THERAPY VIRGIN

If you don't think you need therapy you probably do

NISHAH DENNISON

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Foreword

In my work as psychotherapist and lecturer, I don't always get asked the big 'deep and meaningful' questions; in fact I have been struck by people asking the most basic questions. The need for simple straightforward answers about how therapy works, or how to know if a therapist is any good or not! I have learned from students and clients that there seems to be no easy way to find answers to these simple questions. On top of this, I have observed a multitude of people entering therapy totally in the dark about what expect, let alone what was good or bad practice. This book answers these questions, gives insights and behind-the-scenes information, shedding light on what still seems to be a stereotyped and taboo profession. It aims to arm the reader with information to help identify personal preferences, enabling the right choices and decisions to be made for each person. People have told me of their bad therapy experiences over the years, some of which quite frankly give therapy a bad name. This book hacks into this

knowledge gap so that readers, potential clients, can know what is good practice and what is not. If only I had had a book like this when I embarked into therapy! I too have had some dodgy experiences. In addition, there are a lot of people out there who are sceptical about therapy, here in the UK at least; in the US it seems more acceptable. Again, this is usually due to not really knowing or understanding what goes on in therapy. It is still a bit mysterious and misunderstood. The fact is, if you have a doctor for your health, a personal trainer for your fitness, a coach for your business, why not a therapist for your mind? When you do get good therapy, speaking from experience, it is life changing and something you cannot undo or forget. So, let's now move into the therapy world together.

"Your mind is quiet,

But your thoughts are

Loud as thunder."

Amy Tang

Part 1

Do you Need Therapy?

Chances are that if you are asking this question, you are already partially aware that you could do with help in some area of your life. It is normal to feel unsure. We don't even know if we are psychologically healthy most of the time. We question whether what we are experiencing is healthy or unhealthy and seek therapy for an answer. It is ok to enter therapy unclear:

You don’t have to have be clear about what is wrong

Many people come to therapy simply to check out their ideas and thoughts. People aren’t always sure if their problem is one serious enough to warrant therapy. Consider the following statements in processing whether, or not, you need therapy:

- I have tried all that I can to resolve this
- My life feels hindered in some way
- This is a problem that I cannot solve alone
- This a recurring pattern that I want to put an end to
- I don’t want to involve my friends & family
- I want to move on in life

These are common opening statements that clients have when entering therapy.

We are resourceful as human beings, we find ways to manage our problem’s and ease our pains even if it means ignoring

them. Even a person in the worst life situation will find some way to survive, albeit perhaps not in the best way. It's like a child being abused by its parents, it will still attach itself to them as the risk of not attaching threatens extinction. We find a way; it's best to have something rather than nothing, even if the something in reality is not good enough. As humans we survive situations as best we can, even if we are damaged in the process. This is what we do in life before therapy - make do, find a way to carry on, survive.

The pioneer of the Person-Centred approach, Carl Rogers, describes this natural mechanism of self- survival as the 'Self Actualising' tendency; people will always strive for the best alternative in any given situation, and we all have an innate ability to heal ourselves; we just need help with this at times:

"The curative force in

Psychotherapy –

Man's tendency to actualize himself,

To become his potentialities."

Carl Rogers

There is no such thing as a person without problems! When a student says to me they don't need therapy, I don't believe them. This is like saying I have no problems. Such individuals are either in denial about having a problem, or completely unaware that they have them. The ironic thing is that the people who feel they need therapy the least, are the ones that need it the most!

No one is forcing you to have therapy!
It’s got to be your decision.

We all have problems, and many people in the world manage their lives without ever addressing their problems. This is fine, it’s a choice, but some get to a point where they cannot live their lives this way anymore. It’s the difference between living blindly and living with awareness. Living asleep, or living

awake. A wife who is totally unhappy in her marriage may decide not to do something about this, it is her choice. She may decide that the recurring bouts of depression are 'her lot' in life, and carries on this way for the rest of her life. Or, it becomes debilitating, critical, and may even develop into somatic physical illnesses which she then decides to act on. The former is existing, not living. When psychological issues become body issues, things are crying out to be addressed. Living is facing truths no matter how painful they are. Not an easy thing. I respect everyone's right to choose what they want to do; not all people want to face the painful truths of their lives. Not all people go to therapy, and that's fine.

For those that do, they have realised that they have problems, or sense that they have, and want to find out what the problems really are. Anyone can come to therapy. You don't have to be 'sick' to have therapy! It's not just for people in dire need. It is also for those who simply want self- development and growth.

Anyone can have therapy!

Exploring Childhood

It is never as simple as having had a “good childhood”, “great childhood”, or “fantastic childhood” – “good enough” hopefully, but the complexities and effects of childhood are not to be underestimated.

“We have to have suffered some kind of major trauma in our childhood for it to be a bad childhood”

This is a common misperception. Just growing up in a world full of various unforeseen let-downs is enough to affect a child and young person. As we move into the world around us, we are met with disappointments; the world is not perfect or all good. Imagine leaving a mum, who loves you unconditionally, to go to school. You may seek comfort from a female adult (teacher) who has no time for you, or cannot love you as mum does. Is this not a let-down or disappointment? If the teacher is overtly cruel to the needy child, this would indeed be ‘traumatic’! Now imagine many of these learning experiences growing up. For each of us it will be different. Different things hurt different people. Maybe you are out with your parents and you do something cute, and look to a stranger for affirmation of your cuteness (usually given by parents), only to be met with a cold stare, isn’t that traumatic! You love your new friend, feel close to them, look forward to seeing them, and the next day they are

best friends with someone else. These may not be issues that warrant therapy, but they are part of our childhood.

There is no such thing as a happy childhood – sorry!

Sorry to disappoint, but that is the truth − we are born into a challenging world. This brings us to the next point which is about how we meet these challenges – this part determines the level of severity of these impacted experiences, and forms and shapes who we are later in life.

Exercise

No matter how trivial, list the answers to these questions:

- List some of your childhood let downs?
- List some of your childhood disappointments?

These will be wide ranging from small to serious, trivial to severe. You must include the small and trivial; often these are the most important. After listing these, now consider:

- How did you manage these? (brushed it off, become withdrawn, went quiet, got upset/cried, retaliated, told someone, did not tell anyone)

Look at your answers to the final question and notice which habits pertain to how you deal with things now. Seeing this pattern will help you understand yourself, observe how this way of being plays out in all areas of your life. Childhood experiences have a powerful impact on who we are as adults. The late child therapist, Melanie Klein, was criticised for portraying life in a pessimistic way, but was she stating the truth:

"Life is not a bowl of cherries,

but a series of events

that need to be experienced, endured and

overcome."

Melanie Klein

It is important to explore one's childhood: it is rich with memories and experiences that have shaped and influenced who we are. This will enable a fuller understanding of the self. When clients explore their childhood, there is sometimes the element of guilt. Some people fear blaming their parents, they don't want to bad-mouth their parents, and talking in a negative way about them can feel like they are betraying them. This fits with another misconception about therapy - that it makes you

dislike or even hate your parents! Or involves “parent-bashing”. It doesn’t. It is important to point out that clients love their parents and that parents in general do the best that they can. What we look at in therapy are the effects of what happened on the client; not to judge what happened but to focus on how what happened affected the person. There is a difference, and it is important to separate this out so that it does not get misconstrued as blame, which is therapeutically pointless. It is a natural part of therapy to go through a phase of working on parent issues, in a non-blaming and non-criticising way for the sake of understanding. If negative feelings arise, this is usually temporary. Therapy explores the various ways in which childhood has shaped and influenced the client:

How the client was brought up	School & education
Parenting styles	Socialisation
How parents were parented	Home Life
Memories & experiences	Friendships

Exploring Parenting

Parents born during the war are often called “war babies”. They will have experienced some degree of emotional deprivation as this was not generally a touchy-feely generation. The culture was not to show emotions, but get on with life and suck it up. It was often the case that affection was not given freely, and was even seen as indulgent and a bit unnatural. Spoiling babies and children was a rarity; there was a war on, everything was rationed, even feelings. Children were seen and not heard. Even the classic method of raising babies was to restrain responding too quickly to babies crying, even if the baby might be hungry, so as not to indulge or encourage crying. Later, when these war-babies become parents themselves, what do you think happens? The pattern repeats. The war-baby parent may find it hard to give and show love. It’s not a deliberately cruel act, it is based on what was experienced, and not knowing any different. Another symptomatic example of this generation of parents is what I call the “stiff cuddle”. Hugging

and cuddling is awkward. If a hug is given, you may find yourself patted on the back in a rather hard manner! Not only does this create a continuing pattern of deprivation for the child who doesn't feel loved, the child is likely to have relational problems of their own as a result when they grow up. A word on neglect, often people think that parental neglect is something huge. But neglect also comes in subtle forms: a less bright sibling may get extra attention, the brighter one neglected because they are "ok". The less bright child grows up feeling they need to be productive to be of any value. The brighter child grows up not expecting love or attention, reinforcing never receiving it. There are so many ways we fail as parents, whilst ironically trying to do the right thing!

The world is a big place!

Common Themes Explored in Therapy

Educational History

You may not be surprised by just how much experiences at school can affect us as adults. Quite often problems in the work place stem directly from school days or parental attitudes towards work and study. It is valuable to explore not only the client's experience of school, but also how the parents viewed

school and study – expectations (or lack of), work ethic (or none), reward systems and what was rewarded, how homework was handled, etc. A client's educational history can influence work and employment as well as future study experiences in later life.

Home Life

How was it growing up in the household environment? Were there any rules or was it chaotic? Were roles or chores assigned? It is extremely useful to explore what life at home was like. Was it an emotional household, or not? Were parent's rigid about, for example, rules and expectations, or not? Were there arguments, or was it "hush-hush" about such things? Were friends allowed to come around; how was socialising seen?

Attention and Affection

I always ask my clients: "do you remember receiving affection?", "do you remember sitting on your parents lap or getting a hug?" It is important to explore whether the client was

loved, valued, cherished and nurtured as a little human being, or not. Was the attention and affection regular and consistent, or not. We now know that receiving affection is directly linked to healthy brain functioning. Not only does receiving affection build our sense of self, our esteem, and form who we are, it calms and regulates the brain allowing the growing brain to learn how to handle stress. A loved person not only loves themselves, believes themselves to be worthy and lovable, they are also able to love others whole-heartedly. Unfortunately not everyone experiences this.

In big families with many siblings, children can be left out. Perhaps children even end up caring for other siblings, getting neglected themselves as a result. Perhaps they were the carer for the parent(s). As a result, they may not have been able to be a “child”; grew up too fast, becoming an “adult” too soon.

Food

You may think this a bit odd to explore, but I find it fascinating and often very revealing to explore a client’s attitudes to food,

and what mealtimes were like growing up. Food is linked to value, love and self-worth. It's no accident that clients who struggle with feeding themselves, and I mean in the most basic sense, have low self-worth. Exploring food also reveals family dynamics that will have affected and influenced the person growing up:

- How were mealtimes experienced
- Did the family eat together or separately?
- Was there a lot of waiting, hunger or starvation
- Was the food plentiful, sparse, good, horrible
- Was there over-indulgence
- Were there lots of rules around eating
- Was it formal or on the floor, or on newspaper!
- Was it a stressful environment to eat within?
- Where there any unusual patterns/routines

There are so many eating disorders these days, not just anorexia or bulimia. Eating disorders include eating the bare minimum and having minimal food around, shame around eating, secret eating, comfort eating, hoarding food or keeping it until it has gone off, not being able to throw away.

The reasons for these disorders vary. Perhaps a person was only fed rubbish leftovers: the “bad” food. Perhaps food was never enough so they had to eat fast. Perhaps they were fed too late, already starving and never able to eat when they needed to. Perhaps there was an uncomfortable atmosphere during meals, leading to an avoidance of eating with others.

Friendship and Socialisation

As soon as we enter the world we are learning how to relate to the environment around us. As we move away from family we start to make friends of our own and explore relationships. It is useful to look at what kind of relationships we had growing up, what specific memories we have, whether friendships were encouraged, were our parents social, etc. I once observed a child at my son’s school, who was often excluded by her peers. This forced her to become more vocal with the adults around her. At the morning line-up she would strike up conversations with parents whom she didn’t really know. Her lack of formed friendships forced her to become inappropriately close to

adults; ok if safe, but not ok with an adult who might abuse the situation. Such a child may grow up with a lack of boundaries: not knowing how far to go, forcing closeness, misreading situations, etc. Childhood relationships influence adult relationships:

- Inability to be close - never fully sharing oneself, being supportive but not letting anyone in, isolating oneself
- Too close and not able to be individual
- Not able to maintain friendships
- Cutting people off for the slightest thing
- Superficial friendships only - no depth

All these are issues that can emerge from childhood.

"Young children, who for whatever reason are deprived of the continuous care and attention of a mother or a substitute-mother, are not only temporarily disturbed by such deprivation, but may in some cases suffer long-term effects which persist."

John Bowlby

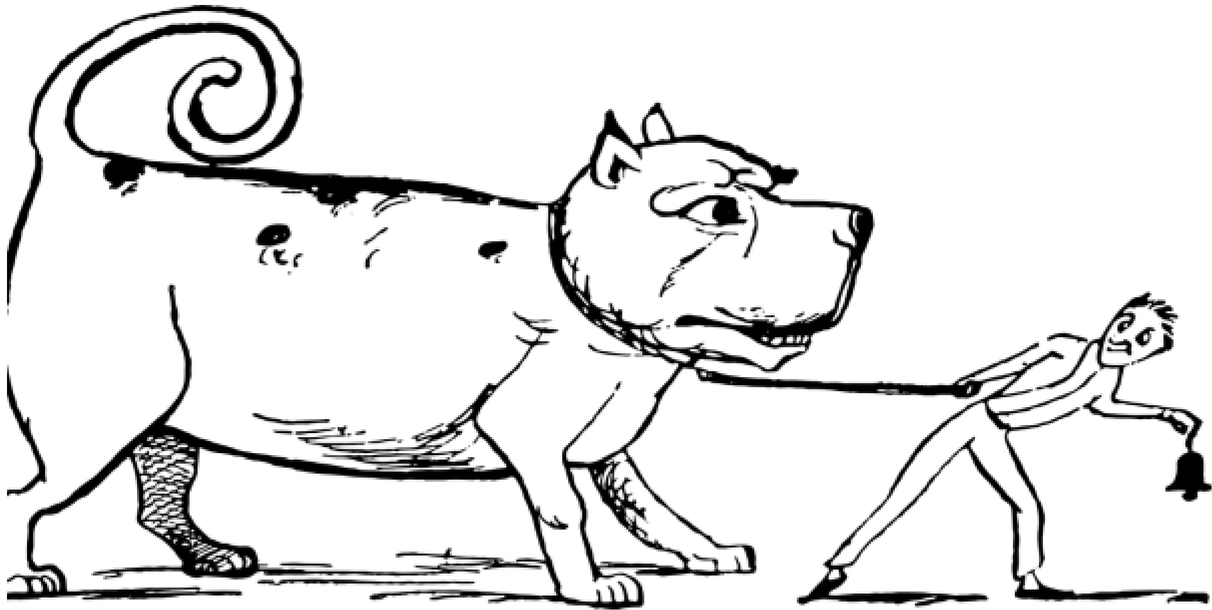
Realising a Problem

Many people don't realise that they have a problem and it may take a while to get to the point of realisation. Some people come to therapy with a clear idea of what the problem is,

whereas others sense something is wrong, but are unclear exactly what the problem is. People read self-help books, browse the net, talk to friends and family, which are all useful to a degree but can only take a person so far in their development. Problems are unique to a person due to their history, life experiences, and character. Therefore, generic advice from the net, self-help books and magazines are usually not specific enough to get to the roots and resolve the problem. Think of a couple with relationship problems. They try to resolve things by themselves, over and over, but arguments ensue because they revert back to negative patterns - they are limited by their lack of resources. They may try everything that they know of, but it just doesn't work. It is the same with self-help tools; they will only take you so far. At times, we need to reach out beyond our own limitations and seek help from a professional. An exception regarding the use of self-help tools may be if a person has already done a lot of work on themselves, in which case they may be able to better use self-help material.

There are three types of person: one who doesn't know they have a problem (no awareness); one who very strongly denies that they have a problem (unconsciously aware); and one who realises that they have a problem (aware).

The main obstacle in recognising one has a problem is denial. One way to recognise denial is when someone protests far too much! It is as if their inner self realises a truth is being touched on, but the outer self is denying like crazy – not wanting to face it. Denial is not often a conscious process, most of the time denial is unconscious. Denial is a mechanism of the mind to keep unpleasant thoughts, feelings and memories at bay. It has a healthy function if you like. People often see denial as bad, but in fact it is a survival mechanism when something feels too painful. Therapists are very careful in how they work with denial. If denial is challenged too soon, a client could become seriously de-stabilised, or the denial may become even more entrenched - it fights back:

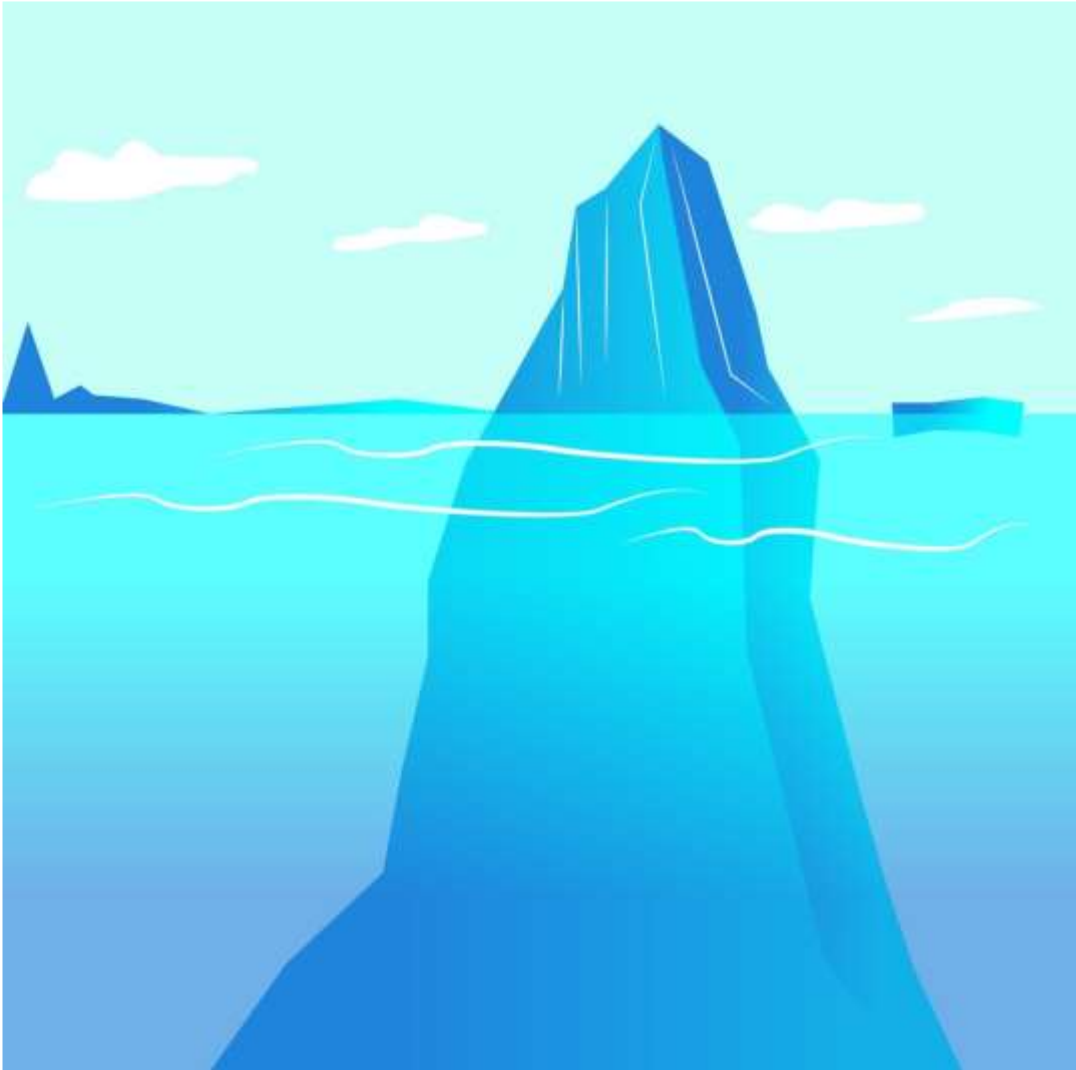


So how does a person recognise they have a problem? Get past denial? Get a clear realisation? The answer is to develop awareness and ownership. The following questions encourage a person to become aware, and in doing so take ownership:

- Write a list of your problems/issues. If you think you don't have any, ask people to tell you what they are!
- Now notice your reactions to each problem/issue – is it a defensive reaction? or is it honest acceptance?
- Honest acceptance is fine – you can work with that

- Defensive reaction - pay attention to the ones that cause an argument (denial) in your mind and consider that this may be a possible truth that you are resisting
- Remember the saying “thou doth protest too much”!

It is often surprising how unaware people are of their problems; they don’t know why they feel bad, and put it down to having an off-day or put the blame on something external. Awareness is the key to everything, which is why “mindfulness” has become popular; mindfulness is simply heightened awareness. If you can live your life with fine-tuned awareness your problems will be much reduced. Mindfulness/Awareness leads to insights and realisations. We may think we know ourselves, but we probably only know 10%. The top of the iceberg, what can be seen, is our conscious mind, what we are aware of – the rest of the iceberg under the sea is much bigger than we can ever imagine, this is our unconscious mind that we are not aware of, quietly influencing everything that we do without our realisation.

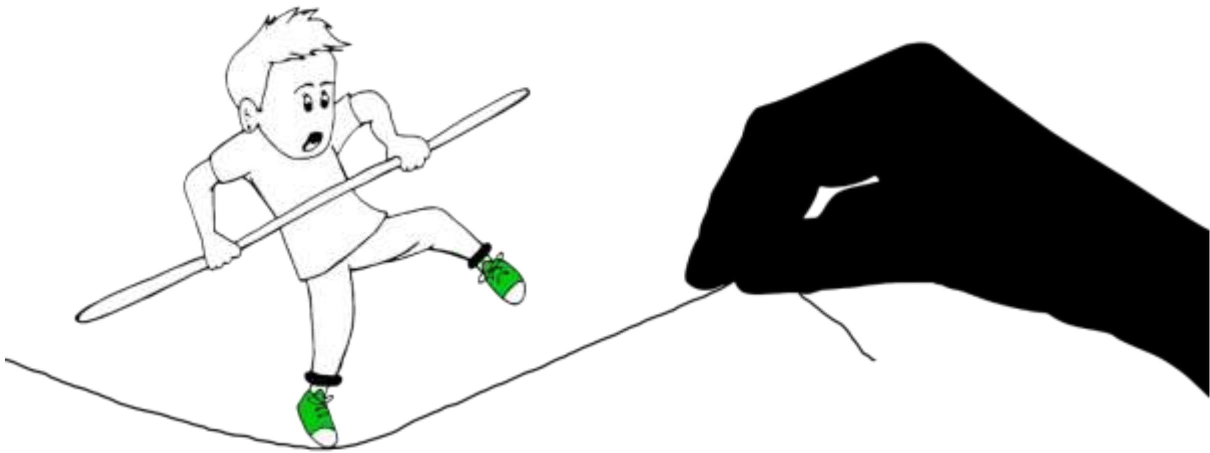


The Unconscious is Vast.

Coping Strategies or Therapy?

People have automatic coping strategies. Call it survival instinct. So how do we cope? When there is no therapy what do we do to cope? I am talking about internal strategies, not external ones such as talking to others. One way is talking to ourselves, as a form of self-soothing, self-reassurance. This is not usually out loud, but in our heads. In fact most of the time there is a subtle dialogue in our heads, we are just not aware of it. Sometimes we might say the odd thing out loud to ourselves. We have an internal voice that thinks things through and tries to resolve them. This self-talk can be affirming and positive, or even a pep talk; its purpose mainly to aid function rather than resolve issues. Another common coping strategy is to distract oneself by keeping busy. This is useful if stopping smoking or getting over the pain of loss, but is a distraction nevertheless; and whilst useful initially, it is still a strategy of avoidance. Freud would call this “avoiding un-pleasure”.

Coping strategies make a person appear to look as if handling things well from the outside: someone who keeps busy (avoidance) but is productive as a result; someone who uses self-talk to keep positive (masks negativity); and even the highly intellectual, cognitive person (avoids feelings) is achieving goals, while not in touch with their emotional life. Whilst on the surface such persons appear to be moving forward and look good in terms of functioning well, the reality may be an avoidance or masking of present or past problems. Coping strategies last for a while, probably with ups and downs along the way since it is impossible to maintain perfection, but the risk is a build-up of stress leading to a breakdown in functioning. This can happen suddenly and heavily if a lot has been repressed over a long time. A healthy fully functioning person learns to deal with problems as and when they arise. Whatever you are doing in life, however busy you are, dealing with psychological issues patiently and regularly as they arise prevents them coming back to bite you later, and keeps you balanced:



Address your problems,
And stay balanced.

To summarise, coping strategies are useful in the short term but only get us so far in our development. There are also personality types that can be a hindrance to self-development.

Some people do not dwell on things for too long as a way of keeping potential problems at bay. If they gave “it” too much attention, it becomes a risk or threat. Such persons stave off any negativity by putting a lid on things, saying “it’s ok”, “it’s fine”, quickly skimming over things to prevent any negativity.

This is an unconscious choice not to dwell on anything uncomfortable or painful, and the person may quickly move from one thing to another. By keeping things at a surface level – superficial, no chance of depth – there is less risk of revealing a problem. Another personality type is someone who is driven to constantly strive to make things positive. This is another way of staving off negativity; turning something into a positive may give the illusion of making it better, while actually avoiding the problem. Such people are sometimes called "rescuers" as they try to eliminate negativity, rescuing a person or a situation. Whilst well-meaning, in doing this they never let the problem arise to be resolved, so are sabotaging the process of development. Similar also is the type of person who wants to help others all the time, is driven to do good, to be seen as good, whilst never really looking at their own issues. In fact, they feel better about themselves by helping others, avoiding looking at their bad-bits for want of a better word. These people are often called compulsive care giver'. Finally, a more common type of person is someone who avoids being

emotional, even sees emotions as weak or futile. They cannot allow themselves to fully “feel”, and may avoid feelings at all costs; never crying, avoiding emotional conversations, or simply not being able to feel.

Coping strategies are seen favourably by action-orientated therapies such as CBT (Cognitive Behavioural Therapy); in Coaching (not therapy); and by many psychologists practising short-term clinical work. These strategies are favoured because they may get positive results quite quickly, take people away from their pain temporarily, and enable people to function and get on with life. While these are certainly benefits, it is a familiar situation for psychotherapists to find themselves dealing with situations where the problem has simply reappeared, and actually needed to be understood and worked with at a deeper level. Short-term strategies are useful at times, and may feel safer and suit those people who don’t want to go to deep too soon. But they risk being temporary fixes that avoid dealing with deeper issues. For example, instead of “positive self-talk”, what is it that is being covered up and why is it so upsetting?

What lies underneath that is not being addressed? With feel-good strategies, the problem will usually re-emerge as the strategy wears thin, and it may be then that we have the opportunity to address the roots of the problem to find a more permanent resolution.

There is no quick fix!

Taboo or Not Taboo!

Unfortunately, there is still a taboo about being in therapy, here in the UK at least. A lot of clients still hide the fact that they are in therapy for fear of judgement, prejudice or even interference in their lives.

There also seems to be a taboo around even having a problem or being emotional. Often this is still viewed as a weakness and people joke with labels such as “the emotional one” or “the drama queen”, when someone is just in touch with their feelings or expressive. People often have a fear of becoming emotional or crying, and may fear becoming scared or overwhelmed – a fear of losing-it or of being out of control. Perhaps they fear not being able to get themselves together again, collapsing, crushed and unable to cope. Some fear that once they open the proverbial can-of-worms they may struggle to function and may break down: “if I get emotional or lose it, I won’t be able to recover, and will start going down-hill”. These are all very real fears. In some extreme cases this is a real possibility which

therapists will be aware of. However, in general, therapists are also aware of the very common and normal fear around opening up and showing emotion. I encourage my clients not to panic about feeling emotional as this emotional feeling is simply "information" to the both of us, and a sign that we are on the right track. The emotions are telling us that something is not quite right and needs attending to. The body is simply telling us that something is wrong so that we can pay attention to it. The late Gestalt therapist, Fritz Perls, takes this further, saying:

"A breakdown is a breakthrough."

Fritz Perls

A breakdown – overwhelming feelings and emotions that completely take over and hinder us – is an opportunity to change. It is a transition, a turning point. It is not pleasant – who wants to feel bad – but the trick is not to panic and to see this as an opportunity to sort something out once and for all.

So, when we cry, get upset, feel depressed, it is because something is not right, needs addressing and ultimately healing. In fact, the body and mind are cleverly finding a way to alert us to this fact.

Don't ignore feelings and emotions. Pay attention to them, listen to them so that they can be untangled, understood, and once understood, can fade away very naturally.

Part 2

How to Find a Therapist

If you can find a therapist by word of mouth, this is better than going in blind, but it doesn't necessarily mean that the therapist is right for you. The therapist may have been perfect for the person who referred you, but *you* may not match well with the therapist. This happens not infrequently, and the disappointment with that particular therapist may lead to disappointment with therapy as a whole. Word of mouth is simply a recommendation based on that person's "good"

experience. But what if that "good" experience came from having a therapist who was too soft, perhaps letting the client get away with things by not challenging them. For some people going through a tough time they may not want to be challenged, and rather want to be simply supported, and this approach may help a great deal. But for others, a therapist who is able to challenge a client, alongside being supportive, may be more what is needed. So, whilst recommendations save time and are trustworthy to a degree, they are still experiments and just one route.

There is no such thing as a perfect therapist!

There are a bewildering array of therapist listing sites, but out of these a good starting point to start your search for a therapist is through the main two accrediting bodies:

bacp

British Association for
Counselling & Psychotherapy

Both organisations list therapists who have completed professional training that has met the standards of that accrediting body. You know you will be getting a therapist whose training was a minimum of four years duration and of a certain quality. You will get someone properly trained and qualified. Both websites list people all over the country so you can search for someone in your locality. You will be able to view therapists' profiles that contain a short biography, their qualifications, theoretical style of work and issues that they work with. It is then up to you to choose who you are drawn to, and I suggest that you contact a few therapists before making your final choice. You should feel free to arrange an initial consultation meeting before deciding whether to continue with that person – who to some degree you will be trusting your mind with!

If you are looking for someone senior with lots of experience you will want to look for the number of years they have worked

post-qualification. Such therapists sometimes call themselves "Senior Psychotherapists" in their profiles, which generally means at least 10 years post-qualification. In my own case I have worked for 19 years since qualifying.

Sometimes when you contact a therapist they may not be able to see you; perhaps they don't have space or are unable to work with your presenting issue. You can ask them to recommended names and often they will try to give you one or two options if they can.

If you are doing a search on the internet, for instance therapy in your area, make sure that the person is accredited with one of the two organisations above to make sure they are appropriately trained and qualified. Just because they come up high on a google ranking doesn't mean that they are any good!

Regarding trainings, some trainings are not approved by the UKCP or BACP, meaning these trainings could include anything! But if a therapist is accredited and registered with one

of these two national bodies you can have confidence that they are well-trained and follow strict ethical guidelines.

I once did a google search to see who came up in my locality, to check out my “competition”, and to see what other websites were like! It was an eye-opener. At that time, it was a long time ago, I found lots of flashy websites, far better than mine, but when I checked therapists’ training and accreditation I found all sorts of discrepancies. Firstly, a lot of them were psychologists – not counsellors or psychotherapists. A psychology training is not the same as psychotherapy, as will be covered later. Secondly, I noticed that whilst many had hypnotherapy, psychology, NLP qualifications, the actual counselling or psychotherapy qualifications were either very recent, suggesting only limited experience, or the training was very short – sometimes brief workshops or add-ons to their non-psychotherapy qualifications. So care is needed in unpicking what is on offer.

A GP can be a good first point of call, and this is often where people might discuss concerns about their mental state and emotional problems for the first time. The GP will usually make a referral to NHS or CBT therapy, but there are some limitations to this. Yes, it is free, which is great, but the therapy is always short-term, sometimes limited to six sessions only. If you take up such a route, ask your therapist if there is the option to extend if appropriate; some will have flexibility to do so, others won't. Another limitation is a potential waiting list. I regularly see people privately who have become fed up with waiting and needed help sooner. A third downside is that you usually don't get a choice of type of therapy, and usually end up with CBT, useful for some but not for others. Another possible limitation is that you are likely to get a trainee therapist. If you ask the person whether they are qualified they are obliged to tell you, but clients don't usually ask. This doesn't necessarily mean you won't get good therapy; trainees are supervised by a qualified therapist, and are often highly motivated to do a good job but it can mean the process is a bit hit and miss. If you

want to be in the hands of an expert, quality may mean looking for years of experience. However, the upside is that it is free, and some therapy is better than no therapy. And it can be a useful stepping stone to something else. GP referrals are also necessary for some specific problems; for example to refer to Eating Disorder clinics, Obsessional Compulsive Disorder (OCD) units, or more complex mental illnesses that warrant medication and maybe the support of a psychiatric team.

There are many kinds of counselling agencies, some are generic – for all issues – whilst others are for specific problems such as drug and alcohol addiction, bereavement or couples therapy. Sometimes the therapy at these agencies is free, but most often it is low cost, and there is often a waiting list. Again, it can be a bit hit and miss since you cannot select your therapist or style of therapy, and your therapist is likely to be a trainee as counselling students are required to be in voluntary placements with agencies to practice their client work. This may or may not be a concern for you.

Supervision

All therapists should be supervised. Just as employees have line managers as part of their jobs, therapists have supervisors whom they pay to see, and for supervision of their practice. Therapists who do not have a supervisor are not working ethically and safely. No therapist is perfect and they should not think that they don't need supervision. Therapists that don't have a supervisor are likely to be unaccredited, as supervision is a requirement of accreditation. Therapists in private practice seek their own private supervisors, whereas agency or NHS therapists will usually have an allocated supervisor. In supervision, the client's confidentiality is paramount, only the issues are discussed and the client's identity protected. It is perfectly fine for a client to check with their therapist whether they are in supervision.

Here is a recap on the various routes to finding a therapist:

- Word of Mouth
- Accrediting Bodies: UKCP, BACP

- Personal Websites
- Therapist Directories
- GPs
- Agencies

Considerations when Choosing a Therapist

I have already mentioned that the therapist needs to be accredited (properly trained and qualified) and be in supervised practice. When you first contact your therapist, you will already start to form an impression of them from talking on the phone, even in emails there is a tone and these impressions will eventually feed in to your decision whether to proceed or not with that person. It is also worth thinking about what questions you would like to ask them. Obviously, fees and availability will be important, but if you do go ahead and arrange an initial consultation, that is the occasion to ask questions to settle any doubts you may have. What do you want to know before deciding to proceed? What would make you want to continue

working with them? Here are some key questions you might consider asking:

1. Who are they accredited with (UKCP or BACP)?
2. What training do they have and how long have they been practising?
3. Are they in supervision?
4. What is their cancellation policy – how much notice do they require? (Some therapists charge for holidays!)
5. How do they work – their style, theoretical orientation?
6. Do they have any specialisms and interests?
7. Do they have a contract? (Info/rules/guidelines.)
8. Or there may be something personal and specific that you want to ask

Remember, it is fine to ask these things. Whilst the therapy will be all about you and not them, the first consultation is your opportunity to find out information before the real therapy begins. The therapist will usually be receptive to these sorts of questions.

Gender

Whilst the above are some fundamental questions, there are other considerations of a personal nature. For instance, do you have a preference as to the gender of the therapist? You might be certain about this, or you may not have a preference. What is your gut feeling, and if you do have a preference what lies behind this decision? Why are you choosing a male or female therapist? And do you really know if this is right for you? You may think a female or male is best for you, but you might benefit from the other gender. It is well worth reflecting on **why** you have this preference. You may have an answer, or this may not be fully conscious in your mind. Sometimes a person chooses a gender because they feel it will be more comfortable, easier or safer. But why are you going for the safer option? Are you avoiding dealing with something uncomfortable? Should you be going for the opposite to challenge yourself? It is similarly just as important to examine why you have avoided the other gender! I'm not saying go with the opposite, but examine your reasons why and then make

your decision. I remember working with a woman who had been the victim of childhood sexual abuse, who deliberately chose me as a female therapist and who could not have coped with a male therapist. Some years later, however, after working through many of the issues with me, she did in fact seek out a male therapist to work through the remaining issues.

Sometimes I also ask my therapy students to consider which parent they have the most issues with and want to resolve, and then match the gender of that parent to the gender of the therapist. For example, if you have unresolved problems with your father and have a male therapist, those problems are more likely to emerge "live" in the relationship with the male therapist. This is common in therapy and not usually a conscious happening or deliberate choice. The projection of father issues (or mother) onto the therapist is part of the work. It is a kind of "working through" of the original problem and presents a chance to repair the damage. This is sometimes called a Reparative Process. This is not to say such issues cannot be worked through with the other sex therapist; all of us

have a contrasexual part to our psyche, and a skilled therapist can draw on this. However, with a therapist of the same sex as the problem figure in the background, re-enactments of the original problem in the room with the therapist tend to emerge in an organic way, and are harder to repress. And are then visible to be understood.

Age

The age of the therapist is sometimes important for some people. Do you feel that you want a therapist with many years of post-qualification experience, as mentioned earlier, or perhaps you are a young person and prefer someone closer to your age; rather than someone you might feel is too old to understand and perhaps not up to date with today's youth. One good thing about this profession is that you can embark on training later in life with life experience being a bonus, and you can retire at any age. However, this latter point raises the question of what is too old to practice? I have heard a few (not many fortunately) stories of "old" therapists, whatever age that

may be, falling asleep, having problems remembering, having to write everything down (interrupts the flow) and not being able to hear the client, who has to keep repeating themselves. I have nothing against older therapists, and plan to work to a ripe old age myself. But what I will say here is that we have to work in the best interests of our clients, which means clients getting an experience as uninterrupted by any therapist's issues as possible. We must also know our limitations and be aware of when this fluctuates and changes. It is not just old age affecting our competency and causing limitations; some therapists can become burnt out and therefore ineffective in their work, or struggling. Burn-out is common in many professions and has been well-studied. Some common symptoms are, forgetting sessions, feeling bored of client work, nodding-off in sessions, not in a good enough state of health to work effectively, feeling intolerant or un-empathic, the list goes on.

A light-bulb moment for myself was when I began my client work as an honorary psychotherapist within the NHS. I had

three very heavy clients, and one day the huge responsibility hit me when I realised:

"I need to be healthy for my clients."

This is not as simple as it sounds. It means a therapist needs to be both physically and mentally healthy, not just for themselves, but for their clients. This involves a level of self-care that most people may not even consider: emotional space for oneself, rest, reflection, contemplation, exercise, diet,

sometimes avoiding “unhealthy” situations, getting rid of unhealthy patterns, not being in unhealthy relationships and so on.

“Taking care of oneself is not only caring for one’s mind and body, it is also about stopping the things that harm or self-limit a person.”

That clear realisation that I needed to be healthy for my clients was a life changing moment for me, and marked a serious commitment to myself and my clients and realising that something had become a vocation.

Culture

Is the cultural back ground of the therapist important to you? Whilst I suspect that a great many clients have not chosen me due to my foreign name, there have equally been many who have. Many have openly asked about my culture, stating it was

important to them that I was of a different culture, or mixed race (which I am) like them. Some people want a therapist of the same culture not just for similarity and mutual understanding, but also to not to have to explain certain things and therefore waste less time. It can also go the other way. A person may not want someone of the same culture for fear of judgement, feeling embarrassed to talk about something that may be taboo in that culture, leading to withholding themselves – what's the point! A student once said to me "it would be as if telling my auntie or grandma something I would not want them to know!".

Sexuality

Is the sexuality of the therapist important to you or not? You may want to explore your sexuality in therapy and it may be important to you that the therapist has similar sexuality. In reality, though, all therapists should be able to work with sexuality issues, and it shouldn't be necessary to match the client and therapist. Many gay clients are happy to work with a heterosexual therapist. In fact trying to match sexuality doesn't

guarantee a good therapeutic match. It is perfectly acceptable to ask your therapist about their sexual orientation, but bear in mind that some therapists may choose not to disclose their sexuality to maintain confidentiality, and most will almost certainly want to explore the reasons why you want to know, as this varies greatly. In the case of non-disclosure, the client will have to decide if they want to continue working without knowing. Whether a client has not come out, or is planning to come out, or is confused about their sexuality, or is transgender, whatever the issue, it is up to them to decide what feels right and if they are comfortable talking to the therapist. A good therapist will explore all of this irrespective of their own similarities or differences. Therapists should be able to work with all aspects of sex, intimacy and sexuality.

The First Session

A first consultation or exploratory session is an opportunity for you to get to know the therapist and see how you feel about working with them. You DO NOT have to commit to working

with them at all, so don't feel pressured to have to say yes. This is the same for the therapist who is also checking out rapport with you, and whether he/she feels comfortable working with you and that he can help. Asking about how the therapist works can give you a sense of how they are and how they will relate with you. They should be able to explain to you, in simple terms, their style (theoretical orientation) and any areas of focus, without jargon so that it is easy for you to understand.

The first session usually covers some sort of contract which is basically an explanation of how they practice, their guidelines, or terms and conditions. This will be verbal or written and cover things such as fees – including cancellation policy and any increases – confidentiality, qualifications, and so on. This helps you know where you stand and gives structure and clarity.

The first session is always treated as an assessment session. Whilst getting to know you and going over the contract, the therapist is also assessing your presenting issues and problems. They may want to write down information of

importance, and writing notes in the first session is perfectly normal as there will be a certain amount of information gathering when your history and specific details are taken. This can be quite thorough, to gather basic information and not have to ask later. Therapists will have their own assessment questions, again verbal or written.

Now is your chance to ask any questions that you may have. This doesn't mean you cannot ask things later, but the general tempo is to get this kind of talking over in the first session, and to feel free to start the real work, which may involve much less talking – at least on the therapist's part – in following sessions. As well as questions, you can voice any concerns and discuss some of the actual problems and issues that you want to work on in the therapy. It is often wise to see a few therapists to get a feel for what/who you feel comfortable with. Sometimes you don't know unless you have a comparison, so shop around. You are investing in yourself here. Clients choose to stay with therapists for many reasons. You might find that you don't like their house or the therapy room, or there are pets or an odour,

it’s very personal. One of my clients, who saw a few therapists initially, told me she chose me because my house smelt nice! Whilst another upon thoroughly interviewing several therapists, let me know I’d passed the test because they got depth of understanding and even felt comfortable enough to cry. Sometimes its practical – the place, sometimes it’s emotional – the connection.

I have personally had many therapists over the years (as all therapists should) and discovered many things I was not keen on. Having to take my shoes off was both a pain and felt too social. I also didn’t appreciate having to bump into a therapist’s partner regularly on the stairs; and another place had a dreadful odour. These things are cosmetic, the therapist may be good, but they give subtle impressions nevertheless.

In thinking about your questions, also consider your expectations:

- What is it you want to get from therapy?
- What results are you hoping for?

- Do you expect therapy to be a certain way?
- Do you have expectations about your therapist?

Having goals for therapy is good. They need to be explored as to whether they are achievable or not. Some will be met and some may not. Although we can have initial goals, it is quite normal for these to change along the way which is why they will be reviewed from time to time. Having ideas about what areas warrant development is also useful and provides focus. Flexibility is important because whilst we can have an overall idea to begin with, many things unravel as the therapy develops. Something may need to change before something else can emerge. Or we may discover that something that first appeared completely unrelated is of immense value to understand. Presenting issues will almost certainly link to other things, so “one” can become “many”.

Clients sometimes have set ideas on what therapy should be, and this isn’t always right! One common misconception is that the therapist will be giving them all the answers, talking a lot, leading the way, answering immediate questions, rather like an

individual “Citizens Advice Bureau”, but that is not therapy. Some of you may be disappointed to hear this! Whilst the therapist works towards answers “with you”, it is an exploratory space where the client will be doing most of the talking, and steadily working things out for themselves with the therapist’s help. People often want and expect to be told what to do, this is not therapy. Therapy helps you learn how to get the answers for yourself and to take this ability away with you. The therapist is actually being led by you, observing, analysing and listening, intervening sparingly so as not to interrupt your flow. I always say to my students (as therapists) “the client should be doing most of the talking, if you are doing most of the talking, this is not therapy”.

In the beginning, clients need to learn how to be clients! They need to let go of any expectation of immediate guidance and get used to talking about themselves. Eventually it becomes a natural process: bringing material and doing most of the talking.

Part 3

What to Expect in Therapy

Whilst a small minority of people have been in therapy before and know what to expect, most people have no idea what to expect, except perhaps inaccurate impressions from film or TV. When clients realise that the sessions will largely be led by themselves, they often don't understand how therapy can possibly work. "How will I get helped if I am going to be doing all of the talking." The fact is that therapists can only work with what you give them:

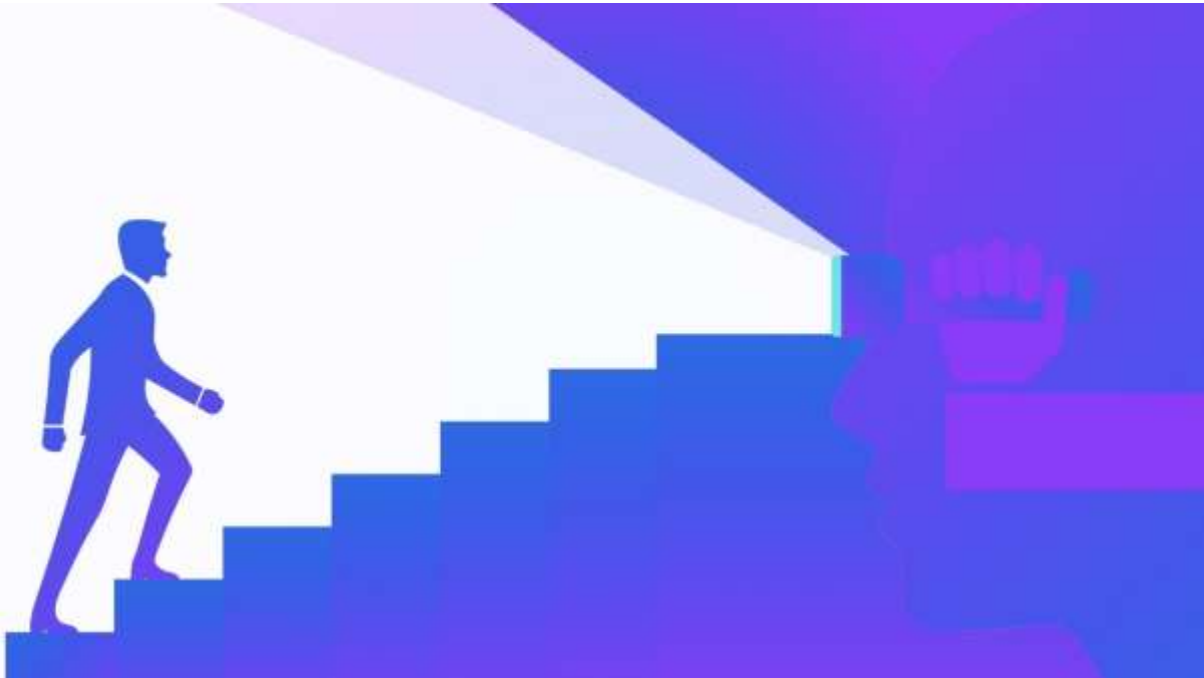
"The more you put in, the more you get out."

Therapy as a Process

Therapy is a "process". This means working in such a way that things will unfold naturally as time goes on. The phrase

“answers will be revealed in time” may well be a cliché, but does apply in the case in therapy. “Process work” means exploring things as they emerge, opening things up as they arise, challenging things once it becomes clear challenge is required, focusing-in on things that are relevant as and when they arise. During this process-work the client talks and learns as they talk. Anything they bring can be explored, examined, analysed, until deeper understanding happens naturally. Even hearing oneself say something out loud is part of the work. What were initially thoughts in our head are spoken and externalised. “I can’t believe I just said that”, often happens: a kind of surprise or disbelief from having heard oneself say something. When said out loud it becomes real and tangible, a reality check for some. As the client talks, things become clearer and new things will be discovered. It is a process of unfoldment. Neither the client nor the therapist knows for sure what will come out next, and they may not know consciously where they are going. This is what therapists are trained to work with. Therapy is an unknown journey with the presenting

issues as the starting point. I tell my students: “you have to be courageous in this profession, be able and ready to work with whatever comes up. You won’t know what is coming up. You have to be able to sit with the unknown”. Student therapists are naturally fearful of this because they think they have to know all the answers and should be in control. Actually, the trick is to master the opposite – to master not knowing and not being in control. Only then can amazing things happen. Gestalt therapist Fritz Perls, discusses the “fertile void” as a space where things are yet to emerge. The therapist is trained to work alongside you, to professionally know when and where to intervene, know what to explore and open up, what to focus in on and what to challenge.



Embark on the Process.

What does a Client do in Therapy?

Ultimately, the client just needs to be themselves, but sometimes this is hard to do. Perhaps we don’t even know if we are being ourselves or not, perhaps being ourselves is a risk, or perhaps we are totally unaware that we are censoring ourselves in some way. The more open a client can be, the easier it is for the therapist. The therapist can’t force you to be

open and of course trust takes time to establish, but the less time the therapist spends on coaxing and encouraging openness in the work, the quicker and deeper the work can be. The work can only go at the client's pace. Some people are like ripe fruit − ready to eat: meaning ready to work. Their issues or problems are so near the surface they readily to bubble up to be worked on, with little resistance or defence; tears and emotions happen easily without control. A client once asked me "how long does the therapy take" and I replied: "as long as you take". We cannot force our clients or hurry them up. We work with what we are given − whether a person is open or closed. Sometimes clients may be resistant or defensive. This is normal. We cannot expect a person to open up automatically to a stranger! Perhaps a person is suspicious, perhaps they find it hard to trust, perhaps withholding is natural for them. The point is that this is not something done on purpose!

People who dislike not getting quick answers, who are in a hurry and want results every session, will struggle and hinder the process. Imagine doing maths homework with a child and

saying repeatedly “what’s the answer then? What’s the answer?” Is the child going to be able to give you an answer under pressure? I don’t think so. It is the same with therapy – you simply cannot rush the process. Rushing therapy often dilutes the process, making it difficult to reach any depth. Clients need to be able to go deep within themselves and this doesn’t happen overnight, except with the ripe-fruits that is!

People prone to struggling with the process-work of therapy:

- can’t sit still in their lives
- keep busy
- are results-driven
- need to have something to do
- fill all their time/space
- need to be productive

Of course, a good therapist can handle this, but the more a client is able to sit with the unknown the better. If the client expects the therapist to be fixing things all the time (Citizens Advice Bureau) the therapy becomes solution-focused and the

risk is not getting to the roots of the problem. One can only get to the roots when:

- the client slows down
- allows themselves not to know or need to know
- allows themselves not to control
- be open, without an agenda or list
- want to go deep into themselves

Eventually the work moves from content (clients providing info/updates) to process (allowing things to emerge). Here are some tips for the client to move into process work:

- Sit without an agenda or list
- get in touch with yourself in the moment
- allow something to come to mind without choosing, controlling or censoring

Stages in Therapy

The stages in group development are not too dissimilar to the stages in one-to-one therapy. Dr Bruce Tuckman, in his model

on group development (1965), describes the beginning as the "Forming" of relationships, with niceties, politeness and getting to know each other, until it feels safe enough to challenge and take risks in the "Storming" phase. In this phase, there might be tension or discomfort which needs to be explored and worked through. Finally, the group discovers its own natural rhythm; there is acceptance and understanding in the "Norming" phase which allows the group to move into the "Performing" phase of actively getting into the work and using the group effectively. Psychodynamic therapy highlights key phases in the therapist−client relationship. The beginning phase is also about establishing trust, and this phase lasts as long as the client takes to feel trusting of the therapist and the whole process. This also depends on the client's own experiences of trust during their lives. If the client has trust issues this phase may take longer, whilst for others it may be easier to trust, and therefore faster. The middle phase is sometimes called the "working alliance". Once the relationship is developed the client and therapist begin a working relationship, working on things

together. This middle phase is where the bulk of the work gets done, and often has a period of difficulty and discomfort as the work goes deeper and gets to the roots of problems. The saying “it gets worse before it gets better” applies here and is an indication that the therapy is working – it’s not meant to be a holiday! People worry about this. They may hear scary stories of people in therapy feeling bad, and so on, but the fact is that when we examine the original pain covered up by symptoms, we see that it hurts, and so why we covered it up (in whatever way) in the first place. A supervisor once said to me “if you are not coming away from therapy feeling raw at times, it is not working”. Inexperienced or trainee therapists are in danger of avoiding uncomfortable situations, perhaps wanting to keep it “nice”. This could be due to their own unresolved fear of conflict and not wanting to rock the boat. Sometimes therapists enjoy recuing people from their pain so they feel good all the time, whilst not in fact really tackling the pain. This may be due to the therapist’s need to feel good about themselves, so they keep it positive, steering the client away from pain. But an

experienced therapist should be sufficiently self-aware to not do this, and again needs to be brave – to work with the uncomfortable. Lack of depth is not always the therapist's fault however. Some clients are resistant to feeling pain, and want to stay in their comfort zone. There are many ways that clients do this; for instance when feeling like crying quickly moving away from the topic. Remember, the therapist can only work with what they are given, they cannot force the client not to resist. If the client is defensive every time the therapist intervenes, they will not be going deep. If the client fights going into difficult places they are simply staying on the surface. Some clients give multiple explanation, reasons and excuses, all defending against going deep. If the client cannot take risks and always talks about the comfortable or easy things, the therapist can try to take them deeper but it is in the end up to the client to allow themselves to go there. This is all part of the middle phase. When clients resist it is usually done unconsciously, not deliberately, and therapists are trained to work with this.

Exposing the resistance can usually shift it. Both the client and the therapist are going as far as they can.

Let's go to the depths together …

Some clients are simply not ready to go deep and this is fine. In these instances, a client uses therapy to explore things, going as far as they can. It might have been useful to air the problem

and get a therapist’s perspective. In such cases, there has still been some learning and quite often this is preparation for the next round of therapy. I’m a great believer in timing; sometimes the time is just not right. This is also the reason why I sometimes get clients who say that they have had loads of therapy and find they haven’t gone deep at all! Also, what is “a lot of therapy”? I have discovered that to some people this can mean six sessions here and there, and nothing consistent and regular over a significant amount of time.

“Staying with difficulties and working them through, creates a stronger, more resilient ‘self’’.”

Having faced the challenges of the middle phase the client knows how to be in therapy, what to do; talking is natural, there is less fear, clients work on themselves in a natural and organic way. The therapist dips in and out, at times guiding, at times

exploring or analysing together, and sometimes challenging. The client comes to the session and gets into the work with the therapist intervening when necessary. They work together, hence it being called the "working alliance". It is a fertile phase. It is a beautiful thing when issues naturally emerge to be looked at and subsequently understood at a deeper level. The client's self-awareness is fine-tuned, huge insights may be gained. This phase lasts as long as needed (it can be years), until the work is done. If there is absolutely no rapport between a client and therapist, the working alliance will not have a chance to emerge.

This brings us to the ending phase where the client and therapist realise the work is done and that an ending is in sight. I use the term "ending in sight" deliberately because adequate time needs to be given to the process of ending. Endings are very important in therapy; they are never sudden unless circumstances dictate. You will have heard of the importance of having closure, and the proper understanding of closure is about giving proper attention to something. Some therapists

believe that this is perhaps the most important part of therapy. During the ending phase, the duration of which is agreed between client and therapist, the work is reviewed. It should be that the client has become their own therapist. This means they have integrated ways of working on themselves that they have learned during the therapy and can now apply therapy to themselves. This is largely due to increased self-awareness enabling them to identify and work on things as and when they arise. During this ending phase, there is less need for the therapist. Situations that used to trouble clients are now handled well. It is as if they have internalised both the therapist and the therapy. They have conversations in their heads rather like the ones in therapy. They are working things out in their own minds, for themselves, as a process of positive self-reliance. Clients have said to me "it's as if I have you on my shoulder when I faced the problem" or "I heard your voice saying…and knew what to do" or "I imagined what you and I might say about this and got my answer". This is described as Internalising the therapist, but the important point is that the

client is now able to come to their own healthy conclusions. The client can face their difficulties on their own. There are some complications and possible hindrances to the ending phase which can involve the client regressing and relapsing into old patterns/issues or the appearance of bereavement/loss issues triggered by the impending end; but rest assured good therapists are trained to work with this and are aware that clients are all unique. It is unethical for a therapist to keep a client in therapy longer than the client needs to be. Personally, I notice the ending phase has emerged when the client starts to have less and less material to bring, are finding themselves able to deal with things on their own, and begin to wonder if they need therapy any more. This can then be discussed. The aim is to work towards a healthy separation from each other.

The therapist and client relationship is often compared to that of parent and child. Like the care of a mother, the therapy is regular and consistent. The client (child) feels safe and secure and therefore able to explore. Therapy, like the mother, is reliable: at the same time, same place and same day each

week, the therapist is there for the client. Just as a child needs reliable, regular and consistent care of their mother, the client feels secure and comforted in the fact that they have this regular and consistent space each week. The child learns that they can go out and explore whilst knowing they can come back to the safety of a mother who will be present and reliable. John Bowlby developed Attachment Theory based on the mother and infant relationship. He calls returning to mother as a place of safely, the “Secure Base”. Therapy is also described as a secure base for clients to return to. Of course, this all depends on the ability of the client to accept this space. The client’s attachment to the therapist is influenced by the clients mothering, its quality, consistency and reliability.

In some cases, most of the therapeutic work is about building and re-establishing attachment due to past damage and trauma. This is worked through in the therapy where the therapeutic relationship becomes part of the reparative process. Many people may not understand that in therapy, the relationship between client and therapist ***is*** the work!

“The relationship *IS* the therapy.”

However the client acts in the therapy, with the therapist, is a microcosm of how they are in the outside world. So what happens in therapy is likely to have happened or be happening outside also. It is like a person has a character trait; they aren’t going to drop that for the hour with the therapist! Therefore, the therapist is able to work with this, and in doing so improve or resolve problems; the client’s outer world is going to change. Therapists work with the relationship in the room, not just the story given, but how the client relates with the therapist. This is a key part of the work.

“Therapists work with the relationship in the room.”

Example

If a client has trust issues “out there” they are likely to not trust

the therapist bringing it into the therapy to be looked at. The therapist works with their lack of trust, as it manifests in the therapy − understanding, reframing, improving − which will gradually have a knock-on effect to the client’s trust issues in the outside world.

Different Types of Therapy

There are many different kinds of therapy and these generally fall under two main categories: Psychodynamic and Humanistic. I am putting the psychoanalytic approach together with psychodynamic therapy for ease of description as they both work with the client’s history, and working with the past is

the main theoretical stance of both. The styles are different but the aim is the same.

When I ask students or clients what type of therapy they may have had, they usually don't know. Types of therapy are generally not known to most clients. When I follow up by asking what the therapy was like, the answers usually reveal to me the type of therapy they had. Some people respond "the therapist never really spoke" – which is likely to mean it was psychodynamic/psychoanalytic where the therapist intervenes very little. Others may state "the therapist sometimes talked about themselves and was very empathic" – which usually hints at the therapy being humanistic where the therapist is more active and transparent. Others respond "we talked about the past a lot" – again psychodynamic, while some might say "the therapist cried once!" – probably humanistic.

Psychodynamic

Psychodynamic therapy stems from its founder Sigmund Freud, whose classic approach was psychoanalysis. Psychoanalysis

of course still exists as a form of therapy today. Its boundaries are more rigid, meaning the therapist rarely speaks and does not self-disclose; the client can be lying down, and the sessions can be three to four times per week over a number of years. Psychodynamic therapy is a softer version of this, where the boundaries are still there, but the work is face-to-face; the therapist still intervenes minimally, but not as sparsely as an analyst. So, under the umbrella of psychodynamic therapy we have Freudian-influenced therapists, who work particularly with childhood stages of development, sexual growth and parent relationships; examining how this has affected the client in their adult life. A student of Freud's, Carl Jung, branched away to develop his own Jungian approach, which tends to have a more spiritual, cultural and archetypal, even mystical component. The therapist works with the human being in relation to the world around them, collectively, working with metaphor and themes of masculinity and femininity. Melanie Klein, although not a student of Freud, developed Freud's ideas on childhood development into her own approach of Kleinian therapy which

sees two early phases of development as ways that clients have learned to negotiate living in what is a difficult world around them. Attachment therapy was developed by John Bowlby, with a style that focuses on how the client's relationship with the main care-giver, usually mother, has influenced all future relationships.

All psychodynamic therapists work with the past, with dreams and with childhood. They refrain from self- disclosure and endeavour to be neutral in their demeanour, to be a blank screen that keeps the focus on the client.

Psychodynamic/psychoanalytic therapists sometimes get bad press, described as being cold because they don't intervene a great deal. They refrain from casual conversation because it is not a casual or social situation. In a normal conversation, a person may ask a question, but if this happens in therapy a psychodynamic therapist will not quickly gratify the client's question with an answer. They would be more interested in the reason for asking the question: what lies behind the question, why do they need to know this, are they asking because they

want to be asked, and so on. In fact, this is a very useful self-development exercise in itself − to wonder why someone asked such a question. Often the everyday question “how are you” is asked by a person who (unconsciously) really wants to tell you how they are, but simply asks this as a way in. Observe this next time someone asks you how you are and you answer briefly; notice what they might say next. Often it their urge to share something, not yours! Every interaction is analysed, because everything we say or do, in this approach, is influenced by our unconscious mind. Take for instance the “Freudian slip”. We say something we didn’t mean, this is our unconscious mind slipping out the truth.

Psychodynamic therapy can be short-term or long-term, but generally the latter is favoured for the greater possibility of more depth of work. Psychodynamic therapy can be once or twice per week, psychoanalysis usually more.

In summary, both approaches believe in the idea that the unconscious mind influences a person in many ways. Both

work with the past as a fundamental part of the work. Psychodynamic therapy is a little more active than psychoanalytic therapy, and psychodynamic therapists can be influenced by Freudian, Kleinian, Jungian or Attachment approaches.

Humanistic

The key founder of humanistic therapy was Carl Rogers who developed Person-Centred therapy. Humanistic therapy arose in response to the dominant therapy of the time, psychoanalysis, but introducing a more "human" way of working with clients, rather than the top-down, expert-to-patient relationship. In humanistic therapy the belief is that all people have the capacity for self-healing, and this is called self-actualisation. It is when we have gone against ourselves, or have lost ourselves during the course of our lives, that we lose touch with what Rogers calls the "organismic" self, or true self, that leads us to self-actualisation.

"The curious paradox is that when I accept myself just as I am, then I can change."

Carl Rogers

The humanistic therapist is a co-worker with the client. Self-actualisation was further developed by Abraham Maslow who introduced the "hierarchy of needs", levels of development that lead towards self- actualisation. The humanistic therapist is more intervening than a psychodynamic therapist, and self-disclosure (always minimal) is acceptable if it benefits the client in some way. The humanistic therapist may give a hug or shake hands if the client wants this. Unlike the psychodynamic therapist they work with the here and now, not the past. They take the view that the past has already affected the present.

Under the umbrella of Humanistic Therapy there are a number of approaches of which the main ones are:

- Gestalt Therapy (Fritz Perls): Active and creative, role-play, body-work, experimentation. The therapist is interested in how the client experiences everything.
- Person-Centred Therapy (Carl Rogers): The client knows themselves best. The therapist helps the client access their self-actualising tendency and healthy self.
- Adlerian Therapy (Alfred Adler): Clients explore their roles and placement within the family and social circles. Birth order is explored as well as certain “complexes”.
- Transactional Analysis (TA) (Eric Berne): How we interact are “transactions”. These can be positive or negative and from a Parent, Adult or Child position.
- Body Therapy (Wilhelm Reich and Alexander Lowen): Analyses the body and how psychological symptoms can manifest in the body creating certain types/characters.
- Existential Therapy (Victor Frankl, Rollo Ma, and others): Questions the meaning of life and existence, our role and

purpose, the conflict between choice/free will and limitations of life.

- Transpersonal Therapy (Roberto Assagioli and others): A branch of therapy that encompasses the idea of a higher self and spiritual component.
- Cognitive Behavioural Therapy (Albert Ellis and others): Usually short- term with active homework-setting; goal-oriented, understanding thinking and behaviour.

There are pros and cons to both humanistic and psychodynamic approaches, but one does not have to choose either/or. An "Integrative" therapist can incorporate both psychodynamic and humanistic work, although you may need to ask which ones they integrate to check if they cover what you need. For example, I am an Integrative therapist and I mainly integrate Freud, Klein and attachment approaches, but also sometimes gestalt, TA, body work, and CBT. Feel free to ask your therapist their preferences. Personally, I believe it is vitally important that a therapist works with the past as there is

so much to be learned and gained from this. Even though I incorporate humanistic work I very rarely self-disclose or touch my clients. Every therapist has their own style.

To summarise, if a therapist tells you they are humanistic, they will be trained in one of the approaches listed under the humanistic umbrella. If they call themselves psychodynamic or psychoanalytic, they will have been trained in that area; and if Integrative, they will be trained in various approaches choosing a few core theories to focus on.

Which Approach is Best for You?

No approach is better than another as it depends on the client's needs and preferences. The problem is that not all people know what is best for themselves; they think they do, but they often don't! For instance, you might think that you won't like the neutral stance of the psychodynamic therapist because you want "relationship" and would find them cold.

But sometimes we need to experience the opposite of what we want. In the above example, a person may crave connection, force closeness and intimacy, when they need to be comfortable with being alone, being themselves, existing, without the need for another. Therefore, when you have a therapist with a neutral stance, they are not going to “rescue” you into a relational comfort zone. When I get my students to

practice “couch work” – lying down as clients, they feel what it is like to have little or no intervention from their therapist. This space often enables a person to go much deeper into themselves, with no distraction or interruption to their flow of discourse. You might feel that a humanistic therapist who interacts more with you will make you more comfortable, only to find yourself feeling uncomfortable in hearing self-disclosure, and may want to go into your past at a deeper level. My suggestion:

- try a few approaches
- don’t assume that you know what is best for you
- question your choices and decision-making (examine what you might be avoiding by choosing that option)
- don’t assume that a psychodynamic therapist will not be relational, many are!
- don’t assume that humanistic therapists have less boundaries, many do!

Take this information as a basic understanding to enable you to move forward, dig and research.

Considerations

Very rational, intellectual, cognitive people, who are "in their heads" a lot, benefit from humanistic, relational, body-orientated, or creative approaches that encourage them to get out of their heads and into their feelings. Emotional, vulnerable, feeling-type, body-focused people can benefit from the structure and containment, grounding and holding, firm boundaries, and ego-strengthening of psychodynamic approaches.

Exercise

What do you fear? This can be turned into a challenge that might be useful to you. For instance, you may hate the idea of body work, but it is possible that working with your body might be useful if it seems to be an issue.

What are your key areas that need development? You may somatise things: mental problems affect your body easily so that when you get stressed you quickly get ill. For example, stress turning into a headache. Psychodynamic therapy may be

useful to explore repression – burying problems that then reappear as physical symptoms. For example, a woman has deep problems in her marriage that she cannot face, while meanwhile her face keeps breaking out as if to show the true suffering she hides. I once attended a talk entitled “My skin weeps, not I”, which sums up how problems and issues can manifest in the skin, and body. Have you ever heard the term “my raging skin”? − usually pertaining to such conditions as eczema. Some therapists believe that there is a correlation between eczema and anger, and that these issues can be passed onto the next generation: somatic and genetic.

In my own personal growth and development, I have tried many different kinds of therapy with both male and female therapists, and whilst I have certain preferences in terms of theoretical approach and style, it all boiled down to the relationship with the therapist:

1. I had to be comfortable enough to talk about difficult things
2. I had to be able to be myself

3. I had to be able to challenge them
4. The therapist had to be strong/robust enough to work with challenges without being defensive or diminished
5. I had to feel a connection with the person in order to share my story
6. I needed to trust them to be professional and skilled at what they do. To work with the process, including "mistakes"
7. I needed to feel support, development, and learning.

That's a pretty tall order, isn't it?

When to End Therapy

Sometimes people run away from therapy when it gets tough, feels difficult, or feels uncomfortable. I have heard many students say: "I think I need to get rid of my therapist", because something happened in their therapy they felt uncomfortable about. Of course there are many variations, but usually (not

always) something has occurred that feels challenging or threatening and rather than working it through the client feels awkward, unable to voice their discomfort, and wants to leave. In fact, it is at these very times that the work can really deepen. Sometimes the persons issue or problem is the very thing that is infecting the relationship, and if the client and therapist can untangle this together, no matter how uncomfortable, deep insights can be gained. The trouble is that we are trained to take flight when something has gone wrong. So, don't immediately run away if it starts to feel challenging or difficult. The therapist and the therapy is going to bring things up for you to be looked at. This is part of the process. In the days of Sigmund Freud, Freud's students came to him worried, exclaiming that the therapy had failed, had gone wrong, and perhaps should stop. In all these examples the therapist encountered difficulties with their client expressing hostility, dissatisfaction, emotional outbursts at varying levels and they felt stuck. Freud said, in so many words, that the work has finally begun! – This IS the work! All you have to do is work with

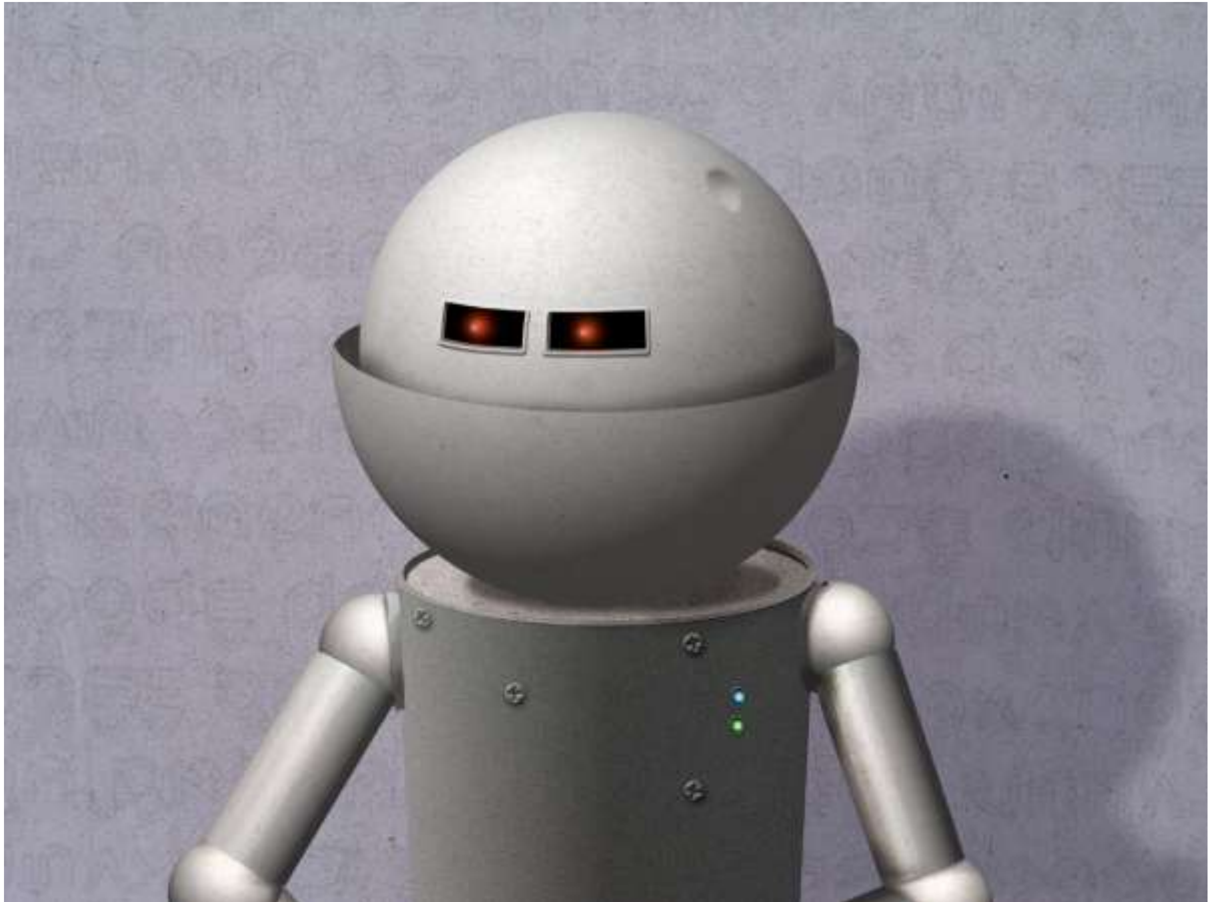
this, and he named these occurrences as “Transference. Transference is when the client transfers their issues onto the therapist, and this is part of the work.

When my students want to run away from therapy, I encourage them to voice their concerns with their therapist and see if they can both take it to another level. In short, give it a chance, and then decide, but don’t run away before you try. Unfortunately, or fortunately for some, “no pain, no gain” pertains to therapy, or “it gets worse before it gets better”. But don’t let that put you off. It may be the very thing that changes your life for the better, “adds flesh to you” as I say to my students and clients when they face something tricky. A good therapist will welcome a client who is daring to voice a concern, as this is the meat of the work. Here is a possible checklist to question what’s right for you, and I encourage you to add to this list:

- Do I feel enough rapport with this person to work with them for now (it can be built on)

- If I don’t feel comfortable or uneasy, or there is something I don’t like, is this my stuff – faulty perception or unrealistic, or is it them
- Will I be able to talk about things openly and honestly (if not now then later)
- How receptive are they? – open, flexible, honest. Can I ask questions, voice my concerns?
- Do they seem professional, yet approachable?
- Do I feel ok with how they are verbally and non-verbally?

Remember, trust takes time, don’t expect yourself to fully trust anyone straight away, this would be unrealistic. Ask yourself “am I comfortable enough to continue and explore further”.



We are the same species, but we are not all the same!

The Difference between Counselling and Psychotherapy

Counselling and psychotherapy are often used interchangeably because they both refer to therapy, so in the end the difference

is not majorly important. For counselling, dictionary definitions use words such as “advice, guidance, recommend”, and for psychotherapy the descriptions mention “treating nervous disorders by psychological methods”.

To try to define a difference, we can say that counselling is more practical and solution-focused, time-limited or short-term, and often aims to deal with specific issues working towards goals and targets. Psychotherapy, on the other hand, is open-ended – meaning that it ends when it needs to end, there is no time restriction; and rather than being practical and solution-

focused, it addresses issues as and when they come up. There may be a presenting issue or two, but the whole picture will be looked at, and rather than focusing on solving a problem (counselling), psychotherapy aims to look at and address the root causes of the problem. Both are effective in their own way, as some people want a short-term solution a quick fix to enable them to get on with life and function better, rather committing to a longer process of discovery.

The above are general descriptions for the sake of clarity, but bear in mind that psychotherapy can also be short-term, for instance within in the NHS. As a psychotherapist I am biased to believe in a thorough examination of issues so that problems have less chance of re-occurring, but that's not to say I don't work in a solution-focused way when clients need it. In fact, whilst working for a number of EAP (employee assistance programmes), organisations which typically offer 6-8 sessions, like many psychotherapists I have realised the value of enabling people to survive in the short term, helping them to master their current life situations.

There used to be some snobbery within the two main accrediting bodies: The BACP (British Association for Counselling & psychotherapy) and the UKCP (United Kingdom Council for Psychotherapy). Some therapists believed the former was inferior to the latter, as it had previously been known as the BAC (British Association for Counselling). The BAC later changed its name to the BACP, adding many psychotherapists to its register. Both are highly respected accrediting bodies.

One thing to add here is that there is often is a confusion for people around "Psychology" being the same as counselling and psychotherapy. The main differences are in training and workplace. Psychologists are usually clinic-based, often within the NHS, working within a team, although many now work in private practice. Although they are working with the psyche in some way, it is important to acknowledge that psychology training is different. There is more of a research focus, as well as a clinical-diagnostic focus, and much less of a requirement (sometimes not at all) for trainee psychologists to actually work

on themselves by experiencing their own therapy. While in counselling and psychotherapy trainings, personal therapy throughout the typically 4-years training is mandatory. Psychotherapists and counsellors believe that a therapist cannot work with others effectively if they have not worked on themselves. Traditionally personal therapy has also not been a requirement in training psychiatrists, although there is now a modular option of personal development/therapy which can be chosen, or not!

Relatively recently there has been the introduction of Counselling Psychology in which students are now required to be in a certain amount of therapy for the first time. But there is still much less self-development work in the curriculums in comparison to counselling and psychotherapy trainings. As a result of having worked on themselves, counsellors and psychotherapist are more able to work with the process in therapy, because they have experienced a lot of deep processing themselves. That does not mean that there aren't any good psychologists and psychiatrists out there, but I have

noticed that the good ones, in my opinion, are the ones who have been in therapy and done additional work on themselves. They are then able to move from diagnosis and treatment to include relational investigation and exploration. In my opinion, clinical psychology is effective in treating specific disorders such as eating disorders, obsessive compulsive disorders; and psychiatry is effective with complex disorders such as severe schizophrenias and personality disorders where medication is often a necessary requirement.

"You can only take someone as far as you have gone yourself."

The above is a popular saying in the therapy world. It means that you can't work deeply with others if you haven't worked deeply on yourself. One has to know what it feels like to be a client, to experience the pain of work that addresses deep wounds. In my view, this kind of deep work on the self should be a requirement for anyone who works with vulnerable people:

Social workers, Psychiatric nurses, Nurses, Psychologists, Psychiatrists, and Teachers.

Part 4

Common Issues and Problems Taken to Therapy

First, let's define "issues" and "problems". Issues are concerns that come up in life, that warrant exploration, to gain understanding and clarification. Problems are similar but in addition have become harmful, affecting and hindering a person's life. Issues and problems need to be resolved, therefore I use these words interchangeably.

Sometimes people innocently ask me "what do people bring to therapy, or "what sorts of things do you work with". The short answer is anything and everything. It depends on what is bothering a person. The only thing I tend not to work with is someone struggling with heavy addiction, severe eating

disorder or severe OCD, who usually need to be in a clinic or residential setting until they are ready for personal therapy.

Uncertainty

Sometimes people down-play their problems, feeling embarrassed at having to come for help. There is a mismatch between their feelings and their thoughts. They explain the problem as if it is a minor thing, yet they are really affected by it. Or the other way around, a person can think their problem is much worse than it is. Often, there is a recurring theme that keeps coming up in a person's life. This plays out many times before a person decides they have had enough and want help.

Don't leave it too late!

Incident Rates

In recent years, I have noticed a gradual increase in self-harming OCDs, particularly hair-pulling. These are conditions where a behaviour has become out of control. There has also been an increase in certain mental health conditions including bipolar disorder, schizophrenias, Asperger's and autism. Whether these are increasing in reality, is uncertain, as it could also be due to more people "coming out" with these conditions as awareness and acceptability increases.

At times, there are obvious reasons to come to therapy, for instance with bereavement or relationship breakdown. Here is a list of issues and problems that may warrant having therapy; the list is not conclusive of course:

1. Depression and anxiety. Many people do not realise that they are, or have been, depressed, because they expected they would be crying all the time. But symptoms are far-ranging: inability to think straight or communicate clearly, sense of apathy, not bothering about things, decrease in

personal hygiene, withdrawal from life, and sleep disturbance to name a few. Below is an assessment tool:

Patient Health Questionnaire (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?

Question	Response
Little interest or pleasure in doing things?	Not at all Several days More than half the days Nearly every day
Feeling down, depressed, or hopeless?	Not at all Several days More than half the days Nearly every day
Trouble falling or staying asleep, or sleeping too much?	Not at all Several days More than half the days Nearly every day
Feeling tired or having little energy?	Not at all Several days More than half the days Nearly every day
Poor appetite or overeating?	Not at all Several days More than half the days Nearly every day
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	Not at all Several days More than half the days Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all Several days More than half the days Nearly every day
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	Not at all Several days More than half the days Nearly every day
Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at all Several days More than half the days Nearly every day

Total = ☐ /27

Depression Severity: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.

2. <u>Relationship problems</u>: separation, divorce, affairs, marriage, inability to have relationships, intimacy issues.

3. <u>Past experiences that hinder the present</u>: which might include:
   - Sexual issues
   - Addiction and dependency
   - Eating issues and disorders
   - Mental health disorders: ranging from common to clinical.
   - Deaths and losses: bereavements, suicides, still birth, abortions, adoption, miscarriage
   - Work place problems and issues – increasingly common
   - Disabilities and body Issues

Getting to Know Oneself

It is important to note that a lot of people who come to therapy don't really know themselves, and therapy is in fact about getting to fully understand oneself. It is ok to come to therapy without a clear idea of why you are really coming, but having a

sense that something is not quite right. Therapy can help you understand what might be not right and why. All the above listed issues may seem very serious, but each one can range from mild to serious, from being a mild hindrance to feeling out of control. You don't have to be "sick" to come to therapy.

This may sound obvious, but it is important to come to therapy for yourself, and not because someone else told you to or thinks you should. It is important that YOU have chosen to come. When people come "for their partner", or because "someone said they needed it", or even worse, when "someone arranged it for them", in all these cases the therapy generally never works. The reason is that there is no strong personal commitment. Often the person believes, deep down, that they are ok, or their problem is mild; in short, they haven't "Owned" their problem. In fact, they may believe deep down that it is another person's problem (whoever sent them) and not theirs, and sometimes come to prove and convince others that they are fine. The end result is having a client that doesn't really want to be there, and doesn't really believe that they need to be

there. This goes against the process of therapy and plays out with clients resisting exploring a problem that they don’t believe they have; resisting going deeper into anything, forever proving how healthy they are; and once all options are fought against, wait for it to fizzle out, reinforcing their false belief that they were healthy as there was nothing to work on!

Make sure you come to therapy FOR YOU! It is slightly different for children and young people, where parents are still responsible for attendance and payment, but nevertheless a young person who doesn’t want to be there will be resistant to the work until they claim it as their own – there are ways to work with this.

Bad Experiences and “How it Should Be”

I can’t tell you how many times I’ve heard scary therapy stories, occasionally from my clients about their previous therapists, which of course is likely to be just one side, but mainly coming from my therapy students when we discuss what is appropriate

and what is not. It is the same with any profession, you get the good and the bad, incompetence and lack of professionalism can be found anywhere. The majority of therapists I know work from home, and this is why it is so important to be professional and maintain a professional environment. In a clinical or agency setting a professional environment has already been created. Here are some scenarios for you to consider:

Scenario 1

And this actually happened. A woman had a miscarriage and wanted counselling to get over this. She called an organisation within this specialised field who gave her a list of therapists to contact. She picks one of these numbers and phones. A woman answers the phone, it is very noisy in the back ground − a baby is crying. The counsellor continues the conversation despite the baby crying in the background. The counsellor suggests meeting and having the therapy session in a local pizza restaurant.

What is wrong with this scenario? There is so much wrong it makes one question how much the larger organisation vets their therapists. The therapist is clearly unaware of what she is doing wrong, otherwise she would follow basic rules:

- Therapy should never be conducted in a public space; it should be in a private and confidential space where no-one can overhear.
- Therapists should not answer a call if it is not a convenient time. It should be a quiet time convenient to both.
- With the specialised area of miscarriage, having a baby crying in the background is insensitive and unprofessional

Scenario 2

A client is asked to remove their shoes each time they arrive to therapy. The therapy room is located up four flights of stairs in an attic room. Quite often, after therapy ends, whilst walking down the flights of stairs, the client sees a woman (who she discovers is the therapist's partner). The partner always looks

at the client with no expression, then freezes where she stands, and averts her eyes as the client passes her by. The client sees them self out after putting their shoes back on.

Here, no major rules have been broken, but:

- Generally it is good practice for the client not to see any member of the therapist's family, or indeed other clients. It creates an unnecessary complication because clients will ponder who these people are and can even feel uncomfortable, unsafe, and that the setting is not fully confidential.
- Some therapists ask for shoes to be removed. If you think about it, lots of feet pass through a home, so this is a reasonable request. I personally, would find it a pain. But many people don't mind and I've even had clients offer to do this.
- Likewise, being ok with many flights of stairs may be fine for the client, but therapists have a duty to make this clear

in their initial introductory conversation, certainly for those clients with mobility problems.

Scenario 3

A client has attended therapy for some months and each time the therapist has said nothing except the very occasional remark. The client talks freely every session, not knowing what else to do, and becomes used to the therapist never speaking much. The client accepts the lack of interaction until, after some time, the therapy comes to an end. One night the client is working in a restaurant and the ex-therapist comes in with a friend. She sees the client and looks horrified. She then tells the ex-client that it is best that she (the therapist) leaves. The client reassures the therapist that someone else will serve her, but nevertheless the ex-therapist leaves quickly and uncomfortably.

This again is not clear cut as to whether any rules have been broken, but it is important to think about the client's experiences

here. This psychotherapy profession pays attention to the small things, because they matter:

- "Not intervening" for a therapist is a matter of style that some clients are ok with, and some are not. Minimal intervention is the analytic and psychodynamic style. When I ask students/clients what kind of therapy they have had, they often say they don't know. When I prompt further, "how was the therapist?" it becomes obvious if the style was psychodynamic/analytic if they answer "they didn't say much". But it is better if the client has some idea this will be the modality before committing.
- Bumping into clients outside of therapy should always be handled with care as this is a boundary issue. Therapists should not be having social interactions with their clients and should keep any accidental meetings neutral and brief. What you don't want is a continuation of therapy outside of the therapy room! However, in the above scenario, the therapist could have handled this more sensitively as the ex-client is likely to have felt rejected.

The therapist could stay or not stay, but must handle it well. Some therapists are so fearful of such scenarios that they end up appearing cold to the poor client!

Scenario 4

A therapist takes ages to answer the door. The therapist walks the client to the room and then either goes off to get a drink, or goes to the toilet, and takes a long time doing this. On another occasion the therapist had a plumber fixing something in the kitchen, clearly able to overhear the session. And on other occasions the therapist has occasionally forgotten a session, wasn't in, was in the shower, or just woke up, asking the client to return in 15 minutes, or miss that week.

This example is more clear cut! In this scenario the therapist has very bad boundaries:

- Leaving the room to do things should not happen when a session is at its scheduled time.

- Allowing repair-men to be in at the same time as a client, yes unavoidable at times, is nevertheless not good for the client to experience.
- Forgetting sessions is unacceptable. If it happens as a one-off then it might be repairable, but regularly suggest a problem.
- Therapists should try to not make their clients wait unless it is a genuine one-off situation. Some may do this because clients are early, but communicating this would be better.

How it "Should Be"

The Frame: Boundaries and Containment. In the therapy world, we talk about the importance of "the frame". The frame describes the boundaries of the work. Therapy should be "contained", and certain rules exist to keep the client and therapist safe, maintaining a professional stance. The frame acts as guidelines for what happens inside and outside the therapy session. Bad therapy or bad practice are often poorly

managed frames or poorly managed boundaries. Clients often don't even know if, or when, a situation is unprofessional or inappropriate. When a boundary is broken (also called frame violations) it should always be discussed between the therapist and client. Frame issues form part of the work. For instance, the repeated failings of the above therapist could be reminiscent of a repeatedly failing mother of the client − playing out in the therapy; if resolved and explored this could lead deeper into the work. I often tell my students "you (as therapist) will fail your client at some point", because we are not perfect and make mistakes. These things can happen accidentally, or as enactments influenced by the past core issue. If after exploration they still happen, then there is a problem. The important thing is to be open and able to work with these when they happen, but not to excuse bad practice!

Neutrality

When a client visit's a therapist's house, the therapy room

should be as neutral as possible. This means not revealing too much information about the therapist's personal life:

- Not displaying personal items or family photos
- Clutter-free
- A separate room if possible
- Not being disturbed during the session
- Family members/other clients not bumped into
- External noise kept to a minimum
- Phones off
- No eating!
- Refraining from writing notes (except first session)
- A separate toilet if possible
- therapist's attire professional and neutral
- Therapist refraining from wearing perfume/after shave
- Avoiding strong odours in the house (cooking)

Of course, accidents happen and there are some exceptions to the rule as therapists are human, but the general the aim is to

be a blank canvas for the client. I remember going to a session and the house reeked of fried fish! Some therapists are stricter than others; for instance some will offer water whereas others feel this is molly-coddling and a distraction. A cup of tea would never be offered as this turns therapy into a social rather than professional situation. Boundaries are in fact one of the main differences between coaching and therapy; for instance you might meet your coach in a coffee shop, it might be a more casual/social affair. But in therapy, this would take the focus off the therapy. Clients should feel comfortable simply coming in, doing the work, and leaving, having a professional, private and confidential experience.

Frequency and Time-Keeping

In keeping with a secure frame, having therapy sessions on the same day and at the same time each week is important. Why? Because it is important to create a regular holding space that becomes reliable, and consistency enables a feeling of safety and security. The client knows that there is somewhere each

week where they can take their troubles, and knowing this the troubles can more easily be borne – or parked − which can help the client manage. Chopping and changing sessions is confusing, messy and unprofessional; often giving the impression that the therapist is chaotic them self, and cannot manage their time. Exceptions to this would be if a client does shift work or works in an industry where they have to travel regularly, but even then the therapist should work hard to maintain and create some sort of consistency, getting schedules ahead of time for example. The regular and consistent space becomes a habitual and reliable meeting, which creates trust and safety. This is likened to the regular and consistent care of the mother to the baby, therefore the therapy is often called a Secure Base. Just as a baby wanders away from mum knowing it can return whenever it needs to, checking to see she is still there, the therapy session becomes a place of respite for the client to have their needs met. More can be read about the secure base in John Bowlby's developmental Attachment Theory.

Frame management and boundaries also include the management of time. Sessions are usually the classic 50-minute hour, although occasionally some therapists work a full hour, which might suggest less emphasis on the frame in their training, or a boundary issue on the therapist's part. Nevertheless, there is no fixed rule that says 50 minutes only, so a therapist can change this if they so wish. Time-management is an essential component of the work; therapists should be professional, which means not starting or ending early or late. This may sound obvious. Or perhaps a bit too strict, since many meetings are conducted without such strong boundaries in the world of work and business. This is a characteristic of therapy; remember, therapy pays attention to

the details. When we are in the business of analysing people, nothing is taken for granted as accidental. We ascribe meaning to every decision whether the decision is conscious or unconscious. Simple relational transactions are much more loaded in this work. Therapy trainings spend time considering such things as:

- How will your client feel if you end the session early?
- How will they feel if you end the session late?
- If a client is late or early what does that mean?

Working with good boundaries is also caring for the client. Being reliable and responsible for them is caring. Being unreliable with messy boundaries affects the work and is damaging to the client.

Communication and Disclosure

Communication outside of therapy was mentioned in an earlier scenario. It is not that there shouldn't be any at all, but if there is, it should be kept to the minimum – administration and re-

scheduling for example − and brief. The rule is to keep therapy within therapy! Again, this is care of the client and care of the therapy. If a therapist were to see the client outside of the session, they would probably only acknowledge the client briefly or not at all out of respect for confidentiality and professionalism. Some clients prefer not to disclose that they are in therapy and would not want this coming out if with friends and family! The work needs to be kept within the session. Therapists have their own procedures and preferences in managing what happens outside of the therapy, and should be willing to talk about this with their clients.

Can I ask questions?

- YES!

Disclosure

Any disclosure on the therapist's part is always minimal and only given for an important reason. The therapist aims to be as neutral as possible so that the work is all about the client and not about them. Talking about themselves takes away from the focus on the client. It would not be professional for your therapist to be self-disclosing regularly. This is the difference between what is a professional relationship in therapy, to a casual or social conversation. In a social conversation it is quite normal to say "oh yes that happened to me", but in therapy the therapist's experiences are of no significance; very far from "do as a say" or "say as I do". In training, therapy students are challenged:

- Why did you need to share that or tell them that?
- How will that help them?
- Did they really need to know that or hear that?
- Did that help them in some way?

And in most cases, the answer would be No, it wasn't necessary. If something is disclosed or shared, it must benefit the client in some way, be brief, with the notion of being a one-off. Regarding the latter, it is important that the client does not expect more self-disclosure, it is still about them. A danger of self-disclosing is in setting up a pattern of regular self-disclosure, the relationship becoming casual/social and not professional. In addition to this, I often ask students "how much talking should the therapist be doing?" The answer is: very little, and when they do intervene it should be useful in some way. I also tell students that the person talking the most should be the client and not you! Therapists who are talking too much are usually in advice mode, feeling that they need to demonstrate knowledge, or may be rescuing the client in some way; it is not good practice. This chapter has been about giving you an idea of what to expect, to give you some sort of a baseline, but bear in mind that all therapists are different. And

please take away the idea that it is quite acceptable to discuss any of this with your therapist.

It’s perfectly normal to feel nervous about coming to therapy.

Common Questions

“How do I know when I am better?”

People bring to therapy a presenting problem which becomes the focus of the work. During therapy, the client comes to understand the problem much better via exploration and analysis. At some point, which varies from person to person, the problem eventually dissolves and the client will notice that the initial hindrance is not affecting them in the same way as before. There is a realisation that the issue is no longer dominating their lives, or indeed the sessions. The client becomes aware that they now dealing with these problems in a much healthier way. They will have adapted skills and strategies from the therapy. Eventually they find that they have less and less content to bring to the sessions and therefore less need for therapy. They are now managing themselves much better and dealing with their problems on their own outside of therapy, now equipped to manage their lives on their own. This happens gradually; clients might realise that they haven’t

spoken about the problem for a while, or become aware that they are now dealing with it more easily and by themselves. In summary, the awareness of not needing therapy correlates to realising one is better, and ready to leave therapy.

“How long does therapy take?”

Therapy takes as long as you take. The more willing and open a person is to explore themselves and not resist the process, the easier it is for therapist to work with them. Therapists can only go at the client’s pace. If the client doesn’t want to go deeper or wants to leave things out they may be hindering the

process or at least slowing it down. A therapist can challenge or encourage a person to go deeper, or explore something, but ultimately if the client doesn't want to go there – for instance revisiting a painful experience, exploring the unknown, allowing themselves to feel something uncomfortable − the therapist cannot force this to happen. In my experience, when people are ripe for therapy they are ready to talk, ready to explore, their issues are bubbling up to the surface to be felt, experienced and explored. Emotions flow freely, and clients no longer want to put a lid on things any more. Such people are ready to work themselves. All that is required is to work with what comes up. All the client needs to do is allow themselves to experience what comes up in the moment, no matter how difficult or uncomfortable, and allow themselves to go to the painful places and experiences and cry if they feel it. This is not always a pleasant experience. Therapy is not a walk in the park. But all the above is progress.

When therapy takes a long time, it is usually due to the speed at which a person lets their guard down and begins to trust the

process. People naturally block uncomfortable things, ward off difficult feelings, supress their tears, avoid uncomfortable subjects. And then slowly allow themselves to go there. When some people cry, they feel uncomfortable about this. But crying is good, it indicates that something important has been touched on.

“How do I know I need help?”

Often a person reaches a point where they feel out of control in a situation, or life in general. Perhaps feelings and emotions also feel out of control which can make a person feel unstable and needing help. Anxiety or depression might be hindering a person, or it may be that a recurring pattern warrants sorting out once and for all. Most of the time there is a realisation that something is preventing them a person from achieving or moving forward in some way. It usually gets to a point where a person just knows that it is the right time to get help. As well as wanting to get to the bottom of specific things, it is perfectly ok to have therapy for pure exploration and self-development. In

opposition, people who strongly deny needing therapy are often the ones who need it the most! Remember the phrase about "protesting too much"!

"How does therapy help?"

Many people genuinely don't understand how therapy can really help a person. How can just talking help? There is a genuine question here, and it is important to understand that therapy is a process. A 'process' that unfolds naturally through the course of time and is largely out of our conscious control.

THE UNFOLDING PROCESS

TALKING

EXPLORATION & ANALYSIS

DEEPER UNDERSTANDING

INSIGHTS

TRANSFORMATION

Talking allows exploration and analysis, which leads to a deeper understanding, which allows insights, which lead to change and transformation.

The client and therapist cultivate being open to what emerges; themes and patterns are explored, and various stages are gone through together. New things also emerge to be explored, since problems generally never exist in isolation and link to other related issues. During the process, clarity is gained, and realisations, answers and solutions are discovered along the way. The ultimate aim is to gain understanding and a more highly attuned self-awareness that will stand the person in good stead, and which is the ultimate key to resolution and future development.

Self-Awareness is Key

"Being entirely honest with oneself

is a good exercise."

Sigmund Freud

Moving from Content to Process

People new to therapy, usually start by talking superficially about things, at least in the beginning stage. They are not getting to the nitty gritty just yet, or are dipping in and out of the nitty gritty! The content is largely what they did that week as they grasp for things to talk about. The content at this stage is descriptive and factual. This is quite normal, as the client is getting used to therapy. Clients need to learn how to use it, and get used to the therapist as a person. Slowly they begin to delve into things and take more risks as they move into the middle phase. By now they have developed a trust of the therapist and a trust of the process. They are no longer choosing and censoring the content so much, but allowing the content to emerge. We can describe this as sitting and seeing what comes up. This is when the real work can begin.

As clients get used to the process of allowing things to come up, not letting things be skimmed over but stayed with, there is more natural exploration and analysis. There is a move from

stating, updating and information-provision (in the early stages), to being interested in how they operate, why they say or think the things they do.

“Clients need only to become interested in themselves”

Both the client and the therapist are cultivating a real curiosity in who the client is, what they think, why they do things, and so on. For the client, this curiosity in themselves is the bedrock of the work. People mistakenly think that therapy involves telling the therapist the problem and they tell you the answer; but this would be like visiting the Citizens Advice Bureau, and therapy doesn’t work that way! Think of a child taking a test who needs to answer a question they don’t understand, and are too quickly given the answer. What do they learn? They may have an answer, but they didn’t learn how to get to that answer.

“Therapy is the journey, not the answer”

“How much does therapy cost?”

This varies from therapist to therapist and can range from as little as £30 to as high as £300 per session. There is no going rate as such, and the higher rate doesn’t always reflect the experience and expertise of the therapist. For instance, any recently trained therapist can rent a room in Harley Street – they will charge a high fee, but don’t have years of experience. You have to vet your therapist, ask the right questions as Dr Lanning said in the movie *I Robot*. Revisit Part 2 of this book that covers considerations when choosing a therapist.

Generally, be clear about what you want and make a list, which can be discussed with potential therapist. Decide whether you want counselling, psychotherapy, or psychology; and decide if you want Humanistic, Psychodynamic or Integrative. All covered earlier in this book. I’ll leave you with Freud: Freud encouraged his clients to try to say whatever came to their minds without censoring, allowing things to emerge organically.

Take this thought with you when meeting your therapist! Be yourself:

Be You!

About the Author

Nishah Dennison is a senior psychotherapist, starting her psychotherapy career back in 1994. She comes from a Fine-Arts background, previously working as an Exhibitions Manager at the Tate Gallery. Whilst completing her training she was an Honorary Psychotherapist within the NHS and Freelance Psychotherapist with psychiatric patients. She trained and debriefed telephone counsellors for many years for the Charity QUIT, before getting headhunted to work in the NHS in the department of Public Health, training health professionals throughout East London and the City. The year 2000 was the start of many years lecturing in this field, both within Further Education and University Education, maintaining a busy private practice throughout. As well as working as a therapist, she founded StudentHack − a platform for therapy students to excel, devised MindHack – one-off power sessions that combine therapy with debrief and training; and is currently developing *Collective Conscious* magazine.

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