

In light of the launch by GPs of a campaign advocating self-care for minor ailments, *Emma Redfern* argues the case for therapeutic self-care

DIY therapy

Recent news items concerning the launch of the GP-led Self Care Campaign, together with an article in *The Times*¹ citing an example of the rise of DIY therapy, have led me to commit to paper ideas that have been in my head for a while now. As a counsellor, how much is it incumbent upon me to empower my clients to become their own therapist? Isn't this what happens in therapy anyway for some, maybe many, clients?

Self-therapy for all?

The GPs and other interested parties involved in the launch of the medically-based Self Care Campaign recommend that the layperson 'manage minor ailments'² and self-treat for 'the common disturbances to normal good health'.³ In the same way, I am advocating psychotherapeutic self-care for the 'worried well'² rather than for those in need of more specialised external expertise. Similarly, I firmly believe in the healing power of the therapeutic relationship. Indeed, a reparative/developmentally-needed relationship⁴ (often in long-term work) can be the most appropriate vehicle for helping clients. I am not suggesting that clients opt for self-care instead of psychotherapy/counselling; rather that clients are encouraged to embrace the best of both worlds: therapy from or with another/others *and* self-therapy. I would like to highlight three areas in which self-therapy may emerge as part of the accepted outcomes generally espoused by counsellors and psychotherapists, or as a direct result of the therapeutic relationship and any take-home tools offered by the therapist.

Empowering the client

A potentially revolutionary idea offered by counsellors is that an individual can be responsible in and for his or her own life;⁵ that he or she has agency. However you offer this to your clients, it is implicit

(even explicit at times) in the work, whether through enabling a young person to choose their own painting materials and subject in art therapy or encouraging a depressed businessman, recently made redundant, to complete his CBT homework. Alongside this concept of self-responsibility go those of self-direction, self-regulation and self-soothing.

Perhaps as a counsellor you consider yourself a relative non-interventionist. Even so, by sitting holding the space as a client lets her tears flow for the first time, and allowing her to find the time and means to let the tears stop naturally under her own agency, you are facilitating self-regulation. This experience is then incorporated and taken by that client into the world, where she may use it later to help herself. In a group therapy setting a participant might be encouraged to experiment in the group with new ways of being and behaving (in an analytic group perhaps) or they might enlarge their role repertoire (in a dramatherapy group, for example). Successfully facilitated, such exercises in the therapeutic setting will impact positively on the client's sense of self beyond the boundary of that setting.

Internalising the therapist

As therapists we model to our clients certain ways of being. We offer congruence, unconditional positive regard and empathy. None of these are exclusive to the profession. Clients can and do learn these ways of being, these skills, from us and use them when relating to others and to themselves. Similarly, therapists are enquirers. Part of the job is to co-explore with the client, with respectful and appropriate curiosity, their map(s) of the world. In this way we provide permission which says that it's OK to be interested in what goes on inside (the intrapersonal) and how that may affect what occurs on the outside between people (the interpersonal). As therapists we foster self-exploration, self-awareness and

learning about oneself.

Indeed, for some presenting issues, a therapist might introduce to their client(s) the idea of becoming an observer/visiting anthropologist seeking data (non-judgmentally) about their own individual lives, thoughts, patterns, feelings and actions as a first step in bringing about change. Thus, the keeping of a food diary might be introduced to someone who overeats. The client can be taught how to use such a tool in their daily life.

Teaching and learning

In a profession in which personal therapy is not mandatory, I am heartened by the more universal acceptance of some form of continuing professional development. As professionals we are expected to continue learning. As professionals we implicitly expect our clients to learn too – about themselves, their issues, how 'to do' therapy etc. As educated and educating professionals we may also be explicit about our expectation that our clients learn. Many of us recommend (or prescribe?) reading materials, even poems and films, to our clients for therapeutic purposes and learning.⁶ On the other hand, I'm fairly sure many, if not most, clients like 'being learnt about' or 'teaching' their therapist about themselves and their views and so on.

Similarly, at some point or other, many of us will teach a piece of theory, a therapeutic model or a therapeutic tool to our clients for their use. As Dr Dixon, a GP in Cullompton, Devon and proponent of the medical Self Care Campaign, is quoted as saying of his own profession, 'Our teaching role is one we need to invest in as well.'³ Ideally, a collaborative sharing of knowledge can foster client empowerment, rather than a more one-sided dispensing of wisdom from the learned expert to the helpless, dependent sufferer.

Some schools of counselling are more proactive in this regard than others. An ex-supervisor from the person-centred tradition once seemed horrified when I

suggested that I might engage in some psycho-educational work around assertiveness with a client; that wasn't counselling, I was told. At the other end of the spectrum, imago relationship therapy will, via a weekend entitled Getting the Love You Want, actively teach couples therapeutic techniques to use to facilitate communication and self-exploration. One such technique involves mirroring, validating and empathising; skills taught on most counselling courses.

Therapy as a way of life

Just as some people rely more heavily on their GP than others, some clients become overly attracted, even addicted, to the therapeutic journey,⁷ perhaps to the detriment of feeling 'good enough' or 'fixed enough' to 'go it alone'. Perhaps if we as therapists could encourage an attitude of self-help in such clients, the idea of being their own therapist might help them see that having professional therapy isn't an either-or position but a matter of degree.

In the current economic climate it may be difficult for some to value something that might go on for months and cost upwards of £30 per hour, once a week. Certainly, I know trained and practising counsellors who are unwilling to make such a financial commitment at the moment. However, explaining that the single hour per week will impact, if they let it, on the rest of the week, indeed the rest of their lives, and that they will learn tools and ways of being that will benefit them enormously between sessions, might make the financial outlay more appealing. For others, the outlay in other forms of investment (time, commitment, energy) may seem too great, especially if the client is hoping to find an expert who will fix them quickly in a few cost-effective sessions giving guaranteed outcomes.

Is the financial contribution to the economy of the 'worried well' who pay for their therapy known? I estimate that most

self-employed counsellors fail to make an adequate living from such a group but supplement their income in many ways – supervising other counsellors and teaching trainee counsellors, for example – and the voluntary sector is full of counsellors giving their time for free to gain hours for qualifications or accreditation. Personally, I don't see the idea of self-therapy alongside some paid therapy for this group as too revolutionary. For example, the continued increase in popularity, in America in particular, of emotional freedom technique (EFT) or tapping suggests that a form of therapy that combines paid therapy (from an empowered and charismatic individual who may work one-to-one, in groups, in teleconferences, via audio downloads etc) with self-therapy (EFT practitioners teach their clients how to tap on themselves), could offer a successful paradigm for some practitioners. If I may use myself as an example: I have been combining both approaches for some time. I have been paying for therapy for over 10 years (individual and group, from a wide variety of schools of therapy). At the same time, I have read numerous self-help books and paid to attend a lot of psycho-educational, experiential CPD which combines therapy with training, the techniques and tools of which I use in a self-therapy way. I do not wish to suggest that my self-help approach is in any way related to poor therapeutic provision. To any of those with whom I have worked who may be reading this article, I would emphasise that you have been, and still are, of tremendous value to me – just as working on myself for myself by myself is valuable also.

Social and political impact

With the reader's permission I will indulge in some wondering. I wonder if the Self Care Campaign in the medical field has arisen as a counter to the overly, in my view, paternalistic nature of the NHS? Perhaps the public has taken to taking all

their common disturbances to their GP because the NHS has itself fostered over-reliance on the medical profession, with an over-reliance on prescriptions and tests, as opposed to fostering the individual's innate ability to know what's right for their own body?

As one of my favourite authors writes, 'It is change that is always the true quarry, however much a therapist may court insight, responsibility-assumption and self-actualization.'⁸ And isn't deep personal change, which includes increased self-awareness, a little countercultural? It seems to me that much of what society and the Government requires of an individual is to be a self-anaesthetised spending machine reliant on as many 'drugs of choice' as possible (TV, alcohol, chocolate, nicotine, the media, retail therapy, holidays).

For me, therapy of the paid kind and the self-help kind leads to individuals expecting more from themselves and from life (and the Government perhaps?), expanding rather than contracting, wanting rather than denying, living rather than existing. ■

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