

Thinking about Ethics

Julian Nangle

A friend I made at this year's AHP conference told me about an exercise she had been invited to participate in at last year's conference. It went something like this: you pair up and define the space around you, your own personal space, by placing your hands out in front of you at the point at which you feel comfortable. You and your partner then look as if you are touching a pane of glass. Once this is established the participants place a hand inside the area defined by their partner. My friend told me she had no trouble with this exercise, that she felt no sense of intrusion from having her partner's hand inside her defined space though this was extremely close to her chest; she liked closeness, she liked touch, she liked to be hugged. Her partner, however, had held her hands way out in front of her and had found my friend's hand intrusive and extremely uncomfortable.

This story illustrates, for me, the difficulty over ruling on the question of abuse in the psychotherapeutic relationship. For one person, not to come near them physically or emotionally might in itself constitute an abuse. For another, to approach as close as one might ordinarily with most people, and to engage them in emotional relationship as one might readily in a therapeutic relationship, might very well constitute a stepping-over the

acceptable boundaries. What might then follow is a formal complaint to the therapist's 'parent' body and the rest we can easily conjecture.

As with most things involving therapy the ethics issue must be defined and controlled with common sense and with the integrity of the therapist firmly and clearly visible. As therapists, if we sensed a covering-up, a refusal to look at an aspect of work in a client, we would press a little more persistently in this vulnerable area, bring Jung's 'single searchlight' into the area that is proving 'difficult' or is somehow not ringing true. Surely, then, the same applies to problems we as therapists have with 'ethics'.

At the beginning of my training I had a client who rang me up between sessions 5 and 6 and declared she had to see me. It was urgent. I agreed to see her that evening, so long as I could verify there was a room in which to meet at the training centre. I rang the Director and he said that he sensed I was getting caught up in my client's panic. I thought he was right but we agreed that I should go ahead with the emergency session.

It transpired that my client had wanted this session to tell me that she was in love with me and that she knew that she did something for me, that it wasn't all transference, and that she didn't really know

Julian Nangle is a counsellor/psychotherapist who lives in Dorset. He has worked there for four years in private practice.

what to do about it. I pressed her on her perception that she knew that 'she did something for me' and she asserted that as she walked in at the very first session she could feel the 'electricity' between us. This was the first I'd heard of it, I have to say, and while I was acutely tuned in to my client at this crucial moment of first meeting, I was by no means ready to acknowledge to her or anybody else that she 'did something' for me. So I persevered with the transference idea. This woman was a 40-year-old, single parent of a young child of three. She was extraordinarily knowledgeable about all things therapeutic, having concluded a course in another form of therapy herself. For this reason I was able to use the jargon word 'transference' with her and suggested that this matter of her being in love with me could be extremely useful to the work and that she wouldn't find me shy of working through the transference and processing her feelings within it.

Not surprisingly this did not go down wonderfully well but it was all she got from me. At the end of a year we had, indeed, worked through the transference to a satisfactory conclusion. Throughout the therapy I had had to fend off subtle intrusions, such as comments about the colour of my shoes (I'm afraid I used to wear red and green shoes, alternately you understand, not at the same time, but this was enough to draw comment) and where did I get that jacket, so when we came to the end, which she had decided to coincide with her moving into the house of her dreams, she invited me to her house warming. Now the purchase of this house during the latter stages of her therapy with me was a most symbolic and liberat-

ing action for her and I would dearly have loved to have gone to the house warming, to see my client safely ensconced in the arms of her next 'therapist' — her house. However, I decided very quickly, and had this confirmed by my supervisor, that it would not be a good idea. My reasons went back to that sixth emergency session and a feeling of 'inappropriateness', despite the year-long working through, of putting myself into her space, as I would at a house warming. In this instance, following the ethics laid down by common sense and intuition, I believe I prevented both my client *and* myself from possible infringement of our boundaries, which is certainly my definition of abuse, just as my friend's partner at the conference experienced 'abuse' in the exercise they had done together.

The possible abuse of the therapist is not a popular topic in the ethics discussion because as therapists we are naturally the ones 'in charge'. But I would draw attention to the very real dangers to the therapist inherent in the psychotherapeutic relationship (without minimising those to the client) despite the therapist's long training and self-awareness work. If there is an abundance of the former, and a little less than abundance of the latter, a therapist can find themselves subject abuse that is very real. I was a novice counsellor when the experience described above happened to me, though not a novice in self-awareness — indeed I had spent over four years in therapy myself and much of my life before that being criticised by friends for overmuch self-analysis! I was very sensitive to my own boundaries, and still am, which brings me to my penultimate point.

If my client had 'done something for me' during those first few sessions and she had then confronted me with it as she hoped to do when she rang me up between sessions 5 and 6, I am hopeful I would have known instinctively what to do: namely to acknowledge it and declare, unequivocally, that I could not work with her any more. If the true scenario had been that I did have strong feelings for her, and I had not acknowledged it, I trust my supervisor would have picked it up and turned on Jung's searchlight directly above it. I must stress that I did acknowledge the sexual transference and counter-transference, which there undoubtedly had to be simply through the fact that we were of opposite sexes and both heterosexual. I used this in working with her, perhaps not as much as I would today, a few years down the line, but always keeping an eye on how comfortable or uncomfortable (excited) I felt in our discussions of her sexual needs and other fantasies.

And so to my final point: to make any kind of decree about ethics which does not include the supervisor is truly superfluous. It should be known as part of the deal on entering counselling that your therapist has a supervisor. We should develop one or two accredited organisations for

supervisors, whose public profile should be as high as possible, and who the public should be encouraged to refer to if they have any complaints about their therapist. Needless to say, confidentiality would be stressed at every appropriate opportunity. The organisations' members would all be accredited counsellors and therapists — I do not believe they should necessarily be 'trained supervisors' as such. With this slightly more flexible approach to supervision we could all start to help each other much more directly. We could ask a therapist we know and respect to be our 'supervisor', to talk with us when we like, for a fee. The one criterion a supervisor must have would be that he or she belonged to one of these accredited 'supervisor' organisations. Because these would be open to public scrutiny, if a therapist got shot down, the supervisor would get shot down too — not necessarily as a therapist, although it wouldn't do his/her reputation much good to have 'missed' something so profoundly unsound as an abusing supervisee — but certainly as a supervisor. The sense of joint responsibility experienced by this method of self-policing would, I think, cover most areas of possible misconduct within the therapeutic profession.

