'Where organisations engage their employees at a psychological level, they are rewarded by better attendance, performance and commitment'

What happens when the therapist identifies with the client's adversity? **Mandy Rutter**, who led a conference workshop, reports on the research

Sharing the pain

An organisational response

Organisations can play a significant role in helping to generate a positive emotional climate. The World Health Organisation emphasises the potential for employers to foster a positive culture and the annual surveys which determine the 'Best Companies to Work For' illustrate that employees value a leader who 'runs the organisation on sound moral principles'[21]. The potential benefits for the performance of a business are underlined by the outstanding financial returns of those companies viewed as the best to work for[4], with a positive relationship found between the satisfaction of employees and market share value[22]. Where organisations engage their employees at a psychological level, they are rewarded by better attendance, performance and commitment[23]. Viewed in this light, steps which promote employee wellbeing can be helpful in securing the future of any organisation.

Conclusion

Promoting mental wellbeing at work should be part of any strategy for organisational survival, underpinned by effective and well considered communications with employees in times of change. Demonstrating care for employees through valuing their work and by offering flexible working conditions need not be a costly enterprise. Supportive leadership styles and management practices often form the basis for success in this regard[5]. A survival strategy which integrates positive social support in its many forms not only promotes the idea, 'We are in this together', but also that 'We can get out of this together, too'.

References

1   Weinberg A, Cooper CL. Stress in turbulent times. Basingstoke: Palgrave-Macmillan; 2012.
2   Schein EH. Organisational psychology, 3rd ed. Englewood Cliffs NJ: Prentice-Hall; 1980.
3   United Nations. Universal Declaration of Human Rights. Accessed at: http://www.un.org/en/documents/udhr/index.shtml#a23.
4   Black Report. 'Working for a healthier tomorrow'. London: TSO; 2008.
5   NICE (National Institute for Clinical Excellence). Public health guidance 22, Promoting mental wellbeing through productive and healthy working conditions: guidance for employers. London: NICE; 2009.
6   Sainsbury Centre for Mental Health, Mental health at work: Developing the business case. Policy paper 8. London: Sainsbury Centre for Mental Health; 2007.
7   Hilton MF, Sheridan J, Cleary CM, Whiteford HA. Employee absenteeism measures reflecting current work practices may be instrumental in a re-evaluation of the relationship between psychological distress/mental health and absenteeism. International Journal of Methods in Psychiatric Research, 2009; 18(1):37-47.

8   Vahtera J, Kivimaki M, Pentti J, Linna A, Virtanen M, Virtanen P, Ferrie JE. Organisational downsizing, sickness absence and mortality: 10-town prospective cohort study. British Medical Journal 2004; 6 March: 328:555.
9   Morgan SJ. Are you being outsourced? The Psychologist. 2011; 24(3):182-185.
10 Burcell B. A temporal comparison of the effects of unemployment and job insecurity on well-being. Sociological Research online, http://www.socresonline.org.uk/16/1/9.html. 2011. Accessed on 22 July 2011.
11 Laszlo KD, Pikhart H, Kopp MS, Bobak M, Pajak K, Malyutina S, Salavecz G, Marmot M. Job insecurity and health: a study of 16 European countries. Social Science Medicine. 2010; 70:867-874.
12 Herriot P, Pemberton C. New Deals. Chichester: Wiley; 1995.
13 Quinlan M. Organisational restructuring/downsizing, OHS regulation and worker health and well-being. International Journal of Law Psychiatry. 2007; 30: 385-399.
14 Hoel H, Faragher B, Cooper CL. Bullying is detrimental to health, but all bullying behaviours are not necessarily equally damaging. British Journal of Guidance and Counselling, 2004; 32:367-387.
15 Bordia P, Restubog S, Lloyd D, Tang RL. When employees strike back: investigating mediating mechanisms between psychological contract breach and workplace deviance. Journal of Applied Psychology. 2008; 93:1104-1117.
16 Blackman M. The effective interview. In: Cartwright S, Cooper CL (eds). Oxford Handbook of Personnel Psychology. Oxford: Oxford University Press; 2008.
17 Kobasa S. Stressful life events, personality and health: an enquiry into hardiness. Journal of Personality and Social Psychology. 1979; 37(1): 1-11.
18 Siegrist J. Job control and reward: effects on wellbeing. In: Cartwright S, Cooper CL (eds). Oxford Handbook of Organizational Wellbeing. Oxford: Oxford University Press; 2009.
19 Strazdins L. Emotional work and emotional contagion. In: Ashkanasy NM, Zerbe WJ, Hartel CEJ (eds). Managing emotions in the workplace. New York: Sharpe; 2002.
20 Quick J, Little L, Nelson D. Positive emotions, attitudes and health: motivated, engaged, focussed. In: Cartwright S, Cooper CL (eds). Oxford Handbook of Organizational Wellbeing. Oxford: Oxford University Press; 2009.
21 The Sunday Times. The best companies to work for. 2009. Accessed on 26 February 2010. Available from: http://business.timesonline.co.uk/tol/business/career_and_jobs/article6850595.ece.
22 Edmans A. Does the stock market fully value intangibles? Employee satisfaction and equity prices. SSRN (Social Science Research Network); 2008. Available from: http://ssrn.com/abstract = 985735.
23 CIPD. Employee engagement. 2009. Accessed 9 November 2012. Available from: http://www.cipd.co.uk/subjects/empreltns/general/empengmt.htm.

'Is the therapist a different elastic band for each client, or the same elastic band stretched in different ways, depending on what the client provokes? '

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The workshop that I ran at the recent BACP Workplace conference was conceived from a debate with members of the BACP Workplace executive committee, who were concerned about how we address some of the painful, distressing experiences that workplace counsellors have to endure in the current economic climate. There were regular reports of how in-house counselling services were being cut, restructured, or replaced with out-sourced services, leaving workplace counsellors facing job losses with the consequence of economic and professional adversity, which paralleled many of their clients' experiences.

Workplace counsellors often work with employees facing loss, change, rejection and abandonment. However, at the current time, some workplace counsellors are experiencing exactly the same feelings as their clients about their own employment situation. Some questions arise automatically from this awareness, such as:

• Does this shared adversity make us better counsellors?
• Should we share this joint process with our clients?
• Will it help or hinder the counselling process to tell our clients that we are going through the same situation?

BACP Workplace had a desire to bring some thoughtful reflection to this difficult subject and to hear the views of members who had experienced this situation. Hence the workshop was planned with two aims:

• To present some theoretical positions on self-disclosure and the role of the counsellor's material in the therapeutic process
• To facilitate a discussion about shared personal and professional experience in this area of practice.

The role of the counsellor's material in the therapeutic process
There is no general agreement in the clinical literature about the usefulness of either self-disclosure or the counsellor's material within the therapeutic process.

The psychoanalysts amongst us tend to err on the side of the therapist maintaining a presence of total neutrality, believing that self-disclosure could intrude and threaten the unique dynamic that is inherent within the therapeutic relationship. Freud, in 1912, had very strong views about the separation between the client's pain and the therapist's material. 'The physician should be impenetrable to the

patient and like a mirror, reflect nothing but what is shown to him[1].'

Another psychoanalyst, Patrick Casement, presents a more rounded view in his book *On Learning from the Patient*. He agrees that the analytic process should be protected from interference by the therapist's own personality, but he also offers a position that we can begin to debate and engage with: 'In order to avoid being intrusive in the therapy, some therapists become defensive in trying to be as little in evidence as possible; falling over backwards in trying to achieve this can become just as intrusive as falling in the centre vision of the patient's awareness[2].' For Casement, the therapist is responsible for using himself to create a space; close enough to the client for holding and containment, but far enough away to allow himself to function as a therapist.

Angela King, an integrative and relational therapist describes in glorious language how she considers her availability for her clients, and how she uses herself: 'I always want to have my feelers out for implicit relational flow of the therapeutic interaction. I want to take in through my body sense the rich complexity of my experience of our interactional togetherness... Being present requires me to be open to each person's way of connecting; ready as a good dance partner to come in quite close or allow space, to flow from feisty engagement to tender, quiet listening... In effect I open a space and wait to see what will fill it[3].'

Whilst King's image of the client/counsellor relationship is one of harmonious flow, psychoanalyst, Sandor Ferenczi, back in 1928, described the patient-analyst space as a continually invented, deconstructed and reinvented dynamic, whereby each patient brings about different electricity with the analyst. How the analyst behaves is not dependent on his analytic techniques, but on which client is in the room and what is provoked by that client. This ability to have such an elastic response is summed up as follows: 'Analysts, like an elastic band, must yield to the clients' pull but without ceasing to pull in his/her own direction[4].'

Continuing with this analogy, the question arises: is the therapist a different elastic band for each client, or the same elastic band stretched in different ways, depending on what the client provokes? Maybe, at different times, it's both the above; but the important focus for the therapist is to develop insight to know how they are being stretched, even when self-disclosure and identification are evident.

For many counsellors, insight into our own responses and behaviour can usefully come from therapy and supervision.

Once our own material has been consciously identified in therapy, it can be held, contained and used to help the client appropriately. As psychoanalyst Roger Money-Kyrle wrote, back in 1956: 'It is just because the analyst can recognise his early self, whom [sic] has already been analysed, in the patient, that he can analyse the patient. His empathy and insight, as distinct from theoretical knowledge, depend on the kind of partial identification[5].'

It appears therefore that for many counsellors, the space, or electricity that we create with the client is not a neutral, independent, unbiased space, it is a space where we are waiting to see if our own material can be recognised, where we can identify with the client's struggle. Whilst this may not always be conscious, it has been identified as one of the main reasons why people become therapists and counsellors.

This recognition of one's self in the counselling work is one of the primary reasons why most of us go into counselling, according to some research conducted by Alison Barr, for her MSc. Barr, a counsellor in Scotland, found that 73.9 per cent of counsellors and psychotherapists have experienced one or more wounding experiences leading to their career choice[6]. Interestingly, research carried out by Nicola Banning, an independent counsellor and trainer, demonstrated that some counsellors commented that it was not necessarily their own material they were seeking to identify with in their clients, but that they were driven to the profession as a way of replicating their own therapy: 'I was trying to make sense of my own life; I wondered if I could give that amazing gift to someone else[7].'

To summarise the literature discussed so far, it appears that whatever orientation we are coming from, it is our role to be free enough to respond to each client, according to what they raise in the session, and what impact they have on us. However, we are not empty vessels, waiting to be filled by the client. Our 'freedom' to respond is influenced by our own material and our desire to find identification and reverie with our client.

Shared personal and professional practice on self-disclosure
What happens when identification with the client is live, in the 'here and now', to either processed or unprocessed material? Prior to the workshop, I asked some counsellors about their experiences of self-disclosure. 'I was being made redundant from the counselling service, and I told a client who was being made redundant that I was going through the same experience. I feel it did change the relationship, and brought us closer.' Another said:

'If I'm going to self-disclose, I always tell the client that I'm going to share a personal experience with them and that I hope they will find it useful.'

However, the counsellors I spoke to were split in their views about self-disclosure, according to their orientation. Psychodynamic counsellors were, on the whole, certain that self-disclosure should be avoided, and was not helpful to the counselling process as it detracted from the client's agenda. Person-centred counsellors described congruence as one of the core conditions for their work, and commented that as counsellors they might well comment on their own state, or their own stories, at any time, as this has the potential to create an intimacy between client and counsellor that encourages a deeper level of sharing. A cognitive behavioural therapist explained how she used self-disclosure to demonstrate examples of how different techniques had worked on her, and with other clients.

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The positive value of self-disclosure was supported by Psychologist, Jean Hanson[8], who interviewed clients about their counsellors' self-disclosure. The study was small, but identified that clients valued their therapists' disclosures because it contributed towards:

- A real relationship
- A sense of connection, intimacy, closeness or warmth
- Trust, safety, or a decrease in alienation
- A sense of being deeply understood, welcomed or cared about
- An opportunity to identify with the therapist
- A sense that the therapist would take responsibility for mistakes.

In this study, clients commented that they appreciated disclosures as it made them feel their relationship was more egalitarian, more balanced and mutual, and the therapist appeared more human and fallible.

Whilst many of the individual accounts from counsellors were positive about self-disclosure, at the workshop, Sue Middleton, a clinical manager from Right Management Workplace Wellbeing, reported that the highest numbers of complaints about the service came from clients whose counsellor had self-disclosed. She reported that some clients felt powerless to challenge their counsellors on this issue, particularly because in some cases the clients felt sympathy for the counsellors. The clients were aware, however, that it was the counsellor's agenda that was filling the time and space, rather than their own.

Many of the counsellors who discussed self-disclosure, often described that the disclosure was more of an instinct, rather than a planned intervention. Some counsellors explained that the disclosure 'just came out of my mouth'. These comments might lead us to believe that on certain occasions, self-disclosure is not under conscious control. This is an interesting theory, particularly when the counsellor is experiencing a similar adversity and pain as the client.

We know that when we are under stress, from difficult life circumstances, whether it is bereavement, loss of a job, relationship breakdown, or physical ill health, our stress hormones are higher than usual. For some people the consequence of hormonal imbalance and life struggle are a lack of concentration, difficulties with empathy, and decision-making that is more about psychic survival, rather than strategic, thoughtful responses.

Hence if we are struggling with our own distress, and a client is describing a similar distress with all the accompanying pain, is it not realistic that we feel overburdened, and

The benefits and costs of self-disclosure

Benefits		Costs
Reduces therapist's 'professional' power	**Power**	Diminishes client-centred focus
Allows client to view the therapist as human with human frailties	**Equality**	Risk of therapist material flooding and taking over the session
Enables analysis of transference	**Transference**	Forecloses the transference; can destroy the transference
Encourages honesty, genuineness and client disclosure	**Intimacy**	Shatters the working fantasies
Confirms a sense of reality	**Normalising**	Provides false reassurance

overwhelmed, and may fail to separate the client's story from our own? Whether this is under conscious control or not, our self-disclosure could be a way of silencing the client's pain and giving space to our own pain. It may be that the combined distress of our own material and the client's material is just too much to bear, and that this state overrides our internal supervisor, with the consequence that we lose our role, and our focus.

It may be that counsellor self-disclosure is the default position when the psyche is under threat, and should be expected when there is a shared identification with the client's adversity.

In summary, however we look at self-disclosure, and whatever position we come to, there is always an opposite view to be considered. For every benefit that self-disclosure may have on the therapeutic relationship, there is also a potential cost. Taking into consideration both the research and the counsellors' comments, I outline in the table above the duality that exists for self-disclosure.

To conclude, it appears that the most important questions that counsellors must reflect upon before they self-disclose are:

- Why am I doing this?
- How will it help the client at this time?
- Will the client's individuality be respected and preserved, or overlooked, blocked and intruded upon?

I would like to thank all the participants in the workshop for the open and honest sharing of experiences which contributed to this lively debate and assisted us all to move forward with our thinking and professionalism.

References
1 Freud S. Recommendations for physicians on the psychoanalytic method of treatment. In Freud S. Therapy and technique. New York: Collier; 1963. (Original work published 1912).
2 Casement P. On learning from the patient. London: Tavistock Publications Ltd; 1985.
3 King A. The dawn of a new identity: aspects of a relational approach to psychotherapy with a transsexual client. British Journal of Psychotherapy. 2012; 21(1):35-47.
4 Aron L. A meeting of minds: mutuality in psychoanalysis. London: The Analytic Press; 1996.
5 Money-Kyrle R. Normal counter-transference and some of its deviations. International Journal of Psycho-Analysis. 1956; 37:360-366.
6 Barr A. An investigation into the extent to which psychological wounds inspire counsellors and psychotherapists to become wounded healers, the significance of these wounds on their career choice, the causes of these wounds and the overall significance of demographic factors. University of Strathclyde, Counselling unit. In fulfilment of the requirement for the degree of MSc Counselling Studies. 2006. Unpublished.
7 Banning N. Who wants to be a counsellor? Therapy Today. 2012; 23(5):16-20.
8 Hanson J. Should your lips be zipped? How therapist self-disclosure and non-disclosure affects clients. Counselling and Psychotherapy Research. 2005; June. 5(2):96-104.