

# My miscarriages as a therapist: shame, healing and serendipity

Giovanni K. Pergher

# CONTEXT



Doesn't your therapist feel like a fraud?

**You should look for another professional!**

Giovanni K. Pergher



# The good therapist

**Open mind**  
(overwhelming knowledge)

**Empathy**  
(knowing pain)



**FRAUD**

# The feedback I got



# Serendipity #1

**Professional Psychology: Research and Practice**  
1994, Vol. 25, No. 3, 247–258

Copyright 1994 by the American Psychological Association, Inc.  
0735-7028/94/\$3.00

## Therapists as Patients: A National Survey of Psychologists' Experiences, Problems, and Beliefs

Kenneth S. Pope and Barbara G. Tabachnick

A survey of 800 psychologists (return rate = 59.5%) found that of 84% who had been in therapy, only 2 described therapy as unhelpful, 22% found it harmful, 61% reported clinical depression, 29% reported suicidal feelings, 4% reported attempting suicide, 26% reported being cradled by a therapist, 20% reported withholding important (mostly sexual) information, and 10% reported violations of confidentiality. Women were more likely than men to report sexual material in therapy; psychodynamically oriented respondents were more likely to report sexual material. Of those who had terminated, 63% reported recent consideration of resuming therapy. Most believed that therapy should be a requirement of graduate programs and licensure, but only about a third believed therapy mandated by licensing boards for resuming practice after violations of professional standards to be clearly or even likely effective.

# What they have in common?



**Lawrence Kohlberg**  
**1927-1987**



**Michael J. Mahoney**  
**1946-2006**

# Why?

Professional Psychology: Research and Practice  
2011, Vol. 42, No. 3, 244–251

© 2011 American Psychological Association  
0735-7028/11/\$12.00 DOI: 10.1037/a0022805

## Psychologist Suicide: Incidence, Impact, and Suggestions for Prevention, Intervention, and Postvention

Psychologist practitioners are not immune to certain mental health problems, including suicidality, for which they provide services. In the aftermath of two recent psychologist suicides, the American Psychological Association's Advisory Committee on Colleague Assistance (ACCA) initiated the formation of a conjoint ad hoc committee consisting of members from ACCA, the American Psychological Association (APA) Practice Directorate, and the Section on Clinical Emergencies and Crises (Section VII of APA's Division 12) to investigate the incidence of psychologist suicide and its impact on colleagues, students or interns, patients or clients, and the profession. The committee reviewed the extant empirical literature on suicide rates for psychologists, evaluated unpublished data on psychologist suicide provided by the National Institute of Occupational Safety and Health (NIOSH), interviewed colleague survivors, reviewed published case reports of the impact of therapist suicides, and linked their findings to the literature on professional distress, impairment, and self-care. **The committee concluded that there is evidence suggestive of an elevated risk of suicide for psychologists in past decades.** It further concluded that there is a need for further research to confirm if there is a heightened risk of suicide for psychologists in the present day and to determine that might contribute to such risk. Accounts from colleague-survivors suggest that the impact of a psychologist's suicide can affect many people including family, colleagues, students, and patients or clients.

# APA's Advisory Committee on Colleague Assistance

## Hazards we face

1. The stress of our role, as professionals working with people in distress
2. The demands and importance of clinical and professional responsibility
3. Varied and often quickly shifting role demands
4. The challenge of managing the intimate, confidential and nonreciprocal nature of the client/therapist relationship
5. Isolation in the work context
6. Role characteristics that make psychologists prone to burnout (e.g., responsibility for people vs. things, limited control over outcomes, limited resources, high level of involvement)
7. Vulnerability to vicarious traumatization from empathic engagement with traumatized clients
8. The changing standards in the profession (e.g. decreased support for psychotherapy, an increased intrusion of legal and business concerns into therapeutic practice, increased documentation requirements)
9. The stress related to the business of practice (e.g. decreasing revenue and autonomy, managed care demands)
10. The interactions between personal stresses and the demands of our work
11. Utilizing the person of the therapist as a therapeutic tool
12. The heightened risk of suicide among male psychologists



# Pergher's Advisory Committee on Colleague Assistance

Hazards we face

**WE WILL SCREW  
THINGS UP!**

# Should we be confident?

*Psychotherapy Research*, 2013

Vol. 23, No. 1, 86–104, <http://dx.doi.org/10.1080/10503307.2012.735775>



## **Psychotherapists' self-reports of their interpersonal functioning and difficulties in practice as predictors of patient outcome**

### **Abstract**

The need for psychotherapy research to understand the therapist effect has been emphasized in several studies. In a large naturalistic study (255 patients, 70 therapists), this topic was addressed using therapists' self-assessed difficulties in practice and interpersonal functioning in therapeutic work as predictors of patient outcome in three conventional outcome measures. Three-level growth curve analyses were employed to assess whether the therapist characteristics, measured by the Development of Psychotherapists Common Core Questionnaire (Orlinsky & Rønnestad, 2005), predicted the level of and change in patient symptom distress (SCL-90R), interpersonal problems (IIP-64), and observer-rated global functioning (GAF). Preliminary estimates of therapist effects in patient change indicated that 4% of change in general symptom distress (GSI), almost 21% of change in IIP global scores, and 28% of growth in GAF could be attributed to therapist differences. The results also demonstrated that certain therapist self-perceptions were clearly related to patient outcome. For example, therapists' scores on a type of difficulty in practice called "Professional self-doubt" (PSD) (denoting doubt about one's professional efficacy) were positively associated with change in IIP global scores. It is suggested that therapists' self-reported functioning can be of value in understanding how individual therapists contribute to therapeutic change although their influence is not necessarily exerted in expected directions.

**Keywords:** therapist effects; therapist factors; patient outcome; multilevel growth curve modeling

# Shame

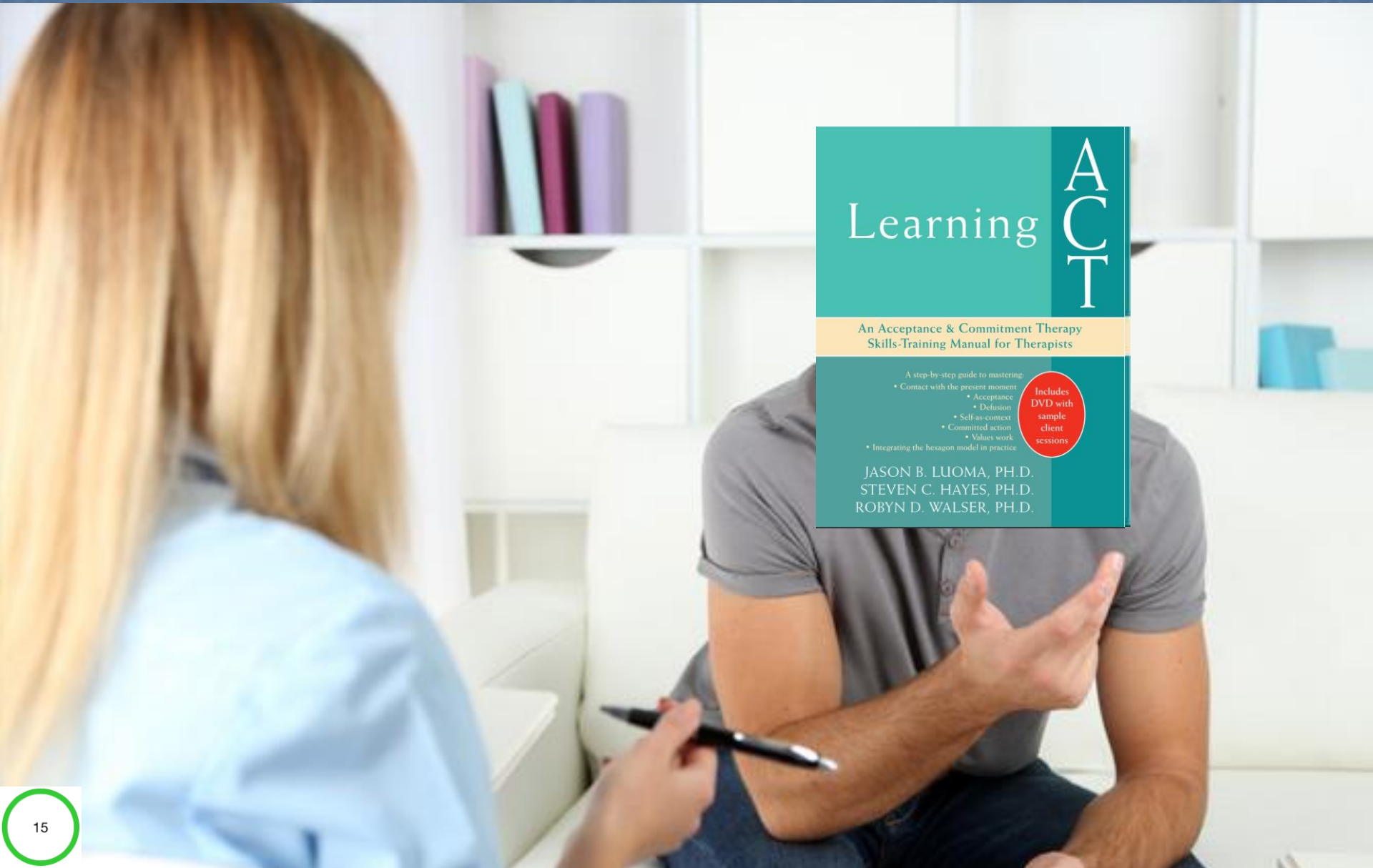


# Healing

*“When you do not know your personal devil, he usually manifests himself in the nearest person”*

-- Paulo Coelho

# a



Learning **ACT**

An Acceptance & Commitment Therapy  
Skills-Training Manual for Therapists

A step-by-step guide to mastering:

- Contact with the present moment
- Acceptance
- Defusion
- Self-as-context
- Committed action
- Values work

• Integrating the hexagon model in practice

Includes DVD with sample client sessions

JASON B. LUOMA, PH.D.  
STEVEN C. HAYES, PH.D.  
ROBYN D. WALSER, PH.D.

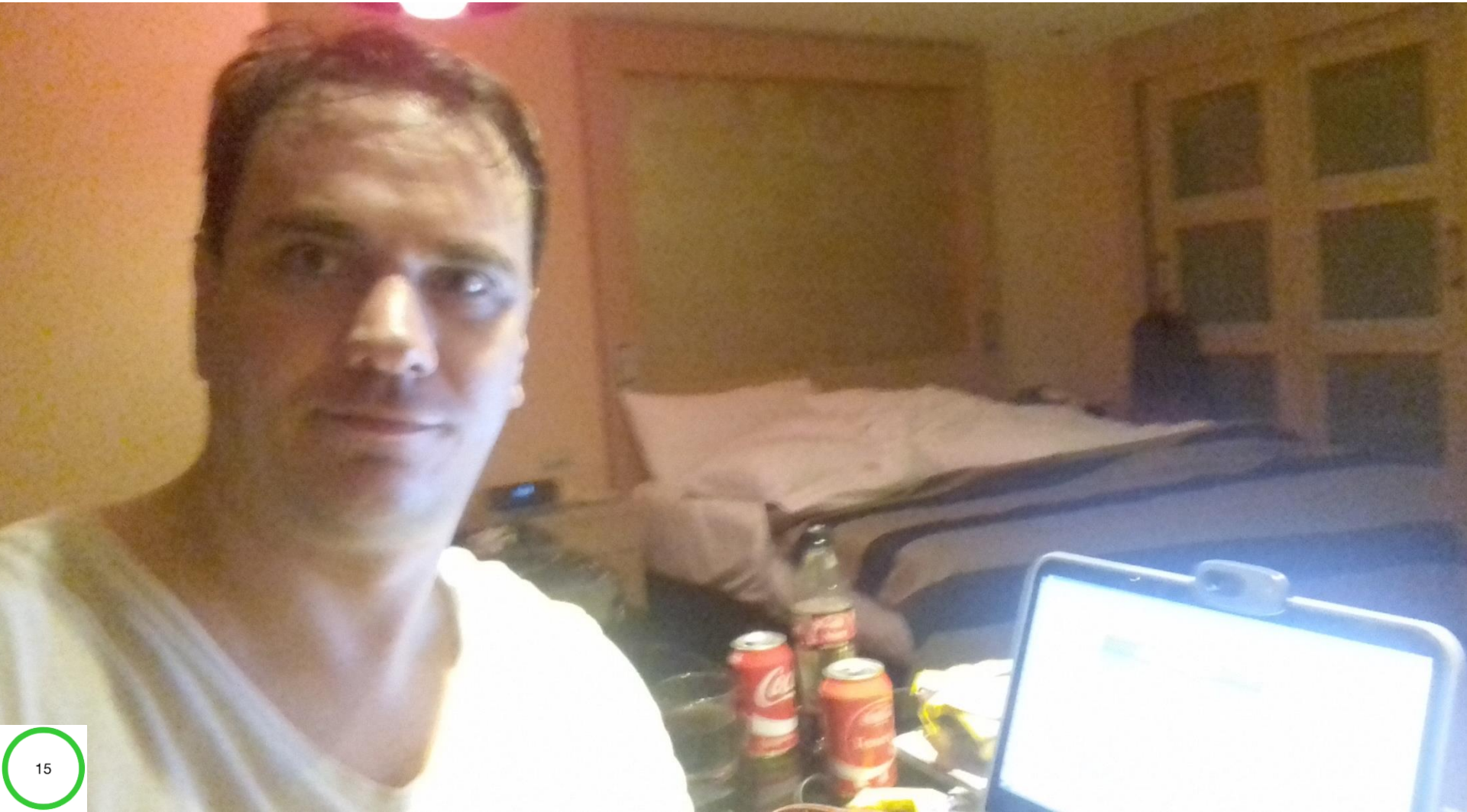
# Serendipity

*“However beautiful the strategy, you should occasionally look at the results”*

-- Winston Churchill

# Healing...

**Running from pain at Meliá Sevilla (June 22, 2017- 5:30 am)**



# AND shame

