

I once worked with a girl who...

Jeanine Connor addresses the conundrum of how to write about therapeutic work for publication, without breaching confidentiality

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I'm sometimes asked how I, a psychotherapist, can write about my clients without breaching their confidentiality. The short answer is, I can't. I'm also asked whether requesting consent to write about the people I work with affects the therapeutic relationship. If I did ask them for consent (which I don't) how could it not? These answers inevitably raise more questions. If I can't write about young people without breaching their right to confidentiality and I don't ask them for consent, how is it possible that an important string to my professional bow is as an author of books and articles about my therapeutic work? I've written about hundreds of young people, parents, carers and professionals, and they all have one thing in common – they're not real. So, when I write something along the lines of, 'I once worked with a girl who...' you can be certain that I didn't, and that whatever comes next is a figment of my imagination.

Ethics

Some people ask why you can't write about something that happened in a therapeutic setting in a professional publication, when it's highly unlikely that the client will read it. The answer is: because it's unethical. As a profession,

we are largely very good at understanding the importance of confidentiality and consent, and we take our responsibility to protect the privacy of clients seriously, in line with BACP's *Ethical Framework*.¹ Within that framework, we agree to actively protect identifiable client information and ensure that, when we do share it, we have the client's consent. If we write about them without their consent, even if they are unlikely to read it, we are failing to uphold our ethical obligations. The same goes for writing about ex-clients, dead clients, colleagues, friends and relatives.

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When I first started writing about my therapeutic work, over a decade ago, I remember the editor asking me to confirm that the people I described were either consenting or unrecognisable in line with BACP author guidance.² Every time I submitted a subsequent column or article, she asked the question again. Conscientious editors do that, I do it now too, but at first, I found it challenging – not

the request to check, but checking itself. I worried that what I'd written wouldn't be disguised *enough*, that someone would read it and say, 'Hey, I recognise that, that's me/my child!' I soon learned that the best way to ensure confidentiality was to make everything up, and that's what I've been doing ever since. Initially this felt awkward, disingenuous even. How could I say, 'I once worked with a girl who...' if I hadn't? Was it OK to begin with a lie every time I wrote a case study? The answer is a resounding yes, because this kind of 'poetic licence' is what reassures me, and whoever is editing my work, that I'm protecting the rights of the real clients.

Inventing the narrative

There are many ways that writers can attempt to disguise a client: change the name, change the gender, change the age; but these are all inadequate if the essence of the story is not disguised. I'll give you an example from an article I wrote for *Therapy Today*. In *What's the harm?* I said that, 'Dan, a 19-year-old student... arrived with deep scratches on his face and told me he got them when he was drunk but couldn't remember how. Later, he admitted that the scratches were self-inflicted.'³ Imagine if I changed the name to 'Samuel, a 19-year-old student...' or even 'Samantha, a 16-year-old student...'. If the narrative about the client with scratches on their face, alcohol-fuelled memory loss, and the admission of self-injury was factual, changing the name, age or gender (or even all three) would not make 'Dan' any less identifiable. In that same article, I wrote that 13-year-old Lucy,

'...smashed a window and used the glass to cut herself so deeply that she needed stitches. She also pierced her face with a compass point and the wound became infected'.³ I've worked with plenty of adolescents who self-injure. Some do it when they're drunk and sometimes the wounds become infected. But Lucy and Dan don't exist and nor do the events I assigned to them, which I made up for the purpose of telling the reader about the themes in my work with young people who self-harm. The *themes* are real.

In *Making sense of fetishes*, I talked about Reggie, a '...rough and tumble 12-year-old' who lived with his single mother. I wrote that, 'His language was littered with expletives... He repeatedly grabbed at his crotch and wiggled about in a way I couldn't help noticing. I think he wanted me to think of him as a male with a penis, which of course he was'.⁴ It's a vivid description that sounds plausible and authentic, even if I say so myself. Some male adolescent clients swear a lot, have a lone parent and present in a highly sexualised way. The point of the character I invented called Reggie, and the fictional narrative I assigned to him, was to illustrate the ways that sexualised behaviour can present in the therapy room. As with the self-injury article, the themes in the one I wrote about fetishes are real, but the people and presentations are not.

In my regular columns for this journal, I often created conversations with clients to illustrate themes. In *Reflecting on... unconscious communication*, I described a slim, attractive, immaculately made-up 18-year-old called Polly, who complimented me on my appearance with remarks such as, 'You look nice... I like your hair... Are those new shoes?'⁵ I wrote that she was huffy that I couldn't take a compliment. Polly doesn't exist; the name, narrative and dialogue were all created for the purpose of the column. It's important not to use a

client's words because this too constitutes 'identifiable client information' which we agree to actively protect and not share without their consent.¹ If I called a client Benita, Delilah or Mabel, but transcribed what was actually said in an actual therapy session, I'd be breaching the confidentiality of the actual client who said it.

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Consent conundrum

Some authors do write about real clients with their consent, and that's their prerogative. The reason that I don't is because it would affect the therapeutic relationship, or the memory of the therapeutic relationship if the work

had ended. For me, asking a client if I could write about them would be like saying, 'I want to take what happens here, in private, into the public realm'. That would change our relationship, which is something I've not felt comfortable about doing. Another factor to consider is that the client would need to read the article in order to consent to it being published. If I knew that Dan, Lucy, Reggie or Polly (if they were real) were going to read what I wrote about them, it would not only influence our relationships, but it would also influence what I wrote about them, be that consciously or not.

When I write for publication, my intention is to share elements of my professional practice that I think readers might find useful or thought provoking or just provoking. Therapeutic stories make it more interesting, rich and relatable. But they are just stories. 'I once worked with a girl who...' is my equivalent of 'Once upon a time'. No-one is identifiable in the accounts which follow because they were conceived in my imagination, rather than the therapy room. What happens there remains confidential.

Jeanine Connor (MBACP)

is a child and adolescent psychotherapist, supervisor, author and trainer in private practice and editor of this journal. Her book, *Stop F*cking Nodding* (PCCS Books), stories about 16-year-olds in therapy, is published in April 2022.

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