

Legislating against Abuse of Clients in Therapy: A Cautionary View

Richard House

'The therapist in the Oedipal area is sailing between Scylla and Charybdis.

David Boadella, 'The Use and Abuse of Power', *S&S*, September 1993

'Shall I be there or step back aghast keeping my hands and genitals clean and dry or shall I twist our mutuality into what suits both of us like an old-fashioned rope with which to capture your spirit and betray your body or neither – or shall I *be* there?'

Petruska Clarkson, 'Eros in the Consulting Room', *The Therapeutic Relationship*

With *Self & Society* publishing an issue on 'The use and abuse of power in therapy' in September 1993, it seems fitting to reflect upon the issue of romantic and sexual feelings in the therapeutic relationship – a topic which has received some, but by no means extensive, attention in the pages of *S&S*. Shan Jayran published a piece entitled 'The Passion of Therapy: Healer and Lover' in the September issue of 1992. She concluded her provocative paper with the question, 'What do other therapists think about all this?'. It is perhaps surprising that there has been so little response to Jayran's challenging article, and what follows is an attempt to engage with the important controversies addressed in her article. Perhaps she is on to something, then, when she writes, 'I have very rarely been able

to get a clear open discussion going on [this] subject'.

My starting point is well captured by Gaie Houston who wrote in 'The Meanings of Power' (*S&S*, September 1993), 'A code of ethics is an abstraction into generality of what was once personal and passionate. At best, ethical codes are a useful shortcut to save us emoting and thinking the same questions over and over'. Well . . . yes and no: the insight that ethics constitute a programmatic condensation of the emotional is extremely useful; but I profoundly disagree with the view that in the fields of psychotherapy and counselling, ethics can and should be used as a short cut in order to render unnecessary the emotional 'work' that should organically underpin the ethical values upon which we base our practice

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as therapists. Rather, I believe that from a humanistic standpoint, we must re-invent the wheel every time – for surely what competent and flexible therapists should aspire to is an embodied and lived ethics that is experientially based, and not simply one that is handed down from on high as a solemn commandment that should be obeyed, with no further questions asked. Nowhere is this argument more crucial than in the field of sexual and romantic feelings in the therapeutic relationship. In the rest of this article I will try to highlight the possible shortcomings and dangers of practitioners following a disembodied and didactic code of ethics in their work.

I write from deep personal experience of an extremely difficult and challenging therapeutic relationship with one of my clients. The choice I made was to continue to work with a client with whom I had 'fallen in love', and to use my own supervision and personal therapy as much as I needed to work through and integrate the early 'betrayals in love' which were being exposed in my work with this client. I must make it clear that in my work with my client there was never any question of any sexually intimate contact between us – notwithstanding the enormously powerful and almost overwhelming romantic attraction between us.

I am all too aware that the decision to continue working with a client for whom one has very strong romantic feelings is a controversial one: many commentators and practitioners take the firm view that one should immediately terminate working with a client with whom one is in love. For example, Karen Maroda, in her book *The Power of Countertransference: Innovations in Analytic Technique*, writes: 'If . . .

the therapist falls in love with the patient, and remains in love, the treatment must be aborted', and Julian Nangle, writing in *S&S* (March, 1994) has made the same point. The phrase 'and remains in love' is, I think, the core issue here: for I would agree with Maroda if she means that if a therapist has taken his/her feelings as far as s/he can in personal therapy and supervision, and is still in love with the client, then the appropriate course of action is probably to stop working with that client, ending in as sensitive a way as possible.

I believe that the view that being in love with a client should of itself immediately preclude that therapist and client working together is fundamentally fear-driven, defensive, and quite possibly antithetical to both the therapist's developing the capacity to work at deeper levels with clients, and to the client's best interests, in that the latter may be deprived of the very healing moment or process that s/he needs in working with a therapist who, despite his/her powerful feelings, holds the frame and does not abuse the client in the unfolding therapeutic relationship. So I would argue against having fixed or rigid views about this question – it is ultimately for the therapist's supervisor, the therapist's therapist and the therapist him/herself to decide together whether the therapist is able to hold the frame despite his/her feelings, and to judge when the therapist is unable to work effectively and safely with a client.

I am very grateful for having had the opportunity to work so deeply with a client, and experiencing myself being able to contain my feelings, and work through and integrate my own woundedness in the process. Of course, the client's well-

being is always paramount, and her/his interests should be the first consideration in any decision as to whether a therapist should continue to work with a client notwithstanding his/her feelings for that client. But in practice, the best interests of client and therapist will often coincide, assuming that the therapist seeks all the support that s/he needs to contain and work through the personal material that is being triggered by the work. I would certainly argue very strongly that to fall in love with a client in a therapeutic setting is pathologically driven: but the wounded who are able fully to face up to and integrate their own woundedness surely make the best healers.

Shan Jayran's provocative paper is an honest and brave contribution in that she dares to break the taboo and articulate the erstwhile unmentionable – though I disagree with the ethical position which she herself would advocate. It is very revealing to me than when I first read her article several years ago, I was frankly horrified by it – but in those days I was reacting from what I call a disembodied ethical position, never having had to engage experientially with the reality of the power of romantic feelings in my work. Whereas now, having had the experience referred to earlier and having spent a long time grappling with the complexities, subtleties and paradoxes of this whole field, I found myself much more sympathetic to the tenor of Jayran's discussion.

She says that there is insufficient openness about these questions, with 'most therapists retreating behind defensive words such as "transference" and "projection", as if naming is a sufficient understanding'. Jayran makes a crucial

point here: for the danger of having ethical codes in the form of didactic and taken-for-granted 'commandments' is that the therapist at whom they are aimed can very easily avoid grappling with some of the deepest and most challenging material that is touched in a therapeutic relationship. Thus, the unproblematised adherence to ethical injunctions can easily lead to a defensive premature foreclosure of the therapist's daring to engage with his/her personal dynamics in their work. This no doubt affords the client some kind of protection; but the cost is therapists who cannot work so deeply with their clients, and clients who will find it harder to find therapists who can dare to work at the depth needed. David Boadella, in his article 'The Use and Abuse of Power', (*S&S*, September 1993) draws attention to this danger: "The other mistake is to have sexual feelings, stiffen, get cold and uptight, and give the message "Not OK"".

Of course, it would be so much easier to legislate didactically in this area if a therapist's unintegrated material were always neatly exposed and worked through within his/her own personal training therapy, without any 'messy' spillover into his/her work with clients. But we must all know from personal experience that, in practice, only very rarely if ever does it work out like that – becoming a therapist is a career-long process of becoming, not an end-state, and we are constantly working with our own process in our work with clients, whether we realise it or not. My humanistic instinct and personal experience tell me that the complexities and paradoxes of working with the romantic and the erotic should be fully

and honestly met and engaged with, in the belief and trust that a good and proper ethics will emerge from the experience.

I profoundly disagree with the oft-heard view that for a counsellor or therapist to have sexual fantasies (for example, about having sex with a client) is in itself abusive and damaging to clients whether or not the fantasies are ever acted on. From where is such a view coming within those who hold it? What are the deep fears that lead to such a fixed position? And what does such a position say about the personality dynamics of those who hold to it? Might it not, for example, reveal a deep-seated and unarticulated doubt about the ability to be able to choose not to abuse when faced with the full reality of one's own Oedipal woundedness?

I do not want to dodge the very difficult question of fantasy as a rehearsal for the real (I am grateful to Petruska Clarkson for pointing this out to me). There has been much published clinical work with sexual offenders which suggests that abusers seem to get locked into a positive feedback system of escalating fantasy, until such time as, in their experience, they completely lose the capacity to choose not to abuse. There are clearly quite fundamental questions here about the nature of free will which are beyond the scope of this article. Suffice to say that what is crucial is for the fantasiser, and if possible the clinician, to be able to differentiate experientially and clinically between fantasy as a natural, non-abusive aspect of human experience, and fantasy which becomes the unstoppable precursor to abuse. There is perhaps enormous scope – and enormous need – for some phenomenological research to be done in this

area – which would no doubt benefit potentially abusive therapists, as well as being of direct relevance to the treatment of offenders more generally.

I would argue that in the case of a client with (for example) a history of (sexual) abuse, the healing moment for such a client may well be precisely when her/his therapist has very powerful sexual/romantic feelings about the client but freely chooses not to act on them. Indeed, the psychodynamics of this process might well be that the client at some deep and unconscious level actually evokes this scenario in the therapeutic relationship in order to secure her/his own healing. That may be the depth of work that that client requires for healing to occur. When one works at great depth with clients, such work is often risky and dangerous, and goes close to the edge of tolerance and holding – and for these reasons requires a great deal of faith, trust and courage on the part of the therapist.

Perhaps one reason why we find it so hard to grapple with these questions is that we are still quite unable to capture in words and rational description what happens when 'self' and 'other' meet in the poetic space of relationship and connection. The reality is the meeting, and yet we can only talk of it and describe it from our first-person, parochial and highly partial perspective. In short, we somehow need to experience the psychodynamics of 'we-ness' at the experiential level before we can adequately understand relationship; and yet there may even be strictly logical reasons within the philosophy of mind as to why this is simply not possible – certainly at this point in the evolution of human consciousness.

The most sustainable ethical standards are those founded upon a full engagement with the fundamental existential complexities of living and loving in the context of our psychodynamic histories, not a disembodied list of moral injunctions divorced from the human experience from which they spring. When our ethics are embodied in this way, not only will the belief that it is wrong sexually to exploit clients be an organically integrated aspect of the therapist's being, but the quality, depth and integrity of that therapist's work with clients will be much greater; there will be far less danger of the therapist acting out in the countertransference from his/her unworked-through pathology; the therapist will be able to engage with the client whatever sexualised behaviour the client brings to the therapeutic relationship; and, last but not least, the therapist as a person will be able to engage in much healthier, less pathological relationships in his/her personal life.

I am not making out any case for the acting out of romantic or sexual feelings with clients: such involvements are never professionally acceptable or justifiable. Even if therapists do fully engage in a process of honest self-examination and all that entails in terms of non-collusive therapeutic exploration of the dynamics of their feelings, there can never be a guarantee that acted-upon romantic or sexual involvement with a client is not going to hurt or damage that client either now or in the future. None of us can know with total certainty that we are not 'acting out in the countertransference', however self-aware we believe ourselves to be. Anyone who sets themselves up as a therapist to help people in distress must have as an un-

equivocal and incontrovertible principle that they should do nothing that is going to, or conceivably could, hurt or damage their clients.

All this applies just as much to trainer-trainee relationships as it does to therapist-client relationships. Any trainer who attempts to argue that it is somehow possible to have an equal, power-neutral relationship with a trainee is ignoring the inevitable power differentials and transference issues in any teacher-student relationship, and is casting around for a rationalisation of their behaviour as a defence against fully engaging with their own woundedness. And the dangers of such a trainer acting as a role model for his/her trainees to introject should be obvious: as Chris Robertson says in his article 'Dysfunction in Training Organisations' (*S&S*, September 1993), 'Where they have been the victims of abusive trainers or training systems, students may unconsciously act out this abuse with clients . . . Having an explicit code of ethics will not of itself prevent unconscious acting out by those who are carrying the pathology of their training "parents".'

Should the training institutes 'teach' trainees about sex in the therapeutic transaction? If we mean instruct trainees in a didactic, disembodied way about the dos and don'ts of the therapeutic relationship, then I would say a resounding 'no!'; but if there is a full and open experiential engagement with the phenomenon of eros in the consulting room, from which an embodied and grounded ethics is discovered and re-affirmed by each individual trainee in a process of continuous re-discovery, then I would fully support such an approach. To the extent that trainings

avoid fully addressing these issues, I would suggest that this reflects an unconscious collusive denial by the profession as a whole against engaging with issues which are so painful and which touch such primitive places in all of us. All the theory in the world about sexual transfer-

ence and countertransference, and the most carefully and painstakingly drawn-up set of ethical principles, can never substitute for an open experiential engagement with these issues.

To echo Shan Jayran again, 'What do other therapists think about all this?'

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Alarms and Excursions

John Rowan

Because of various decisions in the courts, it seems to be more and more recognised that psychotherapists have a duty of care to other members of clients' families. It has been stated, for example, that clients who have a partner should be warned that a series of sessions with a psychotherapist might create strains in the relationship. Difficult cases have also arisen where the client wants to confront a parent or other person at an early stage in the therapy when anger is at its peak.

In California, there was the Tarasoff case, where a court concluded that a therapist was at fault because he failed to warn a woman that a client of his had made threats against her life. The client had subsequently killed her. He had told his supervisor, and they had told the police, but this was thought to be insufficient. 'The protective privilege ends where the public peril begins.' Further information may be found in Hoose and

Kottler's *Ethical and Legal Issues in Counselling and Psychotherapy* (Jossey-Bass, 1985) and Martin Lakin's *Ethical Issues in the Psychotherapies* (OUP, 1988).

This has not been laid down for this country, nor even for most of the United States, but it does seem to put therapists in a terribly difficult position. If they do not warn a potential victim, and assault takes place, they may be liable for failure to protect the intended victim; if they do warn and nothing takes place, they could be sued by the client or disciplined by their professional association for breach of confidentiality. Furthermore, to take this too seriously might result in over-reporting and loss of confidentiality. This in turn could lead to potentially dangerous clients not coming for therapy at all.

This seems a tricky area, and it does seem as if we should pay attention to it in some way. Does anyone have any views on this?