



# Client-Psychotherapist Relationship Critical and Ethical Review

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**Editorial**

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## Editorial

The client-therapist relationship gives clients an opportunity to “play” with new ways of relating and connecting to other people. For instance, a client who has difficulty expressing her needs might experiment voicing needs with the therapist. The client may do this by requesting various things from the therapist, such as to meet at a different time, adjust the lighting in the room, or bring up a specific topic regularly [1]. If the therapist responds in an attuned way, the client will have a positive experience, which may encourage her to also express needs outside of the therapy room [2].

Research has confirmed what so many therapists have known intuitively, that the therapeutic relationship itself is essential to the success a patient experience. Some studies have even called it the most important common factor in successful outcomes [3]. The client-therapist relationship gives clients an opportunity to “play” with new ways of relating and connecting to other people. For instance, a client who has difficulty expressing her needs might experiment voicing needs with the therapist. The client may do this by requesting various things from the therapist, such as to meet at a different time, adjust the lighting in the room, or bring up a specific topic regularly. If the therapist responds in an attuned way, the client will have a positive experience, which may encourage her to also express needs outside of the therapy room.

Clients often develop a close relationship with therapists. After all, during therapy sessions they sit in a room discussing very personal subjects, but does this make patients and therapists friends? Some people certainly think that it does, but therapists are trained not to view their relationships with clients in such a way. As clients become more comfortable with their own emotions, they also become more comfortable with the emotions of another [4].

Basic to the therapist-patient relationship is the premise

the therapy involves a deeply personal relation in which clients have a right to expect that whatever they say will be kept private. Therapist believes that genuine therapy cannot occur unless clients trust their therapists and believe they will not divulge confidential communications. Without thus guarantee clients may not be completely open with their thoughts and may lose the benefits of therapy [5]. This raises several questions: first, what professional ethics and legal statues govern the client-therapist relationship? Under what conditions can a therapist breach the confidentiality of the relationship? Second, what it, in conflict between clinical issues (need for trust) and legal ones (need to disclose), the therapist chooses trust? What are the consequences? Third, if a therapist decides to disclose information to a third party, what effects can the disclosure have on the therapist discussed the limits of confidentiality in a way would be least likely to disrupt the therapeutic relationship? [6].

First, therapy can certainly be a friendly relationship, depending on the personalities involved and the therapist’s theoretical orientation. Historically, certain psychoanalytically oriented therapists took pains not to reveal any aspect of themselves to their patients. They believed that this would influence the patient’s reactions in an unhelpful manner known as transference. Most contemporary psychoanalysts and therapists, however, recognize that they are always revealing aspects of themselves. The therapist’s goal is not to hide his personality but to foster the kind of relationship that allows for the fullest discussion and exploration of all the reactions that take place between the therapist and patient.

Second, Therapist cannot be a friend to the client. Your therapist should not be a close friend because that would create what’s called a dual relationship, something that is unethical in therapy [4]. Dual relationships occur when people are in two very different types of relationships at the same time. For example, it is unethical for a therapist to treat a close friend or relative. It is also unethical for a therapist

to have a sexual relationship with a client. One of the difficulties with dual relationships is that a problem in one relationship, such as a friendship or a sexual relationship can then cause problems in the therapy process. "If you are mad at me because I didn't attend your party, it will be hard for you to open up in therapy". While not common, a friendship can develop when you've finished therapy. However, ethical guidelines frown on this for various reasons, including the idea that the transference aspects of the relationship and the power imbalance formed in therapy never fully disappear [7].

Third, confidentiality is an ethical standard that protects clients from disclosure of information without their consent, and the significance of confidentiality is also standard by the public, it is ethical not legal, obligation. Privileged communication, a narrower legal concept, protects privacy and prevents the disclosure of confidential communication without client permission. Confidentiality is what secret is necessary?

Forth, Daniel (2006) [4] suggests that in order to do the right thing, we sometimes have to act against our inclinations and that it can be hard to tell whether we are doing the right thing for the right reasons, as opposed to self-interested ones. The point Kant makes is that an action's moral worth lies in the maxim, or rule of conduct, upon which it is decided, not on its consequences. I find this approach unhelpful when related to practical examples. To illustrate this point, there are conflicting views among therapists with regard to the issue of mandatory reporting of sexual abuse. While not yet a legal requirement in Ireland, the personal, moral, and ethical stance of the therapist will influence their response to a client disclosing abuse [8]. The arguments for and against are based on consequence e.g. What affect has reporting on the therapeutic relationship? What affect has not reporting, if there are others potentially at risk in the wider community?

According to Tjeltveit (1999) [6] informed consent is a legal and ethical concept which obliges professionals to provide clients with information of relevance to them about the prospective relationship, such as goals, procedures, possible benefits and side effects, and alternatives. Ensuring

clients are knowledgeable about therapy, supports their capacity to engage in informed consent, which protects their rights and autonomy. He suggests that therapists need to provide clients with information about its ethical dimensions, including possible value conflicts between therapists and clients in a manner and extent that is appropriate to the particular therapeutic relationship.

In sum, the therapist-client relationship involves a number of legal, moral and ethical issues. Three primary concerns are issues of confidentiality, and privileged communications, the therapist's duty to warn others of risk posed by a dangerous client, and the therapist's obligation to avoid sexual intimates with clients. A good therapist has a deep interest in their client as an individual and will see and relate to them in ways that are sensitively tailored to the person's specific needs.

## References

1. Abdullah MQ (2014) Psychotherapy, Aleppo University Press, Syria (Aleppo).
2. Page S, Wosket V (1994) Supervising the Counsellor. Routledge, London.
3. Firestone L (2019) The importance of relationship in therapy.
4. Daniel DM (2006) Kant's Groundwork of the Metaphysics of Morals. SCM Press, London.
5. Abdullah MQ (2018) Introduction to mental health. Dar Alfikr, Jordan.
6. Tjeltveit AC (1999) Ethics and Values in Psychotherapy. London: Routledge
7. Knobloch-Fedders, L (2008) The importance of the relationship with the therapist.
8. Wiener J Barnes FP, Murdin L (2001) Values and Ethics in the Practice of Psychotherapy and Counselling. Buckingham: Open University Press.

