

Wounding the Healer or Healing the Wounded?

Personal Therapy is something I feel strongly committed to, and having recently come across the notion that therapy should be integrated into psychotherapy training programmes, I feel inspired to share elements of my own journey through training, personal therapy and into the early stages of psychotherapy practice. For me, personal therapy, separate from my training programme, has provided a safe and containing environment which has not only facilitated my personal development, but also has been helpful in my training process and in the early stages of developing my psychotherapy practice. So I intend here to present a viewpoint which asserts that personal therapy be kept separate from the training programme.

Before presenting my reasoning for this thinking though, I would like to acknowledge, from the outset, that my experience of personal therapy is very different from that of many other trainees. I have had only individual therapy and it has been long-term (8 years to date), in contrast to the vast majority of trainees with whom I have had contact, who either have had primarily group psychotherapy or who have entered into individual psychotherapy because of the requirement to have personal therapy of the same modality, duration and frequency that they intend to offer once qualified (United Kingdom Council for Psychotherapy, 2009a)

In fact, it is the general experience of personal therapy that leads me to the first main point I want to make; about the importance and relevance of personal therapy for trainees. While it is acknowledged that personal therapy is not a panacea and not all trainees need a lot of it (King, 2011), the purpose of therapy for trainees and therapists has been written about extensively. Macran and Shapiro (1998), for

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example, define four possible attainments: insight into personal conflicts and behaviours, greater sensitivity to patients' experiences, learning of effective procedures and personal belief in the efficacy of therapy. King (2011), conversely, considers personal therapy to provide a three-fold opportunity: to learn about personal limitations and to gain self-awareness, to experience the depth of emotions, and to learn about becoming a therapist. While these opportunities and attainments did not feature in my reasoning for seeking psychotherapy originally in 2004, I certainly have found that I benefited from all of them, firstly in my personal development, and later as a trainee and in the early stages of my practice as a therapist.

I can also say that, beyond individual tasks of therapy, I found the person as therapist that I wanted to be in my experiences of personal therapy. My own feelings about learning how to be a therapist are echoed in the following quote, "A therapist can only take a patient into the depths that they've been themselves.....they have got to have experienced their own shadow and the deeper regions of their personality otherwise they are going to limit where they can go with the client" (King, 2011). Bearing this in mind, it seems of vital importance that trainees have the kind of insightful experience that contributes towards becoming a competent and effective therapist. Freud proposed that personal therapy is the deepest and most rigorous part of anyone's clinical education, suggesting that the work of analysis is to make the unconscious conscious, and doubting that any therapist could achieve this goal with their client if they were unable to do it for themselves (King, 2011). While Transactional Analysis is different from psychoanalysis, to me the goals of therapy in both modalities seem very similar. It seems imperative that trainees explore what lies in their unconscious and expand levels of consciousness, if for no other reason than

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because this is what we will eventually ask of our clients. If therapy is only engaged with as part of the training programme what message does that give our clients about our commitment to the process of psychotherapy?

Yet, it is important to be aware that merely turning up to a therapy session is not sufficient to gain the necessary insight and experience that will help us as trainees become competent and effective therapists. Rizq and Target (2008) identified the phenomenon of “pretend therapy” in which the intensity of real emotional experiences is avoided (cited in King, 2011).

For me, personal therapy has made “pretend therapy” more difficult. There have been times in my therapy when I attempted to hide and “go through the motions”, but I am grateful for the individual care, and support (and often challenge) offered to me by my therapist. In addition, while, on a personal level, I feel that my therapist has helped me to develop insight and awareness of my own processes and drives, I have also learned a way of being in therapeutic relationships that stands me in good stead for working as a psychotherapist myself. Two examples come to mind in the areas of empathy and countertransference awareness. In recent months, as I have begun to work with my own clients, I have appreciated being aware of my conflicting needs between intimacy and isolation (which impacts how I form and maintain relationships with clients), and clients have told me that they feel understood by me (which tells me that my personal therapy has enabled me to develop an empathic way of being.) I am particularly grateful to my personal therapy for having experienced how mistakes can be made, how enactments occur, how ruptures happen and how they can be healed.

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So, personal therapy has given me the opportunity to acquire some of the skills needed to be a competent and effective therapist as well as personal insights. Yet could these skills and qualities be achieved from within a group therapy, or a therapy marathon, delivered as part of a training programme as Mike proposes?

Well, possibly some of them might, but, one other thing to consider is whether in having personal therapy integrated within a training programme autonomy is prevented. According to the model proposed by Cardile (2011), personal therapy for trainees can be integrated within a training programme, and a therapist/trainer may be assigned to the trainee. In such a case, the trainee would be required to engage with the type of therapy offered by the programme. Yet, in doing so, it seems to me that one of the main philosophical tenets of transactional analysis is denied the trainee; that everyone has the capacity to influence their life by the decisions they make (Institute of Transactional Analysis, 2008). In this case, the trainee is denied the free choice of choosing who their therapist should be.

It is also questionable whether therapy delivered as part of a training programme demonstrates a commitment to psychotherapy itself, either on the part of the trainer or the trainee. Incorporating personal therapy into a training programme might, instead, offer the opportunity of “just going through the motions” (King, 2011); a hoop to jump through as part of the training process. In my case, the experience of personal therapy prior to beginning psychotherapy training gave me a feeling of being connected to the therapeutic process right from the start. Later, when working with clients, I instantly felt comfortable sitting in a room with my client, just the two of us, experiencing both my client’s and my own emerging emotions. In essence I felt at ease within the therapeutic relationship. It is interesting to note the research findings here, which seem to support my personal experience; therapists who have engaged

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with personal therapy tend to have an increased awareness of the importance of the therapeutic relationship, whereas therapists without experience of personal therapy tend to be more technique oriented (Macran & Shapiro, 1998).

Irrespective of a commitment to personal psychotherapy, though, and its potential benefits, there are ethical concerns associated with integrating therapy into a training programme. A dual relationship is involved when one provides training and therapy to the same person (Bader, 1994). Section 4 of the ITA Code of Ethics specifically states that professionals should as far as possible avoid dual relationships of the type therapist/trainer and client (Institute of Transactional Analysis, 2008). In addition, the UKCP ethical code stipulates that psychotherapists should consider carefully the possible implications of entering into dual relationships when there is a risk of confusing any existing relationship and which may impact negatively on a client (United Kingdom Council for Psychotherapy, 2009, p.3,). The issue seems clear, therefore; integrating therapy into a training programme is not advised. The reasoning for this advice also seems clear. In 1988, Kitchener identified three factors which he suggested predict the likelihood of harm being created by a dual relationship: incompatibility of expectations, divergence of obligations associated with the roles and the power and prestige of the professional (as cited in Cornell, 2008, p.242). Considering these factors, it seems evident that entering into dual trainer/therapist relationships is not something with the potential to offer a safe and containing environment to facilitate trainees' personal development (King, 2011).

So, it seems that whether safety for trainees can be assured when therapy is integrated into training programmes seems questionable, at best. I personally have felt that my development as a person and as a therapist wouldn't have been possible if my only exposure to therapy had been as part of a required element of a training

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programme, without the freedom to choose my own therapist. In fact, even with this free choice, I initially found therapy a traumatising experience. Therapy integrated into the training programme is not something I could have contemplated. I have needed a space of my own, separate from the training process, where I could explore personal issues and the therapeutic relationship with a degree of privacy and sense of safety, which I didn't feel in the training environment.

So, safety for trainees in therapy seems paramount and therapy may feel like a very scary process for trainees who have wounds that run deep. Yet, if trainees are to be transformed from being wounded into "wounded healers", they need to be supported as they explore themselves and their capacity for helping others in psychotherapeutic relationships. (Barnett, 2007, cited in King, 2011). With this in mind it seems vital that potentially harmful dual relationships are avoided. Shouldn't the focus in trainees' therapy be on healing the wounded rather than subjecting the trainee to further wounding? Does therapy as part of a training programme that may be construed as jumping through a hoop to "pass" a course demonstrate a commitment to personal therapy? When there are so many potential benefits to be derived from personal therapy, and when there is the future safety of clients to consider, surely both trainees and trainers have a responsibility to provide, or obtain, the type of therapy which maximises the potential for therapeutic opportunities and attainments.

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