where such physical and sexual experience can be rebuffed.

If the therapist permits this acting out, all may be well. However if his own adult moves into his child he too may lose sight of the appropriate boundaries. Then two children, client and therapist can dissolve into an expression of mutual sexuality which has all the dangers of destructiveness. Here the therapist has responsibility for his boundaries and will seek to ensure that the client deals with their boundaries. If he draws the boundaries for both of them, he may be in danger of becoming the Controller Therapist. Perhaps indeed he needs to do so for the protection of both of them, though some would disagree. If he does not, he could well be accused of being a Mismanaging Therapist.

In the Collusion, both children will be using each other for their own gratification though not necessarily seeking the exploitation of the other. Nevertheless it is still a gruesome twosome and it will take some proper management if it is not to be damaging or painful for one or both.

The therapist will surely be asking himself about his own motives; so too will the client, one expects. But it is the client who is the more vulnerable, the more likely to be hurt, for the therapist is meant to have more knowledge, awareness, maturity and resources.

Even though the client may have an observer ego and so nothing took place without their cognizance and participation, yet their sense of being seriously aggrieved may be doubtless. As in the Mismanaging Therapist, what matters is the learning, but it is naive for the therapist to speak off this as transference, just as it is for the client to claim to be the innocent victim. To be able to own

and take responsibility for their part in the Collusion requires all the Adult that is available to the two concerned.

Rage and revenge by either may be a sign of a difficulty in owning the sexual child within, which each of us needs to integrate or we continue old patters of denial, blame and shame. Where either the therapist or client is married, much more severe difficulties occur. An affair is usually seen to be where one or both parties is married, where meetings take place over a period of time and sexual intercourse is part of that scene. Thus an affair, which does happen, adds a catastrophic dimension to the process which can be devastating for all concerned.

The Predator Client

It is no surprise that Sophia Loren is not the only person who has sought to seduce her helper. There are people who use therapy to get close to a therapist and to seek for intimacy. There are others who move into powerful positive transference and this is manifested as being in love with the therapist. This can develop into a variety of levels from held back feelings of love and devotion to inappropriate gifts, calls, meetings or requests for meetings and even further to manipulation or seduction.

If this is not seen by the therapist or is mishandled, the feelings of non response may be so painful as to turn to the opposite i.e. of revenge and hatred. As Freud warned long ago this can result especially when the client feels that they are less preferred than another. e.g. the therapist, therapist's spouse or partner. This has all the issues of the Oedipal phase being renewed.

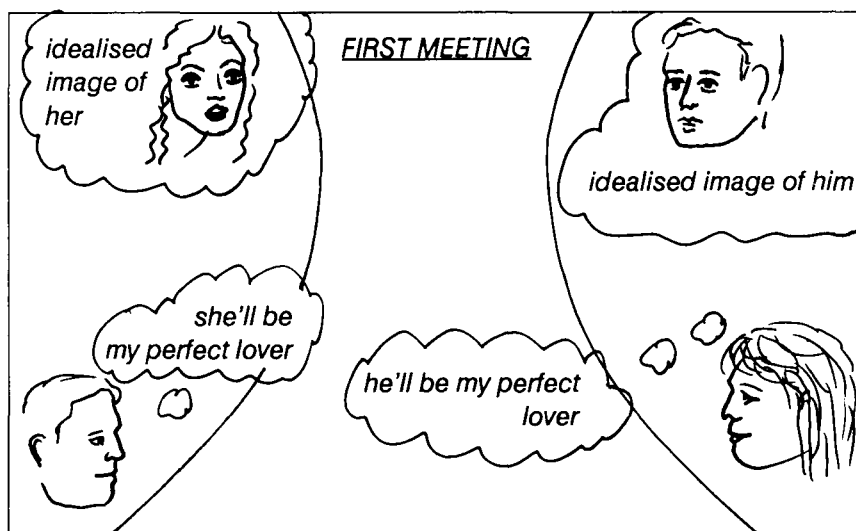


Illustration from: *The Barefoot Psychoanalyst*, John Southgate & Rosemary Randall

The sense of rage of feeling unwanted is filled with pain but may be manifested in serious destructive attacks on the therapist who failed to respond to their advances. One male client persecuted his female therapist for months, even trying to kill her. Allies will be sought and recruited! It is common for what is known as the Hysterical Court to become established. This court of fellow antagonists will become infected and inflamed by the negative process of fantasies, projection and distortion. These familiar enemies create a world where unresolved agendas combine with rumour and half truths to produce misshapened unreality.

It may be hard for the therapist to see beneath the hurricane of unpleasantness and to be aware of the hurt child within. If he becomes caught up in their process he may seek to defend himself in a variety of ways, even the law, but he will then have lost sight of a very wounded child. He needs to see the blame and anger of his client belongs elsewhere in an earlier life phase which has now surfaced and the target is the therapist as the client seeks to ease that internal pain by exacting revenge in order to avoid meeting that earlier injury of soul and being and dealing with it.

Let the therapist also search himself and see if he has had any part in this, but let him also see the client not as some devouring predator but as a person whose need is honourable, even though its manifestation is so unwise, so distressing and so violent. Perhaps of great importance is the philosophical position of the therapist. Much will be determined by whether he sees the need to defend himself or whether he seeks to be within the tradition of "Where there is hatred, let me show love". It was Frank Lake again who regularly spoke of the need for grace and love to determine one's responses. To sink into one's own defences is to fail in empathetic resonance to the client who feels on the brink of non being, feeling separated from the source of love and goodness and for whom rage is the only way of responding to the sense of desolation and loss. This Grace and Love is what above all in my view, a predator client has a right to, though I have not found many who will agree with me. It is a choice we mercifully do not often have to make.

Professionals

Humanistic therapists are only gradually becoming seasoned. The seasoned professionals, especially those from medical or analytical backgrounds will regard all this as par for the course. The less experienced can be caught up in the negative energy and lose their objectivity, taking up a position without thinking it through, with resulting defensive and even punitive behaviour.