

# “How would you answer if a client asked if you’d been raped?”: Towards a political critique of psychotherapy placements

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## Abstract

This paper takes an intrusive, unacceptable clinical placement interview question as a starting point for a political critique of psychotherapy placements.

It's 2014; I'm a psychotherapist-in-training at a panel interview for my first clinical placement (unpaid work to acquire the required experience to complete a postgraduate course and become registered with a professional body, the United Kingdom Council for Psychotherapy [UKCP]). I've got my readiness to practice certificate—meaning that I've counselled a peer before an audience and have been deemed safe to proceed into a placement like this.

The interviewers have their clipboards and are asking standard questions: “Why did you decide to become a psychotherapist?”, “How are you finding group process?!", “Explain Carl Rogers’ six conditions”, “What would you do if a client said they were suicidal?” I'm answering and, truth be told, I'm not doing especially well, for somewhere on the clipboards is the question all applicants have been told to expect. When is it coming? Is it now, next?

Clinical placements are hard to find—and my experience has been that a number of recipients of unpaid work, though not all, play fast and loose with the time, effort, money and goodwill of psychotherapists-in-training; they don't need to treat us so well because there are plenty more where we came from, all desperate for clinical hours.

I'm acutely aware that this placement is good for me as a full-time worker, because I can volunteer in the evenings and I won't be required to attend clinical supervision at the organisation's own convenience (I can see my supervisor of choice in my own time, at the weekend). And that means I've overridden my instincts. I've read a job description that is largely standard, but which contains unacceptable extra requirements for some applicants only (me included) . . . and I've still applied.

This is an organisation with a particular client group (a dehumanising term so prevalent in psychotherapy—so much for the person-centred idea that people are unique): survivors of sexual violence. I expect the organisation does good work; it isn't the intention of this piece to undermine it (I have not only not named the organisation, but changed some non-material details). But if you are a psychotherapist-in-training who is also a survivor of sexual violence, the fact that there are extra items (just for you) on the job description doesn't feel very welcoming, especially given their nature and meanings.

Sexual violence is prevalent across the globe, but it is still usually seen as something that only happens to someone else, someone whom you don't know and never will, someone who probably wasn't behaving responsibly (think of all the rape myths we hear every day), someone who will be expected to keep quiet.

And yet at this counselling organisation for survivors—where, presumably, survivors unfold at their own pace, in their own ways—we, psychotherapists-in-training who are survivors, are told upfront in the earliest stage of recruitment that we will be expected to say at interview that we've been raped, to talk about it, and to demonstrate that we're now capable of counselling survivors. Effectively we'll be required to violate powerful social taboos in front of strangers who are evaluating us, regardless of whether doing so feels right for us at that time, in that place, with those people.

Survivors are being held in suspicion here; we're not like the other, more straightforward, applicants; we're "other," lesser, problematic; we're guilty unless we can prove ourselves innocent (sound familiar?). Who knows what baggage we might carry? Maladaptive coping strategies? Psychiatric diagnoses?

Never mind that we *knew* the organisation was for survivors before we applied; never mind that we're adults engaged in demanding training that expects growing self-knowledge . . . No, because we've been raped, we're potentially stupid, unaware and maybe even dangerous to others, especially vulnerable people (another inappropriate term).

Recently, at a clinical placement (not just for the "client group" of survivors—although, in truth, we survivors are everywhere), I was asked to complete an exhaustive medical questionnaire, because the organisation was fearful of acquiring "unhealthy" volunteers.

What is the psychotherapy world saying to its clients (current and potential) if there is such a fear (in some places, not all—some organisations actively welcome psychotherapists-in-training who are survivors and some never ask you anything personal) of psychotherapists-in-training who might have something in common with the person in the other chair?

It seems to me that the psychotherapy world—here in the important instance of inducting new entrants—sometimes misses, even chooses to miss, the obvious existential point that everyone will always have issues of some sort. It's the nature of being alive. But in this case, instead of working with the human condition, the psychotherapy world is promoting the stigmatisation and potential rejection of anyone deemed, by very narrow standards, "abnormal." Requiring psychotherapists-in-training to conform to simplistic, externally imposed "normality" is a basis for widening the divide in therapy dyads, for pathologising the everyday lived experiences and responses to them that people will bring to therapy rooms.

The question finally (finally) arrived: "How would you answer if a client asked if you'd been raped?" I'd never even seen a single client then. With hindsight, responding "I'd say that I have" (something I'd practiced long and hard to say) might have been a little naïve. With over 300 clinical hours at the time of writing, I am more aware of nuance; there are instances where, if I felt it to be in the service of the person in front of me, I'd find a different way forwards. But it was an honest answer, one that spoke of where I was at that time, even if I'd have preferred not to say it.

I often find that, because I am a university lecturer, I'm assumed to be too "normal" to be a survivor. Indeed, the interviewers looked visibly shocked by my answer and took a moment to restore their equilibrium and return to their clipboards—a moment in which I felt awful; isolated and shamed. Question asked, answered, and ticked off on the list. The next stage, of course, was to prove myself capable of meeting with survivors, despite my herstory. I found myself playing down, dishonouring, my lived experience ("it was a long time ago"), buying into what appeared to be their very neat notion of "recovery."

I wasn't successful; when informed so, I said I felt there had been a lack of empathy in the interview, and we ended the call. I was at a psychotherapy conference at the time, and did not return to it.

Working with trauma can be difficult, in degrees, for anyone, at any time, whatever their herstory/history, always or sometimes, expectedly or unexpectedly, with outcomes of varying sorts, including positive ones. For me, some of the most difficult material I've heard from people in therapy rooms has had nothing to do with rape, or any lived experience I have had. It might come as a surprise to that placement organisation, but I'm more than just a rape survivor, actually I'm a human being in all my complexity; and, like most people, I appreciate my clinical supervision.

I've always volunteered in places where there hasn't been one particular "client group." No counselling manager has ever backed me into a corner on offering me a new person to meet, saying "This client wants to talk about a bereavement; has anyone you know ever died? They have? Then prove to me you can work with a bereaved person,

or else!" There is no valid reason I can see for sexual violence to be approached as if it is inherently different from something like bereavement—unless psychotherapy wishes to buy into patriarchal, paternalistic notions of survivors as always different, unusual, damaged, inferior and in need. It's not good enough to say that placement providers who ask such personal questions are seeking to be helpful and supportive; they're actually contributing to societal othering of survivors, to building up stereotypes that need knocking down.

Some may decry this piece of writing as anecdotal, but speaking our truth can, alternatively, be conceptualised as personal testimony that can serve as consciousness-raising for others. I don't think for one moment that I'm the only psychotherapist-in-training or qualified psychotherapist who has had an interview experience like the one I've explored here, but I do feel that we rarely hear about them. Psychotherapists-in-training requiring clinical hours to qualify and be accredited (the UKCP requires 450 hours) often feel they have no choice but to accept the unacceptable, even to redefine the unacceptable as acceptable. They receive little or no support in challenging the status quo. The activist organisation Psychotherapists and Counsellors for Social Responsibility (PCSR) has operated since the 1990s and the Psychotherapy and Counselling Union (PCU) is now in its early days in the UK, but politicisation is not currently the norm in psychotherapy and, in training, discourses of personal growth through adversity, of working through, can often feel as if they are privileged above recognising and collectively resisting inhumanity, especially where psychotherapists-in-training are concerned. My contention is that it's high time for a rigorous political critique of psychotherapy placements; I offer this personal testimony, my exploration of one placement interview question, as a contribution to such a project.



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