

# Benign Revelation: Writing about work with clients



## Patti Owens

Confidentiality is at the heart of therapy practice. Clients rely on our discretion in protecting the privacy of their therapeutic experience. Nevertheless, most therapists set some limits to the confidentiality they offer. As a matter of professional responsibility, humanistic therapists open their work to regular scrutiny by peers and supervisors. All therapists, even in private practice, can be asked to disclose information on their clients for medical or legal reasons. These situations necessarily limit confidentiality to some degree and as humanistic practitioners we usually make this explicit to our clients at the outset of therapy. Meanwhile, colleagues involved in the NHS or Employee Assistance Programme schemes are routinely asked to breach confidentiality in providing initial diagnostic information, asking for client self-assessment and feedback on the therapy experience, and reporting on outcomes of therapy with individual clients (Barkham et al., 2006).

Our ethical codes of practice reflect the apparent conflict between, on the one hand, maintaining client confidentiality 'as a means of providing the client with safety and privacy' (UKAHP Code of Practice, 3:1) and on the other, the therapist revealing client information to third parties whose primary

interests may be legal, financial or political. In the knowledge that bending the confidentiality boundary can 'diminish the value of the working relationship' we are urged to 'prevent the identity of individuals or organisations being revealed deliberately or inadvertently without permission' (UKAHP Fundamental Values,

2:3). In cases where we are obliged to divulge client information we do this with the client's consent if at all possible. Only in extreme situations such as the threat of suicide or abuse can normal confidentiality of this kind be lifted. A therapist's revelation of private client information is therefore viewed as a negative event and steps taken accordingly to minimise the impact upon the client.

It is in this context, apparently, that therapists are advised to follow similar recommendations when considering researching and writing about their work. We are asked to 'obtain consent' for the use of 'client related information...and/or adequately disguise all identifying information' (UKAHP Code of Practice, 3:6). This advice highlights the fact that therapists risk the possibility of being complained against or sued by their clients if they do not take due care in using 'client related information'. It would seem a relatively simple matter to guard against such a possible consequence by including an extra clause in the therapist's initial contract with the client stating that the therapist sometimes uses client related material, in suitably disguised form, for purposes of professional dialogue and publication. Such a consequentialist ethic can be seen at work in current publications which include so-called case material. Some include an explicit acknowledgement:

'most of all, I would like to thank all my clients who gave

permission for material to be used.' (Maroda, 1998)

Others include a caveat:

'use of data derived from counselling relationships...is confined to content that is disguised to ensure the anonymity of the individuals involved.' (Cohen and Cohen, 1999, p.83)

In yet others we find a disclaimer:

'The case material in this book is entirely fictitious, though it draws on our contributors' long experience in the field. Any resemblance in any detail to real persons is entirely unintentional.' (Palmer Barnes and Murdin, 2001, Acknowledgements)

These strategies are obviously designed to cover writers against legal reprisal but I wonder if they satisfy humanistic ethics of honesty and open-ness. The question arises, for example, of why clients might grant their 'permission' so readily, given the centrality of the confidentiality criterion, and later on I will return to this. In the caveat example, one wonders how complete anonymity can be preserved. Even with some pretty heavy disguising, the client may still be recognisable to themselves, if not to others. And in the disclaimer statement, if it really is true to say that the material in question is entirely fictitious, how is it supposed to be of relevance to therapists working with real people?

The confidentiality issues involved in using material from the private world of the therapy

hour seem complex, which is maybe why many of us shy away from writing for publication. I am going to argue that there is a fresh way of thinking through these issues. Let us begin by examining two assumptions that seem to underpin our current attitudes.

**Assumption 1: The *benign revelation of client-related material involved in therapists writing for publication is of the same order as the necessitated revelation occasioned by medical, legal or institutional requirements.***

In my view we need to distinguish more clearly between the two types of revelation. A key differentiating feature seems to be the nature of the therapist's motivation. If a therapist is required to reveal client-related material out of concern for client safety or by some institutional third party, they can absolve themselves of ultimate responsibility, provided they have acted within agreed limits of confidentiality. Not so the therapist who decides to write about their work. Personal responsibility here is 'owned', to use humanistic language. Jan Wiener describes the motivation of therapist writers as being 'to share clinical material as a means of learning our craft, to relieve the loneliness of the work and to promote discussion of new ideas in the field' (Barnes and Murdin, 2001, p.147).

Wiener also makes an important distinction between therapists reporting to others and their making a choice to reveal. She agrees with Bollas and Sundelson

(1995, p. 187) that in writing about their work therapists are engaging in 'benign revelation' designed to further public understanding of psychotherapy and to enrich dialogue with colleagues, advancing the theoretical and experiential basis of support for *all* clients.

I would add that, unlike 'necessitated revelation' where the central conflict is between the 'good' of client confidentiality and the 'evil' of therapist disclosure, 'benign revelation' faces us instead with a conflict of goods. Both the client's need for confidentiality and the therapist's desire to contribute towards professional debate and advancement of knowledge represent important and complementary values within therapeutic discourse. UKAHP's Statement of Fundamental Values refers to this as therapists 'demanding for ourselves freedom of enquiry and communication' whilst accepting 'the responsibility freedom implies' with regard to 'the best interests of the clients' (Section 2:4). This particular conflict of goods can only be resolved by working through the apparent contradictions and holding the ensuing complexity. As ever, we are required to hold the whole picture and not split our thinking into supposedly neat ethical categories like 'confidentiality' and 'principles of therapeutic research' as do some other ethical codes (for example BPS).

As with other complex ethical conflicts, we can be extremely adept at avoiding the issue, possibly for understandable psychological as well as ethical reasons. Two of these have been

recognised and highlighted by psychoanalytic writers: therapist guilt and anxiety. Placing the experience in the Oedipal context, Ronald Britton argues that the analyst is likely to feel guilt concerning a patient they wish to write about. The process evokes a fear or threat to the therapist's sense of loyalty and sympathy towards the client, as the therapist opts to seek 'unity' with other professional 'parents' through publication. There is, on this view, an Oedipal conflict of loyalties (Britton in Ward et al, 1997, p.12). Jan Wiener puts the same point more humanistically: 'In lending our support to objectivity and psychic truth we may abrogate confidentiality and betray our patient's subjective truth' (Palmer Barnes and Murdin, 2001, p.149).

Anxiety can arise from this guilt-ridden situation because of the therapist's fear that either the client (child) or other therapists (parents) will turn on them. Writing about work with clients in any detail not only exposes the therapist to positive and negative responses from other practitioners in public debate, but also to the possibility of retaliation and resentment from the client. Maybe it is not surprising, as Britton says (ibid, p.27), that our professions too often produce 'defensive writing and distorted texts', if we are indeed reacting to the impact of this often un-named guilt and anxiety, as well as to the legalistic, complaints-oriented culture of contemporary practice.

My concern is that these problems, left unresolved, arguably limit our professional discourse to what we already

know: a conversation between insiders usually held in the still privatised world of the supervisory context. The discipline of humanistic psychotherapy, if researched and discussed only in general or abstract terms, using material from our work with clients only in its 'disguised' or even 'fictitious' form, becomes insular and self-serving because it is communicated and debated only from within the paradigm, the established body of humanistic wisdom. We need to assert our professional right to 'benign revelation' in the interests of furthering our professional knowledge, whilst protecting ourselves and our clients from the increasingly intrusive claims of necessitated revelation to third parties.

**Assumption 2: That when therapists make use of 'client related' material in published work, they are in effect using their clients to illustrate or exemplify psychotherapeutic practice and theory. This is necessarily, at least to some degree, de-humanising, objectifying or demeaning to the clients involved.**

There is some truth in this assumption, particularly from a classical person-centred perspective. Humanistic as well as psychoanalytic literature provides evidence of case studies, sample sessions, even humanely told narratives of therapy, which are arguably to some extent objectifying. The reader can not but see the exemplified client as in some sense a 'thing' brought in to illustrate the writer's points. Yet

I would argue that there is a legitimate response to this person-centred objection which does not prohibit or inhibit our writing. It is possible to minimise if not eliminate these objectifying effects if we write in a way that reflects more of the spectrum of humanistic principles. Here then are my suggestions for revitalising the way that we write about our work as humanistic therapists.

### **Developing the genre of humanistic therapy writing**

The current state of affairs prioritises client confidentiality at the expense of the humanistic therapist's freedom of enquiry and their proper expectation that 'client related' material forms a significant part of professional dialogue and development. We need to reassess and develop the way we write as humanistic therapists, creating a genre that tries to honour humanistic values without making client confidentiality some kind of shibboleth. This genre of writing would include detailed passages of description and reflection on our work with clients in the therapy session. The therapist's thoughts and feelings, as well as the client's contribution, would form part of this material, illustrating the fact that the humanistic therapist's personal self awareness is just as important as their professional knowledge and expertise. The therapist is arguably the one who risks exposure in this kind of writing, not so much the client, whose identity will remain respectfully disguised.

The term 'client related material' seems to suggest that a therapist

writes as an observer about their client. Rather I want to suggest that the 'material' in question does not consist simply of facts and observations about the client, but is instead a 'thick description' of the inter-relational processes between therapist and client. Spence (1994, pp.89-91) argues that this concept, originally drawn from the anthropological studies of Geertz, is useful to therapists wishing to avoid the pitfalls of being either too 'scientific', or on the other hand too 'rhetorical' about their work. 'Thick descriptions' stimulate and challenge both therapeutic writers and readers. The writer attempts to provide full and relevant descriptions, wherever needed, to make the work 'come alive' without jargon or objectification. The reader responds to a specific 'clinical happening and its contingent truth', rather than simply looking for practice that fits current theory.

A further dimension that needs development in humanistic therapy writing is the inclusion of more accounts of how a long term relationship is sustained and characterised. Whilst humanistic therapists may object to the theoretical frameworks used in psychoanalytic case studies, there is no denying the loving attention to the detail of the work with clients that these analytic writers exemplify (for instance Maroda, 1998 and Seinfeld, 1991). We need to construct accounts of therapy that contain such detail and intelligence, whilst making the case for a humanistic perspective. Earlier humanistic writers exemplified an approach that sought to differentiate itself

from psycho-analysis. Hence the emphasis on the significant moment or the experimental session, rather than the case history gathered over years of sessions with a client. Much as these early humanistic accounts ring true and are still exciting, they do not satisfy the current need to articulate the form of a long term humanistic therapy, as contrasted with the 'here and now' image of humanistic therapy in the popular and public imagination. Humanistic therapists do not sustain long term therapy only with exciting or numinous moments, but with loving attention to their relationship with the particular client. In undertaking this work, many of us will draw on traditionally psychoanalytic concepts like transference and counter-transference. We will also give attention to the client's attachment history and personality style. The key differentiating factors in long term humanistic, as compared to psychoanalytic, therapy are associated more with the manner in which we employ these ideas and theoretical constructs in our ongoing work with clients. Unless as humanistic therapists we articulate this work and discuss it in public, using therapist and client related material drawn from the actual work we do, I do not see how we can argue with the view that humanistic therapy is not as serious or as theoretically grounded as psycho-analysis, or as effective as cognitive-behavioural therapy.

Maybe humanistic therapists should stop talking about 'case studies' and 'client related material', even at the training and accreditation stage. Such pseudo-

scientific descriptions of our work seem not to reflect humanistic values. The narrative of a therapy constructed by a humanistic therapist would be based in the first place on the therapist's memory and understanding of the interaction and relationship within the therapeutic dyad, aided perhaps by reflective process notes taken after the session and checked out by ongoing interaction and feedback from the client.

We should also show how we use supervision to support the continuous and reflective evaluation of our client work. Unlike psycho-analysts, humanistic therapists are committed to maintaining a supervisory resource as a regular aspect of their personal and professional support. Supervision teaches us that there is never only one story of a person's therapy. We expect and enjoy our colleagues' contributions, especially as they enlighten and challenge our client work. This spirit of openness that we experience in supervision can transfer, perhaps, to the written word. Humanistic therapists writing about their work offer an invitation to other practitioners to engage with the experience they relate. In so doing, they invite others to engage with the question of *how* we go about our work most effectively and appropriately.

Such potential exposure, as in the supervisory context, can raise anxieties. But these are necessary fears and by facing them through we find what we always at some level knew: that

people are usually more generous and willing to share than we thought. When we stop defending ourselves by remaining silent or speaking in generalities, we gain the fruits of contact and real relating. The confidentiality of the supervisory setting is arguably the last secret bastion of the privatised world of the therapist. Any developing genre of humanistic therapy writing, I would argue, needs to include an account of the insights gained when we open our work to others' scrutiny. Far from writing 'about our clients', we will be writing about 'our work with clients', drawing on material related to both therapist and client, in the context of humanistic open-ness to dialogue and new learning.

### **The Ethics of Benign Revelation**

In this final section, I return to the advice humanistic therapists are given currently when considering writing for publication. As the UKAHPP Code of Practice (3:6) puts it, they must either 'obtain consent' from the clients concerned or 'adequately disguise all identifying information'. How does this ethical advice fit with the revised genre of humanistic writing that I am proposing?

#### **'Obtaining consent'**

The concept of consent seems associated with the legal-medical model of 'informed consent' and as such is based on the values of respect for the client's autonomy and personhood. The problems with this notion are familiar from the NHS and managed care scene,

where the 'consent' of prospective clients to have information about themselves and their therapy divulged is often a pre-condition of their gaining access to the therapy they seek. This is not consent in any humanistic sense and can lead to situations where therapist and client collude in giving an 'agreed' form of information to insurance companies, government departments and the like. Either way, the therapist is compromised and the therapeutic relationship is cluttered with third party interests.

The humanistic therapist wishing to obtain their client's informed consent, whilst respecting their 'dignity, worth and uniqueness' (UKAHPP Fundamental Values, 2:1) would presumably need to spend time with their client in clarification of the issues. This would perhaps entail an explanation that the client's identity would be disguised to others; that the therapist would be writing about their own process as much as the client's; and that as much respect would be shown by the therapist in writing, as in the consulting room.

Irvin Yalom, in the 'Acknowledgements' section of his book *Love's Executioner and Other Tales of Psychotherapy* describes his own experience of these processes. Each of the ten patients described in the book,

'read every line of his or her story...and gave me approval for publication. Each checked and approved the disguise, many offered editorial help, one...gave me the title for his story, some commented that the disguise was unnecessarily

extensive and urged me to be more accurate, a couple were unsettled by my personal self-revelation, or by some of the dramatic liberties I took, but nonetheless, in the hope that the tale would be useful to therapists and/or other patients, gave me both their consent and their blessing. To all, my deep gratitude.' (Yalom, 1989)

Admirable though Yalom's openness and authenticity are, I can't help thinking that for these clients, 'their therapy' became in part at least 'Yalom's research', as a result of the time taken up in discussing the work for publication. Some clients might enjoy feeling special because their therapist chooses to write about them and Yalom's might fall into this particular subset of people. Other clients might be horrified at the prospect of personal exposure suggested by the therapist's wanting to write about *them*. Still others might savour the power given to them by the 'consenting' experience, and feel the therapist owes them something in return. And all the while, the therapist is in a position of power vis-à-vis their client. It is disingenuous to suggest otherwise. So there is absolutely no guarantee that the client will give 'consent' as heartily as their words might imply, or indeed withhold 'consent' for the reasons that they give openly. There is a lot of scope for out of awareness, or if you like unconscious communication, manipulation and obfuscation.

Then there is the question of when to ask the client. Petruska Clarkson is not alone in arguing that transference issues affect

the 'consent' situation. As she says, 'A client may give permission in order to please the practitioner in the way she used to please the parent' or in order to comply with the therapist's (parent's) adult and persuasive reassurances (Clarkson, 2001, p.109). Alternatively, the client may refuse consent for reasons of rebellion, anger, hatred, envy - all the regular gamut of negative transference. The state and stage of the therapeutic alliance and the nature of the transference process between client and therapist all contribute to the manner of gaining the client's 'consent'. The reasons why a client says 'Yes' or 'No' are complex matters in the therapy process and need careful discussion and working through; they are not a mere formality.

I remain unconvinced that the best thing for a humanistic therapist to do is 'obtain consent' from individual clients before writing for publication. It seems inappropriate and intrusive to ask for consent unless one is writing an old style case-study because this implies that the therapist is going to write in a disclosing or reporting way about their client. If instead, as I have been arguing, the therapist is writing in a more truly humanistic manner, they will include both therapist and client related material and will aim at being respectful, discreet and observant of the dignity of both parties, within a humanistic context of openness to perspectives other than their own.

It therefore seems ethically and psychologically preferable for therapists to use the initial



contracting stage to share the fact that they write for professional publication in order to contribute to dialogue within the professions of therapy. In this way, at the outset the client is entering into the idea that their therapy, their personal journey, is one that their therapist will engage with and reflect upon, and honour as a contribution to the ongoing professional exploration of the human condition. Having opened the subject in this way, like any other contractual issue, it can be revisited if necessary later in the therapy.

### **'Disguising' clients - or celebrating them?**

The injunction to 'adequately disguise all identifying information' (UKAHP Code of Practice, 3:6) also seems more relevant to case-study writing. Changing personal names and details seems the least we can do for the client scrutinised in this way and it protects the therapist in legal/ethical terms. In the genre of writing I have been describing, however, the client is not an object of study or a pseudo-scientific example. The humanistic therapist knows and works with the client's individuality and personal uniqueness. At the same time, therapist and client learn things together which are often highly indicative of features of experience that many human beings share. Humanistic therapists need to hold both the uniqueness of this individual *and* his or her common humanity. It is important for the client to be recognised as 'Who I am'; a wonderful and original one-off person. *And* it is often a great

relief to know that there are others 'Like me' who may have had similar patterns of personal and interpersonal experience. This is not necessarily to feel categorised or objectified. It is to feel both my individuality and my commonality - fully, relationally, in the core of my self as a human being.

Even when we have taken every step against the possibility that others might recognise our clients as individuals in anything we write, it is still possible that a particular client could recognise themselves, perhaps in a piece of dialogue or an aspect of the therapeutic process recorded as part of the therapist's reflective description. In such an instance, the client could say, 'That sounds like me'. It is here I think that careful contracting and explanation of what is involved when writing about therapy come in. The client may recognise 'himself' or 'herself' in a work that draws on the therapist's practice with many individuals. But the work will also be one where the therapist is being open about their own process, whilst writing respectfully and with discretion about their clients, with the intention of describing how a humanistic therapist works with personal uniqueness and the commonality of human experience.

Humanistic therapist writers should of course undertake to disguise their clients enough to protect them from the prurient curiosity of others. But I think we must reserve the right, as professionals whose work is so directly concerned with the personal, to write in enough detail relevant to the actual work

we undertake with clients to make more convincing contemporary contributions to current public and professional dialogue. In the process, I would argue, clients who

see themselves observed and understood within the therapist's work of 'benign revelation' will also feel themselves to be held in the loving and respectful gaze of another human being.

### Further Reading

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**Patti Owens** is a UKAHPP and UKCP accredited psychotherapist and counsellor in private practice in North London. She was a Board member and member of UKAHPP's Ethics Committee 2002-2005. Trained as a Gestalt therapist, she now incorporates insights from attachment and object relations theory. She can be contacted on 020 8365 4621 or email [contact@pattiwens.co.uk](mailto:contact@pattiwens.co.uk)