

# Sanity, identity and confidentiality

**Jeff Weston** presents a case against what he considers to be an increasing move to straitjacket professionals with rules and regulations

**M**ike Cardwell, in his Dictionary of *Psychology*, written over two decades ago, refers to the psychosocial theory of Erik Erikson in relation to identity. 'The development of a stable identity is seen as the major task of adolescence,'<sup>1</sup> he exquisitely states. This seems straightforward enough, logical and sensible, and yet it appears to blitz and undermine the modern penchant for straitjacketing individuals and professionals with rules and regulations. The acronym TAI<sup>4</sup>GI is how I remember the positive side of Erikson's eight stages – trust, autonomy, initiative, industry, identity, intimacy, generativity and integrity – but something in these gallant phases, particularly around identity, does not ring true for me when set against real-life events and attitudes.

Erikson's fifth stage means coherence or confusion – good relationships and solidarity, or a fragmented sense of self, potentially leading to delinquency, psychosis and the inability to settle. I would suggest that the latter is inevitable in any well-meaning person, given the conflicting messages the world promotes from one's teenage years to retirement. One should have opinions, autonomy, ambition, a great thirst for life, honesty, humility, integrity and unflinching dreams, yet also adhere to often opaque, condensed rules, which circumvent common sense and destroy creativity. One should be crowded out and made to overthink.

There are numerous examples of this, to differing degrees, in finance, education, talking therapy, the medical profession and legal circles. If one scans the contents of the Financial Conduct Authority's *FCA Handbook*,<sup>3</sup> Ofsted's *Annual Report*,<sup>4</sup> NHS England's Health and Social Care Act<sup>5</sup> (and the General Medical Council's *Good Medical Practice*),<sup>6</sup> the Association of Christian Counsellors *Ethics and Practice Document*<sup>7</sup> and the Solicitors Regulation Authority's *SRA Handbook*,<sup>8</sup> one

begins to grasp the density and often labyrinthine nature of such documents.

Anthony Storr, the famous Oxford fellow and psychiatrist, would perhaps be content with this. The following words ring from his classic text, *The Integrity of Personality*: 'It is the long period of men's immaturity compared with that of other animals which makes possible the achievements of civilization; for a prolonged immaturity implies a continuing plasticity and an extended capacity to learn. His large brain makes possible the complexity of man's psychic structure, and his partial emancipation from the tyranny of instinct is dependent upon this complexity. For, although the broad outlines of his behaviour are laid down and he can never escape from the confines of his biological endowment, man is less bound by rigid instinctual patterns than any other animal.'<sup>9</sup>

I would caveat this by pointing out that concern over boredom and unjustified distraction from the duty at hand when faced with too much complexity, are also hugely relevant in retaining civilization's zest and quintessential core. Modern bureaucrats and policy makers have a habit of inflicting the dullest parts of a subject on its followers, membership and coterie. And what stands out from Storr's expression is the arguably oxymoronic 'rigid instinctual'. Some people like instinct, celebrate it and feel that its arousal is a necessary part of who they are. Others fear its dastardly cloak. How is it rigid, therefore? And, returning to the beginning of this article, what does stability actually embody?

## **Id, ego and superego**

Freud's tripartite structure of the personality (id, ego and superego) – one of many triangular theories favoured in the therapeutic sector, alongside those devised by Berne, Choy,

Ellis, Egan, Karpman, Rogers et al – described id as ‘the deepest part of the unconscious, a well of libidinous, chaotic, amoral, uncivilised energy’.<sup>10</sup> It is an instinctive, pleasure-driven, psychic force and, to some, loosely associated with the wider meaning around identity (one’s values, beliefs and future).

This leads me to my thesis: can sanity, identity and confidentiality in counselling and psychotherapy be considered a 21st century ‘play’ on the old structures? Is sanity the ego (a healthy, mediating force), identity the id (instinctual, embedded and innate), and confidentiality a kind of superego (moralistic and a little overbearing)? It is said that you lose your superego when asleep and are temporarily free from finger wagging, self-criticism and judgment. By way of evidence that it is certainly here when we’re awake – internally

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and externally – I proposed this subject matter to my supervisor and was met with a dark, worried stare, as if Pandora’s Box was about to be thrust open and shown to the huddled, conservative masses of the therapeutic community. What does she fear, I thought? Why won’t she embrace the big conversations? Aren’t we as a sector meant to be courageous<sup>15</sup> and pioneer-like? Comparing confidentiality – that sacred arena – to the superego? What rot, her expression intimated.

This is my central tenet though: if we are too wary or mindful of confidentiality and its methodical army, identity suffers. It no longer breathes, but rather recedes. Man’s purpose is dented – his cause shackled and curbed. Sanity has no role as conductor or mediator because it is merely directing the string section of the personality orchestra and allowing the tuba to rust.

### **A question of confidentiality**

I recently asked three people the question: ‘Should a practitioner, at the end of his/her day, be allowed to chat over the dining table with his/her partner in relation to or about clients and patients?’ I broached the matter with a more qualified counselling peer and also acquaintances in the medical and legal professions. The responses I received had the inevitable fill of subjectivity, doing the right thing and being aware of an overlord.

Harry (doctor): ‘I take a fairly cautious view on discussing patients out of work, although what I talk about will depend on who I am with. If I am with friends who are not doctors or nurses, I will try not to talk about work. However, any work-based stories will be more about entertaining things that

have happened mostly between doctors and nurses, and if a patient is referred to, I try to make it short and unidentifiable, ie genderless (using them/they) and with an unidentifiable condition.

‘If I am at home with doctor friends and discussing work (which is rare), I might talk more about the patient’s conditions, as I feel the role of confidentiality is therefore extended [and] still within healthcare [boundaries]. However, I won’t discuss patients’ names or ages or any identifiable data. With my wife (who is a doctor) I discuss cases a lot more [and] in detail but names are rarely mentioned (or, if needed, then I often change them) and I rarely discuss identifiable data, as they aren’t needed. Generally I try to avoid talking about cases which might be rare and could therefore be identified. Overall, my view on confidentiality is: if among medical professionals, confidentiality is extended to include those people and cases that may be discussed to help our learning. With non-medical friends, I think it is very risky to discuss cases.’

Belinda (solicitor): ‘It’s all about names/naming the client... I think [we] can talk about [a case] if the name is changed/not disclosed. Information shouldn’t be disclosed if it identifies clients without their consent. Data protection is big at the minute [following the implementation of GDPR] with [numerous] laws governing it. Also, it depends in what context information is given/asked for. Does it relate to the criminal act? Is it beneficial to disclose certain information to protect the client?’

Alexander (therapist): ‘Ethically, I would be against it. There are people out there who would hate to know that their secrets are being aired over the dining table, despite being told that everything they say will be kept confidential [bar legal requirements and harm]. Among colleagues, or fellow therapists, it might be different, because there could be some insight about the client that transpires in those conversations that hasn’t been considered before. There could be a case for this. But generally, and especially among the lay public, I think it’s best to avoid those conversations. More than anything else, it damages the reputation of our profession and doesn’t say much about how we respect our clients’ integrity.’

### **Discussion**

The consensus discerned among this sample of professionals is clearly around maintaining anonymity, unless specific detail is able to benefit learning and, ultimately, progress and development within the relevant sector. Also, reputation and respecting clients and laws vis-à-vis consent, ethics and regulation are deemed vitally important. Indeed, in the chapter titled ‘Confidentiality as a Legal Responsibility: obligations of the therapist’, in their book *Confidentiality and Record Keeping in Counselling and Psychotherapy*, Bond and Mitchels<sup>11</sup> include an intriguing reference to The Supreme Court of India case *Mr X vs Hospital Z* (1998), observing that disclosure of confidences has the tendency to disturb a person’s tranquillity,

*...if we are always overthinking, rehearsing and unduly worried by an invisible guard, such nervousness seeps into the therapeutic space*

generate more complexes in him and lead to a fitful life. This loosely but cleverly propagates the idea that not protecting personally identifiable information is damaging, improper and often leads to the wounding of an individual who placed so much faith in the service they used. Moreover, therapy should equal trust, which, in turn, leads to the five ethical/moral principles of fidelity, autonomy, non-maleficence, beneficence and justice.<sup>12</sup>

We have all run through the shared agreement or contract with new clients, briefing them regarding general/non-specific disclosure (supervision/training/case studies/research), record keeping and an audit trail courtesy of a numbered client file. We have also emphasised boundaries/limits of confidentiality through harm (to self and others) and legal obligations (the reporting of money laundering and terrorism). Exceptions to the duty of confidentiality (ie lawful disclosure) by therapists are allowed when:

- the client consents to or requests disclosure
- the law requires disclosure, or
- the law permits disclosure.

My pitch though is not unduly focused on the balance of public interest outweighing a client's wishes when illegality or harm become apparent, but rather the danger of therapists abiding by too many rules. One's personality, in Freudian terms, is reduced to the ego and superego only, with id banished from the stage. We become less human, less raw (and real) and more of a functionary, unable to truly embrace the person opposite – the struggling client in their manifest state.

RD Laing, one of the foremost experts on schizophrenia, spoke of an autistic identity; such a state presupposing that it is 'possible to be human without a dialectical relationship to others'.<sup>13</sup> Well, this is where we will ultimately end up, I am suggesting, if professionals are not permitted to talk in general terms about their daily lives in a domestic setting, if verbal intercourse between partners is regulated in some way. Ludicrous, you may counter. There must be respect of some kind shown to clients and patients alike. But I retort: the freedom to logically discuss what is on one's mind is paramount in nurturing healthy relationships. And, if the person closest to us does not know the deepest chambers of our existence, the value and belief systems by which we stand – information most commonly and heartily gleaned when talking about our day – mankind sinks more than just a little.

Laing referred to equivocation (concealing the truth), the

schizoid person's natural defence position – a way of creating a form of death within life (a measure of freedom from anxiety) by shutting one's self off, avoiding engulfment, being swallowed up, or being stifled by another person's supposed comprehension of who they are. Better to stay in isolation and preserve one's inner identity by eliminating access. Total confidentiality, therefore, can be likened to a schizophrenic manoeuvre. Key relationships are delegated (some might say relegated), in the words of Laing, 'to a false-self system whose perceptions, feelings, thoughts, actions, possess a relatively low "coefficient" of realness'.<sup>13</sup> Sitting opposite our partner and not having the option of full thrust, or full honesty (albeit in a way that reinforces client anonymity), is the equivalent of not daring to be an embodied person. In other words, a constituent, vital part of that person is missing.

### Counter-argument

My supervisor rebuffed the initial, uncooked notion in my head, which formed the seed of this article. She stressed that we should be able to talk about how the experience of being with a client has affected us, but indicated that anything else disclosed beyond professional boundaries would be highly contentious. I understand her circumspection. I fully realise and appreciate the 'safer' path she is trying to guide me along. But I don't accept the narrow premise upon which it stands.

Talking with one's partner about how a client's issues have affected us, naturally and spontaneously skirts across the particulars of the case. For the other side is bound to ask what made the counsellor feel this way, and if that reason is withheld, the story is quite pointless. Similarly, if the doctor I communicated with had a wife who wasn't also a doctor, I'd suggest he'd still need to unload certain parts of his day in order to remain sane and avoid becoming 'virtually mechanical'.<sup>16</sup>

'Truth is subjectivity',<sup>14</sup> Kierkegaard stated. And if it is truth and integrity – or rather, identity – that we genuinely seek in this world, his words are essential and relevant. 'Truth... has nothing what[so]ever to do with the systematic zeal of the personality indifferent individual to arrange the truths of Christianity in[to] paragraphs'.<sup>13</sup> Systematic zeal! It is quite an indictment.

Counsellors bound by a contemporary faith – laws, insurance and ethics (acronym: LIE) – might well feel that

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paragraphs, rules and regulations burden them at times. Why not afford them a greater flurry of freedom, they ask? Why not simply trust their diligence and wisdom? For, if we are always overthinking, rehearsing and unduly worried by an invisible guard, such nervousness seeps into the therapeutic space. It unfairly and barbarically detracts from the matter at hand – namely the client's unique struggle.

BACP's *Ethical Framework* describes the personal moral quality of integrity as 'Commitment to being moral in dealings with others, including personal straightforwardness, honesty and coherence'.<sup>15</sup> I would suggest, in closing, that these attributes are strangled by the bureaucratic ideal of perfection and that this results in client reticence or disillusionment. What, after all, is counselling for or about? 'Therapy [concerns] the essence of life,' Rogers wrote in 1951. 'It is only the sad inadequacy of man's capacity for communication that makes it necessary to run the risk of trying to capture that living experience in words.'<sup>16</sup>

Risk in written words versus risk in discussion – this seems to be our endpoint. I will plump for the latter, for if we cannot attempt to be ourselves without unnecessary steer, then clients see that and tune out. ●

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#### About the author



Jeff Weston is a writer and existential psychotherapist and the author of *Wagenknecht: all men crack up at 40*. [helpineedsomebody.org](http://helpineedsomebody.org)

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