

# The forbidden in counselling and psychotherapy...but what about the tingle?

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# Oh! That shouldn't happen in Counselling

- My experience with 'Janet'
- What lessons I learned!

# Intimate Relationships

As humanistic counsellors we seek to foster 'intimate' relationships with our clients because we believe that that is the vehicle that can enable therapeutic change for our clients

*'Confidentiality, and therefore privacy, is an implicit part of the encounter, as is a level of intimacy that sometimes reaches, if not exceeds, that of parent and child or husband and wife. We are privy to the secrets the client is barely willing to share with himself.'* (Kottler, 1993, p3)

# Differences

## **Exercise:**

What do you think the similarities and differences are between an intimate counselling relationship and an intimate personal/sexual relationship

# Boundaries to stop it!

Seek an intimate relationship but not a sexual one

Clear guidelines from professional bodies:

‘Practitioners must not abuse their client’s trust in order to gain sexual, emotional, financial or any other kind of personal advantage. Sexual relations with clients are prohibited. ‘Sexual relations’ include intercourse, any other type of sexual activity or sexualised behaviour... should expect to be professionally accountable if the relationship becomes detrimental to the client or the standing of the profession.’

(British Association of Counselling & Psychotherapy, 2010, page 7)

# Boundaries

- Clear training in the importance of creating maintaining and holding 'boundaries'

# Boundaries

## **Exercise:**

What sort of boundaries need to be in place in a therapeutic relationship. Do they need to be rigidly held or is there an argument for flexibility?

# But.....

Totton (2010) suggests:

‘For a therapist to hold careful boundaries because they believe they must, or because they are afraid of the uncontrollability of closeness, cripples the potential for relatedness. But for a therapist to hold such boundaries as an honouring of the client’s woundedness is itself relational. The only valid generalisation about relationships is that they are each unique; and therapists are artisans of relationship, co-creating one-off works with their clients.’

# Pushing the boundaries

- Controversial examples of seeming to not hold the boundaries – Thorne (1987) and nakedness:

‘ Her need to discover boundaries and find security was pre-eminent...my own cowardice evaporated and minutes later it was possible for us both to be naked and vulnerable before each other and to discover that our bodies and our sexuality were trustworthy and that our desiring was in harmony and not in conflict with our ethical selves’ (p 64)

# Thorne Continued

He suggests:

‘ ...With Sally I dared to be whole because nothing less would do, and in the process I discovered levels of genuineness, acceptance and empathy which gave access to a transcendent world occurs because understanding is complete’ (p 66)

# However....

Thorne was very honest and 'public' about his actions but:

- Accounts of sexual exploitation in counselling demonstrates that, sadly, some counsellors do abuse their power and exploit their clients. (Russell,1993)

# Belief in the transformative power of love

“.. ‘cure’ is in direct proportion to the cherishing love given by the psychoanalyst to the patient.”

(Ferenczi,1956)

*“Psychoanalysis is in essence a cure through love.”*

(Freud, in a letter to Jung, quoted in Bettelheim,1988).

# Love in many forms

Love seems to come in many forms and  
with

many names

## **Exercise:**

- In 2's talk about your experience of love in its many forms. Then see if you can define the type of love you would be comfortable offering and receiving in the counselling relationship.

# Love in Counselling

Unconditional Positive Regard, Warmth, Prizing,  
Acceptance, Compassion, Tenderness .....

Hart (1999) - exploration of deep empathy

‘in empathic inclusion it is quite natural to experience the unconditional positive regard, even love, that Rogers advocated so strongly’

Can compare this feeling to:

- the awakening of natural compassion
- the opening of the heart chakra from tantric yoga
- the experience of moving from ‘I-It’ to ‘I -Thou’ of Buber (from Rowan & Jacobs, 2002, pge 51) \* check this!

# How can we 'love' in a way that doesn't damage???

Jacobs (1982) *'Love must be pure, non-possessive and asexual'*

- Very comfortable perceiving myself to be asexual in the counselling room

but .....

as my awareness grew, I began to be aware that I did feel attracted to some clients and they were attracted to me. This love I was offering and receiving to and from clients wasn't 'asexual'

# But what about the tingle???

PANIC!!!!

I must be some sort of pervert

I felt as ashamed of this awareness as I would have done if I'd been attracted sexually to children.

I would have to stop being a counsellor!

then realised, if I was to really truly be authentic, I had to admit and be open to awareness's that weren't always comfortable.

I took my issue to supervision and learned that attraction was always a part of the relationship and being aware of the tingle was the important bit.

# Awareness is only part...

Martin *et al* (2010) acknowledge that sexual attraction is common and ‘... often ordinary human response to another’

However, acting upon this response is unethical and potentially damaging. There is a difference between awareness and action

# How do we manage the tingle?

Martin *et al* (2010) suggest that managing sexuality is means managing emotional depth and five elements that need to be considered:

1. The first involved noting or asking 'What is going on here?', often provoked by anxiety, unease or an awareness of an unusual reaction to the client's appearance, stance or behaviour
2. Next, facing up to it personally: 'This is something I have to deal with'
3. Then reflecting on the way the therapist has become involved, including their own vulnerability and fallibility; processing the personal and professional implications and the contributions of their earlier life and current circumstances to their conduct
4. Moving from the focus on self-experience and the relationship to a focus on the client, integrating this knowledge into their formulation of the client's difficulties
5. And lastly working for therapeutic benefit, translating the understanding of the situation into a form that allows a considered therapeutic intervention, whether explicit to the client or not, and which remedies any boundary lapses.

# But...are boundaries always inflexible?

- Important not to behave in a way that is unethical or that could harm the client
- Recognise that each therapeutic relationship is different and we may need to be flexible sometimes:

‘What is the opposite of being boundaried? One answer is ‘unboundaried’; another is ‘boundless’. Undefensive practice, I suggest, draws on a sense of boundlessness – abundance, space, attention and care. In contact with abundance, the therapist can afford to be generous on many levels, which communicates the experience of abundance to the client, perhaps allowing them to relax about life and its challenges. Yes, a practitioner who cannot offer her clients boundaries is dangerous. But a practitioner who cannot offer her clients boundlessness is useless. (Totton, 2010)

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