



# ***Therapy as Abuse***

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Recently the potentially abusive aspects of the professional relationship between client and therapist seem to have received more attention. However, this 'abuse' is mostly seen as being sexual (where the therapist 'takes advantage of' the client's trust and vulnerability and forms a sexual relationship with him or her), or financial (where the therapist persuades the client to keep coming back for more treatment even though it is not necessary). Patients are encouraged by professional bodies to check a therapist's qualifications, training, etc, to safeguard themselves from such rogues. By heeding this advice it may be possible for a client to prevent sexual or financial abuse; however, whatever precautions clients may take, there is no protection against emotional abuse.

Very often the clients will try to build their own protection scheme into the therapy by constantly reminding themselves that this is just a professional relationship and one day it will have to end. In my own experience of being in therapy with two

clinical psychologists, this tactic was countered by them telling me that I was afraid of getting into a close relationship with anyone — which of course frustrated and annoyed me immensely.

It takes many weeks for a relationship of trust to build up between client and therapist. The client ends up trusting the therapist, may become dependent upon him or her, and often loves the therapist deeply. This is seen as a normal pattern, and the client and therapist have to work these feelings out in therapy sessions by discussion about similar feelings in the client's past (transference). Hopefully, the client is able to be weaned off the therapist eventually and no harm done — though it is doubtful in some cases if any good has been done either. The power imbalance between the therapist and client as regards vulnerability, trust and dependence is so great that the client is always disadvantaged. Therefore if anything goes wrong, the client will be the one left in a mess.

I first saw an NHS clinical psychologist

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for about nine months, and then he told me he was leaving his job. Although he gave me three months notice, this was insufficient time to end the therapy 'well', and I was left with extreme unresolved grief feelings. This affected my health and family life. There was no one to turn to for help, as very few people understood the complexities of the relationship. In fact, several people told me off for becoming dependent upon my therapist, and no one in the NHS seemed to want to help. It would appear that the reasoning goes something like this: in order to understand the grief of losing the therapist, the client and therapist have to examine similar feelings of loss in the client's past. The whole procedure therefore relies heavily on transference. Transference feelings may be 'real' and 'valid' in that they have the power to cause the client pleasure or, as in this case, pain, but if they can be identified as not being original feelings for the therapist they can be devalued and consequently not dealt with honestly. I came to the conclusion that 'transference' was a name therapists give to perfectly normal feelings which inevitably arise in the closeness of the therapeutic relationship, in order to cop out of any moral responsibility towards the client. Whether extrication from that responsibility is complete or only partial depends on the conscience of the therapist. I hadn't even the option of complaining to a professional body, as nothing unethical had happened.

Over the past few months I have been involved in setting up a self-help group for people who need support because of bad experiences in therapy, or because they need support with the counselling or therapy they are currently involved in. So far,

of the nine people who have joined, seven of us have had (or are having) dependency problems with our therapist or counsellor. If this is a representative sample of the client population, and I believe it is, then it is a far more serious problem in terms of numbers than sexual or financial abuse, and it is about time that clinicians addressed this problem honestly and sensitively. Jeffrey Masson, in his book *Against Therapy*, makes very little mention of clients being left in the emotional lurch by therapists. However, when an article appeared in a national newspaper on the issue of client dependency, the co-ordinators of a self-help group in London were 'snowed under' by the response.

One of the reasons I began to trust my therapist was because he constantly reassured me that the therapy would end well, that we would go through a time of grieving together, and that he had never left anyone in a mess. This method is just illusion — even if it works. I last saw my therapist eighteen months ago, and I know I am still grieving for him. In fact the real grief did not hit me until after I had finished seeing him. I seriously question whether you can grieve for someone you are still seeing, anyway; all you can do is perhaps prepare yourself for the grief to come. It had taken my therapist nine months to break down my defences; it was too tall an order to repair them in a quarter of that time. Even the exponents of transference would have to admit that it's cruel to separate a child from a loving parent. For our last few sessions I just sat and cried. Therapists would not treat their own children in such a dismissive way. For me, understanding my grief did not alleviate its effect.

My therapist was not a sadist, in fact he

was probably more caring than most. I eventually got to see another clinical psychologist who told me that she only gave her clients a maximum of twenty sessions, and would terminate therapy at that point whatever stage of dependency the client was at with her. I can't help asking myself how ordinary decent people can act like this. 'Abusive' therapists (in the accepted sense of the word) are castigated by other members of their profession, high on their moral soapboxes, who never think of the emotional damage they themselves may have done by their own ruthless professionalism. In fact, the term 'caring professional' seems to be a contradiction in terms to me now.

I understand that most people become dependent upon their therapist because they see the therapist as a kind, understanding, caring person who will help them solve their problems. I can honestly say this never happened with me. My first clinical psychologist and I argued quite a lot because I saw him as being rather egotistical. However, despite this antagonism (or maybe because of it) a relationship of warmth, trust and humour — and even love — developed. I don't believe my therapist deliberately induced my dependence upon him. However, I have no idealised perception of him; I love him as a person with all his faults, not because he's 'the therapist'. I should think it perfectly possible for a client to have a more intimate relationship with a therapist (even though no boundaries are crossed) than they are having with a sexual partner; after all, sexual relationships only fulfil one aspect of our need for intimacy. Unfortunately for us clients, we are not designed to have intimate relationships on such a casual basis as is sometimes

experienced in therapy, an unhealthy arrangement frowned upon in other circumstances. Is it any wonder our emotional circuits get overloaded? Therapists get used to this weird, unnatural arrangement and cope much better.

There is a generally accepted view held by therapists and counsellors that if you have something embarrassing, say a boil on your bottom, it's best to go to someone you don't know to get it sorted out. Of course, this theory doesn't always work, as some GPs are also family friends, but generally speaking our intimate relationships are not to be confused with professional relationships. The two ideas militate against each other, and as a client I am expected to hold these two ideas in perfect equilibrium. As my love for the therapist deepened I realised that I wanted his good opinion of me, and therefore found it increasingly difficult (almost impossible) to share any experience which put me in a bad light or which I found embarrassing to relate to him.

Another practice which is supposed to help the client to not become too dependent upon the therapist is the setting out of 'boundaries' at the beginning of the therapy. Unfortunately, human emotion will not conform to rules. If only it did — I and others like me would not have a problem. The boundaries are for the therapist's benefit, not the client's. The therapist also has the power to remove some or all of these boundaries if he or she wishes, and the client has no comparable power. Those who have the power to make laws also have the power to change those same laws. The only power the client has is to decide whether or not to turn up to a session and whether or not to tell the truth. Not much help when you're struggling with unruly emotions.

Even if my 'therapy' had not come to such an abrupt end I should still have gone through a time of grief, because my feelings could not have been worked out properly in the artificial atmosphere of the clinical psychologist's office. There is an objection to carrying through a 'professional' relationship into a friendship or love affair because the 'power imbalance' would still prevail in this new 'no boundaries' relationship. However, there is a mutual dependence in a friendship or love affair, so I don't see how the therapist would be 'taking advantage' of the client. The artificial boundaries created the power structure in favour of the therapist; once they are removed the situation evens itself out.

I am willing to concede that there are many unhappy stories of people who have been used by their therapists — sexually, financially or even physically. However, there are also stories of clients who have had very loving and rich relationships with their former therapists, and who have been allowed to let their feelings take their natural course — sometimes to a satisfactory conclusion, sometimes not. I think that anything is preferable to wandering around in this emotional wilderness, unable to have the opportunity to work through my feelings for the clinical psychologist. In a slightly different context, David Livingstone once said: 'I don't care where I go, just so long as it's forward'. I really want to move forward, but I'm stuck.

The most distressing incidents over the past few months are the times when therapy 'victims' who have had affairs with

their therapists have told me how lucky I was that my therapist did not want to take my relationship with him any further. It then becomes a kind of competition for who has the greater pain. I think it is a moral obligation for professionals and self-help groups to recognise that people like me have an equal (albeit opposite) problem to that of those we see as typical sexual therapy abuse victims.

I realise that to the orthodox what I have written is heresy. No doubt you can come up with academic arguments to justify your own doctrine, but before putting pen to paper I would ask you to consider an old Red Indian prayer: 'Lord, keep me from judging a man until I have walked a day in his moccasins'. I have wandered around this wilderness in this particular pair of moccasins for many months, and although maybe nothing can be done to resolve my feelings of grief for the clinical psychologist, it would help if professionals and do-gooders (with no doubt the best intentions) stopped exasperating me. You can do this by taking some responsibility for the relationships you have engendered, even if you have not deliberately induced dependency in your clients. Secondly, stop blaming us clients for the predicaments we find ourselves in by telling us it's 'transference' or our inability to conform to your ideas of the status quo, or our inability to conform to the rigid fixed relationship in therapy. Maybe you should give us a test before we begin, just to make sure that we are pliable material.

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## *Further reading*

Jeffrey Masson, *Against Therapy*, Collins, 1989