

A User's Guide to Therapy: What to Expect and How You Can Benefit¹
Chapter One: Welcome to Psychotherapy

Congratulations!

You have decided to embark on a fascinating journey. Quite naturally, anyone new to psychotherapy is unsure about what, exactly, it is, and, most important, how it would work. This is a book that will help you understand just what you're getting into and how to make the best use of the experience. We'll talk about the various approaches to therapy and the terrain of the therapeutic relationship – what the role of the therapist is, what you bring to the process, and how your contribution affects what happens.

This book is about therapy for adults and is based on my 35 years of experience conducting research about the therapeutic process, doing therapy, and teaching others how to do it. Throughout, I will use stories to illustrate the ideas I discuss. In some cases I have specific permission to use stories about my own clients or people I interviewed regarding their experience with therapy. Of course, all of the names and many personal details have been changed to protect people's privacy. In other cases the stories are compilations drawn from my experience. They all give a realistic picture of what can happen in therapy. Sometimes I'll talk about a person only once. In other cases, I'll return to people whose stories I introduced earlier, giving you a deeper picture of how the process works.

¹ Excerpted from *A User's Guide to Therapy: What to Expect and How You Can Benefit* (2009) Tamara L. Kaiser. With permission of the publisher, W. W. Norton Inc.

What Does Psychotherapy Mean?

The word therapy comes from the Greek word *therapeia*, which means to take care of. Psychotherapy means taking care of the psyche – healing the human mind and spirit. Within the realm of psychotherapy there are many different approaches. Some therapies heal the psyche but don't involve much talking, for example therapeutic bodywork, art therapy, and energy work such as healing touch. This book is about what a colleague of Sigmund Freud aptly called “the talking cure.” It is, literally, a conversation between therapists and their clients. This conversation is healing both because of its actual content and because of the nature of the relationship within which it occurs.

There are many types of talk psychotherapy. The specific nature of your conversation will depend on the type of approach your therapist uses and on his or her personal style. You may have exercises or specific tasks to complete, or you may just talk. You may have a clearly set agenda for each session, and even a predictable order for how you address the topic at hand, or your conversation may be free floating. Your therapist may guide you in a directive fashion or may be non-directive, letting you take most, if not all, of the lead in terms of what you talk about and how. Later in the book we'll look in more detail at the four general kinds of talk therapy approaches.

Ok, I'm Here, But I'm Still Not Sold

Even if you've already made the decision to go forward, it's natural to have some doubts about doing so, both at the beginning of the process, and along the road, as you hit difficult stretches. Many people keep a mental list of what kind of people go to therapy,

and often that list doesn't include them. Perhaps you have such a list. Therapy is for rich people. Therapy is for poor people. Therapy is for white people. Therapy is for crazy people. Therapy is for people who can't figure things out on their own, or who don't have the kinds of friends or family who can help them when they need it. Therapy is for people who are self-indulgent and spend too much time worrying about themselves. Therapy is for people who don't believe in God or who lack a spiritual path. Therapy is for touchy/feely people. Therapy is for weak people. Therapy is for people who lack loyalty to their family or community. Therapy is for people who are part of mainstream society. Therapy is for people who aren't part of mainstream society.

In fact, like exercise and massage, therapy is for anyone who can benefit from it.

Making the decision to begin therapy takes courage on your part. Let's define *courage* as doing something that you believe is good to do, even if you're scared. Yes, therapy might seem scary, especially at first. You've decided to talk to a perfect stranger about things that are entirely personal. You don't know how she will react and you don't know what you will learn.

Some people are hesitant to go to therapy because they are afraid they will find out something about themselves that they don't like. Or they are afraid they will learn something about their important relationships that they don't like. Both of these fears are reasonable. When people enter therapy they examine deeply held assumptions and beliefs and sometimes choose to make profound changes as a result of what they learn.

However, the important word here is *choose*. The goal of therapy is not to make you change in ways you don't want to. Rather, the goal is to raise your awareness about who you are, what your life is all about, and what options you have about how you relate to yourself and the world. And the goal is about change. That is, if you see no need to change, then there's no need to go to therapy. However, sometimes the most significant change we can make is to, at last accept ourselves and our situations just as they are – that is, deciding that no change has to happen.

What's Special About Psychotherapy?

Certainly there are many very effective ways to get help for a problem or simply to learn to live a fuller, more aware life. Most of us have friends, family, clergy, teachers or others in their lives from whom we seek advice, an outside opinion, or an opportunity just to let off some steam. Many of us find that we get a lot out of looking inward for direction, using spirituality and religion to serve as a guide as we encounter challenges in our lives.

Psychotherapy is not, of course, the only way to get help, but it does have characteristics that are hard to find in most other situations. Let's look at some of these.

A One-Way Street

Your relationship with your therapist is one-way. The whole purpose of the therapeutic relationship is to help you do whatever personal work you came to do. Your relationship with a clergy person or teacher usually includes an expectation that you learn something

specific or that you have a particular set of values. When you're with a friend or family member, you generally expect to attend to his feelings, desires, needs and agendas as much as he attends to yours. This might mean that even though you have something important to talk about, if your friend is too tired or busy to listen, or has something equally important on his mind, you may decide not to bring it up. It might also mean that you watch what you say, for fear of upsetting him or for fear that he might think ill of you. You don't have to worry about your therapist in the same way. You don't have to be concerned that what you say, feel, or think will upset him. His only job is to respond in ways that are helpful to you. Of course, your therapist is human and will have his own reactions, but you can expect him to take care of himself and, if necessary, to seek help through professional consultation with his supervisor or colleagues or through his own therapy.

It's important to realize that his response to you won't follow the social rules and conventions that we observe in other relationships. For example, Bob told his client Rachel that, although she frequently asked him for suggestions and support, she generally found reasons to reject them. He told her this left him feeling frustrated. He then invited her to explore with him what might be behind her behavior, as well as her feelings about his reaction to it. He did not want her to behave in a different way so he would feel more comfortable. Rather, he raised the issue because he thought a conversation about it would help her learn something about herself.

Of course, we do sometimes give friends and family feedback to help them understand something about themselves or figure something out. But we often do so because we want them to know their impact on us. We may want them to change their behavior because we don't like it or to continue what they're doing because we like it. And, social convention often requires us not to challenge them and to simply enjoy (or endure) their company.

The one-way nature does not mean that only one of you is doing the work. Therapy is a team effort. Your therapist has an important job and so do you. But the focus of both of your jobs is on you – your growth, your change, your life challenges.

Education and Training for Psychotherapists

Psychotherapists are professionals who have completed a particular type of education and training that is very rigorous and different from others who offer counseling, such as clergy or spiritual directors. Friends, family members and community leaders don't necessarily have any training in counseling others. This fact doesn't make them less wise or helpful, but it does mean that they don't necessarily know the same kinds of things that a psychotherapist knows.

You will find practicing psychotherapists who come from the professions of clinical social work, marriage and family therapy, psychology, professional counseling, nursing and psychiatry. Social workers, marriage and family therapists, professional counselors and nurses have earned, at minimum, masters degrees. Psychologists have earned PhD's

or PsyD's and psychiatrists MD degrees. In most states, all need a license or some other state-sanctioned certification to practice. The standards for obtaining the certification vary from state to state. For example, in some states psychologists are permitted to prescribe medications, provided they have obtained the requisite training. In addition, all licensed or certified mental health professionals are required to continue to gain knowledge through attending workshops, earning certifications, or engaging in other specific (and sometimes in-depth) training.

There is a basic body of knowledge and set of skills that a person must learn in order to provide mental health counseling, and all professionals have training in those basics.

Here are some things you can assume your therapist has learned, no matter what type of degree she earned or what post-graduate training she has pursued:

- Human development – understanding how and at what stage of life people learn to process situations they encounter.
- How relationships work, those between parents and children and those between friends and between intimate partners.
- How people with various personality types tend to view and respond to the world.
- Characteristics and challenges of mental conditions such as depression and anxiety.
- Skills in assessing a client's situation and making a plan for how to address it.

- One or more of four general therapeutic approaches: psychodynamic, cognitive-behavioral, humanistic and family systems theories, which I'll describe in Chapter Six.
- All know about individual therapy and many also know about family and group therapy, all of which I'll discuss in Chapter Seven.

Depending on the type of graduate degree the professional earned and, indeed the particular graduate program he or she attended, certain topics may have received more emphasis. Here is very general (and incomplete) list of some of those differences in emphasis.

- Clinical social workers learn about individuals' internal processes and their social interactions and also emphasize the individuals' environment, including their families, communities, and larger social and economic conditions.
- The education for marriage and family therapists emphasizes how family members interact with one another and how family dynamics affect each individual, but also includes attention to internal processes. In more recent years their education has also included attention to the larger social environment.
- Professional counselors have earned a masters degree in counseling or in another mental health field (such as psychology). The specific degree will vary in emphasis, but all will contain the general areas of knowledge necessary to practice therapy. Many contain content on vocational or career counseling.

- Psychologists learn first about the individual's internal thinking and emotional processes, with a large emphasis on diagnosis, assessment (including, for some psychologists, psychological testing) and treatment planning, and then are required to develop further areas of specialty, some of which they learn while in their graduate programs.
- Psychiatrists and clinical nurse specialists are trained in understanding how biological processes affect mental health. All psychiatrists and some clinical nurse specialists also know how psychotropic medications (that is, medications that affect mood and thinking processes) work, when they will be useful, and which ones are most appropriate for any one individual.

Each professional's post-graduate training is unique. You may find that your therapist has in-depth knowledge about a specific issue like divorce, depression, or grief, or a specific group of clients, like Latinos, children, or gays. She may have training in a specialized form of treatment, such as sex therapy, used to treat people with sexual dysfunctions (like the inability to achieve an erection or to have an orgasm). She may also be well versed in some of the areas of focus emphasized more strongly in another professional's graduate education. For some things, one must be a certain kind of professional. For example, only psychiatrists and trained clinical nurse specialists and, in a few states, trained psychologists can prescribe medicine and only trained psychologists can perform psychological testing. However, a social worker or marriage and family therapist may know a lot about how medicines work or what certain psychological tests mean, perhaps because of courses she took after she completed her degree.

Professional Ethics

Unless you live in a small community or are part of a closely-knit cultural group, it's likely that your psychotherapist will not be part of your regular life. All mental health professions have codes of ethics that guide their behavior. One guideline prohibits dual relationships that are, having more than one type of relationship with a client. For example, if your therapist confided in you or asked for your advice, he would be engaging in a dual relationship, turning you into a friend or consultant rather than a client.

Of course, it's not always possible to avoid all dual relationships. If you work at the only hardware store in town, your therapist may be a customer there. Even in a large community, you might run into him out in the world and might even belong to the same fitness club or have children who attend the same school. This is fine; you don't need to switch schools or fitness clubs. However, your therapist will work to make sure that this second relationship in no way compromises the primary one. The primary one – the therapeutic relationship – exists for you, not your therapist.

Another universal aspect of psychotherapists' codes of ethics is that your therapist will not share information about you unless she has your permission to do so or unless she has a legal obligation to do so. This confidentiality includes even letting others know that you are her client.

When you enter therapy, your therapist will give you a form that you will be asked to read and sign. This form states what type of information she will be sharing and with whom. For example, if you are paying for her services through your medical insurance, she will have to share diagnostic information and dates of service with your insurance company. If your therapist works for a clinic, her supervisor will have access to the record of your work in therapy. She may also talk with her supervisor about her work with you. If you are working with another professional, such as a psychiatrist, your therapist will ask you to sign a form specifically giving her permission to talk to that person.

To protect your confidentiality, it's a good idea to discuss with your therapist how you would like to handle situations where you run into each other in public. Here are some options:

- Your therapist will not acknowledge you unless you initiate contact by saying "hello."
- You will both say "hello" upon seeing each other and engage in no further (or only minimal and superficial) conversation. Neither of you will discuss anything related to your therapy sessions.
- If your therapist is with someone else and needs to explain who you are, she will say that you are a friend of a friend.
- You will decide on a situation-by-situation basis whether you want the others present to know this is your therapist. If you do, you will introduce her as such.

- Your therapist will let you introduce yourself to anyone she is with, so that you are free to give only your first name, or even a fake name if you'd rather do so.
- Your therapist will introduce you by a name that the two of you have previously agreed upon.

Although some clients find these boundaries awkward and unnatural at first, they are actually necessary for the process of therapy to work. They provide a fence around the relationship that frees you from the kinds of things you have to consider in other relationships. That freedom allows you to say what you need to say, investigate what you need to investigate, feel what you need to feel, and learn what you need to learn, without the usual concerns about how the process will affect someone else. This ability and this freedom open the door for you to get to know yourself in ways that might not have felt possible before – perhaps, even, in ways that you didn't know existed.

The therapists' codes of ethics also include things like not practicing outside of their area of expertise, keeping accurate records, ending services when appropriate, and always acting in ways that do not harm clients.

Goals

The therapeutic process is goal oriented and the primary goal is to enhance your wellbeing and growth through enabling you to gain greater awareness and increase your options for relating to yourself and to the world. This is not true of most other relationships, especially those that aren't one-way. Of course, we often do grow and

change as a result of our interactions with others, but it's generally not the main reason for the relationship.

You Pay for Therapy

Having to pay for therapy makes some people uncomfortable. They may worry that this means they don't have friends or supportive family members to talk to. Or they may worry that their therapists really don't care about them but are just talking to them for the money. Neither of these beliefs is accurate. You are not paying for a friend or someone to talk to. You are paying a professional to help you deal with something in your life. Furthermore, the fact that your therapist earns his living by talking with you and others does not mean he doesn't care about you. On the contrary, a good professional relationship requires that your therapist genuinely care about who you are.

The fact that therapy costs money may affect how often and for how long you see your therapist. Insurance companies sometimes limit the number of therapy sessions they will pay for or don't cover it at all (for example, some policies won't cover couple or family sessions). If you want more therapy than your policy will allow or you can't or don't want to use insurance, you will have to pay for it yourself. You might have a health savings account or flexible spending account through your work that you can use to help pay for therapy, but both of these types of accounts are limited by the amount of money that is in them. These limitations could affect the work you do in therapy. For example you may make changes more quickly if you know you have a short time in which to do so; you may set more limited goals for yourself than you would if you had more time;

you may find that you have to end therapy before you're ready; or you may come less frequently than you need or want to.

Paying for therapy can help clarify important questions about your commitment to the process. Investing in therapy means spending less on something else. In a society where material goods are often equated with personal worth and happiness some people wonder about the value of spending money on therapy. Yet therapy has the potential to improve your quality of life far more than you can imagine.

Some people feel they can't afford the money for psychotherapy because they have medical costs that they consider more important. Although you certainly shouldn't skimp on necessary medical costs, many studies indicate that psychotherapy can actually improve physical health conditions, reduce costs associated with them, or at least help people cope with them more effectively.

It's also possible that you feel selfish spending money on something that seems to benefit only you. Of course you and your family all have basic needs, such as food, shelter and health care that are more important than your psychotherapy. However, we often give more weight to what we think others need and deserve than to what we need and deserve. Also, it's important to remember that changes you make in therapy are likely to positively affect others whom you care about.

In this book, we will look at what makes therapy work, various types of therapeutic approaches, what you bring to the process, and what the relationship between you and your therapist is all about. Although the process of psychotherapy has a beginning, middle, and end, the journey is not a linear one that moves predictably from one point to the next. I encourage you to visualize it more like a spiral, where you meet aspects of yourself again and again, each time gaining a new or more complex awareness of who you are and how you want to be in the world.

I welcome you to join me as we look more closely at the adventure of psychotherapy.