

Seven steps to creating a secure therapeutic environment

Paul Bress suggests ways to provide a holding environment in the counselling room

In recent times more and more mothers have become increasingly frank about not having maternal instincts. They don't feel easy about or confident around babies – they don't know who to hold them or how to communicate effectively with them. Unfortunately, this can lead to significant problems for the child in question. He/she will not have had that 'cotton wool' experience that is so important – and may not develop that sense that everything is right in the world.

If an infant has not been fortunate enough to have had this 'cotton wool' start in life, he/she may find some life events more threatening than will others. If this infant undergoes physical/sexual/verbal abuse, for example, then what might usually be experienced as simply frightening will be experienced as an out-and-out trauma. What this means is that any fluidity in the infant's behaviour prior to the trauma may be replaced by a controlled response. In other words, the experience is so painful that the infant doesn't allow him/herself (unconsciously) to experience a natural fear response, but, instead, puts that reaction on hold. The normal fear response is replaced by a tensed-up body and a mind that,

henceforth, controls its thinking very rigidly.

This lack of ability to experience normal fear clearly has a function. It prevents the experience of something very painful. Unfortunately, though, the consequences can be very long-lasting and very damaging. If the infant's dysfunctional reaction to the traumatic event continues into his/her everyday life, the child will have severe difficulties experiencing a whole range of emotions in later life. He/she will have lost his/her spontaneity – this will be replaced by a life in which natural emotional responses are shielded. This shield cannot last forever, however. The trapped emotions press against it, until, when there is some health scare, bereavement, or disturbing event later on in life, the emotions break through the shield and manifest themselves in the form of panic disorder.

It's at this point (when he/she is experiencing a clear syndrome) that the client will probably seek the help of a counsellor or therapist. And this counsellor or therapist needs to create a situation in which the client feels completely secure. This is a pre-condition because, without this sense of security,

he/she will not be able to process the traumatic events and start to tune in to his/her natural body responses to stressful events.

In the light of the above, how can the counsellor/therapist create a secure therapeutic environment? Let's look at seven steps:

1 Sit face-to-face (without any desk!)

A desk would create a barrier to intimacy between practitioner and client.

2 Keep reasonably still

Otherwise, the client will feel unimportant and peripheral, and his/her self-esteem will plummet.

3 Let the client direct the agenda/direction of the dialogue

This is very important, because the client needs to work things out for him/herself – and his/her own pace. In time, the client should start to have a sense of power because of his/her ability to set the agenda.

4 Give the client your undivided attention

See 2. Note: if you do give your undivided attention, your body won't move around much anyway!

5 Tune in to the feelings the client is experiencing

The client will desperately need to be understood. This means not only

the surface information they give you but also the feelings (which may be covered up by excessive rationality).

6 Accept, unconditionally, everything the client says (and the feelings associated with it).

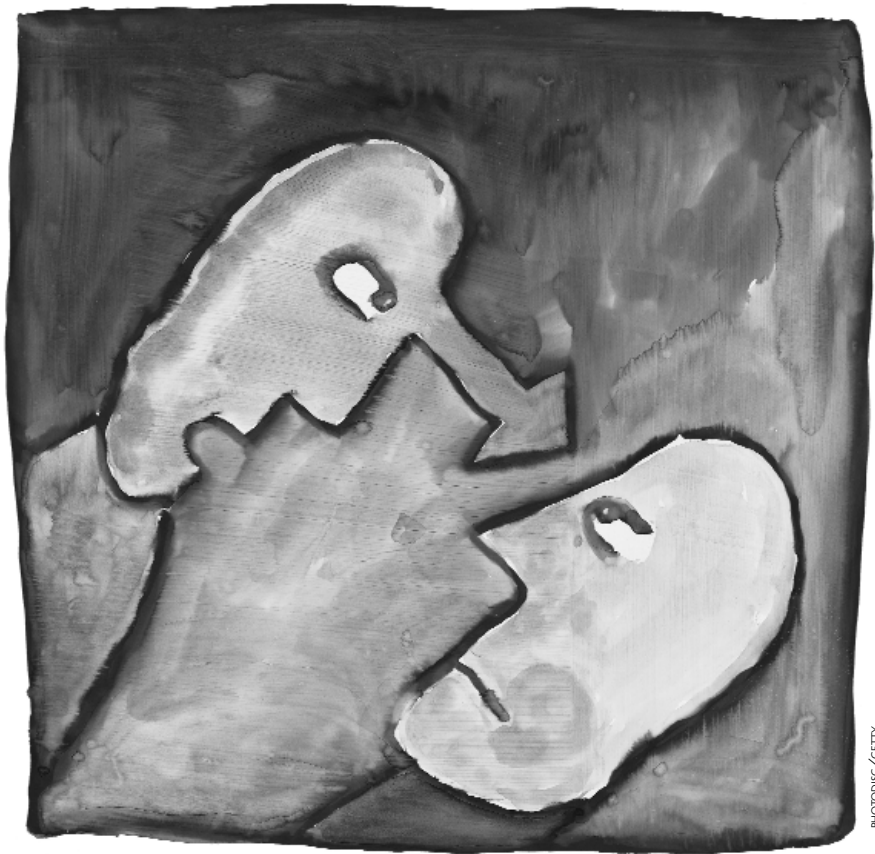
This is key. This is the practitioner playing the role of the mother. The client needs to get in touch with repressed feelings in his/her infancy, and the practitioner must encourage and accept these feelings. The result should be an acting out of what should have happened in infancy. And the client can begin to express feelings in a more normal, natural, way.

7 Wait until the client's 'turn' has completely finished before intervening with a quiet, but warm, voice

Such interventions show 'attunement'. Their subtext is: 'I understand you, and I'm here to protect you'. Consequently, the client feels understood, safe, and able to let go of his/her pent-up emotions.

Most of the above points will be considered to be blindingly obvious to counsellors/therapists. But I'm wondering whether all practitioners, do, in fact, follow these 'steps'. I wonder how many allow their clients to follow their own agenda? How many give their undivided attention? How many can really accept the opinions/feelings of the client without judgement? How many make genuinely timely interventions that reflect the experience of the client?

I think that practitioners would do well to follow these seven steps before going on to develop various therapeutic techniques that are designed to accelerate the development of the client. If they don't, they will be working on very shaky foundations and may even do more harm than good. ■



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A home-grown theory

Ros Pirani muses on bullies and victims: what drives them to their particular behaviour?

Observations of human behaviour give rise to rule-of-thumb explanations, many of which are assumptions based on very little and do more harm than good. Someone labelled me a victim. Eventually this made sense but also left questions. When and how did it happen? Was it reversible? Or was I stuck with it forever?

I was brought up believing people were intrinsically good and sometimes behaved badly. Having been called a victim, I felt compelled to investigate its opposite, 'bullying', in all its forms. The straightforward

'what you see is what you get' was the easiest to recognise. Then there was the 'wolf in sheep's clothing' or 'the iron fist in the velvet glove'. Worst to work out was the 'poor me' tactic. All of these guises can be confused with being a victim, whereas a victim often appears able, confident and overly independent.

Being accused of seeing people as the summation of their maladaptive behaviour, I became in favour of degrees along a continuum, with the desirability of reaching the middle. I decided being a victim is essentially not knowing you are one, as with