

LOOKING IN THE MIRROR

An RCC gives a personal account of their journey and growth through therapy

BY DANIELLE PELOQUIN, RCC

Seven years ago, my sons and I had a traumatic experience. We were thrust into the helping world through this experience. I am neurodivergent and so are my children. At first, I was only seeking help for my children. I believed I was strong enough to handle it, so I relied on my armour and shielded up to cope through the experience. Along the way, things started to crumble. At one point, help was offered and I took it. This set me on the path to learning boundaries and emotion regulation. A counsellor challenged me in frustration one day. This led me to apply for a master's degree in counselling psychology. I graduated more than a year ago.

THE JOURNEY

We have had many child and family counsellors. The trauma we experienced affected my children's abilities to learn. It affected our previously calm household. One of my boys became very angry and, at times, was suicidal. Through this experience, I was challenged about my behaviours by family counsellors. Eventually, I was diagnosed with ADHD and began medication. Along the way, my oldest son was diagnosed with dyslexia, dysgraphia, ADHD, and oppositional defiance disorder (ODD). Our

commitment to counselling has led to him no longer meeting the markers for ODD.

In the past seven years, I have had five individual counsellors. My coping strategies led to a rocky start that led to relationships breaking down with the first few counsellors. I had trouble with counsellor expectations around my abilities due to my neurodivergence. As I've come to understand my neurodivergence, some of my first experiences were damaging because of the therapists thinking I was disrespecting them by missing appointments or not completing homework. The last two therapists, I have had long-term relationships with and have experienced amazing growth. I am much better at advocating for myself around my neurodivergence.

I have gained knowledge and relationship-building skills from my own personal therapy.

BEING A BETTER THERAPIST

During my education, I often wondered why so many students were becoming counsellors but had not experienced therapy themselves. After all, how is it that we would expect others to access our services when we are not willing to commit to it ourselves? I have gained knowledge and relationship-building skills from my own personal therapy. I have had the opportunity to observe counselling techniques and experienced multiple counselling modalities because of my therapy experience. Some of these experiences have significantly informed my practice.

There are many reasons therapy

has made me a better therapist. The following are the ones that helped the most:

- Compassion for my own suffering has made it easier to be compassionate with my clients.
- Working through my inner-child wounds has made observation of transference easier.
- Therapy has allowed me to be vulnerable, in a conscious way, with my clients about my own healing journey.
- It has allowed me to sit in uncertainty with clients while noticing emotions and urges without acting on them.
- It has allowed me to release control of the therapeutic journey with my clients.

As therapists, we are as human as our clients. In "Therapists are human too," Adams explains that sometimes therapists have shame in getting their own needs met and think because they are therapists, they should have things figured out.¹ This prevents them from seeking therapy for themselves. In "Walking wounded or wounded healer?" Conchar and Repper discuss how a healer surviving mental distress is a draw for clients seeking therapy.² My lived experience with high shame and ADHD informs my practice. When I'm working with high shame and self-critical clients, I am reminded of the strong armour I carried. I use my own wounding and journey to help clients soften towards self-compassion. I can easily explain "backdraft" associated with learning self-compassion due to my own experience of it.³ The first time I attempted to use my loving-kindness meditation towards myself, I experienced extreme resistance to it.⁴ It was painful and hard but I persisted. Relating this to clients helps them step into the discomfort of bringing self-

compassion to themselves.

I relate to Stone, who states:

*What has consistently surprised me, however, is not so much the value of this caring relationship to clients, but rather the value to myself, and the ways that each session leaves me with, at the very least, a heightened awareness of my own wounds—and a deeper compassion for my own challenges in truly accepting myself as I am. Inevitably I walk away wondering who has been the mirror for whom?*⁵

This quote is a reminder to me why I attend therapy. Working through each wound as it arises whether through my familial or therapeutic relationships helps me journey with my clients through their own healing.

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REFERENCES

1. Adams, M. (2014). Therapists are human too. *Therapy Today*, 25(9), 22-25.
2. Conchar, C. and Repper, J. (2014). Walking wounded or wounded healer? Does personal experience of mental health problems help or hinder mental health practice? A review of the literature. *Mental Health and Social Inclusion*, Vol. 18 Iss 1 pp. 35-44.
3. Neff, K. (2022). Tips for Self-Compassion <https://self-compassion.org/tips-for-practice/>
4. Loving Kindness Meditation: https://ggia.berkeley.edu/practice/loving_kindness_meditation/
5. Stone, D. (2008). Wounded healing: Exploring the circle of compassion in the helping relationship. *The Humanistic Psychologist*, 36(1), 45.