

The Hurting Therapist

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It was like someone was sitting on my chest. From the moment I awoke each day I could barely breathe and throughout the day I teetered on the verge of tears. My wife and I had separated and I thought my 20-year marriage was about to end. My heart was in shreds and especially because I am a counselor, I was humiliated that I was failing in my marriage. I felt like a fraud in front of my students and as I struggled through lectures, the words and ideas that left my lips - the ones that were normally energizing to me - now seemed hollow and pointless.

I struggled to get through my clinical appointments, as well. As one married couple talked about their own pains, resentments, and disappointments, I felt so incompetent it was all I could do not to send them out the door. My world-view, everything I thought I believed in, had been shattered.

And of course, I also had to face my children, explain to my extended family, and tell my close friends about my troubles. One of the most painful things ever said to me was delivered by one of those people at the time, like a spear thrust into my chest.

"You might be a good psychologist, but you sure don't know how to practice it at home." It was an impulsive statement not intended to wound me, but those words sealed my burgeoning perception that not only had my marriage failed, but the successful person I thought I had become was merely an illusion. Many times I had talked to others about how failing doesn't make *you* a failure, but I didn't believe those words about myself. I believed I was indeed a failure.

Nothing had prepared me for the crippling effects of such a personal crisis to my professional sense of competence, my worldview, and my sense of self. Those days are long behind me now, but the devastating feeling of that painful time were brought back to me recently as I worked with a colleague in

the midst of a similar experience. Even now, after many years of healing, that wound is still tender in my heart and as he talked to me, tears pooling in his eyes waiting for gravity to free them, I knew there was little I could say to ease his pain. I recognized that fractured sense of competence in his face. It was the same one that looked back at me in the mirror all those years ago.

Children or no children, short marriage or long, amicable divorce or contentious - divorce is always painful. I loved my family and I was willing to do anything to salvage my marriage. In retrospect that difficult time was one of the best things that could have happened to me. It helped me to become a better person and for my wife and me heal some very deep hurts and disappointments and to begin nurturing a much healthier and happier relationship - one that thrives like wild flowers today. But that experience taught me that the pain of personal crisis, whatever the cause, can be debilitating to a therapist.

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As a professor, writer, and clinician, I had always prided myself on practicing the things I taught. Looking back on those years, maybe I succeeded much of the time, but I failed more than I realized. I suppose counselors require a sense of competence, maybe even bordering on arrogance, in order to take the risks we take each day. After all, we are diagnosing and treating based on a professional judgment call and if we didn't have confidence in our abilities, we probably wouldn't be very good at what we do. We might otherwise stand on the riverbank, floundering in indecision, never daring to venture across.

But that confidence and self-assurance may also blind us and make our fall much harder. As is true for politicians or religious leaders, people expect more of us than maybe they should. We are human, after all. But a personal crisis, regardless as to whether it is one of our own making or not, is not just our own.

Our pain, embarrassment, and shame is inevitably known to many and reflects, however unfairly, on our professionalism. That adds to the weight of our sorrows.

The Self-Care Paradox

There is no shortage of books and articles on self-care for therapists. A quick search in an academic database yielded almost 1000 articles on the topic. We talk a lot about self-care, but at least for me, I didn't practice it well. I suspect I'm not alone and this isn't a new problem. My professors and internship supervisors talked about the importance of self-care when I was a graduate student in the 1980s. In 2000, O'Halloran and Linton noted that "wellness is a concept that we as counselors often focus on more readily for our clients than ourselves." Then, almost 20 years after that, Thomas and Morris (2017) stated, "although most counselors have knowledge about self-care and convey the importance to others, the same knowledge may not translate into self-care action - often when it is needed most." Apparently, as a group we practitioners haven't learned much in the past few decades.

This is such a bizarre paradox. Counselors, of all people, should know better. We are trained to take care of ourselves and we emphasize with our clients the importance of self-care. Yet my confidence in those days caused me to naively believe crisis wouldn't knock on my door. I think in some ways, when counselors talk about self-care, it is more of an academic conversation than a real one. It may be something like the fact that we all know we will die someday, but it isn't real to us until we stare it square in the face.

Divorce, like my friend is experiencing, death of a loved one, loss of a job, or chronic mental health issues, strike our homes and lives just as they do in the rest of the population and are potentially just as damaging to us as they are to those who are not in the mental health field.

I couldn't have prevented the pain of my own crisis, but there are many things I could have done differently to prepare myself for it. My self-care habits back then were weak at best. Here are some things that can help counselors navigate the sweeping effects of personal tragedy.

Find a Counselor Before You Need One

Unfortunately for me, when the reality of my fractured marriage came calling, I didn't already have a therapist. I had seen a therapist in the past, but I hadn't had an appointment with him in years. It had been so long I couldn't even remember his name. I should have known better. All of us learn in graduate school that we need to manage our own issues if we want to be effective therapists and I had been through both individual and group counseling as a part of my graduate work. I thought I had done enough. I reasoned that I had worked through past issues and found a place for my own life's traumas and maybe I thought I had "arrived," but I was kidding myself. Managing the past helped, but it didn't help me maintain ongoing mental health. Consequently, I wasn't growing either.

It is easy to rationalize that the cost of regular therapy in time and money doesn't make sense. We work hard and for every hour we spend in our own therapy, we are also losing money because we aren't seeing clients. But that is false economy. Even if we are managing life fairly well, it still helps to get a check-up. I get a physical every year even though I'm fine. I go to the dentist twice a year even though my teeth are fine and I go to the eye doctor each year even though my eye sight is OK. I should have applied the same philosophy to my mental health. A mental health check-up every few months would have been minimal.

So there I was, in crisis and in need of a therapist, and I had absolutely no idea who to turn to. And I had another serious dilemma that is common among counselors. Almost everyone I knew and trusted in the field couldn't ethically see me as a client. They were friends, colleagues, former students, or former supervisees. I'd consulted with them, taught them, or socialized with them. Now I had to find a therapist in the midst of my crisis and I was left with the phone book – something I always tell people to avoid. If I'd had an on-going relationship with someone already, this part of my crisis management would have been simple. And very likely, if I'd had an ongoing relationship with a therapist, at least some of the crisis itself might have been avoided. I'll never find myself in that place again.

Exercise, Eat Right, and Rest

Good mental health requires us to eat right, sleep right, and get reasonable exercise. I call it *Moffatt's Mantra*, something my students, interns, supervisees, and clients undoubtedly get tired of hearing. Even before my crisis, I slept poorly, sometimes only an hour or two a night. This went on for years and just as I had apparently been doing with my personal life issues, I chose to ignore my sleep issues. Oddly, my sleep problems allowed me to be exceptionally productive. Getting to my office sometimes at 1:30 or 2a.m., I wrote prolifically and published many books and articles as a result. But then, in the midst of crisis when I desperately needed rest, even the little sleep I might have ordinarily gotten evaporated. I was preoccupied with shame, regrets, and hopes, and sleep was nearly impossible. I made an appointment with my prescriber and began taking regular sleep aids. It was critical to my healing and almost immediately, a reasonable night's rest helped my mood improve.

Likewise, I rarely ate breakfast and often skipped lunch in those days, only to overeat at the meals I did have. Fortunately, I have never been one to eat junk food, but my southern diet was full of fried foods, fats, and carbs. When crisis hit, I couldn't eat at all. My stomach was upset and I had a hard time even

downing a few bites. Over just a few weeks, I lost over 20 pounds. Just as was true with my sleep patterns, my poor eating habits were magnified by crisis. A good friend forced me to eat, often sitting with me during meals – some that he made himself – to ensure I was getting at least some nutrition.

Of the three areas of *Moffatt's Mantra*, exercise was the only one that was easy for me. I have always been good about getting daily exercise - running, biking, or swimming – sometimes all three in a day. This is the only thing that helped me off-set the fatty, fried-food diet that was my routine and prevented me from gaining unhealthy weight.

Exercise has a myriad of benefits. Aside from building endurance, muscle tone, and a stronger heart, it also improves quality of sleep and mood in general. Research has demonstrated that attention to healthy, reasonable exercise can either lessen the demand for medication or remove its necessity altogether - even with serious issues like chronic depression. Exercise produces morphine-like endorphins that help to balance our moods. Even moderate exercise just two or three days a week can help manage weight and increase metabolism. Seeing a thinner self in the mirror can improve mood as well.

"I'm too busy to exercise" is a very weak excuse. I was very glad I didn't have to add exercise to my life during the crisis because I doubt I would have had the motivation to work out and try to get in shape.

Supervision

Most counselors engage in supervision until a license or related credential is achieved, but after that never pursue any form of formal supervision. I think this is a mistake. As a supervisor myself, I have to

recognize when a supervisee's personal life issues, whatever they may be, are interfering with clinical practice without crossing the line and functioning as my supervisee's therapist.

It would have been wise to have a second set of eyes during my crisis to evaluate my competence and ability to work with the clients I continued to see. An ongoing relationship with a trusted mentor or supervisor not only helps make us better therapists, but our supervisors may be able to recognize when we are off our game. We lack objectivity when it comes to our own lives – both professional and personal, as my experience demonstrates. That well known line, “Physician, heal thyself” sounds good, but it is an unattainable goal. Looking back at my own history, I was totally blinded by limitations of maturity and knowledge as well as by my good intentions. It is only through the lens of time that I’m able to see it now. There is no way I could have been fully aware back then. A mentor who could identify when it was a time for me to take a step back would have been advisable.

Don’t Forget To Play

Building a private practice takes time and many therapists burn the candles at both ends working late hours, weekends, and seeing 35-40 clients a week. Such a schedule is unsustainable without life balance.

There is a huge body of research cataloging the benefits of play. It used to be thought that play was a kid thing. That is absolutely false. Human beings – in fact most mammals – are pre-wired to play. The need to play doesn’t end at some arbitrary age that we call adulthood. In general, research demonstrates the health benefits of play when it offers enjoyment and when the participant suspends time and place in exchange for the focus on an entertaining goal, such as winning a board game, tag, or a game of basketball. Adults who play are happier and manage stress better. Play boosts morale,

improves our “marketability” with the opposite sex, and reduces heart rate. A 2016 study in the *American Journal of Play* even demonstrates the need for play in astronauts and proposes that NASA needs to formally develop a “playscape” for those in microgravity.

Golf, biking, hiking, games with your children or an afternoon doing a jigsaw puzzle are only some of the varied activities that constitute play. My favorite play activity these days is camping and I am in the woods at least one or two days a month throughout the year - rain or shine, hot or cold. The isolation and recreation of the mountains energizes me and recharges my batteries.

Know Your Limits

One of my strengths in life is that I've never once done anything simply for money. Money doesn't own me so nobody else does either. But it is an easy mistake to make, especially as an American, to keep striving for more - a bigger house, a larger practice, more staff, one more speaking engagement, or more clients. Even when your practice energizes you, there has to be something more in life than appointments. But it seems so logical to keep taking on new obligations, mistakenly believing that you are "building a practice" when in fact you are burning the bridge from both banks.

Long-term goals require some sacrifice, of course, but the decision of what to do and what to cut should be based on something other than the bottom line of your bank account or an arbitrary conceptualization of success.

And in the midst of crisis, you just can't expect yourself to perform at the same level as when your life is more normal. When I plunged into crisis, I cut back on as much as I could. I still had to teach my classes and I continued to see the clients on my case load that I felt I could ethically manage. But I took no new

clients, accepted no new speaking engagements, put all my writing projects on hold, and cleared my calendar - cancelling a number of events that I just didn't feel strong enough to manage.

You Will Assume This Article Doesn't Apply To You

There are varied perspectives on self-care, but I like O'Halloran and Linton (2000) who propose focusing on wellness in six domains - social, emotional, cognitive, physical, spiritual, and professional. Self-care is mandated by the *ACA Code of Ethics* (see the Introduction to Section C), yet prior to my crisis, I had focused only on one or two of these. My list above is a start, but if history has taught us anything, I can predict that readers will say, "That was an important article. Glad it doesn't apply to me" and they won't change a thing. And then ten or twenty years from now somebody else will be writing an article for counselors addressing the need for self-care. I would love to be proven wrong.

Just because we are counselors, doesn't make us immune to the ills of life any more than an oncologist is immune to the risks of cancer. In the 1990s when Elizabeth Kübler-Ross experienced a series of serious health issues, she recanted her theory completely. A full page article in my local paper described her health woes and her disparaging comments regarding her theory. I thought at the time the recanting of the theory was, ironically, demonstrative of the anger stage of that very theory. Before her death some years later she said as much and reaffirmed her personal belief in her theory and her life's work. Despite our knowledge and experience, a crisis blinds us. Affect always trumps logic.

Taking good care of yourself is not only healthy for you, it will help you better serve your clients. Even chronic mental health issues (e.g. depression) do not preclude our competence. One of the most influential people in my professional life endured a life-long battle with depression. I had known her a very long time before she confided in me that fact. But she was an amazing mentor whose words and

example influence me to this day. Likewise, one of the most naturally gifted interns I've ever had was a woman who suffered major depressive disorder, marriage issues, and significant self-esteem issues through most of her life. But when she closed her door to begin therapy with her clients she was amazing.

Both of these women were surprisingly strong, despite their personal life frailties. I am confident that both women had learned to manage their challenges - not avoid them – and they had developed self-care processes that allowed them to flourish in the counseling room.

It is with some embarrassment that I share my personal failures with you, but as always, this isn't about me. Instead, I am hopeful that sharing my struggles can help you avoid the mistakes I made myself - the risks of self-disclosure, I guess. Pain will eventually find us all. Hopefully, with better preparations than I made for myself, you can be prepared to weather the inevitable storms that lie on your own horizons.

My friend has a very long road ahead of him. Recovering when your world lies in tatters around your feet is overwhelming, but he has me - a friend and confidante. He has his therapist and he has the physical and spiritual health to face this daily challenge. This is a great start.