

Chapter 1

What Makes People Go To Therapy?

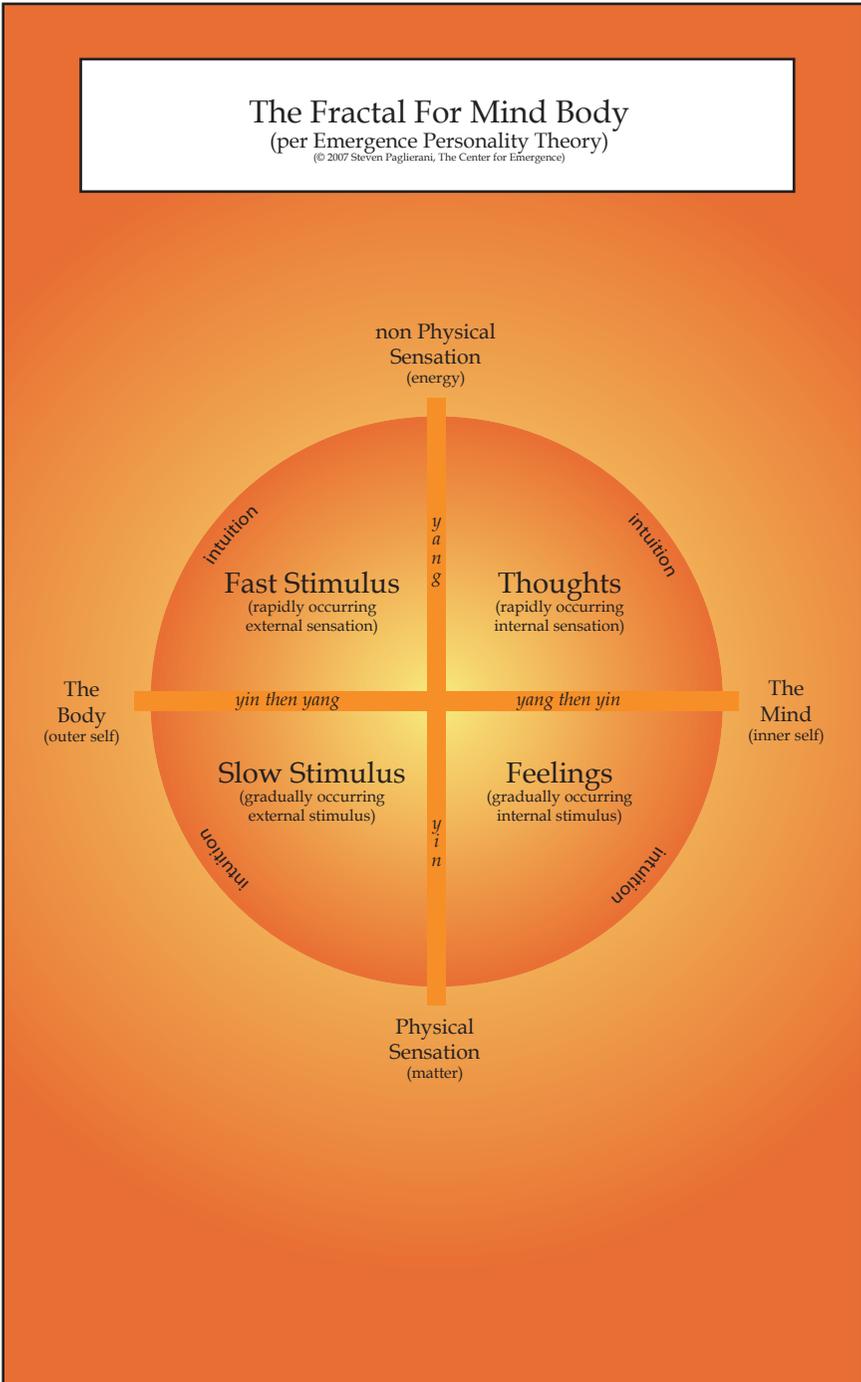
Have you ever gone to a therapist then had a friend ask “is it helping?” What did you say? And what made you go into therapy? How about referring someone to a therapist. Ever been asked you to do that? If so, how did you answer? “I really liked him?” “She really helped me?” “I heard she was good?” “He called me on my stuff?” In truth, most people who enter therapy either do not know what to expect or expect it to be like what they’ve seen on television. Why do people go to therapy anyway? This is where we’ll begin, in this, the first chapter of Plain Talk about Talk Therapy.

“Going Slow”

Here we are, beginning a new relationship, and already we’re getting personal. Don’t you think we should be “going slow?”

For many folks this idea has, at some point, been the bane of their existence. Or at least the preface to a great and painful failure. In truth, who do you know who can meet someone new and go slow? Anyone you know? On the outside, yes, maybe. But on the inside? Honestly? Certainly no one I know.

So now. Let me ask you. Has your therapist ever told you the truth about this; that no one falls in love and goes slow? Or that the most revered of all poets in Islam once advised against doing this very thing when he urged, “risk



everything for love . . . “?

So was Rumi right? Should we throw ourselves into love? If so, then why do therapists tell us things like, “you’re not ready for a relationship”? Why? Because they have been taught they have no right to tell you the straight to the heart stuff. You know. The truths we know already but are afraid to admit to ourselves. The risky stuff therapists should be telling us, but don’t. Or can’t.

What keeps therapists from saying these kinds of things? We’re about to explore this and similar questions. In everyday language. With real pragmatic answers.

We’re also going to look some things they don’t teach therapists. Like how breakthroughs happen. What keeps them from happening more. And how we can make them happen even more. Can we really do this? The answer may surprise you.

Then there are the talk therapy mysteries we’ll investigate. Things like why our progress does not always last. Yes, sometimes it does. But more often, it doesn’t. Why not? The answer lies in knowing how a rather ordinary life event; being startled, is the real culprit behind our wounds. And how most of our wounds result, not from being traumatized or abused, but rather, from ordinary everyday life events. Many from our own startling thoughts. Sound hard to believe? We’re about to see what makes this true.

What makes knowing these two things important? The idea that once you know how wounding happens, the nature of what we discuss in therapy becomes a whole lot clearer. Addictions. Overeating. Why we sometimes feel so empty inside. And yes. We already know a whole lot about these painful experiences. Mostly about the symptoms they cause. But the nature of what underlies these symptoms? The truth? Up to now, this has been a mystery. And this is sad because this one idea could change everything we know and believe about talk therapy. Including how we think it works.

My point? This book will not be a rehash of the things you already know. Albeit some of what we speak about may sound pretty familiar. Beneath this familiarity though you’ll find some pretty intriguing questions. Like what is a wound? And what is healing? And if we know already, why does therapy take so long?

Then we have the big one. The biggest mystery of all. How a physical thing; the body, can connect to a non physical thing; the mind. Has anyone ever asked you this question? Well if they haven’t, then like me, you’ve missed the big one. The question which leads to why talk therapy has been taking so long. And feeling so difficult.

Not sure what I am referring to? Well let me ask you. Has your therapist ever talked to you about how the mind and body connect? Including that it’s

logically impossible for a physical thing, the body, to connect to a non physical thing, the mind. And visa versa. So how does therapy explain this? Moreover, why has science refused to acknowledge they don't know either?

Didn't realize they hadn't? Don't feel bad. Until recently, I didn't know we were even missing any of this. Why not? Because I assumed like most other folks that if I somehow addressed both the mind and the body simultaneously, that somehow it would all connect. It doesn't. But we haven't known. After all, how could we. We haven't known how they connect.

Are you finding this hard to believe? If so, I understand. After all, I've spent my whole career trying to honor the mind and body. Yet without knowing how these two things actually connect, I've been more shooting in the dark than doing therapy.

So what have we been missing? Explaining will take a good part of this book. As will the implications of becoming able to heal parts of learning disabilities and things like Asperger's.

Then of course there's the thing which makes any book on talk therapy worth reading; the things you can do to improve your therapy. And no. These things will not require you to have super human will power nor a genius IQ. Rather, all of them will be things we ordinary folks can do.

So okay. We have a lot of stuff to talk about. And I've just risked everything to try to win your love. Or at least to win your attention for a bit.

So where will we begin?

We're going to begin by discussing one of my pet peeves about talk therapy. The nature of the words we use. What's wrong with these words? It's pretty simple really. We go to therapy in part to become better communicators. Yet the therapists we seek help from often speak to us in words more mysterious than Mayan calendars. And argue with us about aspects of the human mind more trivial than who took out the garbage last.

Sometimes, when I hear this stuff, it's just plain funny. Sometimes, when I hear it, I simply shake my head. But sometimes, when I hear this, it borders of tragic. Case in point. I once attended a profession presentation wherein a friend spoke about having survived an attack by a serial killer. She, a very warm hearted and gentle therapist herself, had used her talk therapy skills to talk the killer out of killing her.

On this day then, perhaps a year or so after, she had bravely chosen to share with her colleagues what had happened to her. Obviously, she hoped what she shared might help someone. To which the therapists in attendance at one point responded by breaking into an argument as to what the man's proper diagnosis should be. And whether the man was truly insane or not.

Can you imagine? They were actually arguing as to whether a serial killer

was criminally insane. At which point I looked over at my friend, standing there, bewildered and lost in front of that room, and for a moment I felt ashamed I was a therapist.

Then she and I connected. Eye to eye and heart to heart. And in that instant, we wordlessly, across that room, spoke volumes.

To this day I cannot find the words for what I felt about what I saw. Certainly I felt incredible sadness for what those therapists put her through. But I also felt disheartened by my own inability to stop them. And as I think about it, I still feel this way at times. Disheartened and bewildered by the words therapists use. Words intended to support and clarify but which end up making us feel worse.

To be honest, most talk therapists are not like this. This in fact was probably the worst case of therapists being cold hearted I've ever witnessed. Still, I regularly and frequently ask myself why a gentle art intended to teach people to connect is taught to, and spoken by therapists in words most normal people cannot grasp. Let alone, relate to. Or at best, it's conducted in words so difficult to grasp as to actually make us feel more alone and bewildered. Which is why we're about to start this book with a brief explanation of one of these very words. The word "therapy." Or actually, with the term which is supposed to describe what we pay for in talk therapy; the word "psychotherapy."

What is "psychotherapy" anyway? In case you don't know, here's a brief explanation. Starting with dividing this phrase into the two roots from which it comes; the word "psycho," and the word "therapy."

Let's start with the word, *therapy*. What is a "therapy"?

Everything we call a *therapy* stems from two Greek words. "Therapeusis." Which roughly translated means, "healing." And "therapeuen," which roughly translated means, "to tend to (and hopefully heal) a sick person." (source, The Oxford English Dictionary, 1991)

Now let's look at the second root, the word, "psycho." What does this word mean?

The "psycho" part tells us which part of the person we're trying to heal. No, we're not talking about Tony Perkins in the Hitchcock movie of the same name. In this case, we're talking about two more Greek words, "psyche," meaning "breath," and "psychen," meaning "to breathe." (again, The Oxford English Dictionary, 1991)

So what does all this mean? It means that talk therapy; psychotherapy, is supposed to heal peoples' *inability to breathe properly*. Imagine! Moreover, this simple idea probably does more to explain talk therapy to us normal folk than fifty of the best professional volumes on psychological theories.

It also refers to one of the best ways to do talk therapy. Why? Because the

simplest way to locate any psychological problem is by having the person talk about it while at the same time, watching for when this person stops breathing. Literally. Watch for the stillness.

Unfortunately, most therapists have never been taught this technique. Nor have their clients. Certainly not with the emphasis it deserves. And yet this single observation; watching for when a person's breath stops, can tell therapists more about their client's injuries than many hours worth of professional listening and emotional insights. It literally pin points the exact moment wherein the injury occurred.

As such, I find it amazing that most therapists don't practice this skill more, let alone teach this skill to their clients. Certainly as an everyday life skill. And definitely as what could and should be a core focus in the therapist's room.

Why isn't this skill being taught to therapists and to their clients? My guess? Because who would pay someone to teach them to notice something as simple as when they stop breathing? Doesn't sound very scientific, does it? Nor professionally impressive. Kind of New Agey, in fact. Whew. Don't want to go there.

The odd thing is, I know quite a few good therapists who do watch people's breathing and do teach this to their clients. Unfortunately, even these therapists do this more to comfort folks than as a means to locate injury.

Can you see now what makes the word *psychotherapy* such a wonderful word? It literally describes the heart and soul of the whole therapeutic process. Succinctly and in plain words. More significant, do you realize what it means when you get the person to breath through this moment? It means the person's injury heals. And yes. Doing this is easier said than done. Still. The fact remains. When the person's breath returns, they have experienced healing. Yet people rarely note this happen let alone the significance here. Which brings us to the focus of our opening chapter. What makes people go to therapy? Or go back into therapy? Do you think you know?

Let's look together.

So How Does That Make You Feel?

What makes people go to therapy then? In a word, suffering. In fact, roughly eighty percent of all folks who enter therapy do so looking for answers as to why they are currently hurting. Which is why, when the therapy digresses into, "how was your week," many folks start looking for the door. And they should. "How was your week" is about the weakest response to human suffering ever devised. Right up there with, "so how does that make you feel?" How the hell do you think it makes me feel, you moron!

Okay. So most people do not go to therapy to be asked, "how was your week" and "so how did that make you feel?" Moreover, most therapists do not

ask people these vapid kinds of questions.

And those that do?

Those that do reveal a lot about themselves. Including that they are basically clueless as to what they are supposed to be doing in a therapist's office.

This said, so let me ask you. If you were in charge of training therapists, what would you do to prevent this from happening? What in fact would be the first thing that you'd teach them about being a therapist?

Me, I'd make everyone learn how to find people's wounds. How? By having them "reinvent the wheel." In other words, by having them discover for themselves how to find people's wounds.

Why put them through all this trouble when I could just as easily show them? Because in order to for people to become real therapists, they first need to personally become skilled at finding peoples' wounds. As opposed to learning to imitate genuine healing by focusing on symptom relief as the goal in talk therapy. You know. The folks who believe, when the suffering is gone, the wound has healed.

But isn't this the goal after all. To alleviate people's suffering?

Yes. It is. But to do this only to have the suffering return at an impossible to predict moment seems less than ideal. To say the least.

So is there such a thing as a school which teaches prospective therapists what a wound is? Actually no. Therapist learn only how cross reference people's suffering to lists of wound symptoms. And yes. This will help your clients to get reimbursed from the insurance company. But people deserve a lot more than financial considerations for their hard fought hours in therapy.

In my mind, I can hear the crowd of readers growing restless until someone says, *"Okay buster. You think you're so smart. Then tell me. What exactly is a "wound?" You know. The real definition? The scientifically verifiable facts."*

My answer? At the risk of inciting a riotous roar, for now, we're going to have to skip this question. Why? It would be too great a digression from our present discussion. (Boo, hiss, the crowd grows restless).

Know though, that throughout the book, we'll be exploring this very question, in a genuinely warm and human way.

In those times, I promise to begin to share with you the real answer. Voiced in words even non therapists can grasp and see. And use. For now though, I ask that you bear with me and allow me to answering this question, "what is a wound," with the one which precedes this question. Which is what exactly?

The one thing you need to know before I teach you what a wound is. What a wound is *not*. What a wound is not? Yes, what a wound is *not*.

So what is a wound *not*?

A wound is *not* the symptoms.

What is it then? And why make such a big deal out of this?

Because the main thing which sends people into therapy is that they have visibly uncomfortable symptoms.

Likewise, the main thing which makes people end therapy is that they no longer have these symptoms. At which point, less than competent therapists begin asking people questions like, “how was your week” and “so how did that make you feel?”

When your symptoms are gone, are your wounds healed? The truth? Possibly not. How can this be? Well have you ever heard the medical jargon, “asymptomatic.” Which means what? Which means you have a wound which is not discernible. At least, not by signs and symptoms.

Asymptomatic. What does this word mean in the real people world? It means that when people “relapse” into depressions, in reality, the therapy never actually healed these depressions. It succeeded only in burying the symptoms, rendering these depressions *asymptomatic*.

And when therapy helps people go years without angry outbursts, but then out of nowhere, they rage, what was this? Asymptomatic rage.

And when therapy helps people who feel the desperate need for a relationship to feel better, but then these feelings get rekindled by the next interested party, where were their feelings of abandonment? Asymptomatic.

True, in all three cases, that therapy had helped people to feel better. And this does count for something. Seriously. Perhaps, too, the therapy eliminated the need for medication. And yes, this is always a plus. On the other hand, because the wounds which had been causing these symptoms never healed, the next time a life event poked a finger into the wound, it hurt again. In fact, it hurt like hell.

So what does happen here? In other words, where was the wound then?

Therapists sometimes use the word, “latent.” Which simply means the wound was “sleeping”; gone underground.

Something like a dormant volcano which becomes active again.

Or a nice shiny bank balance which goes into the red.

Certainly not the reclaimed desert oasis these folks had hoped symptom relief would be.

Which brings us to yet another word shrink type folks use. The word “relapse.” What is a relapse? A relapse is when an unhealed but dormant wound becomes active again. Which, for many people, then signals the need for yet another round of “how was your week” and “so how did that make you feel?” Ugh!

This Chapter's Session Notes

Where's the beef?

Answers, yes, I know. I've promised to give you answers. And you rightfully deserve these answers. Know that in the coming chapters, you will find answers to many of your questions. More real answers about talk therapy in fact than you may have even imagined

The thing is, in order for these answers to make sense to you, I need to do the very thing I mentioned people often cannot do. I need to go slow. Why? Because no one truly learns from mere words alone. They need to picture these words. And because picturing the words in a book filled with new ideas takes time. A lot of time.

So as one of my former clients was fond of saying, have I been acting like an "A" hole in my opening when I promised to give you answers? Not really. You see, I am simply trying to offer you bite sized, "think about it for a while," "come to it on your own" learning, rather than the predigested, main stream, stuff you've already heard. The stuff I call, "parrot food." The stuff which is filled to the brim with technical obscenities.

Which means what exactly?

Which means that if you and I can endure going slow, then by the time you finish reading this book, you'll know the basics of what makes a good therapist. A truly good therapist. You'll also know what makes a bad therapist. A truly bad therapist. Which then means you'll have genuinely useful answers to the questions in my opening.

If you've gone to a therapist, did it really help? Yes? No? A little? Not sure?

You'll know how to know whether the therapy has helped or not. With confidence and certainty.

If it did help then what makes you say this? Has your life changed? Do you feel better? Have you learned something? Do you now feel inspired?

You'll know what makes you say it has helped. And why. Not just because your symptoms are gone, but because the actual wound has been healed.

And if somebody asks you, *why did you decide you should go to therapy? To get rid of suffering? For personal growth? On a spiritual journey? Were you forced by a spouse?*

Here again, you'll know for sure, along with how you can find a real motive for therapy, an inner desire to grow and change.

As for the question about referrals; *Have any of your friends ever asked you if you could recommend a therapist for them? If yes, then what made you make this referral?* You'll know how to know if you have a referral and why. With clarity and with confidence.

Imagine knowing with certainty the answers to these kinds of questions?

If you keep reading and asking questions, I promise, you will.

“So how does this make you feel?”

“Time’s up!”

Arrrgh!

Until the next chapter.

I hope you are well,

Steven