

# Therapists: Get over yourself

I recall, in my days in training in the mid 1970s, how much I wanted to be helpful to patients. I thought then and now that I was sincere in that ambition. Down the line, however, I had to own that I also wanted to be clever and effective and to be known as such. I also wanted to be recognised for the caring individual I undoubtedly am (Uh oh: “undoubtedly” slipped in there – an absence of doubt is the hallmark and defining characteristic of psychotics, dictators and leaders of cults). I wanted to be better than colleagues. I wanted to show off, working with patients being my means of doing so. You could say that here was a risk that they might have become incidental as my own, then unconscious, needs worked (wormed?) their corrupting way into my motivation.

I received a dent to my confidence when I got something wrong about a patient. Just as I was about to construct some elaborate self-serving defence on the fly, I realised that all I needed to do was to say sorry. And that is what I did. It was the human and the right thing to do. It was also a great relief. If I made a mistake, I could possibly save the relationship with the client if I admitted my error and apologised for it. On another occasion, I heard myself admit “I don’t know” despite a longstanding fear that not knowing would be a sign of inadequacy. Again, it was a huge relief. What is more, it seemed to increase trust rather than reduce it.

When it comes to helping others you, too, might need to deflate your sense of self-importance. Recognise that, rather than being a positive agent of change, you might be an obstacle to

the other person’s goal of improved wellbeing. “What!” you harrumph indignantly. “But I have undergone my own therapy and all manner of training; some of it more than a week long. I’ve got a string of Scrabble-rich letters after my name to prove it. I keep up to date with research and have independent supervision.” All well and good – but have you considered that these essentials might, if you’re not careful, also serve to boost your self-importance, to give you a sense of authority and licence and thus increase the density of your narcissistic insulation?

It seems to me that there is an arrogance to the notion that you can help someone else, especially in the somewhat nebulous offerings of psychotherapy and counselling. It is not as if you are a surgeon who knows with far more predictive precision what is likely to happen if he/she makes a certain intervention into the body on the operating table. I suspect that, if you happen to become a media expert as well, the risk of susceptibility to the over inflation of self-regard will increase.

Some signs of therapist grandiosity are to be found in the use of language. I have often heard psychotherapists talk of “giving” someone therapy or “doing therapy on” them. This is a self-referent posture, in which therapists cast themselves as the primary, if not exclusive, instrument of change. It fails to recognise that the therapeutic process is internal to the patient. Beware those who use “psychobabble”, a term coined by RD Rosen in the 1970s. They make statements that begin “It’s what I call...” as if giving some common trait a hifalutin’ name

*If you are in the therapy business, beware of thinking too highly of yourself.*

*Nick Barton explains.*



#### About the author

Nick Barton, who originally trained as a psychologist and psychotherapist, is the former CEO of Action on Addiction. In 2008 he was awarded an Honorary Doctorate by the University of Bath in recognition of his services to addiction treatment. Nick retired from Action on Addiction in 2015 and is now a freelance consultant. Nick has been an adviser to numerous government and non-governmental agencies and advises both charitable and private organisations in technical and developmental areas. He has written chapters and numerous articles on subjects relating to addiction. He is a trustee of Safe Lives, the domestic abuse charity and the Mackie Foundation, a grant-making trust.

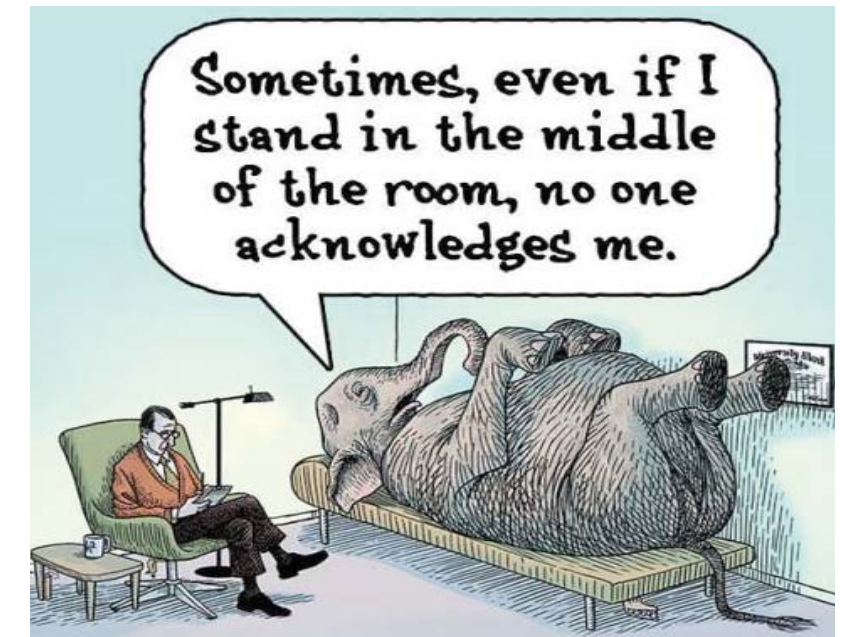
makes it diagnostically authentic. It tends instead to kill real meaning.

Because we get paid for helping, we need to acknowledge that we have an economic interest in people’s suffering. This, with the imbalance in the relationship, could lead to exploitation. We need to remember the paradoxical imperative of doing everything we can to “put ourselves out of business as soon as possible”.

Think of the proliferation of named psychotherapies on offer and yet people are not that dissimilar. Research tends to show that, whatever the nomenclature and whatever model is used under a particular banner, the thing that really matters is the quality of relationship between the helper and the helped. Much of that quality will depend on how the therapist sees and thus conducts him/herself.

You hear so many self-styled therapists declare their passionate belief in this or that approach. While that they do could be a positive, I prefer that they provide rational grounds for their approach and validating evidence. Some hide their knowledge and practice behind the anti-branding designation “eclectic”. Other warning signs can be references to training and or qualifications which, on closer inspection, turn out to be inadequate. Often these courses last only a week or two. Or they can be longer but un-validated by a recognised authority.

The susceptibility to preciously believing one has greater importance than is the case is inevitably fed by the vulnerability of under-



informed needy clients who place their trust in you. They confirm your significance. You are validated by their supplication. Watch out.

Over the years, I have become increasingly aware and concerned that clients do not submit the people into whose hands (and minds) they are about to place themselves to a thorough vetting interview, especially since the relationship is key to whatever model is on offer. I suspect the way this relationship is initiated has taken its lead from the generally trusting relationship we have historically had with our doctors, especially GPs. We don’t tend to investigate if we are about to be treated by a Harold Shipman copycat.

There are very few people in the psychotherapy and counselling professions who are not there because of unconscious or semi-conscious motivations emerging from unresolved elements of their personal histories. They know that if they are honest and have self-knowledge. If you can’t heal yourself, heal someone else. Projection is powerful and pervasive. Or it can derive from the desire to control, manipulate or influence others due to some disconnected sense of powerlessness and insignificance. Be aware.

Remember Carly Simon’s song that included the line “You’re so vain you probably think this song is about you”. If you think this piece has something to say to you, you are probably and thankfully not insulated or blinded by vanity. If you don’t, I might be concerned for your clients. Humility is required. But don’t think of yourself as the most humble therapist in the profession... Goodness, there are traps everywhere.