

STYLE

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LADY KILLER

IS SANDRA OH THE COOLEST WOMAN ON SCREEN?

I'M LISTENING

WHAT YOUR THERAPIST REALLY THINKS OF YOU

20 DRESSES TO SUIT EVERYONE

PLUS THE NEW JEWELLERY TRENDS

WHAT THE THERAPIST SAW

*How does it feel to spend your day listening to people's deepest, darkest secrets? During her 12 years practising psychotherapy, **Lori Gottlieb** has seen it all. In an exclusive extract from her new book, she explains why everyone needs to be heard. Plus, four writers reveal their personal therapy stories*

Photographs **Romain Laprade**

TELLING SOMEBODY YOU'RE A PSYCHOTHERAPIST often leads to a surprised pause, followed by awkward questions like these: "Oh, a therapist! Should I tell you about my childhood?" Or "Can you help me with this problem with my mother-in-law?" Or "Are you going to psychoanalyse me?" (The answers, by the way, are "Please, don't"; "Possibly"; and "Why would I do that here? If I were a gynaecologist, would you ask if I was about to give you a pelvic exam?")

Sometimes, though, people will ask more questions, such as: "What kind of people do you see in your practice?" I tell them I see people just like any of us, which is to say, just like whoever is asking. Once I told a curious couple at a Fourth of July gathering that I see a good number of couples in my practice, and they proceeded to get into an argument right in front of me. He wanted to know why she seemed so interested in what a couples therapist does — after all, they weren't having problems (uncomfortable chuckle). She wanted to know why he had no interest in the emotional lives of couples — after all, maybe they could use some help (glare).

Therapy elicits odd reactions because, in a way, it's like pornography. Both involve a kind of nudity. Both have the potential to thrill. And both have millions of users, most of whom keep their use private. Though statisticians have attempted to quantify the number of people in therapy, their results are thought to be skewed because many people who go to therapy choose not to admit it.



But those under-reported numbers are still high. In any given year, some 30m American adults are sitting on clinicians' couches, and the United States isn't even the world leader in therapy. (Fun fact: the countries with the most therapists per capita are, in descending order, Argentina, Austria, Australia, France, Canada, Switzerland, Iceland and the United States.)

Another little-discussed fact: therapists go to therapists. We're required, in fact, to go during training, so that we know first hand what our future patients will experience. We learn how to accept feedback, tolerate discomfort, become aware of blind spots, and discover the impact of our histories and behaviours on ourselves



and others. But then we get licensed, people come to seek our counsel and... we still go to therapy. Not continuously, necessarily, but a majority of us sit on somebody else's couch at several points during our careers, partly to have a place to talk through the emotional impact of the kind of work we do, but partly because life happens and therapy helps us confront our demons when they pay a visit.

I have sat with people dealing with all types of grief — the loss of a child, the loss of a parent, the loss of a spouse, the loss of a sibling, the loss of a marriage, the loss of a dog, the loss of a job, the loss of an identity, the loss of a dream, the loss of a body part, the loss of youth. I've sat with people whose faces close in on themselves, whose eyes become slits, whose open mouths resemble the image in Munch's *The Scream*. I've sat with patients who describe their grief as "monstrous" and "unbearable"; one patient, quoting something she had heard, said it made her feel "alternately numb and in excruciating pain."

Therapists deal with the challenges of living just like everyone else. This familiarity, in fact, is at the root of the connection we forge with strangers who trust us with their most delicate stories and secrets. And we come to work each day as ourselves — with our own sets of vulnerabilities, our own longings and insecurities, and our own histories.

Revealing this humanity, though, is another matter. One colleague told me that when her doctor called with the news that her pregnancy wasn't viable, she was standing in a Starbucks and she burst into tears. A patient happened to see her, cancelled the next appointment and never came back.

Study after study shows that the most important factor in the success of your treatment is your relationship with the therapist, your experience of "feeling felt". This matters more than the therapist's training, the kind of therapy they do or what type of problem you have.

A supervisor once told me, "There's something likeable in everyone," and to my great surprise, I found that she was right. It's impossible to get to know people deeply and not come to like them. We should take the world's enemies, get them in a room to share their histories and formative experiences, their fears and their struggles, and global adversaries would suddenly get along. I've found something likeable in literally everyone I've seen as a therapist, including the guy who attempted murder. (Beneath his rage, he turned out to be a real sweetheart.)

In fact, it can be easy to conflate the intimate experience of therapy with the intimate experience of romance or sex — of having somebody pay undivided attention to the details of your life, accept you fully, support you without competing agendas, and know you so deeply. Some patients even flirt overtly, often unaware of ulterior motives (throwing the therapist off balance; deflecting from difficult topics; regaining power if feeling powerless; repaying the therapist in the only way the patient knows how to, given his or her

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history). Other patients don't flirt, but vehemently deny any attraction, like one patient telling me that I wasn't the kind of person he'd choose as his mistress. ("No offence.")

If you'd asked me when I started as a therapist what most people came in for, I would have replied that they hoped to feel less anxious or depressed, to have less problematic relationships. But no matter the circumstances, there seemed to be this common element of loneliness, a craving for, but a lack of a strong sense of, human connection. A want. They rarely expressed it that way, but the more I learnt about their lives, the more I could sense it.

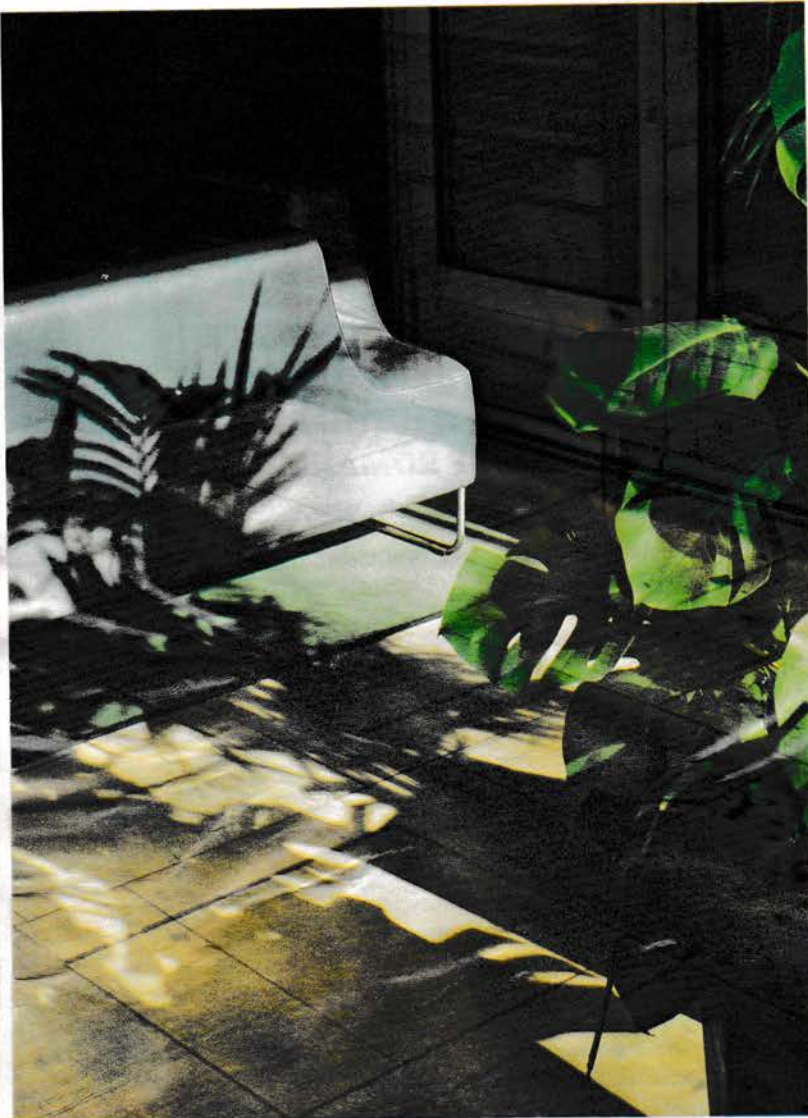
In movies, therapist silences have become a cliché, but it's only in silence that people can truly hear themselves. Talking can keep people in their heads and safely away from their emotions. Being silent is like emptying the trash. When you stop tossing junk into the void — words, words and more words — something important rises to the surface. And when the silence is a shared experience, it can be a goldmine for thoughts and feelings that the patient didn't even know existed.

Another cliché that has plagued therapy: parents. "Seriously? Is that all you shrinks care about?" one patient told me. "How many times do I have to tell you? I had a great childhood," he continued. "My parents were saints. Saints!" Whenever I hear about saintly parents, I get suspicious. It's not that I'm looking for problems. It's just that no parent is a saint. The poet Philip Larkin put it best: "They fuck you up, your mum and dad. / They may not mean to, but they do." It wasn't until I became a parent myself that I could fully understand two crucial things about therapy:

1 The purpose of inquiring about people's parents isn't to join them in blaming, judging or criticising their parents. It's about understanding how their early experiences inform who they are as adults, so they can separate the past from the present (and not wear psychological clothing that no longer fits).

2 Most people's parents did their absolute best, whether that "best" was an A-minus or a D-plus. It's the rare parent who, however limited, deep down doesn't want his or her child to have a good life. That doesn't mean people can't have feelings about their parents' limitations (or mental health challenges). They just need to figure out what to do with them.

The strangest thing about therapy? That it's structured around an ending. It begins with the knowledge



that our time together is finite, and the successful outcome is that patients reach their goals and leave.

In the best case, the ending feels organic. There might be more to do, but we've done a lot, enough. The patient feels good — more resilient, more flexible, more able to navigate daily life. We've helped them hear the questions they didn't even know they were asking: Who am I? What do I want? What's in my way?

Sometimes therapists find out what happens afterwards, if patients come back at a later point in their lives. Other times we're left to wonder. How are they doing? Is Austin thriving after leaving his wife and coming out as a gay man in his late thirties? Is Janet's husband with Alzheimer's still alive? Did Stephanie stay in her marriage? There are so many stories left unfinished, so many people I think about but will never see again.

However, we're also taught something else that we can't really understand until we've done thousands of hours of sessions: we grow in connection with others. Everyone needs to hear that other person's voice saying, I believe in you. I can see possibilities that you might not see quite yet. I imagine that something different can happen, in some form or another. In therapy we say, let's edit your story.

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'The problem with therapy is you don't know how it's supposed to feel until you find the right therapist'

Robyn Wilder, 43



I had my first therapy session at 21. I didn't know much about therapy at the time, and was thrown by the absence of a leather couch, the fact that my therapist didn't speak with a comedy German accent, and how she didn't seem to listen when I said I was fine, no matter how many times I repeated it.

I wasn't, in fact, fine. I was in the middle of a nervous breakdown: not eating, not sleeping, chain-smoking, with panic attacks so severe I'd faint whenever I tried to leave the house. Agoraphobia, panic disorder and depression was the diagnosis. And, in tandem with the psychologist, I worked with a psychiatric nurse to loosen the grip of the panic attacks so I could lead a normal life. It took me four years to recover.

My anxiety and depression have waxed and waned over the years, and I've run the

gamut of variously effective therapists, both NHS and private. The psychologist (private, and £50 a session) who just said "What do you think about that?" wasn't great. Nor was the NHS psychiatrist who worked his way through a Waitrose meal deal — yawning frequently — while I poured my heart out to him. The NHS "fast-track CBT" counsellor who tried to treat my postnatal depression by piling on the homework made me feel more overwhelmed, and the mental health nurse who visited me when my second son was born seemed to like the sound of her own voice.

The problem with therapy is you don't know how it's supposed to feel until you find the right therapist. I have, now. I see a semi-private counsellor every week (a part-lottery funded initiative, £25 a session); she's softly spoken and affable, but unafraid of a difficult conversation, and will cheerfully rummage around in my psyche, rooting through my layers of avoidance and unhelpful coping mechanisms, before locating the real issues and shining a light on them. Thanks to her, I am gaining insight and perspective on

myself and my problems, and even making the odd positive change.

It feels satisfying, and as though I'm doing the work, not her. Which is, I think, how good therapy is supposed to feel.

'His empathy made me feel understood on several levels, for the first time in a long time'

Yomi Adegoke, 27



If I hadn't been able to get therapy for free, I wouldn't have had it at all, frankly. Until recently I never paid for a therapist, because I couldn't really afford one. But, more important, I didn't have to — an increasingly rare privilege.

One I met, aged 24, via Croydon council after months on a waiting list (the therapist looked vaguely like my dad and smiled sadly at me like I was his daughter). I saw him for the maximum six sessions. That year, another was kindly sorted by an employer after a

particularly stressful period left me lagging at work. I hadn't asked for one, but a supportive boss suggested it, and I was able to start, free of charge, as soon as I agreed. I saw that one for four weeks. The first and most significant, however, was the therapist I saw during my second year at university, aged 20. I had never felt the need to go to therapy before then, but after a bout of what I eventually realised was depression, I was willing to try pretty much anything, since bingeing on box sets and nights out didn't rid me of my low mood.

It was hard for me to muster up the courage, but I contacted the university's mental health services by email and within a week had an appointment arranged. I don't know how many students used it, but it was widely and readily available.

He didn't talk much and I saw him for only three weeks, but despite our obvious differences (like most of the student population, he was white and middle-class, and also middle-aged — I was none of those things), he understood. And not in the pitying, patronising, "nodding along without truly getting it" sense, but properly — when I explained I struggled to articulate my low mood to my emotionally reserved Nigerian parents, he spoke of the conservatism of West Africans compared with the Caribbean community, instead of, as I was accustomed to, conflating all black Brits into one brown lump. He was aware that cultural nuances meant a cookie-cutter approach would leave a great deal of mess.

We didn't get to the root of much because I decided to leave uni shortly after. But his empathy made me feel understood on several levels, for the first time in a long time.

I really trust her expertise. I can speak freely and show my vulnerability

Moo Jevons, 30



While there were many reasons for my seeking therapy this year, the driving force was the ending of a significant relationship last October. We had been together for almost five years,

and I felt an overwhelming sense of anxiety, loneliness, low self-esteem and instability. My mother died from alcoholism five years ago, and I felt I had little solid ground to work from.

I wasn't nervous or sceptical of therapy. I had benefited from counselling in the past: once when I was 17 for issues relating to my mother, and then again, aged 23, initially due to problems with my type 1 diabetes, which led to more complex issues being exposed.

After speaking with my friends and family, I was actively encouraged and supported to return to therapy. Some of my family are in therapy, too, and quite a lot of my friends do CBT. I used a website called Welldoing.org, where you can match yourself to a suitable therapist, depending on your needs. I was matched with a psychoanalytic psychotherapist who specialises in dynamic interpersonal therapy (DIT). The focus of DIT is identifying patterns of behaviour that cause people to feel stuck or are destructive to their relationships, whether that be with a romantic partner, family member, friend or colleague.

I am on week seven of a 16-week course, with weekly sessions that cost £45 a time. I am self-employed and run my own catering business, working when I can, so the sessions are in the morning, when I tend to be less busy. My therapist is a softly spoken Irish woman in her fifties; she is gentle and I find her very empathetic. I really trust her expertise. I can speak freely and show my vulnerability with a non-judgmental, objective professional. It can be exhausting sometimes, but I generally feel a sense of relief when I leave the sessions, and I look forward to unravelling more knots each week. I know this is doing me a world of good.

Therapists in New York are more akin to hired friends

Josh Glancy, 32



It was the winter of 2017 when I started seeing Morty in New York. The city was pressing down on me, colder and lonelier than I had expected it to be, alienating me with its relent-

less energy. The talking cure seemed like a good idea, or so everyone told me.

Therapists in New York are more akin to hired friends, a person who is contractually obliged not to flake on you and is guaranteed not to spend your hour together slyly perusing Instagram. People in New York use their therapists the way you might use lip balm in cold weather, to smooth over the cracks in their tumultuous lives. I felt like I needed one too.

I went for the Upper West Side, of course, an old Jewish guy with a penchant for unfashionable Freud. Because if I'm going to do this, I thought, then I might as well do it properly.

It didn't go well. Morty was grouchy and I was often late, which made him even more grouchy. I was looking for a friend, or a tough but kindly uncle, or both, like Robin Williams in *Good Will Hunting*. Instead I got Walter Matthau in *Grumpy Old Men*. I'm not sure he

liked me very much, and he struggled with what he decided was my English ambivalence; I was always "quite" sad or "sort of" happy.

So we didn't last more than a few months, Morty and I. In truth, there wasn't all that much wrong with me. I mean, sure, I felt miserable and desperate of a Monday morning, but who doesn't? Whining to a stranger about my neuroses wasn't going to help. All I really needed was a few good mates and somebody to love, which I eventually found.

HOW TO FIND A THERAPIST

More and more people are having therapy — about 1.5m Britons have seen a private therapist in the past year, and the stigma is fading. So how do you know who you should see? Louise Chunn, the founder of welldoing.org, which matches people with a suitable therapist or counsellor, reveals what to look out for

- Make sure you see a verified therapist, a member of a professional association such as the UK Council for Psychotherapy (UKCP), the British Association for Counselling and Psychotherapy (BACP) or the British Psychological Society (BPS).

- The key element in successful therapy is the relationship you build with the therapist, so consider what gender, race and age group would you open up to best.

- Do you want someone who digs deep into past experience, offers behavioural tools or uses mind-body techniques such as mindfulness?

- Look for expertise in the area you are concerned about.

- Therapy associations (see above) have directories of members, and you can also find low-cost therapists via charities such as Mind and therapy training organisations.

- Many therapists offer free or lower-priced initial sessions, so try several until you feel you have found the one for you. ■