

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

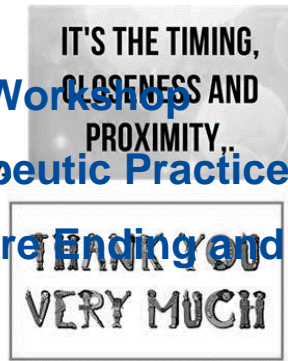


We see
EVERYTHING

Workshop

Therapeutic Practice:

Proximity Disclosure Ending and Appreciation



Introduction

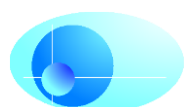
This workshop came out of requests to include various aspects of therapeutic practice, particularly disclosure. Allowing myself to freefall from these requests led to the arrival of four aspects of this workshop. I did not overly consider how they might interrelate, if at all, beyond being aspects of the therapy relationship. In the composition of these 'emerging thoughts' I was considering the habitual dimensions of my work, or what I would like to think the possible habitual dimensions. One pleasing aspect of these essays and workshops is how they prompt a freshness in my thoughts and my work; I am better off in my work through these activities – well, that's continuing professional development for you!

Originally, I had desire, rather than appreciation, in the title. As I have said, I let these four aspect arrive. Contemplating desire was about our own desire as therapists. I shifted to appreciation quite quickly, for me this would be more client focussed.

Through all my work there is an appreciation for my client; appreciation for being invited into their world, for taking the risk to ask for help. I share this appreciation with my client when I first meet them. So, this is the context in which I talk about appreciation. Of course, appreciation is not one way and clients also express appreciation. What do we do with our appreciation of the client, and their appreciation of us? Do we maintain an ongoing awareness of appreciation?

In laying out my therapy room I hope it is appreciated by my clients. I hope they will be comfortable and find the room calm and safe. More accurately, how the therapy room is arranged suggest my appreciation for my work and for my client; yes, it seems it's all about me! In what way do you make the room welcoming for the client?

The layout of my therapy room the proximity of the furnishings, the décor, the objects and soft furnishings, and so on, says a lot about me professionally and personally. So, I am disclosing to my client before a word is said. Through your welcoming of your client and how you are in the room the client is forming an appreciation, or not, of you. There is disclosure to the client in how you approach and welcome; in how you walk with or beside, in front or behind, as you walk to your room. So, some form of disclosure is inevitable.



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

Every session must end and will send a message about you to your client (as indeed will the beginning). I wonder whether the ending of sessions with the same client becomes routine, habitual in style. I wonder whether a therapist might have a habitual ending for all their clients. Perhaps if I was back in my training I might look at this as a research topic. The end of the time together with your client is a time in which appreciation for the experience may be thought about, even articulated.

The structure of the 'emerging thoughts'

Introduction	1
Proximity	2
Therapy Environment	3
Physical and interpersonal space	4
Sitting	4
Disclosure	5
Immediate Disclosure	7
Non-immediate disclosure	7
Danger, danger	8
Social Media	9
Ending.....	9
End of the Session.....	10
Give an inch take a yard	11
Extending the time	11
Finish on Time	12
Beginning the End	12
When the Ending is the Work	13
Appreciation.....	14
From the Client	14
Client Gifts	15
From the Therapist	16
References.....	17

Proximity

What I am referring to here is the geographical and personal distances that exist in the therapy room, and I am also including in this the therapeutic environment. I am aware that in situations where a room is hired

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



there may limited opportunity to arrange and furnish how you would like, yet, do you bring your own personality to the room?

Immediately, with that sentence, I am also introducing disclosure. Bringing your own personality to your therapy room is, indeed, disclosing to your client many characteristics about you; and the absence of 'you' in the room also speaks of you.

From this perspective, you are signalling disclosures to the client whether you choose to or not. For me, then, there is sensibility in accepting that we are disclosing to our clients, and let this be a part of the therapeutic situations. This is an aspect of a relational attitude in therapy. Working from a relational perspective means to meet the relational needs which include

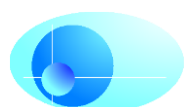
- Security, Valuing,
- Acceptance, Self-Definition,
- Making an Impact, Having the Other Initiate,
- Mutuality, and To Express Love. (Erskine et al 1999 loc 2799-3342)

To stay on track, so to speak, what I am looking at is the therapy room and its environment. There is more about disclosure later.

Therapy Environment

I used to work for a community project and at for some of the time worked out of an office. From my own therapy room, I would take several things with me that included a blanket/throw, some stones, and my clock. These would be included in the setting up of the room (even though it had its own clock). These items were for me as much as for my client. The stones I would sometimes use in the work; the blanket would serve as a cover for the client's chair, and would sometime be utilised in the work – as a cover up for the client, as an object of textures to use for sensation. The clock served to ensure I had a working clock and one I could position more appropriately for the seating arrangements.

However, these items also provided me with my own sense of continuity and connection to my therapist self. The familiarity of the clock was comforting and also as an object of familiarity in from of me. The



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

stones sat on a small table in my therapy room and bringing them with me reminded me of the creative aspects of my work that in a stale office room sometimes felt stifled. The blanket brought colour and aliveness into the room and displayed my sense of decoration from my own therapy room.

So, my therapy environment was created with my influence for my comfort and to allow my client to meet my way of being in the room.

What about windows and light sources, what is your client facing? In my earlier life as a trainee teacher that included PE (would that be sports science these days?) we were taught that on the sports field you did not sit the students facing the sun when you were instructing them, i.e. the sun was not to your back. The generic reasoning translates to any environment with interactions.

How well can your client see you, and you them, in natural light, in artificial light?

Are the lights conducive to all your clients? In one of my therapy rooms I have a table lamp which is made of opaque glass. I have a client who finds this light glaring, where as I see it as diffused. So, if I am lighting the room I make sure this light is not switched on for this client.

Physical and interpersonal space

In this workshop, I want to experiment with us being close and far in a variety of ways with a purpose to focus on our own reactions in thought, feeling and body.

Consider, also, the dynamics when greeting and leaving your client. Is there restriction of movement in a hall or door way. What about when you receive payment, or hand something to your client; the possibility of accidental touching exists, possibly deliberate touching.

Sitting

The way I faced the chairs and positioned them apart was also to provide comfort for my client. How much of my individuality was disclosed in this? I don't know, what does the arrangement in this workshop say about me, if anything? In one location I worked I noticed (eventually) that I sat near / behind the door. This was to enable more room for creative working with the client who sat in a more open space. Then one day I was asked to have an initial session with a young woman in which it quickly became apparent that my positioning represented the blocking of her exit; she was trapped!

This had me wondering on how maybe others felt the same, and possibly either not wishing to say or even there was a bodily reaction being suppressed. I know there are those who will always sit facing an exit; always have their back to a wall; keep an open space next to them – always sit on an aisle seat for example (my preference!).

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



Whenever I attend a conference or workshop in which chairs have been laid out to face the speaker I invariably will move the chairs near me to give more 'personal space'. I have also noticed I have done this in training situations. For me there is a sense of invasion when I am too close when sitting in a circle with others that include unfamiliar people. One on one, what is a comfortable proximity?

In the therapy room where, in relation to the door, do you sit?

I am raising a number of questions to be considered. What, though is the experience, of being too close, or too distant, with your client? How does this differ from client to client?

Disclosure

Disclosure is about what information you give of you to your client. Working from a relational perspective requires your input to the therapy of the impact of the client's world on you. Some therapies would consider this a disclosure too far.

Although I consider myself to be a relational—and integrative—psychotherapist, I do not share the belief that this necessarily entails self-disclosure... like other powerful interventions - it carries serious risks. My experience has taught me, however, that self-involving communications tend to be broadly effective.

Ziv-Beiman 2013 p59

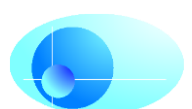
What is always present for the relational therapist is that

"Although relational needs are present for both participants in every relationship, the therapeutic relationship is unique in that the needs of the therapist must be secondary to those of the client. The client's relational needs are in the foreground; the therapist's needs are in the background".

Erskine et al 1999 p122 / loc 2768)

And

Relational scholars emphasize that exposure to subjective otherness is essential for the foundation of the self (Aron, 1996; Benjamin, 1988) and view therapist self-disclosure as a form of intersubjective inquiry, which is part and parcel of every treatment



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

Ziv-Beiman 2013 p60

However

“There is a common misperception that to work relationally means to self-disclose relentlessly”

Wachtel, 2008, p. 245).

Coming from a Gestalt therapy background I am drawn to Gestalt literature and the major figures in the Gestalt world. Robert Resnick (d.2014) is one such figure who trained for 5 years with Fritz Perls and was an internationally renowned trainer. In 1995 he was interviewed by another major figure, Malcolm Parlett (and in this interview (Resnick 1995) says

... therapists discriminate and modulate their own self-disclosure in terms of what they believe will further (or truncate) the contact. They will take note of the strength and duration of the relationship and what it can bear as well as their judgment about the client's ability, fragility, resilience and strength. (p4)

The therapist's phenomenology is shared for three purposes: first, to enhance possible contact; second, so that clients have the possibility to hear and see an 'other' (provided they are not distracted from their own foreground which they may not be expressing); and third, as a modelling by the therapist who says what his or her experience actually is and also shows his or her way of sharing that experience. (p5)

In the second quotation, I want to draw attention to the particular point that phenomenology is purposeful.

In terms of working relationally and from a postmodern position by which I mean with an acceptance of each of our realities as truth there is literally no approach other than phenomenology that provides for encompassing each of our reality when there is a meeting, a contact, of persons. Resnick (1995) again

Only with the engagement of the 'two-ness' of phenomenologies, is true dialogue possible. 'Empathic attunement', without authentic phenomenological disclosure by the therapist, precludes any real dialogue. p50

What, though does this actually mean for the therapist sitting in front of the client? I ask this question because there needs to be some sense for the therapist as to what is this 'self-disclosure'. I suspect the interest to discuss this is centred on things like how do I answer personal question like, 'do you have children', 'did this happen to you', 'is that your car out front', 'where else do you work', 'how old are you', ... plenty of others. What questions are you comfortable with, which are you uncomfortable with?

Some question about your professional qualifications, training and duration are pertinent to be asked and can be expected.

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



Several types of self-disclosure exist. These include deliberate, unavoidable, and accidental or inadvertent self-disclosure (Zur, 2009). Broad categorisation is immediate and non-immediate disclosure that may be intentional or unintentional.

Immediate Disclosure

Immediate disclosure is the in-the-moment disclosing of the therapist's felt experience, their thinking and attitude regarding the therapeutic engagement. Generally, the humanistic therapy profession supports this disclosure.

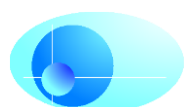
Also in this category, would be questions of professional immediacy; being about such things as qualifications etc. I deliberately wanted to separate this aspect so as to maintain a focus to the personal disclosure. So, the personal disclosure of feeling disappointment, or joy, is your experience with the client relating an experience to you that is supported in the relational, phenomenological approach to therapy.

Unintentionally there is disclosure in a body movement. In the same way, as a holistic therapist, your observation of your client's movements indicates something, so does yours and probably your client is interpreting this. So how still you be? Awareness of your body allows you to utilise movement as intervention. Leaning forward with interest; a raise of the eyebrow for curiosity, or for surprise. Shifting in your seat to register a change in interest and emotion. Hand gestures and expressions all have a story

Non-immediate disclosure

Non-immediate disclosure refers to information, thoughts and feelings and opinions outside of the therapeutic engagement. Personal disclosure, for example, relating my experiences in teacher training is non-immediate self-disclosure. Did this disclosure enhance my point; was it appropriate, or did you not read, or already have forgotten that part?

There is more controversy for the support of non-immediate disclosure (Ziv-Beiman 2013). More so when this disclosure is not initiated by the client. Consider, what reason would you have to reveal voluntarily something about yourself to your client



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... *emerging thoughts*

At times, I have found myself disclosing and immediately wondering, what did I say that for!!!! Well there is for consideration a transference and countertransference experience. There is your own confluence to share similar experience. There might a pull to be self-righteous in relating your more successful experience; or a pull to shame the client (rather than yourself).

However, in keeping with Resnick (1995) to further contact I do, with certain clients, engage in shared interests, or differences. I can bring to mind sessions where the work has been dominated by stories of experiences of us both. What would I do this for? To further contact of course; AND more. These 'certain clients' are those that I have determined need a relationship of shared experiences, mostly to enhance the ordinariness and contract the isolation of the client experience. Think of support groups managed and run by those of like experiences, dependencies such as alcohol and drugs. Individual will often seek for someone who 'knows' their experience. The actually for me is such a thing is not a necessity and may, indeed, point towards confluence and dependency rather than separation and inter-dependency.

Danger, danger

Self-disclosure is an intrusion; self-disclosure is an abuse. Quite possibility. Does your client want to know about you?

- Pro. Self-disclosure can help to reduce the power differential between you and the client.
- Con. The client may become too comfortable with you and begin to view you as a friend instead of a professional helper.
- Pro. Self-disclosure can increase trust in the counselling relationship.
- Con. poorly timed or executed self-disclosure can increase distrust. The client may question your motives, or see you as getting too involved.
- Pro. The client may feel less alone, knowing the helper has the same issue.
- Con. The client may feel that helper is impaired.
- Pro. The client may feel more understood, knowing the therapist has similar experience.
- Con. The client may feel that the therapist is not listening, that they are more focused on their own issues than those of the client.

(Barb 2012)

There is a vitally important relationship in which self-disclosure is to be guarded against and monitored in every moment; for making any actual disclosures and for being seduced to disclose. The therapeutic relationship with a client presenting with dependent and borderline presentations. Your client may be drawn to looking after you and repeat their script for dependency and confluence. Buying into this is counterproductive and will not serve the interest of the client even though sometimes this will lead to a

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



disgruntled, angry, disappointed client that might rage and leave therapy. Recently a colleague talked with me about their 18 months working with a client that was increasingly pushing for the therapist to take responsibility in caring for their behaviour, “you need to tell me to stop, you need to tell me what to do”. Resisting the pull to take charge and tell them what to do the responses were to affirm staying present and committed to supporting the client to own their behaviour and seek their own path for change. The client became angry and critical and scathing in an impulsive emailed termination of therapy.

Sometimes, and in situations like this, our therapy work can evoke feelings of dismay and thoughts of incompetence along with ‘maybe I should have’. However, remaining truthful to your therapeutic approach both theoretically and clinically, will ensure you can reflect that you are working correctly, ethically and in the interest of the client; remembering we do not have the answer, the client does, and will, one day hopefully recognise this.

Social Media

Facebook, Web entries, LinkedIn, Organisational Pages, Archived Web, Twitter, and so on ...

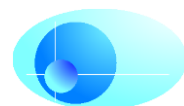
How secure and private is the information of you in this age of social media? Anything you have posted, or friends have posted through any social media outlet might well be considered available to your clients. That is until you have confidently secured this information. The bottom line, it seems to me, is that if you have said, done, photographed, liked, or commented keep in mind your client ‘knows’ this. What are the implications of this is for discussion....

Ending

the theme that stalked the therapy from day one was the issue of ending.

Hargaden 2010

The opening quote in this section captured me, and stalked me. Such an evocative word, stalked. As I write I am reminded of all the endings I experienced with the regularity of geographical moves during my childhood. Perhaps being evoked for me are these accumulation of endings, and in my own therapy I recognise the importance my therapist placed in having me experience ending as a conscious event; and



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... *emerging thoughts*

with that an appreciation of the experience I was ending, as well as an appreciation of the ending as an experience in its own right.

So, my thoughts now are recognising the depth this single aspect, ending, might reach. Yet, the ending of therapy is an aspect that is 'not taken for granted' in that its exploration is usually explored in training and supervision. Perhaps, the ending of each session becomes 'taken for granted'. Thus, in structuring the workshop I had in mind the end of the session and consideration of this as a building block to the end of therapy.

I spent a number of years working with adolescents and a wise supervisor advised to treat each session as the last because sometimes this age group simply do not return – well maybe that's a whole workshop on its own. The advice provided me with an awareness of the delicate balance the therapeutic engagement can have and the value to stay with each moment of therapy, including the end, the leaving, the separating, the goodbye.

End of the Session

Unquestionably, after 50 minutes the session is over and the client leaves. Do you sometimes want to continue; do you sometimes go over time; do you sometimes agree to extend the session?

What, though, do we mean by the end of the session? What amount of time is given over to ending the session? Well, this will depend on what has occurred in the session; and perhaps be influenced by previous sessions.

For some therapeutic approaches, and possibly through some organisational requirements, the end of a therapy session will include feedback and assessment (O'Brien and Houston 2000) as a distinct exercise within the therapy work. Aside from such requirements the ending is required to ready the client to leave the confines and all the therapeutic space represents and be ready to re-enter their everyday world.

Therefore, there is a need to have a structure of the session that you maintain so the ending is not rushed, or missed, or extended. Whatever the work the client does in the session you need to ensure the client is ready to re-enter a more complex environment outside the therapy room. This does not necessarily mean having the client in a comfortable, content place. This means the client is able to leave in a functioning manner; and that might also mean being distressed, or uncomfortable, but will mean being 'held'.

This last word is what is important. The client needs to feel that they are not abandoned or cast out. The client might feel abandoned or cast out anyway! As the therapist, I need to monitor how much of the holding I am doing that might be for me. I need to consider at what point I trust the client to hold more, thus avoiding being overprotective of the client.

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



With an uncomfortable session, I might say to the client something like 'you've touched on some tough things today, it might be worth resting when you get home', or if there has been a degree of shock I might suggest the client has a warm tea with sugar.

Sometimes when a client is leaving I have found myself drawn to saying something like 'if you need to call me in the week do so'. My intention is to be clear of the additional support on offer. However, I am aware I am now wondering about intentions out of my awareness. Might I be worried the client cannot cope? Might I be thinking I did not hold the client sufficiently? Am I feeling guilty of something – not having addressed the client's need? All could be possibilities, and are to be reflected on and talked out in supervision.

Give an inch take a yard

Well, that might be cryptic; a saying from my childhood of inches, feet, yards and miles; pounds and ounces not gram and kilogram. Apologies to you youthful folk....

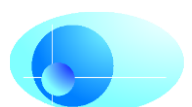
Fifty minutes is fifty minutes and give a minute the client will take an hour! Behind this phrase is that if you allow your client to have extra time they will inevitably take it, and take more. True or False?

Imagine your yearning for being heard, for being seen, for a space to unburden. I'll take it thank you very much, the more the better. The therapist is tasked with modulating the client's yearning in this respect. Go over time may not help the client develop the capacity to modulate; equally not allowing some time extension may not allow the client to develop the capacity to modulate.

There is one particular client presentation where strict adherence to time (and indeed all) boundaries is required. This requirement needs to be held as it will be the only solid and bounded and consistent experience. This is required for clients that present with strong traits of borderline personality disorder.

Extending the time

At times, I have let, indeed, advised the client to stay a little longer to get their bearings and sometimes offer a cup of tea or coffee. On one occasion when the work plunged deeply into some trauma work I completed the work and before the session time had finished suggested we both sit in the kitchen and



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... *emerging thoughts*

have a cup of tea. I was able to do this since it was private and contained. The purpose of my intervention was to bring the client fully into the present moment and to normalise their being with me as much as possible. The time overran and we had a conversation, whilst maintaining a therapeutic awareness for the client's needs. The overriding requirement was to bring the client back from a dissociative state to an ordinary situation.

I have worked with a number of clients presenting with strong borderline characteristics, and some with quite severe characteristics. Over time in both my work with these clients and my increasing experience and knowledge I have removed some rigidity in applying the time limit of 50 minutes. When the timing is right there is the recognition from the client that I am willing to 'bend the rules' and I am trusting the client with these occasional, not repeating, shifts.

This makes sense. We are all human, flawed, and inconsistent. Relating to one another requires boundaries that are flexible and humane that are also balanced with not being abused for our trust and giving. This needs to be experienced to be understood.

Finish on Time

Often the hard and fast rule is simply that you finish at 50 minutes. When you are beginning to work as a therapist and especially when it is within an organisational setting there may be little choice in extending a session. It is good practice to maintain the 50-minute boundary very firmly. Simple logic – 'I have another client, we must end.' I admit I don't always do this; and did maintain the boundary for the first so many years.

Therapeutically attending to any desire of the therapist or client to add time will allow an exploration of any transference in the room, or any unmet need in the therapist, or in the client. As necessary this exploration can be brought into future sessions.

In any case, the client has paid you for 50 minutes – and consider this the case even if there is no monetary exchange. Your time, and indeed the client's, is limited and contracted.

Beginning the End

I am conscious that I have neglected to answer the question of what is meant by the end of the session. 10 minutes of the 50 seems to be mentioned throughout the google search results. The context here is the summarising with the client and completing any forms needed.

Pragmatically, my endings are variable. The time put over to closing down the work depends on what has gone on in the session. Monitoring the session leads to a sense of what will be needed at the end.

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



I have, for example, worked to the last minute, then thanked the client for their involvement and for what they have given, and then said it is time to finish and I will look forward to our next session.

I have given notice that there is 10 or 5 minutes left I would like to draw the threads of the session together before we finish.

Sometimes I have begun the session by emphasising the need to finish promptly today (sometimes with a reason, sometimes not – disclosure!).

Developing your therapeutic skills is well served in the beginning with maintaining the 5 - 10 minute rule for drawing a session to a close. The novelty (Perls et al 1951) of the therapeutic experience needs to be maintained by ensuring this rule is not a habit.

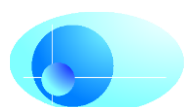
I recall a particular client that as soon as I pointed out we were near to the end of the session would take this in its immediacy and stop; literally just stop. Initially I would, therefore, not refer to the end until the final minute. As I learnt more I qualified the ending with something like 'in these last 5 minutes I would like to ...'

When the Ending is the Work

The client example above is, in fact, one with which the ending itself is scope for work; what is going on for such an abrupt stop? So, attending to your client's ending style is part of their being and may be taken for granted, habitual in its performance.

I have had a number of clients where it has become apparent that the ending of the session has been instrumental in provoking heightened levels of anxiety. In these circumstances, I have focussed the work of the session to look at this anxiousness. This has led at different times to having a contract that whatever we are working on is drawn to a close 20 minutes before the end and the last 20 minutes is used to place the work in the context of ending and explore the experience of our ending the session.

At other times the client has taken ownership of the clock to monitor the time and the exploration has been on what it is like to see and monitor the time of the session.



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... *emerging thoughts*

There are other scenarios. The common thread is about the loss of connection. Therefore, the explorations include looking at what connections were lost, or not maintained, in the past. And the current connectedness of the client with the therapist will have a representation of past experiences.

Appreciation

Expression appreciation is a relational action of communication (Erskine et al 1999) and appropriate responses to receiving appreciative comments will lay a foundation for the development of the relationship. Any interaction is potential for contact, in the Gestalt sense, and as such there is fulfilment and satisfaction in the situation with appropriate and authentic responses.

Think about what it really feels like to receive appreciation for what you do as a therapist; indeed, think about what it like to be appreciated in any aspect of your life. When appreciation is expressed do you deflect this away, even if the deflection is minimal - "oh, it's nothing really" – because if you do then you are in danger of reducing any appreciation being voiced with you. Ultimately you never receive appreciative comments and often this leads to resentment that "no one appreciates anything I do". Do you recognise anything here?

If your responses are self-deprecating along the lines of something like "it's nothing" or "it's what I do" what are you really telling the client? Maybe you are saying "you make an observation of me and appreciate me and when you tell me I tell me I dispute your appreciation"; or bluntly "your appreciation is not welcome" which can mean "you don't know what you are talking about". Now, is that really what you want your client to be hearing?

On the basis that such responses to an appreciative client are not rebuttals of the client then perhaps they are rebuttals of the therapist. The rebuttal is actually a deflection by the therapist to avoid receiving the appreciation in its fullness. Deflection is a way to interrupt full contact with the other; contact that would be real, intimate, relational, and authentic.

From the Client

Clients might remark on how supportive you have been in a session. The appreciation might be a smile or a look. How to respond and in what way influences the relationship.

A client being appreciative is a client expressing value in the experience; is expressing love in the experience. We need to be able to respond appropriately which means with acceptance of the client's truth in the value of the experience. Our response might be a simple "thank you". Whatever is said, or not said, models a mutual responsive engagement for the client.

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



I have met a number of colleagues that limit their value in the face of the client. Some of this I relate to; it is the client that 'does the work' and in any case I am being paid for what I do! Well, I believe that behind any salary is a person wanting to be valued relationally rather than monetarily. Since the work is relational it is also inclusive to recognise that it is more than the client that does the work, you do; so, we do this work together. There is place for appreciation of what we, client and therapist, do together; as some of my clients remind me – 'I wouldn't have made it without you'; 'I have needed you to be here'; 'you are part of my change' ... I am deeply moved by such words, to feel and be appreciated for my input, and its acceptance.

Client Gifts

In the therapeutic context client's might well express appreciation with a gift in the course of therapy. In my early days of being a therapist a colleague in supervision was shocked that a client gave an expensive gift. The shock was around the gift being expensive, so much the gift was refused on the grounds of its cost.

Whether gifts are accepted or not is not the focus here, rather it is about our responses and, importantly, the therapeutic meaning. The receiving of a gift draws on our own relational need for acknowledgement and our therapeutic positioning in acting for the interest of the client. I think it is because of the latter a therapist will be distant with gift acceptances as part of bracketing their own wants/needs. There is a difference in wanting your client to appreciate you and needing your client to appreciate you. A natural desire with the former, perhaps; a dysfunction of self-need with the latter – therapy and supervision calls!

I focussed here on the client giving a gift, maybe a card, a trinket, a soft toy, a book ...

- ? What is the client doing in giving a gift?
- ? What is being said?
- ? What does it mean in the context of past relationships?
- ? What does it mean in this relationship?
- ? What value does it place on you?
- ? How does it support or interfere with the work?



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

? How important is for you to accept the gift?

Consider, though, the 'gift' to be words. How does this alter the context of the above questions?

From the Therapist

We can model appreciation, and all that flows from it, in our own appreciation for our client. This is appreciation for the client being in the room (even when we sense, so much, that they are distance or absent) with you in the session. We need to hold on to the complexities experienced in bringing any past experience to a stranger – that's us, the therapists. Consider what it was like when you first went to see a therapist; how did you feel, what were you thinking? Remember when you first started to divulge your inner most thoughts?

We need to remain aware of the courage and fortitude of our clients and be ready and able to give our appreciation.

At times, I have offered a client something to take with them between sessions. Usually this is described as a transitional object for the client. Yes, ok, and it is a gift, in the moment, with a purpose. I will at times make a point in emphasising what I am offering is a gift, to keep, and will also give my reason. In other words, I make it explicit the intention of the gift. This ensures clarity in what I am doing; it models a directness in saying what I am doing; not leaving it disguised in the gift. The gift is the reinforcement of my words and my relationship with this person.

The purest gift to our client is our undiluted self; being the best we can be in each moment appreciating this other person.

Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts



**IT'S THE TIMING,
CLOSENESS AND
PROXIMITY..**

**THANK YOU
VERY MUCH**



References

Audet C. T., 2011 Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers? *Counselling Psychology Quarterly*, Vol 24 No 2, 85-100

Barb 2012 Self-disclosure what you need to know. Accessed at www.mastersincounseling.org/author/barb Posted on November 1, 2012 www.mastersincounseling.org/self-disclosure-what-you-need-to-know.html

Francesetti, G., Gecele M., Roubal, J. 2013 *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact* (Gestalt Therapy Book Series 2) FrancoAngeli Milan. Kindle Edition

Hargaden H., 2010 When parting is not such sweet sorrow: "Mourning and melancholia," projective identification, and script analysis. In Erskine R. (Ed), 2010 *Life Scripts: A Transactional Analysis of Unconscious Relational Patterns*. Chapter 3 Karnac, London

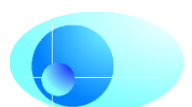
Little R., 2009 The Therapist's Self-Disclosure: A Developing Tradition Some considerations and reflections. Enderby Associates. www.enderbyassociates.co.uk Accessed 3 March 2017 at www.relationalta.com/admin/docs/resources/the_therapist_self-disclosure.pdf

O'Brien M. and Houston G., 2000 *Integrative Psychotherapy: A Practitioners Guide*. Sage London

Perls F., Hefferline, R, Goodman P. (1951) *Gestalt Therapy Excitement and Growth in the Human Personality*, Souvenir Press, New York.

Resnick R., 1995 *Gestalt Therapy: Principles, Prisms And Perspectives*, Robert Resnick Interviewed by Malcolm Parlett. *British Gestalt Journal* Vol4 No1 p3-13

Resnick R., 1996 Differences That Separate, Differences That Connect: A Reply To Wheway And To Cantwell Robert W. Resnick. *The British Gestalt Journal* vol5, No.1 pp43-53



Exploring Therapeutic Practice: Proximity Disclosure Ending and Appreciation... emerging thoughts

Ziv-Beiman S., 2013 Therapist Self-Disclosure As an Integrative Intervention. In Journal of Psychotherapy Integration Vol. 23, No. 1, 59–74. American Psychological Association