

Professional identity and the complexity of therapeutic relationships

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The therapeutic encounter involves multiple identities for professional and client alike and yet can be seen as somehow entirely separate from the everyday worlds of both people. This paper examines the complexity of therapeutic relationships and suggests supervision as one, admittedly flawed, way in which the concerns arising from this complexity can be explored.

A friend recently told the first author that at her first appointment with a Relate counsellor she had been informed that if the two should meet outside of their sessions the counsellor would ignore her. The counsellor had explained that this was local policy; that it was felt to be the best way of dealing with any potential awkwardness that might otherwise exist. The friend had apparently accepted this at face value and said she had gone on to develop a productive counselling relationship.

We were taken aback, knowing that we do not choose to say something similar to our clients and yet unable to easily articulate why this should be.

In a recent article Taylor and colleagues (1998) talk about “the thrills and spills of living a life in which the personal, the professional and the political overlap and intrude upon one another in ways which are rarely acknowledged in the literature and which were certainly never addressed in our training”.

They are talking specifically about working as gay men delivering an HIV counselling service in a town with an above average gay population. We have had the experience of setting up and co-ordinating a Staff Counselling Service (providing counselling within the organisation that employs us) and a psychotherapy service for local GPs seeking personal help. In both cases, the likelihood of meeting clients in another context is likely to be statistically higher than it would be under different circumstances.

If we took a position whereby contact outside the therapy context precluded the possibility of a therapeutic relationship then a huge range of people might be denied a service. Our Staff Counselling Service would not be able to see local employees. It is equally absurd that gay people might be denied the right to see a therapist who understood in very personal ways some of the meaning attached to being gay in a particular community.

It seems to us that “the thrills and spills of living a life in which the personal, the professional and the political overlap” are challenges that to some extent we all enjoy and might rise to embrace in our practice.

Professional selves and the personal

Imagine your first encounter with a new client. You may have read a referral letter or an account of the client’s life from themselves or another source. There may be psychiatric case-notes or a general medical history. You have prepared the room. Just before the client arrives you take a phone call from a distressed colleague who can’t make a meeting later that day and then you bump into someone in the corridor you hadn’t seen for ages. Slightly flustered you welcome the client, noticing immediately the scuffed, muddy shoes and the torn coat. The latter vaguely reminds you that you need to go to the Oxfam shop later and, then, from seemingly nowhere you remember that you didn’t lock your front door. Thoughts, fantasies, memories, anxieties old and new continue for the next hour. No doubt the client is experiencing something similar as they monitor what they say, how you react, what you are wearing, your age, sex, ethnicity and the mud on your carpet. They will be making guesses at your sexuality and whether you seem like you can help. They are also horribly conscious that they have left the front door unlocked. Meanwhile you are both realising that this isn’t your first encounter. You are both regulars at a local pizza takeaway.

We are multiply identified. We might say that we have multiple selves. Miller Mair has discussed the idea of a community of selves and John Rowan the presence of sub-personalities. Our experience of ourselves in any given situation is not static; it is fluid and changing. The vignette above includes many identities: professional, client, helper, helped, friend, the person who is eager to please, the homeowner, the potential lover, neighbour and so on. We can appear reasonably solid in our professional identity but our experience within that identity is one of constantly switching through other selves.

It is impossible to keep counselling (giving or receiving) and the rest of one’s life entirely separate. The challenge we all face is that of reflecting on how our multiple identities add a rich complexity to our relationships. From our own position as mental health professionals we suggest that it is part of our role and professional identity to allow ourselves and encourage others to reflect on the multiple identities brought to the counselling room. In the case of the Relate counsellor, her statement may have seemed to her a practical, shorthand way of managing a very complex issue in a way that satisfied both parties and allowed them to get on with the matter in hand. We have all known clients to say, “I can really open up to you precisely because you are not part of my life.” In a world in which the personal, the professional and the political overlap this seems at best an oversimplification.

Our experience of staff counselling services has been that there are many opportunities to appreciate multiple identities as inner worlds and the shared outer world collide. A far from comprehensive list of these opportunities might be:

- Being referred to someone you know.
- When a client identifies one of your (previous or current) actions as a part of the problem.
- Seeing someone with difficulties you share due to, for example, organisational change.
- Being supervised by someone who your client has identified as part of the problem.
- Discovering something that the client has done or intends to do which will have a deleterious effect on colleagues known to you or the organisation itself.
- Seeing a senior planner who discusses confidential service material that has organisational implications.

There are numerous others – we could give more specific examples for example, one author has counselled someone identified as the direct cause of the distress experienced by another client.

In the wider world it is all too easy to expose the impossibility of seriously maintaining the idea that therapeutic relationships can somehow be distinct from ordinary life or immune from other influences. The Relate counsellor may not speak directly to her client but may live in the same village as the client's brother, or sing in the same choir as the client's mum. The client may read an article about marriage guidance written by the counsellor perhaps even stating views opposite to those expressed by the counsellor in therapy. Human relationships are organic systems and constantly open to the flow of new information and possibilities. Counsellors and psychologists who write journal papers or appear in the press are part of a wider system of influence and information that will impact on their clients in the present and future. Connections can be even closer to home: the second author was once seeing a client who said he was one of a very few men she had felt safe with. Another had been a friend at university some twenty-five years ago. She bumped into that friend as she left the second author's office; he too was now a clinical psychologist working in the same department.

Our mutuality as human beings with the potential for multiple identities brings the human dimension into the counselling room, whether or not we actually know whom the client knows or have met them in a different setting. As the second author has noted:

We are parents, lovers, partners, children, men and women as well as psychologists. We will have loved, lost, betrayed, envied, suffered and survived. We have all used the health service. We are gendered and politicised. We will have used, or love people, who use services like the ones we offer. We may have been diagnosed. We are all oppressed. We can hurt others deeply and wish our children ill. We may have been criminals, miserable or hopelessly out of touch with what others call reality. We may be single parents or children of single parents. Our parents may be happy, divorced, adoptive or dead. Our sexuality, consumption of alcohol or use of drugs may be regarded as deviant or excessive... We may have a cousin with

celiac disease. We may be considered mean or may think ourselves shy. We may hear voices or believe in the risen god; may struggle in relationships or live contentedly alone. We may be moved by the doctors Dre, Faustus or Doolittle; by Prokofiev, Picasso or the Pixies and prefer Lucien to Sigmund in the Freud family. We may have been born on farms, live on council estates or in deepest suburbia. We may have learned that dishonesty and the willingness to run away are important to survival (Newnes, 2001).

The therapeutic contract

The concept of therapeutic boundaries remains an essential part of the therapeutic relationship; organising it into a manageable entity, creating a space in which learning can take place in relative safety. However, the idea that we can keep our personhood out of the therapeutic encounter is one that leaves us unprepared for clinical reality in all its complexity. Rather than (impotently) trying to avoid dual or multiple relationships altogether we suggest that there is a need to acknowledge their existence and negotiate therapeutic contracts accordingly. These might include or exclude touching, being available outside the therapeutic hour, sharing or withholding certain information about the therapist, the circumstances in which confidentiality might be broken and so on.

The contract establishes which of our potential identities we should keep unspoken and which we might attempt to harness for the sake of therapeutic success. A therapy contract does not preclude certain actions, for example, offering the client a cold drink on a hot day (though some schools might insist on analysing such conduct in terms of countertransference). The contract cannot begin to control therapist thoughts and fantasy though the therapist might hope that such experiences can be used to good effect. This suggests the possibility of a kind of watchful professional identity ready to use experiencing feelings of hurt, friendship, sympathy and so on in the best interests of the client. A glance, however, at the actions of those falling foul of their professional codes makes it all too apparent that many psychologists and other professionals are overwhelmed by their alternative identities in the counselling room. A friendly word becomes a touch, one form of intimacy becomes another, the carer becomes the exploiter and so on.

Looking at the history of psychotherapy reveals that such conduct was a feature of early psychoanalytic practice to an extent that makes something of a mockery of the idea of the therapeutic blank screen. Freud massaged clients' temples; Ferenczi advocated kissing patients and Jung, notoriously, had an affair with his patient Sabina Spielrein. The shift from analysis to physical contact begs questions about whether intimate actions were always taken from the position of a professional identity ("I'm doing this for your benefit") and whether such actions constituted good or bad faith. The subsequent attempts to present psychoanalysis and many other therapies as essentially techniques rather than human relationships might suggest an unwillingness to acknowledge the sometimes overwhelming complexity of managing our shifting identities in the therapeutic space.

More recently, widely reported psychotherapy research has recognised the centrality of the relationship, regardless of therapeutic orientation. Therapists are often encouraged to use their technical expertise flexibly, being rigorously eclectic or integrative rather than viewing different schools of thought as entirely separate or in competition with one another. In this context it seems timely to move away from fixed ideas about therapeutic boundaries within the relationship itself and to adopt an approach in which multiplicity is managed rather than denied.

The therapeutic contract can be seen as an attempt to limit and focus the relationship between therapist and client to those areas of the encounter deemed professionally appropriate: the client's distress, her story, her strengths, difficulties and so on. As van Deurzen has remarked, "When I get on a train I don't expect the driver to sleep with me. Likewise I would not expect my therapist to act like a lover" (van Deurzen, 1995).

Since the contract is so clearly prone to all the vicissitudes of ordinary relationships, how might the psychological therapist find a way of maintaining those identities of use to the relationship and minimising those that may harm the client?

We might ask:

Which elements of a therapeutic contract are essential to the maintenance of therapeutic space?

Which elements could be described as a matter of convenience?

How do we recognize when a given contract has become an obstacle to creativity?

It seems to us that these questions can be answered in many different ways, according to circumstance. We also feel that the answers to these questions are likely to be powerfully affected by the extent to which the therapist or counsellor feels confident within a professional identity. Similarly, some prospective clients might feel unable to countenance, for example, using a Staff Counselling Service staffed by members of the same organisation, while for others this would not necessarily pose a significant challenge.

The role of supervision

Whatever the circumstances of a particular situation, we have found the single most helpful resource in tackling these questions to be good supervision. We describe good supervision as a place where there is space to think and to make sense of the chaos or sudden absence of rational thought that can be experienced when boundaries are challenged. This is not supervision in which the supervisor sets the agenda, but rather a person centred process, adapted to the needs of the individual counsellor. It seems to us that engaging in this kind of work helps to delineate and reinforce our professional identity, at whatever stage of its development.

One central issue in attempting to process the complexity of our relationships with others is that of power. The burden of carrying and keeping separate knowledge of a person from more than one source or context can be tempered by feelings of powerfulness, or even omnipotence. Such feelings are rarely if ever in the best interests of the client and it is essential that we have both the willingness and the opportunity to explore these feelings in supervision and put them in context.

Recognising the limitations of what is possible might include not taking on a particular client where the potential for a contractual violation can be foreseen. Rather more difficult are those situations in which we find ourselves already engaged and which encompass an unforeseen emotional challenge. In this context, the questions outlined above might form a helpful framework in which to examine what is happening. In contrast, behaving as though therapy can be conducted in a vacuum could be described as another form of omnipotence, offering little of use to the counsellor struggling with everyday realities in their work. In an era of globalisation and increased awareness of our interconnectedness we suggest that it is time to encourage greater debate of these issues both on training courses and in our supervision

Of course, even good supervision has its limitations. It is widely recognised as having parallels with the therapeutic encounter (Hawkins and Shohet, 1989) and, like any relationship, is open to the challenges presented by multiplicity. Who has not been supervised at some time by a colleague with whom they also had a different relationship whether within or outside of the workplace? We have both had the experience of individually supervising colleagues who are in dispute with one another, both parties wanting to use the supervision as a place to explore and understand their conflict with the other.

Supervision is also open to criticism because of our tendency to present certain aspects of ourselves at the expense of others. Thus we may be far more comfortable talking about a therapeutic relationship where some progress is tempered by ongoing difficulties rather than one that feels horribly stuck. Likewise, issues which are relatively unchallenging may be easier to talk about than those where professional identity has become a shield to hide behind or where it has been sacrificed to feelings of lust, greed or profound helplessness.

When supervising as well as working therapeutically our aim must be to develop relationships in which a clear contract creates the maximum space safe enough for thinking to be done and for understanding to occur. We strive to keep this space uncluttered by our own defensiveness or vested interests in a spirit of openness and curiosity.

As in therapy, a clear supervision contract can help keep us on course. If we find ourselves discussing the latest film rather than client work we might reasonably be brought back to task by reference to our contract. Too tight a contract can limit discussion in an unhelpful way, however. Supervision courses and supervision guidelines frequently stress that supervision and

therapy are different processes. The implication here can be that we can somehow surgically extricate our non-professional selves from the process of therapy for cool perusal during supervision, leaving irrationality and feelings behind. Supervision seems rarely to be like this: counsellors, psychologists and other therapists get hurt, involved, angry and upset in their efforts to help people and these experiences should be reflected upon too. Indeed, some schools of therapy would find it absurd not to focus on these elements of the therapeutic encounter for supervision purposes. More directive therapies are less inclined to take seriously these all too human aspects of helping: as Davis (1976) has observed, some schools of psychology seem determined to remove humanity from the business of therapy altogether.

We are aware of the danger of perpetual regress here: therapy is a meeting of multiple selves, likewise supervision, likewise supervision of supervision and so on. The implication for us, however, is not that under some circumstances the temptation to suppress the professional self may prove irresistible, but that an acknowledgement of the complexity of professional relationships should be built into flexible therapy and supervision contracts. These contracts would not, like the Relate counsellor's experience, simply prescribe and proscribe certain actions. They would, instead, ensure that participants in therapy and supervision allow themselves the chance to discuss as many aspects of the encounter as are bearable, and especially those that, by remaining undisclosed impede the development of helpful relationships. We would suggest that such a process acknowledges the essentially human and multiply identified aspects of the therapeutic endeavour without sacrificing our professional selves.

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