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NOTES FROM THE FRONT LINE

WILEY

An open letter to the psychotherapy and counselling profession: It is time to recognise the politics of training and practising with Tourette's syndrome

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Abstract

In this *Note from the Front Line*, a psychotherapist and counsellor writes an open letter to the counselling and psychotherapy professions, asking for recognition of the politics involved in practising as a therapist with Tourette's syndrome. The letter discusses her lived experience of the condition, including the experience of judgement and stigma she has faced from others in the profession, and asks how therapists can approach this issue and be better informed. Common misconceptions surrounding Tourette's syndrome are also addressed, and the author asks that therapists take better care not to perpetuate them. A call is made to recognise the politics involved and to advocate for a better understanding of neurodiversity to improve equality and diversity within the profession.

KEYWORDS
equality, neurodiversity, politics, stigma, Tourette's

1 | INTRODUCTION

Everyday perceptions of psychotherapists and counsellors tend to include that we are people who seek to 'do good', that we are people schooled in being non-judgemental and non-discriminatory, and—most importantly—that we are people who work alongside others (our clients and colleagues) with an inherently positive value base, whether or not we see ourselves explicitly as 'political' psychotherapists and counsellors committed to social justice.

Yet we are increasingly (if we choose to listen) hearing of more examples of prejudice that exist in our profession. Right now, following the murder of George Floyd by police officers in the United States, Black Lives Matter political campaigning is alive across the globe. In a psychotherapist/counsellor Facebook community in the United Kingdom, meanwhile, even after this murder (and so many others) racist comments have been posted and endorsed or ignored by some (challenged by some others). This is only one example of a troubling lack in psychotherapy and counselling, a troubling lack in psychotherapists and counsellors.

Therapist biases from early/personal life carried into training can go unexplored and unchecked in very white (amongst other things) learning spaces, where studying 'diversity' can still be something of an afterthought. These biases can so easily then, in relation to one injustice after another, cause harm to clients, to ourselves, and—ultimately—to the standing, purpose, and meaning of our profession in the world. There is such negative impact from inattention to politics in our field.

The 'plausible deniability of harm' (Erin Stevens writes powerfully on this—see aclientfirst.com) makes it easy, effectively, to claim that we were 'right' not to challenge ourselves, to let others off. It is a problem for therapists. We could say that denial of harm is woven into the fabric of therapy as it stands at present. Theory, and our command of it, can be deployed inappropriately to serve ourselves as 'power over' others. For some, the very idea that we psychotherapists and counsellors can be harmful and do more harm than good to clients is hard to accept and admit, so engrained is the idea of 'goodness'. Think how often people say they want to be therapists because they 'want to help', and how easily therapists are seen as 'helpers'. Notice, though, attempts to silence those who speak truth to power. . .

I admire those who speak with honesty, who go against the grain despite the costs, who both speak of lived experiences of prejudice and seek to challenge them and make changes for the better, who are explicit about psychotherapy as a political endeavour never a neutral one. While I cannot, and would not, pretend to fully understand experiences that have not been my own, I can be sad and angry about them and try to learn about them and from them as best I can. The onus is on therapists to explore the variety of prejudices there are in the world, to consider how they have come about, and to explore how they may, and must, be changed—including among ourselves. That way my hope is that, eventually, we can have the inclusive, diverse profession that psychotherapy and counselling surely must become if it is to survive. We need to go beyond reading a few textbooks about 'anti-discrimination'; we need to embody social justice and tackle the politics of exclusion.

I am an experienced humanistic integrative therapist and a senior counsellor, with a core model of transactional analysis. I trained at a well-established counselling and psychotherapy training institute in North East England. While I don't see myself as the most talented or articulate of writers, I can be open, honest, and authentic—and that, I feel, is what matters most right now in raising awareness of an area that I say is being overlooked. This *Note from the Front Line* is my open letter to the therapy profession, and the wider society in which we are located; my contribution to embodying social justice and tackling the politics of exclusion. My argument is that it's time to recognise the politics of training and practising with Tourette's syndrome, to make a political call for action in welcoming and working with neurodiversity.

I have yet to come across another Tourette's sufferer who practises as a counsellor or psychotherapist of any kind.

At times, in the therapy world (and the world outside), I have felt, and feel, very much alone.

2 | BEING SEEN AND JUDGED IN THE WORLD

I often find myself feeling uncomfortable with letting people 'see' me and my condition, often editing my tics out of videos and trying to hold them in when having a conversation with someone. I'm not talking about something with no sound basis for discomfort and fear. People with Tourette's experience concerns from other people that we will be more likely to complain, have more needs, be more argumentative, get offended more easily, take more sick leave . . . all of which are categorically untrue. A neurodiverse person will have more needs, yes, it stands to reason. It does not mean that we are incapable of being academic or professional. The media do not do a great deal to help with misconceptions and prejudice. Supposedly 'educational' programmes and documentaries about Tourette's syndrome often portray us as circus freaks, something to be laughed at.

I have noticed that there can be a particular problem when I have not already disclosed my neurodiversity to someone before meeting them. For example, at a conference I recently met some colleagues whom I had already been interacting with via Twitter. They knew what to expect, so they were unfazed by my tics and peculiar facial expressions. However, when I walked across to collect my programme for the day, the expression on the face of the person behind the table was a picture. He seemed shocked, surprised, and as if he wanted to say something but was fighting the urge. I understand that something which is different or unusual can be a scary experience for some, and natural anxieties will sometimes show out loud. It's an experience which I am, unfortunately, all too familiar with—the stares, the whispers, the shock, the laughter.

I wonder how this response can be more regulated? It can be quite offensive. It can be hard to ignore what happens and put on a brave face. Tourette's is not something someone can help or have control over. I find that often when I disclose my neurodiversity, a person's view or opinion of me will change—and not for the better. A politics of Tourette's is long overdue now.

3 | BEING 'THE OTHER' IN TRAINING

When I entered the therapy profession, I was already at somewhat of a disadvantage—a young female from a working-class background, and a member of the lesbian, gay, bisexual, transgender, queer and other community. These categories all impact an individual in different ways, but combine to make a unique experience of otherness and discrimination.

During my training I walked into a room in which the majority of the other people were neurotypical, middle-class, middle-aged white women in well-paid jobs and married with children. I felt as if I did not belong, and sometimes my experiences during training did nothing to help with this. I distinctly remember checking in for one training weekend, during which the tutor commented 'I see some of you are choosing to express yourselves in *unusual* ways', looking directly at me. I feel this is a good example of what I described above, of people's natural anxieties spilling out—here in a therapy context. It was a very hurtful and shaming experience, even though the tutor may not have intended it to be. Does intention matter though? The effect was that I felt hurt and shamed.

How I felt was put down to my 'script' beliefs much of the time, as I was training in transactional analysis. I have past experiences of bullying and subjugation, which have the potential to make me feel victimised and 'not good enough' for someone—a strong 'critical parent' ego state. Yes, it could partly have been that, but I did feel quite dismissed. It is an example of how therapists bypass their own prejudice by using pathology. It seemed to me to be a very clever and discreet way of reframing and denying prejudice and privilege. As mentioned above, this can be said to be part of the fabric of therapy itself. I would have appreciated some acceptance and perhaps some reflection, but I never got it.

I could often see the looks on some people's faces as I walked around my training building. It was never said out loud, but I felt they were wondering how I fitted in to their institutionalised model of 'what a therapist should look like, be like, sound like'. I didn't. And, quite frankly, I didn't want to. Surely, we can do better? Learning contexts are so important to our self-development.

4 | THERAPISTS' JUDGEMENTS ON MY SUITABILITY TO BE WITH CLIENTS

I do not usually mind people asking me questions about my condition, as it can show that they are willing to try and understand me and what I need, and how my differences can be supported. However, when someone starts a sentence with 'I don't want to be offensive, but . . .', you can usually tell the kind of thing that will be coming next.

Biases from therapists towards other therapists, particularly centred around identities/lived experience, seem easily to get framed around fear of 'client impact' in some way. I have had people ask me if I consider the impact my condition will have on the therapeutic relationship; how I think my clients will be impacted; if being neurodivergent makes me less suitable to work with certain client groups, such as severely traumatised people, as I will find it more difficult to empathise; whether my tics will cause a distraction in the room, which will make it harder to build a therapeutic relationship and maintain relational depth. The questions can be seen as a way of justifying prejudice, a subtle form of 'gaslighting' (whereby a person purposefully confuses someone by giving them false information in order to create doubt in their own minds. It is commonly done in relationships and in the work setting in order to intimidate and manipulate people.) The framing seems to justify having prejudices under the mask of taking an 'ethical standpoint'. Am I expected to doubt myself? To doubt myself so much that I withdraw?

I feel that what is said to me highlights how difficult it can be at times to accept our own prejudices, instead trying to deflect them or reframe them as something else. Deeming me potentially unsuitable to work with clients because I have a condition shows a lack of understanding and awareness, and is discriminatory—just as it would be if I had applied for a job and been told I was unsuitable for that position due to my condition. We are looking at ableism in its most subtle, insidious form. It needs to stop.

5 | ACTUAL WORK WITH CLIENTS

With Tourette's I always have the problem that it is very physically obvious and apparent that there is something going on with me. The motor and vocal tics are immediately noticeable. While I do not suffer from severe tics, and I do not swear or vocalise very often, I am still liable to coughing, twitching, unusual facial expressions, interruptions in my speech, and echolalia, which is the repetition of noises or words that I hear. This can sometimes cause discomfort with clients, particularly during the initial meeting or assessment session. I can see, as in other cases when you meet someone for the first time, that there is a mixture of curiosity, uncertainty, and not wanting to offend. I find it important to address this 'elephant in the room' to make clients feel more comfortable, so I make it explicit what is going on and explain about my condition. I also do not mind being asked questions about it. If a client has something they want to ask, I want them to feel comfortable about asking me and not having to hold it in. This usually brings about relief for the client, which, of course, I am pleased about. Yet, I feel I do not have much choice about disclosing and talking. I sometimes wonder how differently I would feel if I had a condition that did not have physically obvious symptoms, how I would probably not be put in the same position. It does make me feel vulnerable and can lead to a feeling of being unworthy or not good enough. I am, of course, aware that it is important to address my own discomfort, and I do so in my clinical supervision. All this is an interesting experience, one my training never prepared me for. My feeling is that training should be more cognisant of Tourette's, more willing to work with it.

When working with neurodivergent clients, my lived experience and deeper understanding of what it is like to be neurodivergent help to strengthen the trust and relationship and can lead to greater relational depth—a feeling of profound connection and understanding between client and therapist.

All clients are not the same, and there are an endless number of things that can impact on the therapeutic relationship, all of which are important to consider. Having a willingness to have open and honest discussions with clients about these things and the impact they have is key.

The concerns about 'client impact' I have mentioned above could be taken, wrongly, to imply that I don't think and reflect, that someone else must do that for me, someone who knows nothing of Tourette's. Nothing could be more patronising. Therefore, this open letter to the therapy profession has drawn attention to some of the politics of being in the world, and training in and practising psychotherapy with Tourette's syndrome. In gifting you some of my lived experiences and my analysis of them, I'm declaring that it's time for change. Will you respond to the challenge?

AUTHOR BIOGRAPHY

Becky Simpson is a psychotherapist and counsellor from North East England. She studied Psychology and Counselling at Teesside University, and Psychotherapy and Psychotherapeutic Counselling at the Northern Guild for Psychotherapy in Newcastle. She is currently a senior therapist and counsellor for a trauma and crisis charity, but has experience across a few settings including the NHS. She works with a humanistic integrative approach, with transactional analysis as a core model. Her personal interests are lived experience, creativity, individuality and expression, and music in therapy.

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