

# Free your MIND

[ SELF ] Therapy is no longer a big deal – if you need it, just do it. But how do you know if you really need it? And which sort of therapy should you choose? Louise Chunn explains and, overleaf, two therapists discuss cases where they made a difference

What can you do if your life is making you miserable? You've read all the books, used the mindfulness app, talked to your friends and family... and still you feel there is something wrong. Maybe you are dealing with one of life's derailing events – a relationship ending, redundancy, the loss of someone close to you. Or perhaps you have always felt at odds with the world and its happy-seeming people. Perhaps you've tried talking with a life coach, or even had some Cognitive Behavioural Therapy (CBT), through the NHS after seeing your GP. You may even have tried medication for depression or anxiety, but still you feel the need for professional help.

Deciding to seek therapy is a big step, requiring you to be open about private matters, attend appointments – even if you don't want to – and spend

a fair amount of money for the privilege. You may fear that others will see you as needy or damaged. Actually, the stigma around therapy is reducing – you'd be surprised how many friends and colleagues have already taken this step. It's not a weakness to seek therapy; it shows you have strength to face your demons and to change.

### If you're still uncertain, ask yourself these questions:

- Do you feel that you are running into the same problems again and again?
- Do you think about past traumas for unreasonable amounts of time?
- Do you feel that your work or home life is suffering?
- Do you no longer enjoy things that once gave you pleasure?
- Do you find yourself drinking/overeating/taking drugs to feel better?

Answering 'yes' to a number of those questions above would indicate that

counselling or therapy could help you, so what should you do next?

### Taking the first step

Visit the websites of the accrediting associations, such as the UK Council for Psychotherapy or the British Association of Counselling and Psychotherapy. New website Welldoing.org asks questions to match you to the therapists most suited to your needs. Make sure whoever you see is trained and insured.

You could have initial meetings with a few professionals until you find someone you feel you can trust. Your therapist should support you in a non-judgmental way, and may also challenge your thoughts and actions. Fees can be pricey, but many therapists will agree to a reduced fee if clients cannot afford it.

*The British Association of Counselling and Psychotherapy (itsgoodtotalk.org.uk), the UK Council for Psychotherapy (psychotherapy.org.uk)*

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## HELP AFTER A TRAUMA

“She was the kind of person who would never have had therapy without this trauma to deal with, but it was a life-changing experience for her”

*Nicole Addis is an integrative therapist working in the north-east of England*

‘MY CLIENT, JENNY, was a middle-aged professional woman, used to making decisions and taking charge. In my experience such people can be difficult to engage with therapy; they see it as a sign of weakness. But she had been mugged and wasn’t coping, so her employers arranged her visits.

Even though she was suffering from fear, headaches, lack of sleep, nausea and panic attacks, she clearly didn’t want to be there. For her, I don’t know which was worse: the trauma or the idea of therapy.

Talking to Jenny, I felt that the incident and her reaction to it didn’t quite match up. Obviously it was hideous to be mugged, but I felt that there was something deeper going on. But I had to be careful – she didn’t come to me for psychotherapy, but to get back to work. I was worried about raising the question of her childhood – she could have just walked out. But I truly believed it was a risk worth taking. Jenny focused on me, then her whole body softened and for first time I saw not trauma tears, but life tears.

We all have dos and don’ts that our parents have handed down to us, and for her it was: ‘Get up and get on with

## What type of therapy?

How therapy progresses depends on the particular training of the therapist. Here are some of the most common types:

### ■ PSYCHODYNAMIC

focuses on underlying causes for distress, such as family, childhood and school experiences. You may finish in 12 weeks; you may still want to see your therapist years later. Fans of psychodynamic believe it helps them understand themselves better; therapists tend not to share their own experiences, but they are not silent (that’s psychoanalysis, which is far less common).

■ HUMANISTIC focuses on personal development. Therapists are empathetic and will share their own experiences. Brands include Existential, Gestalt, Person-centred and Core Process.

### ■ INTEGRATIVE

therapists use a mix of humanistic therapies and other training, such as psychodynamic. Transactional Analysis is one of the styles often included in the term ‘integrative’.

### ■ TRANSPERSONAL

covers styles such as Jungian and psychosynthesis, which set out to involve the whole of the person – emotional, physical, mental and spiritual – in the therapy. The aim is to encourage personal growth and tap into creativity. There is much more of a spiritual focus than in most other forms of counselling or therapy.

### ■ COGNITIVE

#### BEHAVIOURAL (CBT)

focuses on overcoming negative thought-patterns that lead to unhappiness. It is usually short-term and can involve homework. It has won the recommendation of the National Institute for Health & Care Excellence for conditions including depression, eating disorders, anxiety, and panic attacks.

#### ■ NEW STYLES are

evolving all the time, such as mindfulness-based stress reduction (MBSR) and eye movement desensitisation (EMDR). Part of therapists’ training involves keeping up to date with new methods of treatment.

it; just cope’. Jenny, her mother and her grandmother had struggled, but Jenny had gone to university, got a good job, married, had children, divorced, and was now independent. Now, she couldn’t pick herself up in the way she had before. That trauma felt like failure and shame to her.

I saw this strong, determined woman turn into a small child. She told me a memory of being four years old, feeling trapped and helpless – all the things she was feeling now. In surviving that incident as a young girl, she decided that if she couldn’t run or fight, she would shut down. That was what was happening now.

It was a gateway to showing her she could accept this feeling. Over the

following sessions, we talked about her adult life. She started to realise that she didn’t let people get too close; that she had stopped caring for herself and her appearance. That changed too. She lost weight, bought new clothes, treated herself.

Jenny had learnt from the women she’d grown up with that if you stay down, you get kicked; if you get up, you’ll stay strong. Understanding the effect of that on her as an adult – keeping her distance from others, not feeling she was worthy of treats – gave her back her confidence. She would never have had therapy without having had a trauma to deal with, but it was a life-changing experience for her. She told me that it brought her back to herself.’

ILLUSTRATIONS: KATIE EDWARDS/GETTY IMAGES





## A CURE FOR COUPLES: TALKING

“Engaging fully in communication is key: we all need to say what we need to say, and to feel that we are being heard, in order to feel loved”

*Gilead Yeffett is a London-based psychotherapist who sees couples and individuals*

‘DAVID AND LUCY had been together for 10 years and had two children. But they were bickering all the time.

In couple relationships, a lot of communication is coded. A tiny movement or word from one can trigger so much in the other. I asked Lucy to accuse David of something she didn’t like. She said: ‘You always roll your eyes when I ask you to help around the house. I feel patronised.’ Then David had to repeat what he’d heard, and say how that made him feel. It’s an emotional moment for couples – things are revealed that they have never heard their partner say before.

They also had the chance to respond to the accusations. ‘Always’ and ‘never’ are sweeping statements. David said

how he takes the initiative without being asked and he feels patronised when told what to do. This helped them both see how they use punishment – patronising – to meet their needs.

A few weeks into the process I tried Attachment Theory, which concerns the relationship a child had with their primary carer – it can shine light on our relationship preferences. David had an anxious attachment style and Lucy wanted more from him: she told him she wanted him to ‘man up’. David was hurt by this. I wanted to know what she meant. ‘I want to feel he can protect me, not necessarily physically, but if I have a problem, I’d like him to help without getting worried himself,’ she said. By looking at their beliefs about a man’s or a woman’s contribution, both Lucy and David realised they could focus on their common purpose: envisaging their relationship in the future.

We looked into how they connected and what happened when that broke down. The usual pattern is connection, rupture, then repair. A good fight can help us negotiate our needs and understand what we are willing to give up and what we’re not. What’s important is how a couple moves between these disconnections.

Lucy and David learnt to engage fully in communication instead of bickering. Making this change, which is difficult and risky, often needs a third party, such as a therapist. It can feel awkward at the beginning, but once we get a good command of it, like a new language, it flows more naturally.

After 12 weeks, I could see many changes. They had learnt to repair after disconnection, how to listen and confront emotions such as fear of being abandoned in Lucy’s case and being a failure, in David’s case. We all need to say what we need to say, and to feel that we are being heard, in order to feel loved.’

