

Why is it Essential for Therapists to Experience the Other Side of the Couch?

We all deal with moments of peaks and valleys in our lives, experiencing births and deaths, joys and sorrows, wins and losses, having some emotional care is always seen as helpful. Im definite even Sigmund Freud would have dealt with some awful days too. Such events are inevitable to every individual existing on the planet earth. In recent times, we have seen a surge in the need for mental health counseling. We all go to a therapist or a mental health professional to seek help. But are the therapists immune to these daily emotional problems? Do they not face mental health issues? Do they not require therapies? Is suffering unique to a group?

A study found out that 81 percent of the studied psychologists had a diagnosable psychiatric disorder. Therapists are known as wounded healers. The most common question asked by patients is if the therapist has undergone a therapeutic experience.

Do Therapists Need Therapy?

As a student of psychology, I can say that yes, we might have better knowledge and understanding of how to cope with certain situations, but this would not mean that we can deal with our problems without any professional help. Not only so, but a therapist is usually seen to have impacts of the session on oneself.



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The first thing that I heard when I decided to be a psychologist/counselor was Make sure you are able to differentiate your personal and professional life, Do not let your clients problem affect your mood, the phenomena what Jung called psychic poisoning.

Therapy demands for confidentiality, asking the therapist not to share any information scrupulously. keeping their work-related stress to themselves—they usually inundate under the heaviness of the day. These aspects can make therapy a lonely job. Undeniably, therapists too are human beings with the exact same feelings as those of non-therapists. But when it comes to conducting a session, a therapist has to always stay unaffiliated.

With bringing awareness about therapy for the general population, we also need to normalize the therapists experiencing the other side out the couch. Irvin Yalom, a gifted psychotherapist and author of several books on the topic, says therapy allows all of us to work through our own “neurotic issues,”

examine our blind spots and learn to welcome feedback. In fact, some psychologists argue for imperative personal therapy before setting foot into the profession.

Why Do Therapists Need to be Patients?

Given the emphasis on therapy for therapists, in the following section, I aim to provide some light on the need and perquisite of the same. It is seen that a small number of mental health professionals practice ethically and effectively without personal therapy, whereas the majority of them undertake it at least once in their careers.

Personal therapy is of seminal importance as it helps us build our professional identities. Practical experience always helps us in growing and becoming more efficient, therefore it is considered to be more informative than theoretical knowledge. In fact, this is what Freud suggested when he composed: Anyone who wishes to practice analysis should first submit to be analyzed by a competent person. Anyone taking up the work seriously should choose this course, which offers more than one advantage; the sacrifice involved in laying oneself bare to a stranger without the necessity incurred by illness is amply rewarded. Not only is the purpose of learning to know what is hidden in one's own mind far more quickly obtained and with less expense of effect, but impressions and convictions are received in one's own person which may be sought in vain by studying books and attending lectures.

While we talk about personal therapy, I want to bring into light that supervision is different from therapy. Supervision is a client-focused process, unlike personal therapy.

At the most basic level, it would be right to say that having the experience of being a patient themselves, would make a therapist more empathetic and able to understand unstated feelings better. It helps the therapist develop compliance, rapport, and other therapeutic aspects.

The practical knowledge also helps in understanding the concepts of transference and countertransference. Dr. Reidbord is chair of continuing medical education (CME) at California Pacific Medical Center, says to use countertransference therapeutically, one needs self-knowledge, recommending personal therapy for the same reason.

Personal therapy is seen to help therapists with personal issues. It facilitates improved self-esteem, improved social life, symptom improvement, as well as improvement in work function. A study exploring the focus of therapy for therapists found that 13 percent of the participants reported depression as the most common problem addressed in therapy, followed by 20 percent reporting marital problems or divorce, 14 percent reporting general relationship problems, and 12 percent reported problems related to self-esteem and self-confidence and anxiety.

Since therapists have to keep their lips tight most of the time, it is very important to set aside some time for self-care and gain neutral feedback to process their own thoughts and feelings. Engaging in

personal therapy, allows the therapist to gain more perspicacity. It creates an environment of support and trust.

Personal therapy assists in avoiding burnout. Burnout and compassion fatigue are ubiquitous in the helping professions. A Panama study found that 36 percent of mental health professionals had faced burnout in their careers. The molecule of burnout is made up of the bond of various atoms of distraction from self problems, grandiosity, helplessness, inefficiency, constant worry, etc. On that account, therapy reduces the risk of acting out in ways that harm clients.

In addition, it also argued that personal therapy helps in destigmatizing going to a therapist. When a client understands that the therapist also attends personal therapeutic sessions, it helps in the development of a stronger alliance and normalizes the uncertain feelings of the client.

Clinician Jason King said, If we refuse to participate in the services for which we advocate and base our career, what example are we setting for society and those marginalized and disenfranchised by oppressive systems? If we fear the social stigma of counseling and diagnosis, then we are covertly reinforcing the shame and stigma associated with our profession.

It also aims to elucidate the skills and personalities of those who are fit or unfit for the profession. The requirement for a more elevated level of mindfulness in future therapists prompts the acknowledgment of individual treatment and self-awareness as a necessity for many educational programs.

Unlike the USA, most European countries, have a requisite number of hours of personal therapy as obligatory in order to become accredited or licensed as a psychotherapist. It was found that graduate students in psychology have reported that personal therapy is a positive and beneficial experience assisting the preparation for psychotherapy.

Are There Any Ill-Effects?

Despite the benefits of personal therapy, there is an on-going debate on the issue of personal therapy for therapists and future counselors. Various research challenged the assumption that personal therapy facilitates personal development, mainly in regards to therapy for training counselors.

Research posits that the overall outcome of self-awareness doesn't necessarily have to be positive. In fact, working with oneself can be a difficult process. To practice in the field of mental health, it is important to develop and master certain skills, increase self-efficacy, but the experiential nature of the training can raise personal issues.

Hence, many professionals argue the legitimacy for allowing personal therapy during training sessions. Furthermore, individual personal therapy is not considered pocket friendly by many students. Pope & Tabachnick, (1994) surveyed 800 psychologists and found that 84 percent who had

been in therapy: 22 percent found it harmful, 61 percent reported clinical depression, 29 percent reported suicidal feelings, four percent reported attempting suicide and 10% reported breaching of confidentiality.

Some do not pitch in for therapy for several reasons such as using different coping methods, having high support, and understanding from family and friends. Some resolved problems before it reached the stage of therapy.

Studies found that the theoretical orientation of the therapist plays an important role in seeking therapy. Therapists who identify themselves as psychodynamic therapists were more likely to seek therapy followed by psychoanalytic (96 percent), interpersonal (92 percent), and humanistic (91 percent).

Multicultural, behavioral and cognitive therapists (72 percent, 74 percent, and 76 percent) were the least likely to have sought therapy. Another research found that women practitioners are more likely to seek therapy than men.

In conclusion, it can be said that the decision to gain personal therapy during the training program can be left to the individual students. Although it can be made mandatory for practicing professionals. Without personal therapy, beginner psychologists can be considered handicapped. One needs to be self-aware as well as aware of the impact of their sessions on the clients. A meta-analysis of 17 studies found that the majority of the 8,000 mental health professionals who participated in the study have sought personal therapy at least once in their careers.

One cannot give if the self is empty. Just like to fill someone else's glass with water, we need to have plenty of water with ourselves. To ameliorate someone overcome problems, we first need to help ourselves deal with certain predicaments.

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