**Psychology Reflection**

Name

Institution

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When I took on a career in psychology, I knew that it would be exciting, interesting, but also challenging. There would be the satisfaction of seeing that the patient leaves the sessions better than they did. However, there was also the acknowledgment that some patients would have it rough, and therefore the expectations would not be as expected. This would form part of the challenging moments in my career as a therapist. Away from the thoughts and assumptions, I have had to experience firsthand the experiences of being a therapist in the recent past through practice as a therapist. This essay provides a reflection of my experiences providing therapy for 15 weeks to different patients. It covers the fears, the challenges, and the critical moments experienced in this journey.

Before delving into the exact details of the experiences, it is vital to review the patients that I saw over the period. I provided therapy to three clients over the 15 weeks. The first client was a lady suffering from dealing with an alcoholic boyfriend, although she did not want to leave the relationship. The other client was an ex-prostitute who kept on finding boyfriends. Over the 15 weeks, the patient had three different boyfriends. The third patient was one I barely saw and will not form a significant part of this reflection. There were various fears that I experienced before beginning these sessions and in the course of the sessions. One of the considerable fears at the beginning of the session was that the patients would never get to trust me. Establishing trust between a therapist and their patient is essential to starting a successful therapy journey.

The lack of trust may lead to the patient refusing to open up fully to the therapist. This can cause the therapist to fail to understand the patient's entire situation without likely adverse outcomes. Still on establishing trust, as a training therapist, I feared that none of the patients would express confidence in my abilities, and they would seek another therapist immediately after our initial meeting. While this is an occurrence that should not worry a therapist, it still concerned me because of the urge to help people become a better version of themselves and live a fruitful life. The experience that I had with the third patient that I was supposed to see was quite heartbreaking as it seems they were not confident in my abilities and chose not to return for therapy. However, at the end of the 'self-critiquing and 'self-doubt' period, I understood that not all patients are meant for me, and there were others that needed me and felt confident in my abilities. This geared me up for more work and the readiness to offer therapy to the patients.

Another fear was that my personal experiences would interfere with the therapy sessions. This would happen if I let my emotions get better and try to please the patient instead of extending the necessary care for their therapy session (Proti, 2016). The fear would worsen when conducting therapy on the lady with the alcoholic boyfriend, and she did not feel confident enough to leave. Through the sessions, I discovered that the patient had self-esteem issues and would rather stay with an abusive boyfriend than experiencing another failure in their life. I understand from personal experience how self-doubt could feel, and I was tempted to offer the patient more than enough comfort that would be unhealthy for the patient. However, through understanding the various concepts that I learned in class, I was able to get ahold of my emotions and extend the necessary care and therapy. This came from understanding the importance of maintaining professional relationships with the patients while conducting counseling. There is the need to have boundaries between the patient and the therapist to not develop an over-reliance on the patient (Black, 2017).

Further, there was the risk of transference with this patient, which would lead to an emotional entanglement. Transference refers to the transfer of emotions to the therapist. These emotions could have been experienced earlier on in life by the patient, or the patient could be equating the therapist to a specific person that made them have such feelings (Sohtorik & Halfon, 2019). The low self-esteem combined with a minimal sense of independence in the patient led to the patient always wanting a figure that would show support or re-assure them to 'soothe their self-esteem. As a therapist, this was quite a challenging thing to do and to maintain the balance so that the patient could not get emotionally entangled with me. I had to draw clear lines to ensure that the patient understood that I was the therapist and would not provide the sense of self-esteem and security that she sought.

In connection to this, the second patient, an ex-prostitute, was quite challenging but helped me achieve one of the most significant victories during the fifteen weeks. As a therapist, there is always the risk of cultural bias when conducting therapy. Society has a negative view of prostitutes, which may affect how therapists view such a patient. Worse still, I come from a pretty religious solid background which made me worried that I would be judging the patient instead of extending the necessary care, which would lead to adverse therapy outcomes. However, still banking on the lessons learned on the importance of ridding oneself of the cultural bias trap, I overcame this challenge. I recognized that every patient is unique despite their cultural backgrounds (Proti, 2016). This was by listening to the patient’s entire story and treating them like a patient and not like an ex-prostitute.

It was not easy to overcome these fears, and it involved a lot of work. I realized that nobody can ever say that they understand how counseling works or what it all entails. This is because it is a continuous learning cycle without which any therapist will not extend the necessary care to the patient. As such, I was constantly researching and learning throughout the 15 weeks of therapy. One of the areas that I widely studied was the clients' conditions. Specifically, the patient who suffered from seizures when stressed was quite the challenge, and I had to research the reasons for these seizures continually. This helped me identify both the medical and psychological explanations of this occurrence to the patient and extend the necessary care. It also helped me to avoid the bias of saying that this was merely a physical health issue and not a psychological one. I, therefore, approached the problem from both sides, where there was the recommendation for the patient to see a physical health specialist get the necessary diagnosis. In contrast, I still approached the issue from a psychological perspective.

Another area that I researched thoroughly was the various strategies that I was employed to extend therapy to the patients. This was done by looking at multiple therapists who used the same method and reading evidence-based reviews on the strategy. This helped in the development of various elements that would be useful in the course of therapy. As a therapist, it is essential to note that one does not know everything and thus needs the input of other practitioners from their research work. This was a critical factor in deciding to research the therapy methods that I was constantly applying. It also opened my eyes to the expected benefits and the limitations of the strategy. This, in turn, provoked a chain of thought as to how I would ensure that the patients received the maximum benefits while minimizing the limitations for positive therapy outcomes. Overall, the experience was fruitful, rewarding, but challenging. I now understand that a successful therapist has to employ continuous improvement through research which helps them eliminate their fears.

**References**

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