Reflective Article

A supervisor reflects on the complexities of therapists communicating 'no'

By Emma Redfern

In a world perpetually at war, with the human population and mindset ravaging the planet's resources, new viruses endangering the vulnerable, and inequity and injustice flourishing, boundaries of every kind seem more important than ever. As therapists and supervisors, it is important we do our inner work and use our reflective abilities to access, and choose appropriately, both 'no' and 'yes'. To do so involves welcoming discomfort and challenge. Vulnerability and courage are needed to exercise choice while living (and dying) in this complex, endangered outer world while leading the multitudes within, or 'parts' as Internal Family Systems therapy calls them.

Introduction

As a supervisor, working throughout the global pandemic, I have noticed more than ever the struggles therapists have in flexing their 'no muscles'. Using case examples, I advocate for mental healthcare professionals reflecting upon and embracing their ability to communicate no to their clients, supervisees, themselves, colleagues, and organizations. I also include reference to my own evolution as I have related to the concept and practice of finding my own 'no muscles' and receiving my therapists' 'no's. I refer to some of the unconscious and systemic processes that can influence a therapist's ability to not say 'yes'. Some words in the article are italicized to signpost for the reader that they feature in the BACP Ethical Framework; 'no' and 'yes' are highly emotive and power-laden tools and need to be handled with sensitivity and ethical awareness. I begin with reference to the myriad ways 'no' might be communicated in therapy.

Ways to communicate 'no'

The ability to say no is often very contextualized and can be expressed in some relationships with more ease than in others. Certainly, it can be a complex endeavour, not least because humans contain multitudes and can experience inner conflict. We can communicate more than one message at once. Saying 'no' to someone else is often saying 'yes' to ourselves. In therapy, 'no' can be signaled or perceived in:

- Purposefully holding a silence
- Offering a different perspective
- Changing the subject and ignoring what the other has said
- Saying 'no' without thinking and later reflecting 'I should have expanded on that'
- Stating 'yes' while simultaneously thinking and communicating 'I don't agree with you but …'
- Shaking the or moving the head (which in some South Asian cultures, suggests agreement or understanding')
- Lowering the gaze
- Sharp intake of breath, or holding the breath
- Missing payments, sessions, or frequent rescheduling; and more.

Factors that affect a therapist's ability to say 'no'

How many of us experienced secure attachment, learnt how to set clear boundaries, and say 'no' and 'yes' appropriately? Certainly not me. In my childhood in the '60s and '70s, only adults seemed allowed to communicate 'no'. They used it as a blunt instrument of social control. I kept well below the radar to avoid 'no' being shot my way and I wanted nothing to do with that sort of control and power over another. In addition, the only 'no' I was able to use internally to regulate myself was dissociation, I had developed no other way.

Also relevant in my case, the direct and intergenerational experience of trauma influences an individual's ability to communicate 'no'. By its very nature, the victim of trauma is powerless to say 'no' to the abuser, torturer, neglectful or punitive parent/ authority figure, or event. Reynolds (2022) highlights that offspring of prisoners of war suffer intergenerational trauma, as do Holocaust families; I believe trauma from any source can be transmitted intergenerationally. So powerful and implicit are the previous generation's experiences that the next generation is powerless to say no to them and their effects without therapeutic and focused assistance. Many of us are wounded healer therapists, and working through the trauma in our systems is crucial to ethical and effective practice as unresolved trauma can block healthy access to one's inner world and often leaks out in damaging way (Reynolds, 2022). Yet, it can be tempting, perhaps, to say no to deep inner work as sufferers of trauma are often able to avoid their emotional pain and continue functioning (in IFS terms, protectors keep wounded parts exiled at great cost, Schwartz and Sweezy, 2020).

I see this in therapy training in England and online where there is an 'all welcome' approach with little assessment of which applicants to accept onto the course and which to turn down

Racial inequity and injustice also significantly affect the power to communicate 'yes' and 'no', both of which are often more easily wielded by white males against those less privileged. Rajeshwar, self-described (2022, p.45) as a "second-generation, South Indian, person-centred supervisor" writes of supervision with a white, trainee therapist who seemed not to *value diversity* but rather to reduce her own fears by dismissing her potential client's differences: "She's from Pakistan or Nigeria maybe. … It's fine. She's just a person." At the time, Rajeshwar responds "[Pause] OK, I see. [Silence]" (2022, p.43). Rajeshwar shares her process of reflecting on cross-cultural congruence, recognising her acculturated conditions of worth and the shaping of her *values* and beliefs by the first-generation South Indian immigrant diaspora. She comes to a more meaningful, detailed response to the supervisee through realizing she had colluded with their "'treating everyone as equal' approach" (2022, p.44) How many of us have not at some point colluded with a client, therapist, supervisee or supervisor, later working out what we would like to have said or done differently, that we might be more prepared next time to choose our no rather than respond automatically from conditioning and fear?

I believe there is also a therapy culture in which 'no' is under-used. I see this in therapy training in England and online where there is an 'all welcome' approach with little assessment of which applicants to accept onto the course and which to turn down. The training ends with little assessment (self, peer, or otherwise) of competency and everyone becomes qualified. Saying 'yes' to a drive to get 'bums on seats' overrides possibilities of 'no'. Similarly, emails flood my inbox cajoling me to say 'yes' to yet another 'must-have' so-called training (which these days often equates to listening to experts being interviewed on a topic); enticing me to say 'no' to my own inner resources and sufficiency.

On the other hand, due in part to problems of supply and demand, organizations such as the NHS in England, who are tasked with providing mental health services, often have to say 'no' in ways that seem anti-therapeutic, like

communicating that a potential client's symptoms aren't severe enough to get on a waiting list. Staff are told not to extend pieces of work to shorten waiting lists. Meanwhile, it seems staff feel their sole means of saying 'no' is to leave through sickness, absence or by seeking employment elsewhere.

Positive experiences as client of receiving my therapists' 'no'

What can be done to counter some of the above influences? For me, therapy has been a place to learn about and develop healthy boundaries and embrace the nuanced concept and practice of saying 'no'. Over 22 years (on and off) of therapy, my therapists have actively modelled saying this to me and helped facilitate me saying it in multiple ways, both intrapersonally and interpersonally, inside and outside the therapy room.

My first therapy experience was in-patient group therapy for PTSD and the initial exercise involved me being led blindfold around an (imaginary) obstacle course by another member of the group. As requested, beforehand I chose who I wanted to assist me and went outside the room while things were set up. I then came in to find another member of the group facilitating me. Later one of the two therapists asked how it was for me not to get the helper I had requested. Wow! An authority figure had allowed me to choose, then chosen to say 'no' to my choice and asked for the impact of that on me – I could trust these people, I could say 'yes' to learning and receiving from them! This therapist's 'no' was not attacking, it came alongside help, and we could be curious, together, about its impact on me.

Years later, in individual therapy, doing a creative exercise and voicing feeling unlovable, another 'no' was gifted to me (as in 'I don't agree with you'). My therapist responded, "How would it be, Emma, if it was that your mother struggled to love you, not that you are unlovable?" Later again, having therapy with a male psychotherapist, I shared with him my first dream of the therapy adding, "It's all about sex" then stumbled awkwardly to a halt. He declared with humour and generosity, "I like you, Emma, and you can like me if you want to, and no we are never going to have sex." Another, wow of a 'No' Like him and trust him I did, and I learned a lot about the concept of 'No' by saying a wholehearted 'Yes' to that long-term therapeutic relationship.

This therapist's 'no' was not attacking, it came alongside help, and we could be curious, together, about its impact on me

I view the first example, from group therapy, as an invitation to self-reflection, especially on power dynamics. The second communicates a significant reframe from a place of difference. The third lays down a clear ethical *boundary* for my well-being. Each 'no' was potentially risky for the individual therapist daring to offer it, especially if their attunement had been slightly off. All three individuals referred to above were senior clinicians and highly experienced. Each 'no' increased my trust in the person offering it.

Post pandemic - an IFS supervisee and I explore her potential 'no' to clients

My experience with no continued with my supervision training – where we were taught how to give feedback – and supervision practice. Now, two years on from the start of the global pandemic, I notice that as therapists have been negotiating in-person, hybrid, or wholly online working, they have been availing themselves of the opportunity to explore their relationship to 'no' in supervision.

Using anonymized real-life case study material drawn from multiple supervisory relationships, two case examples follow. In the first example a therapist brings her inner conflict around saying 'no' in the form of changing existing therapy relationships. Tonya tells me, "I'm bringing my work with a few female clients I've been working with long-term. We stopped seeing each other during the pandemic and I've now completed Level 1 Internal Family Systems therapy training and want to start offering IFS. I know some of them won't be up for that. They will want to resume from where we left off. That feels to me like wearing old clothes that don't fit anymore".

It was important we make space in supervision to hear from Tonya's inner voices or parts (each sentence represents one voice):

"I want to be there for my clients in the way they want me to be"

"Afterwards, I feel like I've betrayed who I am as a therapist"

"I'm all she's got, she's alone in the world I can't stop working with her"

"I want to end it without her feeling rejected"

"I'm afraid she might harm herself if we stop working together"

"It's too difficult, I'll just keep working with them until they decide to stop"

We will return to Tonya later.

Possible processes involved in the inner conflict

- Drama Triangle dynamics may be in play in which therapists take on the Victim role and feel trapped. Parts of us may fear becoming the Persecutor ("You're abandoning me") and want to Rescue ("I'm all she has").

- There may be a process of 'demonization' occurring which is commonly used to get out of a relationship 'righteously'. If we can convince ourselves that the other is 'the worst client (or therapist or supervisor, etc.) ever' who is 'never going to get it/me/the problem', then we can justify bailing on the relationship.

- Also, subconsciously in play may be 'The Myth of the Ideal Therapist (or Ideal Therapy)' who is everything to everyone, only ever says 'yes' to the client and has no needs of their own. When a therapist unconsciously operates out of such a drive, when things don't work out or the therapist reaches burnout, an opposing drive can come forward to call the shots. Unfortunately, if social media is to be believed, this has been happening lately with clients posting being dropped suddenly by therapists. Supervisees report clients who feel traumatized by having been dropped by a previous therapist.

A supervisor communicates and teaches 'no'

Various life events, including personal health challenges, the pressures and opportunities of the pandemic have led to me choosing to flex my 'No muscle' more and more. These experiences have felt empowering and valid, *and* at times involved discomfort and upset for me and for others. I believe in modelling. If I can't risk saying 'No' then how can I expect supervisees to say it for themselves and to help clients to embrace this *human right*. (Also, if I cannot choose 'no' can my 'yes' be wholehearted?)

Another aspect of assessment in which therapists (novice and more experienced) struggle to consider saying 'no' is in therapeutic contracting

Some therapists offer free or reduced rate 'meet and greet' sessions to showcase who they are, what they offer and explore if the client wants to work with them. Later, encountering difficulties, therapists may bring the relationship to supervision. The beginning to a longer conversation might be:

"And you decided you wanted to work with them?"

"How do you mean?"

"Well, I'm aware you offer a free initial session and I wondered if you use that session to consider whether you want to work with a client and whether you are likely to be or become a 'good fit' or not?"

"Oh. No, I hadn't thought of that. It's just for them to meet me and feel comfortable with me before we begin."

To me, this doesn't *appreciate the variety of human experience and culture.* It doesn't take professional responsibility for really seeing who is coming for therapy and assessing whether the therapist can forge a sound therapeutic relationship with this unique individual in their context and circumstances. I wonder how therapists espouse the principle of *autonomy: respect for the client's right to be self-governing* when as therapists we seem to fail to respect our own right to self-governance. This includes accessing aware choice in relation to who we will or won't work with, rather than following an internalized bias to say 'yes' to whoever asks us.

Another aspect of assessment in which therapists (novice and more experienced) struggle to consider saying 'no' is in therapeutic contracting. Here is a fictionalized excerpt from an Internal Family Systems supervision session:

"What's your contract with this client?"

"Good question. I'll just have to look back through my notes … To stop their intrusive thoughts."

(Pausing for more that doesn't come.) "And you agreed to this?"

"Yes, we've been working for months with that part."

"Does this seem like a sound IFS contract to you from here, now?"

"Hmm, I'm guessing not. I'm used to agreeing to what the client brings to work on."

"Sure, and I wonder how the part or parts with the 'identified problem behaviour' feel at you and the client forging an alliance to get them to stop what they're doing."

"So, should I have said 'No,' to what they wanted to work on?"

"Possibly, although I'm not trying to tell you what to do. I am sharing my experience that

thinking systemically is important in therapeutic contracting. As is distinguishing between more transformative types of therapy such as constraint-releasing IFS, and other forms of therapy (such as cognitive behavioural) which are perhaps more counteractive (Ecker, 2012).

"I do feel under pressure when I take on a client to agree something and just crack on."

"Yes, I can understand that. It's easy for parts to bring a 'Yes, of course' mindset when we first meet a client. Yet, if we are being trustworthy, we bring all our skills and Self-leadership to bear at this important stage of the relationship. We bring our discernment and skills of differentiation so we can dialogue sufficiently inside and out and negotiate a sound contract to which both systems can give informed consent."

What is needed?

In negotiating 'yes' and 'no', I believe we all need to reflect on our practice, the ability to tolerate distress in oneself and others, and the willingness to have difficult conversations. Let's return to Tonya from earlier. A therapist terminating a relationship abruptly to end their own inner conflict out of fear is not showing necessary *care* and *diligence*. This needs to be weighted alongside lack of *care* through continuing to work with someone when constantly feeling out of one's depth, resentful or irritated towards a client.

Tonya showed *courage, humility* and *integrity* and brought her concerns to supervision. Together we worked with some of her wounding. She gained space to listen to the different inner voices, enabling her to act from a place of *wisdom* and perspective, carefully approaching each client to say she wanted to continue her *contract of care* but in a different way. She has shown *empathy*, *resilience*, and *respect* for her clients as they have responded in different ways to her communications. Some have voiced anger, loss, grief and a preference for the old relationship. Some have felt abandoned and some chose to end the relationship.

It seems timely to me now to reflect on my ability to say 'no' to myself and to others and to encourage others to do likewise

Together each dyad is learning to tolerate interpersonal discomfort, shared vulnerability, and *candor*, take risks, and collaborate on a journey of (mutual) healing which preferences the s/Self-healing of the client. As Tonya and I have shown, *breaks and endings*, and changes to the *contract*, need careful communication and planning, especially if initiated by the person with more *power*, the therapist (or by the supervisor in a supervisory relationship). Ideally the end is raised in the beginning during contracting. This might include referring to a professional will in case the therapist becomes incapacitated for a time or dies in service. As a supervisor, I recall saying to someone in our first session together, "This isn't a forever relationship. It will end at some point." Somehow, this brought feelings of freedom for both of us.

Matters of life and death

In view of a recent revelation of the British Government's double standards in saying 'no' to ordinary people congregating during lockdowns while themselves not abiding by those rules, it seems timely to me now to reflect on my ability to say 'no' to myself and to others and to encourage others to do likewise. In recent years, matters of 'no' have more noticeably taken on life and death proportions, as they are elsewhere in the world, Ukraine for example, where its people are publicly and in myriad ways declaring 'no' to war and occupation.

Emma Redfern

Emma Redfern (BACP Senior Accredited psychotherapist and supervisor) is a certified Internal Family Systems therapist and approved IFS clinical consultant in private practice working online from Devon, UK. Having described herself as a talking therapist (Humanistic Integrative), and trauma therapist (EMDR), she now positions herself as an IFS professional. The lenses through which she looks include: white, straight, cisgender female, first generation university educated, English speaking, spiritual, with a significant trauma history and less able-bodied than she looks. She has edited the multi-author title Internal Family Systems Therapy: Supervision and Consultation (July 2022, Routledge). Emma can be contacted by email via her website www.emmaredfern.co.uk

REFERENCES

British Association for Counselling and Psychotherapy. (2018). *Ethical framework for the counselling professions.* BACP.

Ecker, T., Ticic, R. & Hulley, L. (2012). *Unlocking the Emotional Brain*. Routledge.

Rajeshwar, R. (2022). Cross cultural congruence. *Therapy Today, 33*(1), 42-45.

Reynolds, L. (2022). Echoes of captivity. *Therapy Today, 33*(1), 38-41.

Schwartz, R. C. & Sweezy, M. (2020). *Internal Family Systems therapy (2nd ed.)*. The Guilford Press.