Why Are We Psychotherapists?: The Necessity of Help for the Helper

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Abstract

The aim of this article is to encourage transactional analysis (TA) psychotherapists, in general, and trainee TA psychotherapists, in particular, to develop a deeper understanding of their choice of profession and the potential consequences of this personally and professionally. Some of the literature regarding the psychological underpinnings of the choice of psychotherapy as a career are explored. In addition, the author considers some of the implications of these psychological underpinnings, namely the importance of commitment to the personal journey as a psychotherapist, particularly the ongoing need for personal psychotherapy, training, and supervision for the sake of both clients and the psychotherapist.

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Sometimes, behind the lines
Of words giving voice to the blue wind
That blows across the amber fields
Of your years, whispering the hungers
Your dignity conceals, and the caves
Of loss opening along shores forgotten
By the ocean, you almost hear the depth
Of white silence, rising to deny everything.
(O'Donohue, 2000, p. 111)

This article was inspired by both my growing concern regarding negative attitudes toward the need for ongoing, in-depth personal therapy among some transactional analysis psychotherapists and psychotherapy trainees and the book *The Healer's Bent* by the late Pennsylvania psychoanalyst James McLaughlin (2005).

In the United Kingdom (UK), I have noticed in recent years a resistance among some transactional analysis psychotherapy trainees (and psychotherapists) to pursue in-depth psychotherapy for themselves. I suspect this resistance is, at least in part, a reaction to the increasingly prescriptive nature of the personal therapy requirements set down by the psychotherapy regulating body here in the UK: the United Kingdom Council for Psychotherapy (UKCP), Humanistic and Integrative Psychotherapy Section (HIPS). For example, "Candidates must have an experience of psychotherapy congruent with the psychotherapy in which they are training, a minimum of 40 hours per year for four years, and normally be in psychotherapy throughout their training" (United Kingdom Council for Psychotherapy, 2003, p. 9).

In his keynote speech at the 2007 ITAA/USATAA Conference in San Francisco, Richard Erskine (2008, p. 35) argued that the extent of the pressure we put on people to change correlates with the extent to which they will "secretly" resist. I think "pressure" could include the prescriptive nature of personal therapy requirements. Tudor (2008b) considers that personal therapy is too important to be required or regulated and makes the point that by specifying the number of hours per year (albeit a minimum), the HIPS ruling encourages "an attitude of doing therapy by numbers" (p. 1) and "a mechanistic and reductionistic attitude on the part of students/trainees" (pp. 4-5). In a similar vein, Oates (2003) expressed her concern that defining a therapy requirement in this way "makes it a rule rather than a value" (p. 2) and thereby potentially diminishes trainees' capacity for autonomy and self-direction.

Furthermore, I know from my own personal therapy and the experience of many of my transactional analysis colleagues, that 160 hours (i.e., the minimum requirement) touches only the tip of the iceberg in terms of having an in-depth psychotherapy. For example, since 1991, when I began my psychotherapy training, I have been in ongoing weekly psychotherapy (apart from two 6-month gaps while changing therapists), and I know I still have much to learn about myself.

From discussions with international transactional analysis colleagues, I believe my concerns

and experience are not limited to the United Kingdom and that similar changes are also taking place elsewhere.

In a writing workshop at the 2007 ITAA/USATAA Conference, Jean Illsley Clarke confronted the stance I took in the first draft of this paper, stating, "We all come through with broken wings" (J. Clarke, personal communication, 8 August 2007), and that for each of us, our journey is deeply personal and we must make our own journey in our own way. I agree that we are all on our own journeys and that personal growth can be achieved in many ways, including through (though not limited to) living and relationships (Rogers, 1990/1961); overcoming hurdles and difficult experiences; different types of learning; meditation; self-inquiry; and psychotherapy. However, for those of us who have chosen to be psychotherapists, and particularly if our intention is to offer in-depth psychotherapy to our clients, I have a deeply held conviction that it is our ethical responsibility to remain fully committed to our continuing growth and personal psychotherapy.

In his book, *The Healer's Bent,* McLaughlin (2005) raised important questions about our motivations for choosing to become psychotherapists. He thought our (and his) choice of occupation was a bit odd, since we "sit still, containing . . . [*our*] own needs, fears and passions so that others may be freer" (p. 17, italics added). He suggested that we did not just stumble into the role of psychotherapist, or choose to become a psychotherapist for the financial gains or for the enjoyment of sedentary living. He wanted to encourage us, his readers, to search for our own answers so that we would become more deeply involved in "the pleasure and travail of a self-inquiry that . . . [*could*] last a lifetime" (p. 18, italics added). I, too, want to "nudge" you, and myself, to search for our own answers regarding why we choose to be psychotherapists.

This article has been written primarily with transactional analysis psychotherapists in mind; however, much of its content is relevant to all helpers, facilitators, and consultants and therefore to transactional analysts in all four fields (psychotherapy, education, organizations, and counseling).

The Psychological Underpinnings of Our Choice of Profession as Psychotherapists

I know my innocence
and I know my unknowing
but for all my successes
I go through life
like a blind child
who cannot see,
arms outstretched
trying to put together
a world.
(Whyte, 1997, p. 15)

The work of Greenson (1960), Olinick (1969), Erskine (2001), and McLaughlin (2005) helps to provide some level of understanding regarding the possible psychological underpinnings of our choice of profession as psychotherapists.

Greenson (1960) concentrated on the reparative aspect of psychotherapy work for the psychotherapist. He suggested that the patient/client is "a lost, need-fulfilling love object" (p. 424) who provides for the psychotherapist another potential opportunity for repair and restitution for the loss of contact with the original abandoning/rejecting mother. This is equivalent to saying that we use our clients to meet our own needs for contact, strokes, and reparation (Gellert, 1977; Samuels, 1971).

Olinick (1969) emphasized how psychotherapists are impelled to "serve" for their own sake, their own "equilibrium." He likened the therapist-client dyad to that of the mother-child unit. He implied that psychotherapists, in their childhood, had been induced to "rescue" their depressed mother, and that this tendency to "rescue" continued to be apparent in their choice of profession and in their work as psychotherapists. He made it clear, however, that no amount of "rescuing" would solve the fundamental problem, that is, the loss of contact with mother. In transactional analysis we are, of course, familiar with the significance and consequence of game playing (Graff, 1976; Lee, 1971) and specifically the drama triangle position of "Rescuer" (Karpman, 1968). I also remember the transactional analysis aphorisms that "for every minute we Rescue, we will spend a minute Persecuting!" (attributed in a workshop to Claude Steiner) and that "the flip side of any Rescuer is Victim" (Collins, 1976). We may also want

to consider the risk and consequences of having (nonaware) symbiotic relationships with our clients (Schiff et al., 1975).

Similarly, Erskine (2001) drew our attention to the caretaker aspect of psychotherapists' childhood experiences. He stressed how each of us is attracted to and remains in this profession based on our personal story:

> Sometimes I discover in the mature therapist with whom I am talking, a little boy's or girl's commitment to treating a depressed mother, saving an alcoholic father, or repairing his or her parent's marriage. . . . These desperate childhood attempts to make an impact on early family life often affect how the therapist practices psychotherapy years later. (p. 134)

I will use a personal experience as an example. My own mother was stressed, deeply unhappy, and distracted for the majority of her life. Her mother died when she was four, following the birth of a younger sibling. My mother became intensely frightened of childbirth. As an Irish Catholic woman, she was expected to produce a male child. So, from the moment she realized I was a girl—the second child and second daughter—and therefore felt she had to go through childbirth again, I believe a very particular dynamic was set up between us. I clearly remember the moment, in my own therapy, when I realized I had been attempting to cure my mother through my client work. If only I could make my mother (or clients) happy, everything would be all right! I was deeply impacted by this important realization; for several months I seriously considered whether I wanted to continue as a psychotherapist and, if so, how I wanted to work with clients from then on.

McLaughlin (2005) talked about "the other patient in the room" (p. 20), that is, the psychotherapist. He suggested that psychotherapists tend to have altruistic character traits that determine their overriding inclination to heal rather than to harm. He noticed a cluster of character traits, in psychoanalytic trainees, that he called "the healer's bent." These include:

- "A willingness to dampen one's own sexual thrust and narcissistic claims for reward and recognition, so that others might be enhanced" (p. 27)
- "Struggles of reparation and defense around early maternal identifications" (p. 27)
- "Muted expression of masculine aggression and assertiveness . . . with strong admixtures of maternally tinged nurturing and receptivity" (p. 29)

In the etiology of the healer's bent, McLaughlin pointed to the relevance of parental loss/abandonment, maternal depression or dominance, and maternal rejection that shames her child. In particular, he emphasized the role of maternal depression, which he said "is known to motivate a child to become a psychotherapist later in life (Greenson, 1960; Olinick, 1969)" (p. 25).

McLaughlin (2005) maintained that the extent of our "healer's bent" reflects the extent to which we had to "ward off our infantile aggressive destructiveness" (pp. 20-21) toward our mother, or significant carer, who had failed to meet our vital needs for acceptance and recognition. He emphasized the importance for children thus treated to make adjustments and thereby to develop character traits that would assert their "goodness" and that would be primarily of benefit to others rather than to themselves.

I also want to acknowledge here the work of Green, which although not specifically about the psychology of psychotherapists, may be illuminating in terms of the psychological consequences of having a depressed or abandoning mother. In his book *The Dead Mother Syndrome*, Green (1986/2005) described the mother who is or suddenly becomes depressed. The reasons for the mother's depression can be manifold. The principal causes are the loss of someone dear to the mother (e.g., a child, the most serious; a parent; a close friend; etc.), or it can be triggered by other types of losses (e.g., a change of fortune, a liaison of the father who neglects the mother, etc.). The mother is still there physically, but her interest in her infant lessens, "her heart is not in it" (p. 151). For the infant, the sudden detachment by mother is experienced as a catastrophe, for without warning, "love has been lost at one blow" (p.150). Green described this loss as a premature disillusionment that is experienced at a narcissistic level. He highlighted an important paradox:

"The mother is in mourning, dead, she is lost to the subject, but at least, however afflicted she may be, she is there. Dead and present but present nonetheless. The subject can take care of her, attempt to awaken her, to cure her" (p. 164).

Green (1986/2005) suggested that the long-term consequences for the child of the mother's depression are structural, emotional, and behavioral. Structurally, the infant's "ego . . . has a hole in it from now on" (p. 153). In transactional analysis, we might think of this "hole" in the ego as an excluded (or absent) Parent ego state (see Heathcote, 2006; Lederer, 1996, 1997). Emotionally, Green suggested that these clients have depressive traits that "go beyond the normal depressive reaction that periodically affects everyone" (p. 143). Behaviorally, this "hole" in the ego reveals itself on the level of fantasy, through artistic creativity, or on the level of knowledge, through intellectualization. Green added that despite these sublimatory activities, such clients remain vulnerable in the arena of loving and being loved. The lesson of the "dead" mother is that we must mourn her and work through our loss (O'Hearne, 1981).

Assuming these authors are correct—that psychotherapists tend to have experienced parental loss/abandonment or maternal depression or rejection—I believe it is important to work through what drives us to be psychotherapists, to grieve for the loss of relationship with our mother and/or father, so that we do not use our clients to meet our needs for reparation or "Rescue" them in an attempt to cure our parent/s. By working through our narcissistic vulnerabilities and/or depressive traits, and through owning all parts of ourselves and our personalities, not just our "goodness," we have a fighting chance of learning to live and love fully and to assist our clients to do the same.

Greenson, Olinick, Erskine, McLaughlin, and Green (the latter more generally), each in their own way, focused on the effects on a psychotherapist of having a depressed/abandoning mother and the subsequent depressive and narcissistic traits in psychotherapists, as well as their need to "Rescue" (desire to "cure" mother). Of course, not all therapists' mothers will have been depressed/abandoning, and many psychotherapists may have other personality patterns (e.g., obsessional or masochistic traits). It is also worth noting that none of these theorists have mentioned fathers and their influence in the psychology of their offspring. This is clearly a significant gap in the literature concerning the etiology of the choice of psychotherapy as a career.

The Implications for the Support We Need in Our Work as Psychotherapists

The implications of the work of Greenson, Olinick, Erskine, McLaughlin, and Green, and their findings and interpretations, point toward early adjustments and adaptations (i.e., "bending," McLaughlin, 2005) and early disturbance that needs attending to, especially if we wish as psychotherapists to offer safe, in-depth work to our clients. Of course, these early adjustments and adaptations are probably also what draw us to and make us suited to our work as psychotherapists and to being able to offer other human beings true understanding and empathy.

What kind of "attending to" do we need? Many writers and theorists in the psychotherapy field emphasize the importance of ongoing personal psychotherapy, supervision, and training for practitioners. For example, McLaughlin (2005) discussed the significance of what he called "dumb spots," "blind spots," and "hard spots" in the psychotherapist. Dumb spots refer to what we do not yet know, that is, "true cognitive and experiential gaps" (p. 75). Blind spots are the adjustments and adaptations we made in our early life and that limit our ability to be fully open to our clients. Hard spots refer to what we were taught and theoretically "cherished" (p. 75) but that limit our ability to perceive new information and learnings. Being aware that we have dumb, blind, and hard spots can stimulate us to ask important questions: What is it I don't yet know? How does my early script/protocol impact my choice of career and work as a psychotherapist? Why have I chosen transactional analysis as my theory of choice? Such "spots" highlight our need as psychotherapists for self-reflection aided by ongoing personal psychotherapy, supervision, and training.

In their article on interpersonal relational impasses, Cornell and Landaiche (2006) suggest

that the nature of the psychotherapeutic endeavour "is bound to affect us at levels that operate outside of consciousness and that inform our most fundamental patterns of relating" (p. 197). They emphasize the importance of supervision, training, and personal therapy to prevent the work "from becoming repetitive, superficial, cognitively dominated, and ultimately ineffective or harmful" (p. 197).

Clarkson (1992) reviewed the tendency toward burnout (the depletion of energy levels) of those in the helping professions. She quoted Maslach (1976, p. 18), who defined burnout as "the loss of concern for the people with whom one is working." Clarkson presented three distinct racket systems (Erskine & Zalcman, 1979) relevant to various predispositions (personality types) to burnout in the helping professions: dedicated and committed, overcommitted and work enmeshed, and authoritarian and/or patronizing. She concluded, "It is, therefore, worthwhile to continue to explore and to develop ways in which we and our clients can free ourselves from script-bound working patterns in order to develop more satisfying and authentically committed professional lives" (p. 158).

Similarly, in her book *Help for the Helper,* Rothschild (2006) focused on the inherent risks involved in the interaction between therapist and client and emphasized the importance of therapist self-care. She wrote, "All emotions are contagious" (p. 9), both the pleasant and the unpleasant ones, which means that we can "catch" and be impacted by our clients' emotions and equally they can "catch" and be impacted by ours. She suggested that many common difficulties therapists experience have their roots in "unconscious empathy gone awry, including . . . unmanageable countertransference, projective identification, compassion fatigue, vicarious traumatization, and burnout" (p. 11). Rothschild advised that the better we take care of ourselves as professionals, the more we will be in a position to be truly empathic and compassionate in ways useful to our clients.

The Particular Necessity of Psychotherapy for Psychotherapists

Healer heal thyself.
(adapted from Luke 4:23)

Some experienced transactional analysts hold the view that supervision alone is sufficient once they are qualified and "advanced." I disagree and give examples here to support my belief that ongoing personal therapy is also necessary and should be a requirement for psychotherapy practitioners post qualification.

The importance and requirement of personal therapy during psychotherapy training can help to inform us regarding our ongoing need for personal therapy as qualified practitioners. Tudor (2008a) summed up the importance of personal therapy during training as follows:

> Ongoing personal psychotherapy for the duration of training is generally viewed as providing a supportive framework within which the trainee psychotherapist can reflect on his or her own issues, which are often evoked by the process of training itself and by working therapeutically with clients, in the course of which he or she also learns about the process of critical self-reflection. Personal therapy also provides a space in which the trainee can expand his or her own awareness and . . . develop empathy both for him or herself and for others. This self-exploration leads not only to greater understanding and sensitivity, but also to greater authenticity as a person and as a psychotherapist. (pp. 1, 3)

Similarly, in his qualitative study, Murphy (2005) identified four ways in which personal therapy is of use to trainee counselors: reflexivity, growth, authenticity, and prolongation. These four processes emphasize and include the importance of awareness of one's own process, experiential and phenomenological understanding of the therapeutic relationship and the process of change as a client, and an experience over time that is parallel to and equitable with the one we offer our clients. Both Tudor and Murphy emphasize particular learning "processes" required in the education of psychotherapists. I would suggest that the development of these important qualities and skills is ongoing and not limited to the period of our initial training.

The dictates and requirements of professional psychotherapy bodies can also help inform

us regarding the importance and necessity for personal therapy following qualification. For example, in the European Association for Transactional Analysis (EATA) *Training and Examination Handbook* (European Association for Transactional Analysis, 2008), the EATA Professional Training Standards Committee recommends personal therapy "in order to experience the application of transactional analysis and to ensure that the trainee can apply TA from a largely script-free stance and without harmful behaviour" (p. 6, Section 7.2.3.7). I suggest that applying transactional analysis "from a largely script-free stance" is also a process that requires our ongoing attention and commitment throughout the whole of our time as psychotherapists. EATA's recommendation also makes clear that having personal therapy is one way of ensuring we do no harm and therefore a way of behaving ethically and ensuring protection for our clients (see also Haimowitz & Haimowitz, 1976).

In addition, here in the United Kingdom, the Institute of Transactional Analysis (ITA) (2008) Code of Ethics and Requirements and Recommendations for Professional Practice, Section 2 (Heading 6) states: "Above All Do No Harm. . . . To maintain this Principle practitioners are required to sustain competence through ongoing professional development, supervision *and* personal therapy where necessary" (p. 5, italics added). And Section 4 (Point 11) of The ITA Requirements and Recommendations for Professional Practice state: "Valuing, Maintaining and Developing Skills and Competence as a Practitioner (Certified or in Training). . . . Practitioners shall continue in regular ongoing supervision, personal development, and continuing education and accept responsibility for seeking their own psychotherapy as necessary" (p. 11). This principle and requirement, respectively, clearly emphasize the expectation that competence, as a practitioner, requires personal psychotherapy, as necessary, post qualification.

Furthermore, the HIPS Section of the UKCP clearly states the requirement for personal therapy post training and, in fact, emphasizes that this needs to be a "continuous" process: "The Student must engage in a continuous process of analysis and self-examination, before, during, and *after training*" (as cited in Tudor, 2008b, p. 3, italics added).

Life—including what happens in the therapy room—continues to unfold, presenting us with new and challenging situations to deal with on a regular basis. It is important that we stay as clear as possible regarding which issues belong with us, which belong with our clients, and which we have cocreated. Many experienced practitioners and theorists have emphasized the intricate and difficult nature of our work and therefore the need for ongoing personal psychotherapy. I offer here a few examples.

Petriglieri (2001) captured something of the experience of the anxiety and uncertainty we often face in our work as therapists when he wrote of his journey as a psychiatrist:

> As I started seeing patients alone and putting into practice some of that learning, I could not but feel lost in my own fears. I was supposed to reassure, but who, or what, was going to reassure me? Every session with a patient exposed me to uncertainty: Am I going to be able to help? Will my tools be enough? Will I live up to the Hippocratic Oath of "at least, do no harm"? (p. 6)

Ongoing therapeutic support (in addition to supervisory support) can help us to contain and explore our own anxieties and uncertainties.

Hargaden and Sills (2002), in their work on relational transactional analysis, suggest that if we wish to facilitate our clients' in-depth work (e.g. deconfusion of the Child), then we need to allow ourselves to be personally engaged, impacted, and changed by the relational encounter. This requires our willingness to explore, experience, and, when appropriate, express our visceral, affective, cognitive, and behavioral responses (i.e., countertransference) in a way that facilitates and deepens the work and experiences of our clients. Hargaden and Sills suggest that this type of engagement and exploration requires the therapist "to use her own 'self' as a tool to understand her client" (p. 198), and to do this effectively she needs to have been through a similar process of deconfusion herself "so that she is comfortable with her own primitive ego states and feelings" (p. 198). This level of deconfusion work usually necessitates many

years of in-depth and ongoing personal psychotherapy.

Aron (2007) stresses that psychotherapeutic progress is based on both the psychotherapist and client having to do personal work in reaction to each other. He emphasizes that all the psychotherapist's qualities can be important in the therapeutic endeavor, not just those of the good object, "if only we can be open, authentic and non-defensive about processing these qualities for ourselves and together with our patients" (p. 102). I suggest that this nondefensive processing of "all" our qualities develops particularly through the support, awareness raising, and provocations we receive in ongoing personal psychotherapy.

What are the potential dangers of not pursuing ongoing personal psychotherapy post qualification? Leigh (2008) reminds us of Jung's phrase, "the wounded healer," and his warning that if the analyst's wounds are not consciously known to him or her, then they could lead to a grandiose sense of self in the healer and the surfacing of the question of whose needs were being served. Clarkson (as cited in Leigh, 2008, p. 13) stated, "The concept of the wounded healer should provide no excuse for us as healers to bleed all over our patients (Clarkson, 1994, p. 103)."

On a particularly salutary and hopefully extreme note, I also want to include here what Fanita English (1977) had to say regarding "Harmful Therapists": "Unfortunately there are therapists who meet the necessary attributes and skills of 'good therapists,' but they have specific 'curses' within themselves that have not been cancelled out through their own therapy or self-awareness" (p. 150). English used the word "curses" as a synonym for malevolent "witch messages" that have been internalized from the Child ego state of a caretaker. She continued:

> Carriers of such "curses" sometimes become therapists partly to transmit the burden of their own "curse" to those patients whose own backgrounds make them candidates for Episcripting (English, 1969). The therapist's Child feels relieved from herself implementing a "curse" (such as murder or suicide) by passing on the "hot potato" to a vulnerable recipient who enacts it by killing or getting killed. (p. 150)

English concluded that a most important qualification for being a good therapist is to have fearlessly examined one's own motivations for practicing therapy.

Conclusion

> As we walk side by side, you alone must learn to know your own feel of your feet.
> (McLaughlin, 2005, p. 18)

As psychotherapists, and especially psychotherapy trainees, we need to be supported and encouraged to develop professional integrity regarding the need for ongoing personal and professional development, that is, to continue our personal journey and self-inquiry for the duration of our professional lives. I believe what is needed is for trainers and supervisors to help trainees to develop their own understanding regarding the importance and significance of commitment to their in-depth psychotherapy journey. Experience suggests that as trainees develop this understanding, continued commitment to their own growth and psychotherapy is a natural outcome.

I believe it is important to explore periodically our motivation for joining this profession and to ask ourselves questions such as: Why have I chosen to become a psychotherapist? What is my "healer's bent" (McLaughlin, 2005)? Is it possible to do my work from a "nonbent" position? And whether it is or not, do I still want to be a psychotherapist?

Once we fully appreciate the way we have "bent" ourselves (McLaughlin, 2005), we may wish to review our choice of profession. At the very least, we can be mindful of our adaptation and "bentness" and keep attending to our own need for personal psychotherapy, training, and supervision, both for the benefit of our clients and for ourselves. I believe that it is vitally important that we are or become psychotherapists from Adult choice rather than from a place of Parental introject and/or Child compulsion. The more that Child and Parent influences on our choice of profession are identified and integrated, the greater the possibility that we can offer an attuned, relational, skilled, and client-centered professional service.

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