

THERAPY FOR THERAPISTS:

Communal struggles

As mental health awareness becomes more prominent, Rosalyn Palmer considers her experiences as a therapists' therapist, and the issues that bring other psychology practitioners to her office.

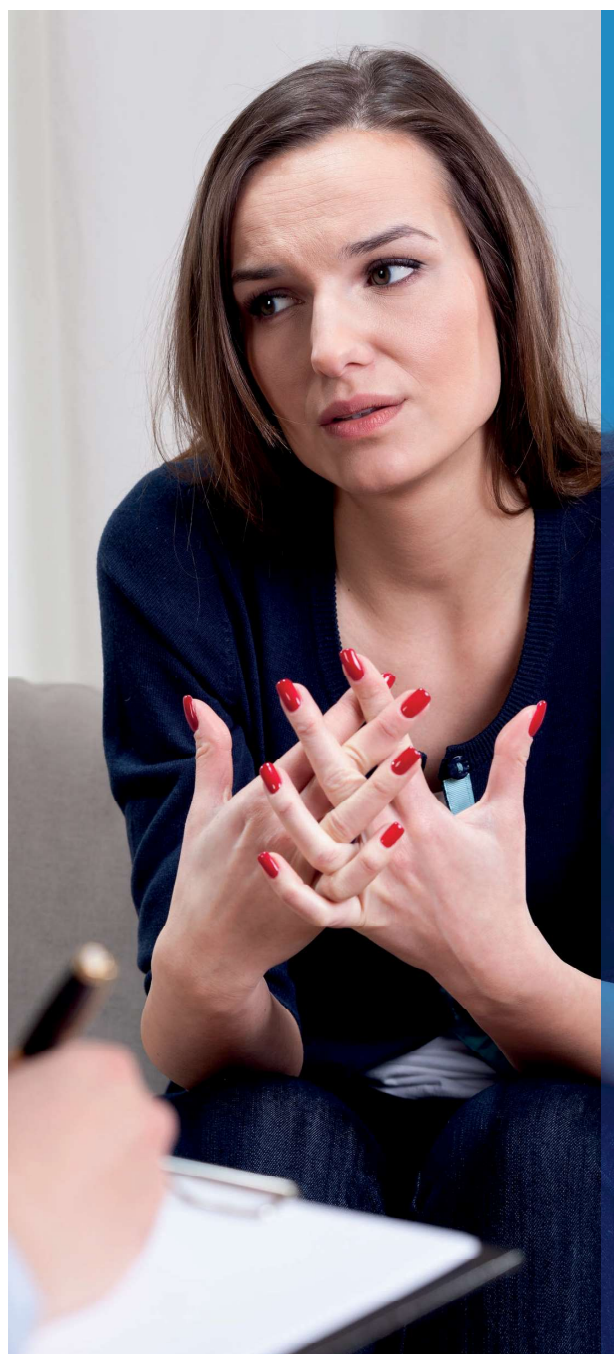
SUMMARY POINTS

- ⊕ As openness about therapy becomes more mainstream for celebrities and royalty, many therapists still don't discuss when they seek therapy for themselves.
- ⊕ Seeking therapy as a practitioner allows for more understanding of clients, as well as a safeguard against transference of personal issues from therapist to client.
- ⊕ Lack of confidence, perfectionism, countertransference and skewed financial thinking are frequent causes for practitioners to seek help themselves

One of summer 2019's hit songs was Katy Perry's 'Never Really Over', an ode to a relationship that refuses to die. In it, she sings: *I guess I could try hypnotherapy / I gotta rewire this brain / 'Cause I can't even go on the internet / Without even checking your name.* Similarly, the movie *Rocketman* starts with a scene of Elton John joining a group therapy session in rehab, and documents his struggles with addiction and low self-esteem.



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While it is the new normal for celebrities and even royalty to admit openly to their need for therapy to get them through the dark times, it is not so publicly disclosed that many therapists seek therapy themselves.

Admittedly, there are many scholarly articles written on the issue of personal therapy for therapists. The arguments and main points raised focus on the need for therapists to bring a level of self-stewardship to their practice, thus ensuring a quality of care for patients that is founded on self-knowledge and deep self-reflection. It is suggested that this is best discovered through them having therapy themselves which, it is argued, allows the therapists to be more empathetic and sensitive

towards the patient. The logic is that the therapist can normalise and de-stigmatise being in therapy for their patients as they do not feel judged by someone who has no understanding of their position and might seem less broken or superior to them.

On the flipside, some of those advocating that personal therapy should be mandatory for future therapists suggest that it could reveal the characters and personalities of those who are fit and also unfit to practice this profession (Atkinson, 2006). I wonder if Freud would agree with this, as he said: 'But where and how is the poor wretch to acquire the ideal qualification which he will need in this profession? The answer is in an analysis of himself, with which his preparation for his future activity begins'.

Yet the phrase 'Physician, heal thyself' is a proverb (Luke 4:23) about looking to mend your own faults before addressing those in others.

Countries around the world vary greatly in demanding a required number of hours of personal therapy for final accreditation. In the USA, only analytic training institutes and a few graduate programmes require a course of personal therapy. In most European countries a certain number of hours of personal therapy are mandatory to qualify, depending on the type of therapy the practitioner specialises in.

The road to therapy

I qualified as a clinical hypnotherapist and an advanced Rapid Transformational Therapist and trainer, so personal therapy was not a mandatory part of my education. However, I started on this career path as a result of seeking therapy for myself. In the 1990s, I was running a major PR Company in London and the pressures of that unrelenting environment, plus a compromised immune system, led to feelings of overwhelm, depression and physical disease. I became overly dependent on alcohol and tablets such as Zopiclone in order to relax, and also developed bulimia. I worked hard to ensure that everything looked good on the surface,





but was aware that things were falling apart behind the curtain. Turning to psychotherapy, CBT and hypnotherapy was a lifesaver. During this time I was the PR representative for many of the then leading mind and development gurus, including Robert Holden, Brandon Bays and Edward de Bono. I trained in hypnotherapy and NLP to gain a deeper understanding of these methodologies, and met Marisa Peer and had hypnotherapy sessions with her.



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So, when I trained as a hypnotherapist and coach four years ago, I felt well placed to be empathetic and to understand the feelings of my patients, having walked in their shoes. What I did not anticipate was how many therapists of differing backgrounds would come to me for therapy, including highly qualified psychotherapists and those trained in other modalities too.

Lack of confidence

Some of the main themes during these sessions, especially for those who are newly qualified or who I train or mentor in Rapid Transformational Therapy (RTT) are a lack of confidence, or a sense of perfectionism that becomes crippling. This can start while training as they fear that they will not pass the exam or the accreditation process and are beset with feelings of fear of failure. They also worry about their duty of care to the client and will express →

sentiments such as, 'What if I forget part of the modality and make it worse for the client?'

Training and group or supervised practice can be daunting, but the ability to be in a room, one-on-one with a patient, to help them, can often seem intimidating even to an experienced therapist, especially one who may have had a knock-back either personally or professionally.

Countertransference and self-control

Many seek help in order to avoid countertransference, aiming to get to the root cause of their own unresolved emotions so they can be sure not to transfer them onto their clients. This is particularly true of unwanted and hidden behaviours, such as excess drinking, broken family

relationships or other health challenges, which may create an unconscious resistance to healing. Many therapists I see feel that they have to get their own house in order before they can turn up with authenticity and presence to help others with a similar issue.

Conversely, others may want hypnotherapy to help them to have the self-control to be professional and remain in their roles as a therapist, rather than to feel the need to please people and have the client like them or be their friend.

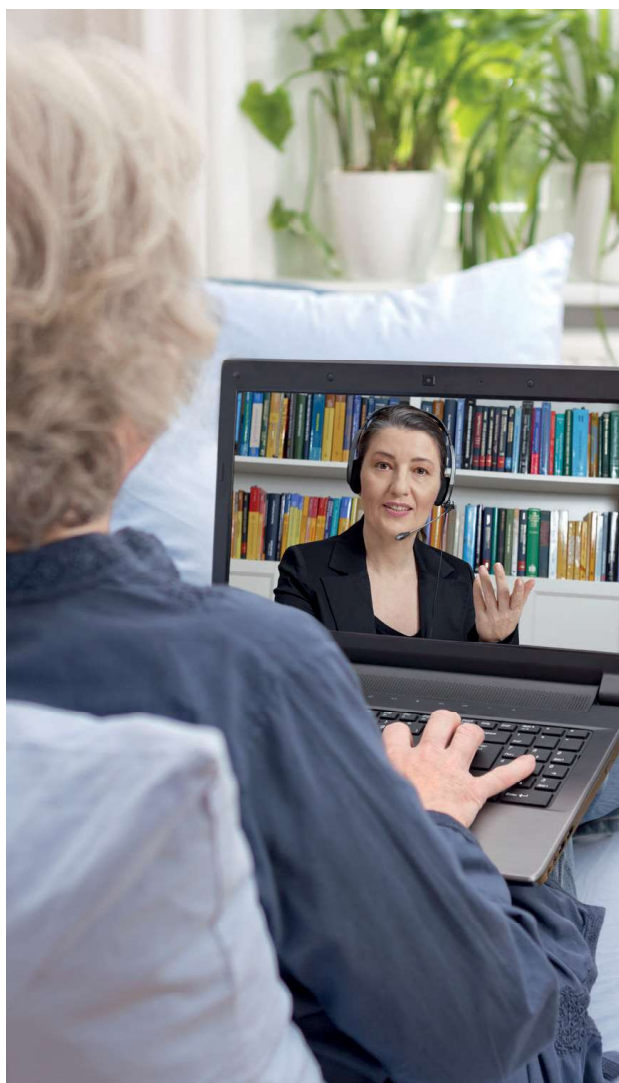
Skewed financial thinking

Ultimately, therapists are small business owners, and the business-related issues that come with that status can be daunting. I find that money blocks or an inability to get past a financial ceiling is a very common issue that therapists come to me to resolve. For example, 'I don't seem to be able to ask for more money so I'm seeing far too many clients to make a living and I'm burnt out. I would earn more money if I got a paid job.'

For this, I often recommend a book such as *The Soul of Money* by Lynne Twist to read in conjunction with the work we do together, to remove the limiting beliefs about money or to reinstall familiarity with the right to reciprocity for a service well provided. Many find being self-employed difficult due to self-limiting beliefs such as, 'I'm hopeless at marketing, I just can't put myself forward or network', so they ruminate on this, procrastinate about taking action



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and feel a sense of self-loathing or disappointment.

In an era when we are increasingly hosting sessions via Zoom or Skype (over 70% of my work is done this way), issues with technology are also key. I often hear the mantra of, 'I am a technophobe so I'll never get to grips with this technology', and again it will be the hidden subconscious root cause of this issue, which has led to such a negative meaning and interpretation, that will be explored in a session.

Finding solutions together

Therapists are only human, so burnout and isolation (being a therapist can be a lonely profession) are repeatedly an issue. Sometimes all that is needed is some practical self-care strategies, such as a daily walk, yoga, meditation or good-quality sleep. At other times the issue goes deeper, which is why, when I'm coaching clients, I always suggest that they create a life of balance by focusing on 5Fs: the five pillars of a balanced life. Stretch out the fingers of one hand daily and check whether you have addressed the 5Fs: 1. Faith (in yourself or nature or a higher power); 2. Friends (important for decompression); 3. Family (as we all need our tribe and safe community); 4. Fitness (of body and mind) and 5. Finance – money is an energy so let it flow to you and through you.

I refer to myself jokingly as the 'screwed-up therapist', although I now add the prefix of 'mostly no longer'. I have been open in my books, columns and radio show about having therapy myself in the past, and about how I don't discount it for the future if I should feel the need. Perhaps this is why other therapists feel safe with me. Having built my own business also means I understand related aspects such as marketing and publicity as a self-employed therapist, and can help others address and resolve them. I feel grateful to have the opportunity to work with others who are part of the same profession.

Ultimately, pain is pain to the person experiencing it. As therapists, and as humans, we will face times of pain. Help is at hand to enable us to support many more to remove theirs.



Further information

- Lynne Twist, *The Soul of Money*, London: WM Norton & Co, 2017
- P. Atkinson, 'Personal therapy in the training of therapists', *European Journal of Psychotherapy & Counselling*, 8(4), 2006, pp. 4407–410. doi: [10.1080/13642530601038055](https://doi.org/10.1080/13642530601038055)
- S. Freud, 'Analysis terminable and interminable' in P. Rieff (Ed.), *Sigmund Freud: Therapy and technique*, pp. 233–271, 1963. New York: Collier (Original work published 1937)



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