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Inter-spection

The interaction between a therapist and her client.

Introduction

I believe that the modality used in therapy is of secondary importance to the relationship the therapist has with her clients; how it is formed, the appropriate distance maintained and the way in which the relationship is allowed to progress. Store (1994) maintains that emotional maturity is the capacity of the individual to make mature relationships on equal terms. Rogers (1980) speaks at length about empathy and describes it as occurring when we come close to our client and become familiar with their world, experiencing what our client is experiencing. He claims that:

This can be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish. (Rogers, 1980, p.143)

Yalom's (1931, p.48) beliefs are similar to Roger's, when he claims that successful therapy is mediated by a relationship between therapist and patient that is characterised by trust, warmth, empathic understanding, and acceptance.

In this paper, I will be presenting the important similarities in my life with one of my oldest clients, Lily, and how this affected my work with her as a therapist. My empathy towards her and the coincidence of circumstances and events in our lives could have endangered our relationship. As a result, I had to apply a great deal of self will and all that I had learnt as a therapist to keep a professional distance and our relationship on the right track. I will show how this helped me mature as a therapist.

I will also connect this paper with the "Supervisory Triangles and the Helicopter Ability" Robertson, K. (1999) in *Supervision and Dramatherapy* by E. Tselikas-Portman, where I reflect on the 'internal roles' of a Dramatherapist, the 'internal client', the 'internal therapist' and the 'internal supervisor'.

Internal roles

In the chapter mentioned above, I refer to supervision and the therapeutic process in which the three internal roles are called upon to help the therapist remain objective and maintain the required distance between client and therapist. Accessing the three roles allows the therapist to view the therapeutic process from different perspectives and levels of awareness. Lahad (2000, p.115) also refers to these roles and claims that 'we all have an inner representation of the 'client', the 'therapist', and the 'supervisor'. These inner representations are present in every instance when we are facing our clients'.

The 'internal client' is the role which makes it possible for the therapist to empathise with the client and see things from her point of view. Life experiences put us in touch with the experiences the client might be going through. These experiences come from the sphere of feelings, which could include joy, pain and loss. In the role of 'internal therapist', the therapist endeavours to face any situation she may be presented with. It is assumed that the 'internal therapist' has the required training, theory and intellectual capabilities to do this. She possesses the aim structures and methods to guide the client. Finally, the 'internal supervisor' is the role which can give direction. It remains outside the therapeutic process as an objective observer. The 'internal supervisor' is the role that can step outside the self and observe what is taking place. In this way, the 'internal supervisor' can support or question what the therapist is doing. The 'internal supervisor' navigates both the 'internal therapist' and the 'internal client' so that a balance can be achieved.

Lahad (2000) in chapter 11 of his book *Creative Supervision* describes an exercise for self-supervision using these three roles. He uses six steps. He believes that each role has a dominant trait and must be given a name so that a dialogue about the therapist's 'problem' can take place between the three roles.

Main theme

We advise our trainees in psychotherapy not to be casual or too friendly with their clients because this will hinder the therapeutic process. We have rules about which clients we can work with. We advise against working with clients who might be close to us, related to us or even to each other. In group therapy we are strict about group members socialising with each other outside the group. Should this happen, it is important that it is mentioned during the group, so that that sub-groups do not form.

Yalom (1931) believes that contacts outside the group between members, in one form or another, will inevitably occur in every group, and that this issue should be addressed in the preparatory interview. It must be made clear that

- The group provides an opportunity for learning about one's problems in social relationships; it is not an assembly for meeting and making social friends. In other words, the therapy group teaches one *how to develop, intimate, long-term relationships, but it does not provide these relationships.*

- However, if by chance or design, members do meet outside the group, it is their responsibility to discuss the salient aspects of that meeting inside the group.

(Yalom 1985, p.292)

With clients I have had for many years I don't follow the rules to the same extent and can be more familiar with them because our relationship is well established and secure. Yalom (1981, p.168) writes that if the therapist is to share in the therapeutic process with the client he/she must have a reasonable degree of confidence in its appropriateness. The more you respond unrealistically to the client, because of counter-transference or allowing pressing personal emotional problems interfere with your interpretation of the client's problem, the more anti-therapeutic you will be. According to Storr (1960), p.132) the degree of recovery which takes place in the patient is proportional to the degree of maturity of the relationship which is allowed to develop with the therapist.

I published a paper about my work with Lily, (2003, p.529-547) ten years ago. Though she is still in therapy, there are signs that she is preparing to complete her journey. Her life has not been easy. Her family has suffered the loss of three close relatives and her father is now bed-ridden. Reflecting on my work with her I wanted to see what her aims in therapy had been and what had been achieved.

In this paper, I will be focusing on an aspect of our lives that we had in common, the care we gave to our brothers, who had psychiatric problems. As I have not told her about my brother, the connection I feel with her because of this is entirely personal. As her therapist, I believe, that I was able to empathise with what she has been through to a great degree, because of what I have been through myself. However, there were times when I felt that my emotional involvement with her may have interfered with my objectivity. My awareness of the three internal roles and keeping them separate became paramount.

Lily's endeavour, nine years previously, had to do with the process of her individuation and her need to create a distance from her family, where she had played a caring role for several years. Her older brother had died when she was in her twenties, leaving Lily the oldest, with four younger brothers.

I had suggested that the internal conflicts often present when one is bicultural, along with her life circumstances, led Lily to alcohol, drugs and anorexia. She reacted violently to her experiences, with the result that she started to abuse her body. Fortunately, she had the will to live and become independent.

In my previous paper, I mentioned that Lily had achieved a separation from her family and had moved to her own home with her six dogs. She still went to visit them regularly, but she had become more independent. She had practically given up using cannabis and her weight was more or less stable.

Since then, Lily has had a little girl and has started training as a Dramatherapist. However, the circles in life have brought her back home, where she now lives and takes care of her elderly parents. This was not the best situation for her, but with the crisis in Greece and being a single mother, together with her parents needs, her choices were limited. My daughter has just had her second baby and has also looked to my husband and me for help. Although she has not moved in with us, she needs our help a great deal. So, once again our life circles are moving in similar directions.

It could be suggested that these concurring life circles could elicit countertransference towards my client; however, I strongly believe that when we are aware of it this can help us in our understanding of ourselves and our clients. Austin maintains (1998),

I have found that even when the countertransference is related to my own unresolved issues, my feelings and reactions are intimately involved with the therapeutic interaction and can be extremely useful in understanding the client (p. 331)

Lily's brother, whom I will call Jason, had lived in America where he worked in his older brother's business. He got into trouble with the police because he abused his girlfriend and returned to Greece at the age of 36, where he lived with his parents. As a foreign student he was allowed to enter University without exams and began studying medicine. However, he had severe psychological problems and used drugs. He was prone to violence and abuse and spent most of the day sleeping and going out at night.

Lily's parents did not want to accept the fact that he needed psychiatric treatment. When things were very bad they sent him to see an old friend of the father's, a ninety-year old psychiatrist, who prescribed tranquillisers. Lily was concerned about her daughter's safety as well as her brother's well being once they started to live in the same house again. During her group therapy she described her situation at home and her concerns about Jason. This was not the first time that this subject came up in the group but it affected me deeply. I consciously tried to call upon my 'internal roles' as guides to my work.

Lily felt that her brother needed professional help and needed to be placed in a clinic but didn't know how to go about this. The previous day Jason had tried to hit her but was prevented by some friends who were visiting. My 'internal client' remembered vividly (from twenty years ago) chasing my brother through the streets of Athens in order to stop him from doing harm to himself or someone else. He had just visited the Irish Embassy and talked to them about terrorists and his next step was to our father's flat, where he intended to harm him, or so he told me. In my desperation, I stopped a police car and asked them for help. They were understanding but said that they could only arrest someone who had committed a crime. However, they offered to take me with them and if my brother agreed to come with us willingly they would take us to a clinic, which in fact was what happened.

That was just one memory, among many others, and yet I was the leader of a dramatherapy group and had to remain detached. I called upon my 'internal supervisor', who advised me to create 'a distance', which I did by pushing back the cushion I was sitting on. This gave me the chance to feel that I had broken out of a closed circle and made me realise that I was not in therapy myself. Creating a physical distance from the group gave me the space I needed. I listened carefully to the group members talking for perhaps longer than usual, in order to give myself time to think of my next move. Then, when I felt ready I allowed my 'internal therapist' to get involved. I asked the group to come back to the present and to stand up for a warm-up. This consisted of crossing a busy street under different circumstances, holding heavy shopping baskets, pushing a pram, holding a dog, seeing a kitten alone trying to cross the street and finally holding two toddlers by the hand. The idea was that the warm-up would reflect circumstances in which the members were not responsible for their own safety alone in a dangerous situation but had a responsibility for others as well. How did this make them feel? What action did they take?

Some members had advised Lily that she should let go of her concern about Jason as he was her parent's responsibility whereas she felt that since he was her brother, one day she might have to take her parents place when they were gone, as I had done with my brother.

For the main action I asked each group member, in turn, to place her cushion in a space in the room that she chose. Next, she placed the other cushions and the group members at the emotional distance she felt they were from her. When this was done, she would sit on her own cushion and talk to the other members in turn about the distance she had created and her feelings towards them.

Each member had a chance to do this, and during the final feedback they were able to speak about their relationship with the other members, which 'important other' they might remind them of and what role they each took both in the group and as members of their own family.

A discussion followed about the multiple roles we have to face in life and how often these can be contradictory. According to Emunah, R. (1994, p. 27) one of the primary relationships between humanistic psychology and dramatherapy is that dramatic enactment can create a bridge between human imitations and human aspirations, between who we are who we hope to become.

Through the intervention of the 'internal therapist', I tried to bring a highly charged emotional situation affecting one member of the group on to a more general level so that she could also take a step back. The member's reflections made me aware of the different roles, both within and outside of therapy, I had to play.

The next time that I felt this close bond with Lily was about a year later, when her brother died of an overdose. The shock of finding him was devastating for her. Her parents were so overcome by grief and maybe guilt that they refused to announce

Jason's death to anyone. The police came and an autopsy was carried out. When the red tape had been dealt with, the family had a quiet funeral with only four members present; her parents, a brother who lived in Greece, and Lily. Even the two brothers in America were not informed, as they were both 'going through difficult times' and would be told later. Because of the covert nature of the funeral, the family had no real closure and Lily felt that she had not said farewell to Jason.

I had lost my brother a year before. He did not die of an overdose, but in his sleep. However, my belief is that the vast amount of medication he had been taking for so many years was an important factor in his death. When Lily told us of her grief, I was devastated and wanted to take her in my arms and cry with her. It was not easy to call upon my 'internal supervisor' in this situation. However, I got comfort from one of my mother's unpublished poems.

The Image

Now you are dead I try to nail
 some wraith of you to words, to catch
 your essence in a sound, scratch
 new alphabets to tell your tale.
 I want a loveliness to match
 You, an image to prevail.
 And, all the time, the careless rose
 Open as day in beauty grows.

I said to the group that a sudden death is very hard to accept and this news no doubt had affected us all. I read them the poem and asked them each to make a picture that came to them. I did not make a picture myself but in my mind I drew the careless rose. During the final feedback, other members talked about the loss of their beloved and the difference between sudden and slow deaths for those who are left behind. Lily drew consecutive concentric circles in the colours of a rainbow and said that she felt calmer and more relaxed. This death, of course, brought back memories of her first brother as well, with the result that her mourning period was prolonged.

Using my mother's poem gave me internal security, a bit like holding on to my security blanket. However, I told the group that the poem was from an unknown writer so that the session didn't become personal.

Conclusions

The perils we face as therapists are many and overcoming them is not easy. What I have learned to do through the years is to be able to share my feelings more easily with my clients without elaborating or going into detail. Often when I feel the need to talk about something that happened to me or to my close family I may mention the event impersonally, as something that happened to a friend or acquaintance.

I also find it easier to answer personal questions I might get from clients. I will answer briefly and then go back to them. I tell them that it is their story we are here to recall and understand more clearly. In the past, I had tried not to reveal anything personal about myself, but as I have matured as a therapist, I find this unnecessary. Certain things can be shared with a client as long as it is done in a contained and detached manner.

Because of the strong effect our clients can have on us, personal supervision is very important. Holloway (1995, p.3) defines supervision as the process whereby two individuals, meet 'to discuss clinical and professional issues as they relate to the professional growth of the supervisee'. During supervision the therapist has the benefit of the perspective of another person, someone who is not emotionally involved, and this can give us deep insight into the relationship that has developed between the therapist and the client, which the therapist may not have been aware of. When a therapist is telling her story of a session with her client or her group, she is really asking and answering questions about the here and now situation of her client(s). Throughout the process of recalling a session the therapist needs to put the events into some form of perspective and in doing so she may gain a better comprehension of what took place. During supervision the therapy session is reproduced very closely to its original form, but at the same time it takes on a life of its own. As Doehram (1976) suggests, the failure to observe its presence in supervision may be a natural resistance on the part of the supervisor/supervisee to confront the full impact of those forces which we could be asking our client to face.

Personal material can affect every role in the supervisory triangle and for that reason we need to be very conscious of this and that is the reason why therapists need to have undergone the process of personal therapy. One often comes across the term the 'wounded healer', which refers to the therapist's vulnerability and the importance of therapists being able to relate to their patients from that place. This connection allows us to feel deeply and understand the wound of another.

As a wounded healer, the shaman cannot guide or facilitate another's therapeutic transformation or growth without having undergone the therapeutic process himself (Aigen, 1991, p.88)

When interviewing prospective students, one often comes across those who believe that their choice of profession has to do solely with their will to help others, which of course it is on one level, but as we all know, it also has to do with our need to find out more about ourselves and our unconscious need for personal therapy, each for their own reasons. Personal therapy is therefore of utmost importance and that is why in our Dramatherapy and Playtherapy in training at Athyrma in Greece 250 hours of personal therapy is a prerequisite, as it is in most psychotherapy trainings.

In closing, I would like to quote Storr, (1989,pg. 225) who says

Psychoanalysts need to be affected by their patients if they are to understand them, which is one reason why psychoanalysis is an emotionally demanding profession.

Being affected by our 'clients' can have beneficial results and I feel that I have learnt a great deal about life and human struggles from my clients. At times, I may have been disappointed with the progress some of my clients have made in therapy, but I will always feel that it has been worthwhile, both for them and for me.

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