

Therapists' responses to their own life-threatening illness

When clients come to therapy perhaps it is to understand something that has felt life-limiting. By seeking improvement in their circumstances it could be likened to wanting something more hopeful to come to life. So what happens to clients and therapists in this work when the therapist has a life-threatening illness? This column considers the culture of therapy and its differing nuances when the therapist is seriously ill. In an ageing population, therapists in mid-life are vulnerable to the serious ills of life too. It appears, however, that there is little formal research on this topic and it is not readily discussed.

At heart I have a particular interest in how counsellors and therapists develop over time. The intersection of therapist development and my own cardiac experiences has at times caused a serious interruption to the rhythm of life and influenced my practice. Fortunately I am now well, though these unexpected experiences of vulnerability have richly informed me over time.

All being well, the therapeutic relationship is a professional and relational-based activity with a focus on the client's wellbeing, whether through growth in awareness, new meaning, or subsequent options in living. When the therapist becomes seriously ill it is reasonable to become concerned about how this might interrupt the underlying rhythm and dynamic of the relationship, with potential adverse consequences for client and therapist alike.

Failing health presents us with a sense of our difference from others, and our own imagined self. When caught up in the daily flow of life it is easy to imagine certainty through its repeated rhythm, yet things can change rapidly, if not in an instant, with some health issues, just as they may gradually worsen over time with others. Certainty becomes something of an illusion. Perhaps the trauma of serious illness is compounded because it comes from within us rather than being external. The illness appears in a person's life, taking on a life of its own while bringing fragility and vulnerability to our attention for self and others.

If you have ever experienced a life-threatening or chronic serious illness, or survived a major accident, then you probably have some idea of the upheaval it can bring. In the chaos that follows, it is possible for everything that is familiar to get turned upside down, and for us to question what happened to our old self. How did things end up as they are? And what hope, if any, remains for the future? How did life come to be so different?

The illness creates many dilemmas for practice. It potentially introduces fear and uncertainty about the therapist's own life, availability to practice, and concern for its influence upon clients. For therapists who have been seriously unwell, perhaps facing the prospect of their own death, it is probable that they feel vastly different from their healthy colleagues. The chances are that it is not easy to talk about the illness experience whether in personal therapy, supervision, with colleagues, or among family and friends. How too, if at all, does one raise it with clients, unless of course it is obvious to them? What possible meanings could be made of the transference and counter-transference? Can some useful meaning still arise that serves the client well? How does this sit with personal and professional ethics? If the practice is to be closed, then

what steps are to be taken, and is there a time when the therapist can return to practice? These are just some of the many questions that arise when the therapist's health is at risk.

Finding a way through these dilemmas is understandably difficult, particularly at a time when the therapist's self is under attack. Where does one find the energy to consider them when so much is at stake?

Historically, therapy has evolved from earlier approaches that favoured the therapist expertise to interpret client experiences, to therapeutic relationships that are now likely to be more relational and co-constructed inquiries. This shifts how the therapist locates their sense of self and role in relation to the client. This more reflective and subjective relationship may produce meaning for the client and therapist alike. Through these shifting sands, therapists who have been seriously ill also face a further dilemma. As Grunebaum (1993) noted, it is hard to know whether to stay with the principles of the preferred therapeutic approach or to honour what is human between client and therapist.

In these situations some clients may feel abandoned, angry or withdraw from therapy. While other clients may grow, perhaps identifying with or grieving for their therapist, which then opens them to new experiences of self. Curiously, something new comes to life.

It may go either way for therapists too. Not everyone is fortunate enough to pull through physically. For others the sheer weight of the illness, treatment and uncertainty that follows may lead to their sense of self being so diminished it is hard to continue. Though as Nietzsche's saying goes, that which doesn't kill us may also make us stronger, and this also applies for some therapists too. The experience of vulnerability may open us up, subsequently increasing empathy, compassion and heighten the relationship factors that help therapy to work.

There are no guaranteed pathways or universal answers in these existential dilemmas for therapist and their clients. The outcome for each therapeutic relationship is likely to be contextual, and therefore produces its own meaning that makes it sufficiently different and worth understanding.

Grunebaum, H. (1993). The vulnerable therapist: On being ill or injured. In J. H. Gold & J. C. Nemiah (Eds.), *Beyond transference: When the therapist's real life intrudes* (pp. 21-50). Washington: American Psychiatric Press.

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