



Emotional Abuse in Therapy

Michelle Webster

I first applied the label 'abusive' to a therapist's actions when a client related to me what had occurred in her therapy hour. She had been dealing with the effects of long-standing sexual abuse by her brother who was twelve years older than herself. As a result of these sessions with her therapist she had started to doubt herself and what she had experienced. She questioned the validity of her feelings, thinking that her response to a history of recurring sexual abuse was exaggerated and inappropriate. She was suicidal.

It was my last session on a Friday afternoon. It was nearly the end of the session (our fifth) when she told me her therapist's response to her fear of being abused again when she was next visiting her family abroad. The therapist had said: "The fact that it was your brother meant that it wasn't as awful as if it had been your father ... he wasn't so old and he probably had an

athletic body, so it wasn't so bad.' And then later: 'If you can't stop it happening again, it's not the end of the world, it would be just one more time.'

My instant response was 'You must be joking'. She wasn't. Somehow we continued and finished the session. After she left I didn't write up my notes straight away. I felt a bit spaced out but I didn't know exactly why. For the rest of that evening I felt empty. Blank. And so I let the night pass away. Three days later it dawned on me. I realised that since that session I had been in a state of shock. I had split off my inner self so that I couldn't fully realise the impact of what I had heard that Friday afternoon. I couldn't take on what the other therapist had said and so had numbed myself. As a result, I was not fully available to feel and think empathically. I hadn't realised the impact of hearing what another therapist had said and how I would feel listening to it.

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I felt as though someone had used a razor blade on me and had ever so carefully started slicing me open.

Later I felt overwhelming anger and a great deal of pain. My inner voice kept saying 'It's wrong, it's wrong, it's wrong'.

In the next session I discovered that the client herself had felt numb after telling me what had happened. This reaction is very understandable — she wouldn't have been wise to show her true feelings on the matter after her last therapist's reaction. I told her my own reactions during the week and how I had realised what had happened to me. 'Did it really affect you that way?' she asked. She started crying.

Not long after this another person rang seeking therapy — and then another, and then another — all telling stories of their previous experiences with therapists. I find it very painful, listening to what they have gone through. I find that I get angry, very angry, listening to them and feeling their pain. And I feel shame, because I believe that what they have suffered at the hands of other therapists is uncalled for and wrong.

I started talking to colleagues about these experiences, because I needed to know whether they would feel as I had. To my dismay, I discovered they too were dealing with clients who had been abused emotionally by their therapists. We started to share what it was like for us to hear what some colleagues were and were not doing. I found to my relief that they felt similarly to me. We started listening more acutely when clients started talking about their previous therapy, reflected on what our past and current clients had said, and slowly began using the phrase 'emotional abuse' to label therapists' abusive actions.

With the help of like-minded practitioners I contacted seventeen clients and ex-clients who were still dealing with the effects of what they considered to be therapist abuse. They included women and men, both young and older. Some were counsellors and therapists themselves, some were in training, and some were members of the public. Their abuse had been at the hands of experienced women and men therapists. It was not specific to any therapeutic model or approach, and had occurred in individual, couple and family therapy.

I feel I am writing on their behalf, being their voice. In sharing their experiences, I want to acknowledge three vital points: that clients can be and are being abused in therapy; that abuse experienced in therapy is life-threatening; and that healing therapist abuse is on a par with healing childhood sexual, physical and emotional abuse and requires the same sensitivity and advocacy on the part of the therapist.

Lack of experience

In many cases the abuse appears to stem from lack of knowledge and experience. Here is a case from couples therapy, reported to me by the woman involved: 'I sought help from a therapist because of a marital breakdown. The therapist suggested that I invite my husband in for the next session and gave me two forms for us to complete. They were forms with questions about their relationship — a type of marital satisfaction inventory. We both assumed that these forms were for the therapist, so she could get some idea of the situation.

'We went to the next session with our forms completed. After the therapist briefly

introduced herself to my husband, she asked us to give our completed forms to each other to read. Somewhat reluctantly we agreed, and not surprisingly the effect was devastating. We had both been as honest as we could be, thinking that this would help the therapist to help us. Neither of us had filled in our form imagining that our partner would read it, and the effects of our blunt and honest assessments of each other was to silence us and drive us into even deeper despair. Neither of us could talk much for the rest of the session, so the therapist finished the session early.

'We left and managed to get home. I was extremely upset and my partner could not console me. He rang a friend who knew a counsellor, to see if they could help. After hearing what had happened, the counsellor was able to arrange an emergency session with another, experienced therapist.

'We are now in individual and couple therapy dealing with the long-standing problems in our marriage, but there has been an almost total separation between us and we have both contemplated suicide. I feel that at least some of this despair stems from the initial therapist's actions.'

All professional codes in psychotherapy make it clear that practitioners must explain to clients the nature and purpose of the assessment procedures being used. It is clear from this example that the therapist concerned did not give the couple complete information about the purpose of the forms.

Does this demonstrate abuse? I believe it does. The couple completed the forms in good faith, believing they would only be read by the therapist. The result was the collapse of a marriage, devastation and

threats of suicide. After ten months of pain and hard work this couple are still trying to heal the wounds.

Professional conduct

Therapists must always take account of how vulnerable a client can be and remember that we have a real duty of care. It is our duty to give serious attention to clients, to be protective of them, and to be concerned about their emotional well-being. As Peter Lomas writes in *The Limits of Interpretation*, 'The richness and complexity that is often engendered when two people meet regularly over a long period of time and speak of matters of personal importance cannot be encompassed by a formula which focuses on certain patterns of functioning.'

Let us consider another client's experience: 'She was a traditional therapist, detached, impassive. I thought in spite of this I would keep an open mind. I was at the stage where I needed to do some more work on issues relating to my early childhood experiences, particularly on my relationship with my mother, something I had been avoiding as I knew it was going to be very painful. I had been recently coming to terms with the extent of emotional abuse that had gone on in my relationship with my mother. Her abuse of me had been much more subtle in many ways than that of my alcoholic father, who was the obvious "baddy" in the family — his had been much easier to identify and deal with.

'We had five sessions. In session three she asked me if it would be okay if she took notes. The next three sessions she did almost nothing else but write. It felt like she was just sitting back uninvolved, her professional mask firmly in place, saying very little.

'I was, however, able to rationalise my feelings of discomfort and fear and to ignore how unsafe I felt. I kept thinking "It will change, surely it can't stay like this, she is supposed to be a good therapist, it's my fault that I feel this way. I should be able to handle it."

'During session five I experienced an enormous feeling of grief and aloneness. I became overwhelmed with these feelings and began to sob uncontrollably. It was as if I had fallen into the abyss and was going deeper and deeper. She just sat there writing, then she said, "Time is up. If you need some time to get yourself together you can sit in my front room." Nothing more was said. The session was over. I sat there for a moment in disbelief, confused, disoriented, feeling out of control. Somehow I got myself out of the building and back to my car. I felt abandoned, abused. I never went back.'

Here we have a client who was experiencing enormous feelings of grief and aloneness, being overwhelmed by her feelings and knowing she was falling deeper and deeper into the abyss she so greatly feared. And the therapist continues to write and the client continues to fall into the depths of her aloneness. The therapist, in declaring the session is over, offers no acknowledgement of the client's pain, does not help her with any way of coming back and finding her adult person before she leaves the therapy room. The only advice is for her to wait in the next room and get herself together.

When an approach to therapy, in this case a seemingly orthodox analytic stance, does not provide the basic consideration and duty of care, then it cannot claim to help people. This therapist showed poor

judgement in abandoning her client to another room. Her action in *allowing* the expression of pain but not *dealing* with it represented an abuse of power. The result was that her client re-experienced her earlier abuse — at the hands of her therapist.

What is abuse?

Abuse occurs when people do harmful things to others without their consent. Violations — physical, sexual, emotional and spiritual — occur when people in positions of privilege use their power through words and actions to overwhelm others' expression and being. The victims, from their less powerful position, may be reluctant to challenge what is said or done to them and tend to go along with it. The result is that they spin out in confusion, or else become numb by disassociating or splitting off.

This principle applies to therapy. The very nature of therapy and how the therapeutic relationship comes into existence means that one participant is more powerful than the other. One person as client comes to another as therapist in order to describe personal feelings and experiences.

In accordance with their own model of therapy, therapists suggest certain actions to clients. Even silences are powerful, as they are another way of acknowledging one situation and not another. Couple therapists intervene in interactions by encouraging one partner to continue talking and another not to. By their responses and suggestions a therapist is saying 'Do what I suggest — I know best'.

No one would go to a therapist if they did not think that the therapist had something to offer. People go to a doctor with a medical problem they hope the doctor will

fix. They go to a therapist hoping the therapist can help them fix emotional problems. This places a great responsibility on therapists, and I believe that when their actions are not caring, when their actions are misjudged and wrong, and when they are not respectful of their clients, they are in serious danger of being abusive.

I believe that as therapists we can *know* when our actions have not been caring or have been misjudged by listening to our inner voice, that voice which speaks to us or feels for us when something is not quite right. The great difficulty lies in listening for and paying attention to that voice even in the face of our training and our personal biases. It requires us to acknowledge what we ourselves have done, without dismissing it by labelling a client's complaint as transference, projection or resistance.

Some clients are able to tell us when they feel that something is not right and when they feel unsafe. I believe that clients give us every opportunity to mend that wound. Some clients are not able to challenge their therapist directly, but they are able to show their reaction in other ways. Their response in the next session, their anger, their closed-downness, forgetting their next appointment, prematurely terminating, all indicate something has happened.

Take this example: 'My partner had been seeing a therapist for several years. It was acknowledged that there were difficulties in our relationship, so I went to sessions from time to time when requested. The therapist eventually admitted a lack of perception about the basis of our difficulty and suggested we see another therapist whom she referred to as a "good systems man".

'The systems man affected a casual air. We met in his living room. My partner and I sat there while he carried out an extended coffee-making ritual in the kitchen. The session was interrupted twice by telephone calls which he also took in the kitchen. In these and other ways he effectively established his territory and asserted his authority.

'He informed us of the method by which he would conduct this initial session — getting right down to business by asking us questions in turn. He started with my partner. First, general background questions: why she was here, what kinds of things bothered her, her relationship with her family. I stuck by the rules and kept silent while my partner dealt with the questions — often with versions with which I disagreed — several times making statements which I knew she knew weren't true (she had previously admitted to both me and her own therapist that she would frequently lie).

'Nonetheless I maintained silence, relatively comfortable in the knowledge that soon it would be my turn. Finally my partner made a disturbingly misleading statement, not about me but about her relationship with her daughter.

'I was surprised (I suppose even offended on the daughter's behalf) and opened my mouth and said, "But that is not true". The therapist turned to me and said, "Who are you, her secretary?" which certainly put me in my place and shut me up. My face went hot and my insides went cold. I shrivelled. I quickly assessed my transgression. What did he mean? That I had been wrong to openly question my partner? That it was wrong for me to "tell" on someone? That I should be more suppor-

tive and not so contentious?

'Thereafter I responded inoffensively, innocuously and compliantly during that and the several other sessions we had. It was another year before my partner's therapist took a long look at me one day and suggested I see a therapist on my own.'

Here we have a client who complied with what the therapist in his position of authority requested, waiting her turn to tell her story, until it got too much and she had to disagree with what her partner was saying. The therapist's very strong rebuke silenced her and made her feel bad and guilty for interrupting. She was verbally slapped by the therapist. After that she complies with him and the result is unproductive therapy. What we have here is yet another client who is being abused by a therapist.

The effects of abuse

To understand the havoc that is caused when therapy becomes abuse we are required to consider what happens when trust is broken. Clients, in trusting therapists with their private feelings and thoughts, must believe what therapists say and do. When therapists' actions seem to go against clients' inner sense, it is understandable that the first people they will doubt will be themselves.

As one person reported when she was writing down her experiences: 'It was often on my mind in everyday activity — taking my son to kindergarten, driving the car. But I have found it very difficult to know how and where to begin. On reflection I think the reason it has been so difficult is because the experience was so painful and confusing that a part of me has repressed it and I am finding it hard to unearth it again.

'What was missing for me in our experience of couple therapy was that I never felt the therapist ever got my story, that he ever really heard or acknowledged me. I never felt any sympathy from him for the difficulty of my situation and the pain I was experiencing.'

'He made remarks which demonstrated to me a lack of empathy and sensitivity. For example, one day I was talking about how devastated I felt when my husband left, how hurt, alone, totally abandoned and betrayed, that my world was falling apart. I spoke of how difficult it was with the children, and about some financial difficulties I was also experiencing. I was in tears.

'The therapist's response was: "So you see your husband as the big bad wolf?" He then invited my husband's comments. That was it, I could not believe it.'

Seven months later, after the woman had had many individual sessions with another therapist who acknowledged her distress and validated her right to be heard, the couple jointly decided to quit therapy. She says: 'We both felt devastated, we had invested so much emotional energy, effort, time, not to mention money. We had believed in him, trusted him with our fragile relationship, believing in his expertise. We were like two individuals adrift in a raft in mountainous seas reaching for the rope from a rescue helicopter. The therapist was the pilot of the helicopter, but he had no rope to throw us. He had no map to guide us out of trouble. It was entirely up to us. The longer we stayed with him, the greater the tempest became. Therapy had been working against us rather than for us for a number of reasons, but primarily because of the therapist's insensitivity to my feelings and his inability to allow me to express

them and to deal with us as a couple on an emotional level.'

This woman needed many individual therapy sessions before she could believe in herself and could see that what had occurred was damaging and abusive.

Healing therapy abuse

In working with abused clients therapists need to treat therapist abuse like any other. This means that a therapist must hear the client's experiences, help to stop them recurring, label the actions 'abusive' and allow the client to give full expression to their pain, grief and anger.

To be truly empathic, therapists need to feel their clients' experience. It is most helpful for clients when therapists tell them how they themselves feel on hearing their story.

The client whose therapist minimalised recurring sexual abuse by her brother was recommended to another therapist. This went well for a while, but then there was a lengthy break. When the sessions resumed the client again felt that she wasn't safe. She was now at a crucial part of her healing where she was dealing with how the sexual abuse had continued into adulthood. She was starting to feel very angry towards the perpetrator, expressing her desire to kill him and to expose him by writing to both him and other members of the family. In response her therapist said: 'Yes, you may feel like you want to write to your family and expose the abuse. You might feel this but you shouldn't act on it. If you do, there is no going back. You should hang on to it and talk about it next session.' The therapist also suggested that it might be worth looking at the client's own part in the abuse.

The client felt that the therapist was telling her to be silent, and that her anger was unacceptable. She felt smothered by the therapist in a similar way to the smothering she felt with her previous therapist and with her brother. This matter was not mentioned by the therapist in the next session. Time was spent talking about the break, the summer sales and other miscellaneous topics. In the following sessions the client repeatedly raised her concerns and felt that she wasn't heard. She had attempted to discuss with her therapist what had been said, how she felt the therapist 'wasn't there' and that she was feeling unsafe. Her therapist told her, 'I wouldn't have meant to do that,' and in the next session said, 'I've thought about what you said and I've decided that I have been very much there for you.' The therapist did not hear, nor want to hear, the client's experience of the sessions, so her voice was dismissed and her feelings denied.

When this client came to me and talked about her experience I felt it was very important to acknowledge her reality. After knowing what happened in the first therapy and listening to what was now happening in the second, I said, 'So she was not able to say "I'm sorry". Maybe she was going to miss you and couldn't own her part in it. I wanted to cry when you were talking. I think it is unfair. I feel really angry for you. You have struggled, struggled and then struggled again with your therapist. Your therapist knew about you and what had happened before in therapy and now she's repeating it with you.'

'I know for myself I have found it hard when my clients tell me when I do something that is not right. I have needed to look at it myself, to feel it and not close down.'

My sadness is for you. I'm also angry that your therapist is not prepared to do this. '

This client bravely went on to a third therapist after her emergency sessions with me, and is now successfully dealing with the abuse she had incurred at the hands of her brother and the two therapists.

Alice Miller in *Thou Shalt Not Be Aware and Banished Knowledge*, and Ellen Bass and Laura Davis in *The Courage to Heal*, clearly state how believing and validating the client helps them discover and express their feelings about childhood abuse. These ideas hold for therapist abuse and can be summarised as:

- believe the client;
- join with them by labelling the abuse and damage;
- clarify the therapist's responsibility and clear the client of blame;
- be real and share your feelings and validate theirs.

The paradigm that Peter Lomas proposes as a useful model when working with abuse is that of parenting. The therapist acts as an unconditionally nurturing and accepting person, creating an environment for the client to feel safe in so that they can express feelings that were judged inappropriate and bad. The therapist's aim is to provide a more appropriate response to the client's experience by recognising the original parent's failed interactions and responding to the client with the necessary understanding, confidence, hope and love.

The parenting metaphor enables both therapist and client to relate emotionally in a real and honest way. Each can express how they feel about matters that occur outside the therapy session for the client,

and between them in the session. When feelings are accepted as real and important there is the opportunity for a corrective emotional experience. A client re-experiences past feelings with full acceptance by the therapist that these feelings were real and important. The therapist's action provides a comparison for the client which helps them address how others have treated them in the past and present. Then the client is able to grieve for the silencing they experienced from parents and partners.

In dealing with how previous therapists have harmfully treated clients, we must address the issue of confidentiality. Is it ever our responsibility to speak to another therapist who has been abusive? In my opinion confidentiality precludes us from doing this. In our duty of care our primary responsibility is to the client, to help them heal from their experiences.

Recommendations

I have considered carefully what the helping profession can do in relation to therapist abuse, and recommend that:

- (i) all practising therapists reflect on the nature of therapeutic power, be required to have a professional supervisor with whom they can discuss and consider issues relating to the process of therapy, and attend workshops on abuse as part of their continuing education;
- (ii) all training courses have the subject of abuse in therapy in the course for discussion and reflection;
- (iii) all standards committees review their procedures for accrediting therapists, examine the advantages of video and audio assessment, incorporate compulsory per-

sonal work, demonstrate emotional relating and the ability to accept challenges, and acknowledge therapeutic errors;

(iv) all ethical committees review their categories of abuse, and devise ways of dealing with the trauma of emotional abuse; and

(v) all professional associations develop a comprehensive list of clients' rights, and publish and advertise these to the public.

These recommendations will encourage therapists to reassess and develop new ways of dealing with their therapeutic power, and to examine ways of helping clients heal from therapy abuse. In addition they may help therapists feel more confident about advising clients whether or not to lay a

complaint against an offending therapist.

Until these matters are addressed in an open forum and emotional abuse is acknowledged as occurring in therapy, I believe it will remain a silenced activity.

I ask you to consider these issues fully before you deny or judge those clients who have been brave enough to voice their experiences. I believe that by listening to them we can learn. For myself, listening has made me question what I do and how I go about my work, acknowledging that as a therapist I hold a position of power in relation to my clients and that the misuse of this power can be abusive. It has made me appreciate my duty of care towards my clients by providing them with a safe environment and a real relationship in which they can grow and heal.

Further reading

Ellen Bass and Laura Davis, *The Courage to Heal*, Harper and Row, 1988

Peter Lomas, *The Limits of Interpretation*, Hazel

Watson and Viney, 1987

Alice Miller, *Thou Shalt Not Be Aware*, Pluto, 1985

Alice Miller, *Banished Knowledge*, Virago, 1990

