THE DESIRE TO HELP OTHERS

The desire to help others is something to take pride in. The difference between a layperson with the desire to help others, and a therapist with that same desire, is the trained ability to direct that desire in the most productive way. It is the ability, through education, training, and experience, to put emotional ireactions aside and to do the job you have been asked (and paid for) to do.

One common mistake that I notice with many new and aspiring therapists is that their heart often overpowers their head. When this happens, the client/patient often does not get the benefit they had hoped for. Although empathy plays a role in therapy, it doesnít follow that training and common sense should go out the window. In his or her zeal to isaveî the client/patient, the inexperienced therapist puts heart and soul into efforts to help the client/patient, often becoming more invested in the client/patientís life than is the client/patient. Caring, and wanting to help, is not enough. Stepping in and attempting to save the client/patient is neither productive, nor in the client/patientís best interest. For success, the client/patient MUST be invested in the process to a greater extent than any other person. Often, the very reason the person has been unable to overcome a problem or accomplish goal(s), is because that person cannot be objective about his or her own life (Note: The person that we most lie to is our self). Those close to that person as well are often unable to be objective. It is the therapistís job to help the client/patient look at things from a different mountain or valley. If the therapist becomes emotionally involved, and loses his or her objectivity, it becomes a situation of the blind leading the blind.

The best resource that a therapist has to help a person achieve his or her goals is objectivity. If that were not true, anyone who simply îcaredî and wanted to help would qualify as a therapist. We all know that this is not the case. To the contrary, well-intentioned friends and relatives are often counterproductive to positive change. Their sympathy and empathy often serve only to keep the person stagnant in the life problems that they profess a desire to overcome. Frequently these people are in fact enablers. Only through self-honesty can one move forward. Sympathy, and consoling friends, frequently sabotage the personís need to accept responsibility for, and own power in their own lives.

Both empathy and sympathy can be virtuous, however, my personal opinion is that they are both highly overrated when it comes to providing competent therapy. A client/patient can get sympathy from their best friend, dog, or mother. Although a certain level of empathy by the therapist is acceptable, an overabundance will cloud the therapists ability to see the broader picture of what is being presented by the client/patient.

CLIENT/PATIENT FAMILIARITY

Regardless of our personal impressions of a client/patient, it is important to
remember that we only know that person by way of the brief window of time and experience that we have with them. No matter how the client/patient impresses us, we don't really know them at all. Often during these brief hours the client/patient will put their best foot forward (as most of us do when meeting someone for the first time). As well, the client/patient usually wants to solicit the therapist as an ally, and will expose to the therapist those traits he or she wants you to see. As well as clients/patients not always being honest with the therapist, they are not always honest with themselves. Simply because the client/patient perceives his or her life situation to be so, it does not mean that their view has any basis in reality (other than within his or her own mind). Remember, in most cases, you know absolutely nothing about that person except for what they have told you. If you were to talk to others who know your client/patient, especially those not supportive of that person, you would likely get an entirely different picture of that person.

In a number of situations, I have worked with interns and students who say of almost every client, ÒOh he (or she) is so nice.Ó My reply is usually ÒYou donít know that! You just met him (or her). He or she may really suck!Ó The reality of life is that not everyone is nice. Some people are completely out of touch (thatís often why they are having problems). Other people are just stinkers. Likewise, some people will be genuinely nice. It is important to remember that as a therapist you will encounter all kinds.

My point in saying this is simple, we should never qualify whether the client/patient is a nice person or a jerk. In fact, it is a non-issue. We are there to help. It is irrelevant if we like the person or not. A professional puts likes and dislikes aside and makes a sincere attempt to help the client/patient accomplish his or her goal. After all, the greater the problem(s), the more the professional therapist is needed. By accepting the client/patient as he or she is, and seeing him or her with clarity, we can more effectively move that person from point ÒAÓ to point ÒBÓ.

DR. HOLDERíS RULES FOR THERAPY

Below are some suggestions that I give to my students. I have found that by following these simple rules the therapist can improve his or her success rate, increase his or her practice, and lead a less stressful professional life.

1. Hypnosis/hypnotherapy is a science, not mysticism
2. Don't be more invested than the client
3. See the whole person (good and bad)
4. Remember, you only know the client/patient through the narrow window of time that you share with them.
5. It's the client/patient's life you can't live it with or for them.
6. You can't save people from themselves
7. For success, place the power in the hands of the client/patient

Your success as a therapist depends on your ability to objectively apply the training and knowledge that you have gathered. If your vantage point is no
different than that of your client/patient then you are no better equipped to help them move forward than they have been in the past without you. By offering a new perspective, by looking at things from a new mountain or valley, you can help your client/patient achieve his or her goal.

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