



# The Process Revealed

**B**efore we talk about skills and interventions that are part of what therapists and counselors do, it is helpful to begin our journey by looking at the overall process involved. In this opening chapter we introduce you to the subject by covering the main ingredients that are part of most systems currently in use. We begin with a personal look at the magic of this profession through the experiences of the authors. As we will mention consistently, it is important to see the larger landscape that is involved in helping people, even when you are focused on the individual skills and interventions that are part of this complex process.

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## Reading Minds and Other Superpowers

When I [Jeffrey] was 12 years old I spent a significant part of my life reading comic books—*Richie Rich*, *Archie*, but mostly superheroes like *Flash*, *Green Lantern*, *Batman*, and most of all, *Superboy*.

I used to pretend to *be* Superboy when I was a bit younger, launching myself off tables and couches with a towel tied around my neck as a cape. I really believed that if only I tried harder (like Peter Pan), somehow I could fly. Bruised and battered, my parents always scolding me for scuffing the dining room table during my progressively longer take-offs, I abandoned my attempts to leap tall buildings in a single bound but not my search for superpowers.

I next set my sights on x-ray vision, a skill I determined would be far more useful to an adolescent boy who longed to see what girls really looked like. My prayers were finally answered one day, and of all places, in the very comic books to which I was so devoted. There, on the back page, was an advertisement for special x-ray glasses that would permit the owner to duplicate Superboy's feat of seeing through dense objects. I may have clouded memory about this, but I swear there was even an image of a girl whose outline could be seen through transparent clothing.

Five bucks, or whatever the glasses cost at that time, was still out of reach for a kid whose only outside income was shoveling snow for neighbors (this was July). Nevertheless, I begged and borrowed the money from various relatives until I finally

had enough for this magical instrument that would reveal all the secrets previously shrouded from me.

Needless to say, the glasses hardly delivered what was promised and they were far too goofy looking to even wear as sunshades. Still, I refused to give up my search for superpowers.

It wasn't until years later, during my training as a therapist, that I finally realized I was developing powers that would allow me to read minds and persuade others to do my bidding. Indeed with lots of instruction, supervision, practice, and experience, I mastered the art and science of picking up cues invisible to others. I learned powerful ways to get other people to do things they really didn't want to do. I learned some tricks of the trade as well, relatively foolproof methods for diffusing anger, confronting others nondefensively, and helping people to feel heard and understood.

When I started teaching others how to do therapy—school counselors, family therapists, psychiatrists, social workers, mental health specialists—I found a whole new realm of secret powers open to me as well. I had to develop ways to keep a group spellbound, to encourage people to take risks and reveal very private things in public settings. I learned to motivate people, as well as to help them overcome fears of failure. As I began writing textbooks for beginners in the field, I figured out how to introduce very complex ideas in ways that could be adapted to a number of practical situations and settings. Then I began doing research, interviewing other therapists and counselors to find out about their own secret powers and favorite strategies.

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## ■ My Psychic Powers

When I [Leah] was an adolescent, I struggled to search for meaning in life while coping with personal problems. I felt terribly unhappy and read texts from different religions, New Age books, self-help books, and anything that would help me understand why pain and suffering were part of life and how to alleviate that pain. On the journey of this exploration, I stumbled on several books on psychic ability. I was drawn to this possibility, and many of the books said that *I had psychic powers*. Some books simply stated that everyone had the ability but that it was underdeveloped. Other books stated that only certain people had the ability, but since my astrological sign was/is Pisces, I should have it. I was convinced I was psychic. I bought books and started practicing. I visited psychics to understand my ability better, and they frequently told me I had “the gift.” I devoted several years to developing this ability.

I imagined that with my newfound psychic ability, I would be able to see the future. I could avoid disasters in my life and in the lives of my friends and family so they could avoid pain. I could make decisions more easily since I would be able to see the outcomes to avoid making mistakes. I could know people's thoughts and use them to my advantage. I could understand what's beneath what people present on the surface to respond to them better. I could amaze and astound my friends and family. I would be noticed. I would be special. In retrospect, I now realize that I just wanted to be special, to feel important. Although I am still attracted to understanding the internal experience of others, I certainly don't want to read minds . . . I don't want to know if someone thinks I dress funny or sound stupid or know anything negative without asking first, and I don't want the responsibility of seeing the future . . . too much responsibility!

I never developed my psychic abilities in the way that I had hoped, although at times I convinced myself I had a gift. However, what is most remarkable to me now is that after years of working on the skills required to become a good therapist, and working on my own issues, I have developed some abilities that amaze my friends and family; I appear to be psychic to them. First, I learned to allow myself to get back in touch with my own feelings; I had become very disconnected from myself as a way to cope with early emotional struggles. This helped me to become more empathic with others. I have learned to get my thoughts and my issues out of the way (well, almost out of the way) to see the other person's point of view as much as possible, whereas in the past, I would put myself in the other person's shoes and reflect what I would feel. I have learned how to listen, how to really listen beneath what is being said: the content, the feelings, and the process of how it's all conveyed. I've learned to pay attention to the smallest details in how a person communicates: the body language, the nuances in verbal language, and the voice inflections. I have become more culturally aware, and as a result, even more able to empathize with others. Most important, I have learned to reflect what I see and hear from the other person in a way that seems psychic. All of these skills have helped me to be a better friend, a better teacher, and a better person in all my relationships. I have learned a way to connect with others that is natural to me now. These skills have changed me and saturated every aspect of my life. Now, I finally feel special.

None of the skills taught in the first clinical course were natural to me, although some skills may be natural to some of you. As I said, I was emotionally stiff and disconnected. I knew that I wanted to help people, and I thought that therapy was about hearing the problem and then giving advice to fix the problem. I was well practiced and thought I was good at that. Was I wrong! Therapy is about building relationships, which is best done by really listening and being there for the client in an accepting way.

I had to learn all the skills slowly, with lots and lots of practice. In addition to my university training, I participated in an external training group. I also chose the hardest supervisors during my field experiences and internships to develop as much as possible. I would practice my skills with friends, family, teachers, coworkers, grocery-store clerks, the person next to me in the airplane, with any and all human contact. And now, here I am still developing skills, but they are strong enough to wow my friends, my family members, my students, and even total strangers (if I feel inclined to impress them).

So now I'm writing what I've read earlier. You, too, can become psychic. No, you won't be able to read the future. However, with an open mind, a strong conviction, commitment, and tons of practice, you will appear to read minds. Amaze your friends and family. Tell them what's on their mind. You'll be surprised by how much you can know.

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## Secrets Revealed

*Client:* I'm so overwhelmed right now. My parents tell me that I should become a school teacher because they don't believe I'm smart enough to be a therapist or get a master's degree in this field or any other. I feel so much pressure to do well in my master's program to prove them wrong. I know I'm smart. I always made good grades in school. I work full-time while

going to school. I'm in a management position in my job. I've never failed at anything, and in fact, have always done better than most. I'm just overwhelmed managing school and work, that's all.

*Therapist:* A part of you feels confident in yourself, and at the same time, another part of you is afraid that your parents might be right. That voice in your head tells you that you are inadequate, that you're not good enough.

*Client:* (with tears forming in her eyes) How'd you do that?

*Therapist:* Do what?

*Client:* You know. That thing . . .

Her voice trailed off at the end, as if she couldn't quite capture what she was really trying to ask. This was a woman who was used to being in control. It bothered her already that she had been forced to ask for help about a personal matter, but it was even more frustrating to her that she couldn't figure out what therapy was all about and how it worked. It was as if she was trying to penetrate the smoke and mirrors of an elaborate hoax, or at least a magic show.

"Nothing up my sleeves," the therapist teased her, showing her forearms. She felt very much like the Wizard of Oz who was about to step from behind the curtain of the control room. The therapist didn't like to play games or hide what she was doing with clients. She wanted them to understand *exactly* what they were doing together so that if a time came in the future when clients needed help again, rather than running back to someone like her, they could apply what they'd already learned.

We don't mean to imply that magic and deception don't play important parts in counseling and therapy, because they assuredly do. It is a curious phenomenon that almost nobody pays much attention to us when we are not working under a cloak of expertise. In order to have some degree of influence, it is often necessary to function in a particular setting and context. You may have noticed, for example, that the offices of professional therapists and counselors are designed specifically to display symbols of power—diplomas on the wall and impressive books on the shelves.

Therapists and counselors happen to arrange things in such a way that they increase their sense of power and status in the eyes of their clients. We appear to be magicians and wizards because we seem to *know things* that are beyond mortal beings. We not only can read people's minds, but we can predict the future and get people to reveal things that they would prefer to keep to themselves. We usually know just the right pressure to apply when someone proves reluctant, and when to back off when such efforts are fruitless. We have creative solutions to problems, many of which would never occur to others. We listen extremely well and hear nuances that are beyond awareness. We are able to persuade people to do difficult, risky things they prefer to avoid. We can often confront them with sensitivity and diplomacy so they don't take offense. And when we mess up or make mistakes, we are highly skilled at recovery.

We do all these things not for personal gain but because we know that the more stature we have in others' eyes, the more likely it is that they will listen to what we have to say and do what we encourage them to do. We might use a few props or special effects to appear far wiser than we really are, but it is all for a good cause.

So, when the therapist in the beginning of this section faced her client's persistent inquiries about how she managed to get through to her in a way that nobody else had before, the therapist wanted her to understand the process, but not to the point where it lost the potency. Magic works best when some illusions are maintained.

Of course, counseling is a discipline that is firmly lodged in science. Almost all of our theories, and the skills you are learning, have been developed as a result of empirically based studies that were designed to test their effectiveness and usefulness under various conditions and circumstances. Therapists do not fly by the seat of their pants, or operate by intuition alone. Every intervention you choose, and every skill you employ, should be supported by a clear rationale that is grounded in the most solid research data available. You will continually consult the literature to determine whether your current practices are consistent with the latest research. And you will conduct your own studies to measure the impact of what you do. So, although there is an element to what we do that might *appear* magical, there is a much larger component that is supported by scientific principles.

Like most professionals, therapists and counselors consider themselves part of an elite guild. We have our secret handshakes, our special codes, and our unique rituals. We have our own culture just as any ethnic or religious group. Like wizards and magicians, in order for us to create illusions that lead to change we must keep our methods private. The trust and confidence we inspire is based primarily on others' beliefs that we really do *know things*, that we have *The Answer*, and that we have access to *A Cure*. (Paradoxically, we don't have the cure or the answer, but rather we have the ability to help clients see themselves better to find their own answers.) We convey these impressions partly through the highly trained skills we use to foster confidence and inspire trust, but also through a number of strategies that are far less obvious.

## For Reflection

Either in your journal, or talking to classmates, discuss the extent to which you believe the impact of counseling is mediated by what is currently known through scientific inquiry versus what appears to be magical because the factors are not thoroughly known and understood. As an example that might guide your exploration, consider a time recently in which you experienced some sort of personal change. Try to account for all the reasons and influences that may have contributed to that transformation. Now, consider your level of confidence in those explanations: How certain are you that the changes you experienced did, in fact, result from those causes and not from other things that may be beyond your awareness and understanding?

## How Therapists Enhance Their Powers

I [Jeffrey] have spent some time doing research with witch doctors in the Amazon region of northern Peru, with indigenous healers in the Kalahari Desert of Namibia, with shamans in rural villages of Nepal and in several other regions of Asia. I have been interested in making sense of how it was possible that healers and therapists in so many different parts of the world seemed to operate in such different ways. We're sure you have already heard many of the endless debates among

members of our profession about the best way to help people. Some practitioners insist that you must make sense of the past, while others look to the future. There are therapists who work only with thinking patterns, or repressed feelings, or observable behaviors. There are those who think therapy should take a long time and others who see it as a very brief encounter. There are therapists who prefer to work with individuals, or in groups, or with whole families. There are experts who have a style that is confrontational, and others who are nurturing. Some see their role as a teacher, or a coach, or a consultant, a surrogate parent, or a provocateur. The really amazing thing is that there isn't a lot of evidence to support the effectiveness of one of the hundreds of therapeutic approaches over others; they all seem to work pretty well, depending on the situation. Needless to say, we've always found this a bit peculiar. It also makes learning how to do this complex craft extremely challenging when we can't agree on the best way to do it.

So I was off in the jungles or deserts observing and interviewing healers to identify some of the strategies that I might recognize in my own work. It occurred to me that in spite of their claims otherwise, maybe all good therapists do essentially the same things. Regardless of what they call themselves, and where they work, there are some universal ingredients that operate in all therapeutic approaches, most of which involve quality helping relationships that meet clients' expectations and particular needs (see Kottler, 1991, 2001b; Norcross & Goldfried, 2005; Prochaska & Norcross, 2006).

I noticed immediately that witch doctors in the Amazon did not have framed diplomas on their walls (they didn't actually have any walls because they worked on mountaintops), but they did display a stuffed condor, the greatest symbol of power in their culture. On the surface, it appeared as if they were practicing a very different sort of helping than I was familiar with. They led chants and dancing and prescribed the most awful-tasting hallucinogenic cactus pulp that was blown up one's nose through a long tube. They waved wands and old skulls over a person's body, repeating incantations. They kept their clients up all night until they finally agreed they were cured of their maladies.

We might subscribe to a different theory of what causes emotional problems, and might have different methods for working our therapeutic magic, but there are indeed some similarities between what healers do all over the world (Kottler, Carlson, & Keeney, 2004; Pesek, Helton & Nair, 2006). First of all, we all capitalize on a person's expectations by instilling a sense of hope and increasing our power in their eyes. If you act like you know what you're doing, if you believe in your powers to help others, and if you can convince them to believe in you as well, then almost anything you say may be perceived as useful (Sprenkle & Blow, 2004).

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## ■ Power and Influence

We don't wish to reveal all our secrets—at least right away—but here are just a few of the ways that therapists and counselors enhance their power in the eyes of their clients so as to maximize their influence.

It is one of the most annoying qualities of therapists that we so rarely give direct answers to questions. There is a very good reason for this (besides the fact

that we rarely know what truth is for any given individual). Once we are seen as being mistaken, or fallible, people may very well lose confidence in our abilities. How would you like your physician to admit that she doesn't have the slightest clue what is wrong with you? At the very least, she has got to venture some reasonable hypotheses. It is the same with therapy; the most ambiguous responses are most likely to give us the most room to maneuver.

*Client:* I've been dating this guy for about two years, but we don't seem to be going anywhere. He says he doesn't believe in marriage, but I do! He wants kids, but without marriage. In this state, I won't have any rights if he leaves me without having been married. I don't know what to do. I love him, he's a good person, and I've invested so much time with him. Maybe I should just get over being old-fashioned. I don't know; it's not how I was raised. Should I leave him?

The therapist's first thought is: "How the heck should I know what you should do? I barely know what's best for me most of the time. I agonize for 10 minutes before I can finally decide between the chef's salad and chicken stir-fry. And I'm supposed to know what you should do with *your* life?"

## Exercise in Advice Giving

With a partner, take turns telling one another about a personal problem or concern that you are currently struggling with in your life. After the person has shared, respond by telling him or her everything that you think he or she should do to fix it. Then reverse roles.

We hope that what you learned from this exercise is that even advice that is well intended doesn't work very well. Even if people do hear what you are saying, they will rarely act on what you've told them to do. And if they do follow your advice, they may end up blaming you if things go wrong, or, worse yet, coming back to you every time in the future when they feel stuck.

Second, even if the therapist did know what the client's best course of action should be, it is unlikely that the client would listen, much less act on what was suggested. Our most recurrent fantasy in sessions is imagining ourselves telling clients exactly how they should straighten out their lives—change their wardrobe, lose the glasses, quit their jobs, get rid of that loser of a boyfriend, show better posture, stop raising their voice at the ends of their sentences. People want advice (sometimes because they don't want to be personally responsible) but they rarely take it. Many times, they are just looking for you to tell them what they've already decided to do. It has gotten to the point that the only time therapists give people advice these days is when they want them to do the exact opposite (this clever strategy is called a *paradoxical intervention*).

So, ask a therapist or counselor a direct question about what you should do, and you'll most likely get a response like the following:

- “*That’s a very good question. What do you think?*” Doing therapy is often like Ping-Pong. Keep the ball in the other person’s court.
- “*You aren’t sure what to do so you’re hoping I will decide for you.*” This is called a reflection, but is often used as deflection.
- “*Going back to what you were saying earlier . . .*” Changing the subject often works.
- “*What you are searching for has always been within your grasp.*” Going mystical is a great way to put the focus back on the other person.
- “*When you leave here today you will find yourself, almost against your will, coming back to some things that were said here that will begin to make more sense, or less sense, than they do now.*” We love this one because it makes predictions about the future that, one way or the other, will be confirmed.

## For Reflection

Think of a time when you were struggling with a decision, perhaps with a job or to start or end a relationship. As you spoke with your friends and family, did they offer you plenty of advice? Was the advice contradictory? Was it helpful? And think of the many times you followed the advice of others. I [Leah] can think of the many times that my parents so strongly advised me to do certain things . . . end this relationship, take that job, stop going to school and get a real job (especially during my doctoral work). Most of the time their advice led to arguments. At other times, I would simply listen patiently and still not follow it. What has been your experience? I once had a professor who said something quite profound: “Take my advice, I won’t be using it.”

We know this sounds cynical, and we don’t wish to reduce the important work that therapists do to a bunch of tricks and gimmicks. Most of all, therapy is about a relationship with a person that forms the core for the other skills that you use. Within the context of that trusting alliance, the skilled expert is able to help people to experiment with new behaviors, take constructive risks, learn about new ideas, make sense of the past, and plan effectively for the future. More important, a well-built therapeutic relationship allows clients to explore places within themselves that are too scary because of overwhelming, withheld emotions. It allows them to expose their most vulnerable feelings of inadequacy, as well as to share beliefs that seem taboo or socially unacceptable. This process does *not* take place when the therapist plays games with people; quite the opposite, actually. The therapist goes to great lengths to make him- or herself as transparent, authentic, honorable, and dependable as possible. Ultimately, what I, Jeffrey, learned from my own research with witch doctors and other healers around the world is this: *It is not so much what therapists do that matters as much as who they are.* In other words, personal characteristics are just as critical as their clinical skills (Drisko, 2004). We help people not only through our skills and interventions but also through the sheer power of our personalities, which builds a relationship with the client: the foundation to therapy.



Under ideal circumstances, therapists and counselors are able to model for their clients the same degree of personal effectiveness that is being taught and nurtured in the sessions. This is the real magic of therapy: that two (or more) people can spend time together talking about life difficulties, and within a relatively short period of time, perhaps just a few conversations, the pain and discomfort go away. Sometimes forever.

It isn't magic that heals people, but it is important that clients have strong beliefs in the power of those who help them. This is the first and most important principle to keep in mind in any helping relationship: Unless you can convince others that you know what you are doing, and that you are very good at what you do, your efforts are not likely going to be of much use. Of course, before that can happen, you must first believe in yourself (or at least be able to fake it in your first year or two working with clients).

## Exercise in Personal Qualities

Get together with a partner or in small groups and discuss what you consider the most powerful aspects of your personality. This is no time for modesty; you must increase your awareness and understanding of how you impact and influence others.

Each person takes turns identifying the prominent features of his or her personality that have been reported to be inspirational to others. Leah, for instance, has been told that she seems to be open, nonjudgmental, and intelligent. Jeffrey uses his sense of humor and playful spirit.

After everyone has shared what they observe about themselves, then give each person feedback on other qualities that you have observed or sense.

## You Gotta Be Desperate

*Client:* The reason I'm here today is to get help holding down a job. My parents say that if I can't keep the next job for at least six months, they'll kick me out of the house. I think I've just had a lot of bad luck. I keep getting jerks for bosses. They're always trying to control me and tell me what to do. They won't get off my back and treat me like a child just like my parents do. It's really not my fault. I was thinking maybe you could help me prove to my next boss and my parents that I'm not a kid any more; I'm twenty-three, after all!

If you wonder how it is possible that people manage to make such stunning changes in counseling and therapy, it all starts with candidates who are very motivated. By the time anyone actually seeks the services of a professional it is likely that many other options have already been tried. Nobody sees a therapist as a first

choice, but usually as a last resort after everything else has failed. The person has likely tried sweeping the problems under the rug and pretending they don't exist. He has tried blaming others for the difficulties. He has consulted with friends and family, hoping for attention and sympathy. He has already exhausted every alternative within grasp. With nowhere else to turn, or perhaps being pressured to seek help by others, the client limps into the office feeling desperate.

Generally speaking, people don't change because they *want* to, but because they *have* to. Nobody walks out of a relationship, quits a job, or relocates to another city when they are feeling quite satisfied with the way things are going. People initiate changes when they are at the end of the line. It all starts with discomfort. Desperation is even better. Unless you are unsettled by the status quo there is little motivation to change anything. When present strategies aren't working, when things start to fall apart, when there seems no other alternative, that's when people seek change. And it ain't pretty.

Change means being awkward and uncertain. It means facing the unknown. It feels like taking a giant leap into thin air, without a net. That is an important secret about the way that change in general, and therapy in particular, tends to work. Most people will get better anyway, over time; a professional guide just makes it happen more quickly. It is the same thing with a therapist. It is not as if most of our clients actually need us in order to get to where they want to go; it's just that we help them to get there a lot quicker, with important lessons learned along the way.

## Exercise in Change

Get into groups of three or four and talk about a time when you made a major change in your life or survived a significant transition that led to some dramatic transformation. Discuss what led up to the change and the amount of courage it took to risk making the change.

## It's All About Leverage

When someone is experiencing some personal distress—let's say a moderate case of depression, anxiety, confusion, or loneliness—there is a strong drive to reduce this discomfort. Drugs or alcohol might work for a little while, but they have side effects. People “medicate” themselves with other things as well—excessive sleep, exercise, food, shopping, or work—anyplace to hide from the pain. All of these strategies work pretty well, although they all have significant disadvantages in that they tend to create other problems that are also annoying.

The favored preference, by far, is for the person to deal with the situation so that no big changes are needed. It may be uncomfortable to remain stuck in an empty or unsatisfying relationship, but things could also be far worse.

Once a client realizes that perceived options are limited and favorite coping strategies don't work, he or she may be ready to *consider* significant change. Keep in mind, however, that the client may not be nearly to the point of actually *doing* anything differently, but at least that possibility will be taken under advisement.

When the client realizes limitations, we have "leverage." It is what gives us some starting momentum to get things moving in a constructive direction. After all, it is really the client who does most of the work in therapy, and also it is the client's motivation, commitment, and resources that best predict a positive outcome (Duncan, Miller, & Sparks, 2004; Tallman & Bohart, 1999).

So a very important thing to understand about change is that it is most likely to occur—and last—when people don't see any other choice and when they have hit their own rock bottom in a particular situation. It's easy to walk out of a job or relationship if you can't stand another second of the predicament without imploding. And it is much easier to help someone who feels lost and is willing to acknowledge this state of helplessness.

## A Few Things to Remember

It is difficult to influence anyone in a therapeutic relationship unless the following conditions are in effect:

1. The person is not satisfied with the current state of affairs.
2. The person realizes that he or she can't cope with things on his or her own.
3. You are recognized as someone who can provide needed assistance.
4. You believe strongly in your own power to help.
5. You can convince the other person of your usefulness.
6. You are able to deliver on what you promise.

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## Amateurs Versus Professionals

You already have the broad strokes, but there are a few more details to fill in. If the therapy process were as simple as we are making it sound, almost anyone could do it with little training or practice. You would hardly need a whole course on skills, nor would you require a textbook on the subject. In fact, almost everyone *does* act as a therapist at times. Professionals hardly have a monopoly on helping relationships. Taxi drivers, bartenders, hair stylists, family, and friends are also known to engage in helpful conversations with people during times of difficulty. The main difference

between amateurs and professionals, though, is that we are far more likely to have a positive impact in the briefest period of time. Also significant is that everything we say and do is in the client's best interests rather than to meet any of our own needs.

One reason for professional effectiveness is the amount of power and influence we wield in sessions. While these are important tools for helping people, they are also a huge responsibility. Clients take what you say very seriously and assume that you are an expert. This means that you must be careful when providing feedback, no matter how casually it is offered. A boundary exists between you and your clients that must be acknowledged. This is in distinct contrast to the type of boundaries you have with friends and family members where it is never quite clear what personal agendas are operating during helping efforts.

Let's take as one example a teenager who asks a friend and a sibling what he should do about his conflicted relationship with his girlfriend. The friend offers the advice that perhaps things have run their course and it is best to end things before they get worse. What is not acknowledged by the friend are his own feelings of jealousy and perceived threat from this relationship. The boy's sister, on the other hand, offers advice that is exactly the opposite—she thinks he should work things out. Also unstated is the sister's strong preference that her brother's relationship continues so she can profit from ongoing affiliation with the girlfriend who is one of the most popular girls in the school. While personal agendas are not always so clearly defined, the examples illustrate the dangers of trying to get therapeutic help from friends and family who are also considering their own needs.

In spite of best intentions, and even high motivation, even well-intentioned people without proper training and supervision can do more harm than good. Contrary to popular belief, helping people is not at all natural. It takes a *lot* of preparation and hard work to put your own needs aside, to focus completely on this other person, and do so with caring and empathy. You must be able to concentrate so intently on what the person is saying and doing that you can fluently decode the underlying meanings that are being expressed. At the same time, you are reviewing a host of options from which to select the best intervention.

For instance, someone says, "I just don't know what I want to do next. It's like . . . I don't know . . . No matter what I do, it's not going to work out."

The initial reaction to this statement is to feel flooded with options. It is not that there is a shortage of possibilities; it is that there are too many. Here are a few possibilities:

1. You could reflect the content of what you hear to let him know that he was heard and also give yourself more time to think of what you might do or say next: "*No matter what choice you make, you still think you're going to end up back in the same place: stuck.*" This isn't elegant but, at short notice, it does encourage further elaboration.
2. You could reflect the underlying feelings you hear: "*You are feeling so discouraged and hopeless that you wonder if it's even worth trying. You have faced so many disappointments in the past.*" This might seem similar to the previous response but it actually takes the person deeper, exploring some of his or her frightening feelings.
3. You could help this client to examine some thinking patterns that are getting in the way. "*First of all, you are telling yourself that you should know what to do and that you are somehow inadequate because you don't know. Secondly, you are predicting the future based on very limited information.*" Now you would be helping the

client to look at his or her illogical and self-defeating thoughts that are sabotaging efforts to move forward.

4. You could try a mild confrontation. *“You say that no matter what you do, it’s not going to work out, but we’ve both already seen a lot of progress you’ve made by taking similar risks in the past. It seems like you are reluctant to risk making a mistake, so you’d really rather prefer to stay stuck so you have an excuse for remaining miserable.”* This encourages the person to look at the excuses he or she is giving for avoiding action.
5. For something completely different, you could use self-disclosure. *“I remember a time in my life when I was feeling much the same way that you are. I wanted to give up. I wasn’t happy but at least it was familiar. I wondered if that might be better than risking something new that could turn out far worse. Then I decided that I couldn’t possibly be worse off, took the risk, and then never looked back.”* This shows the client that he or she is not alone and also gives the client hope that good things are waiting for those who take constructive action.

We could go on at great length and list no less than two dozen other responses that might be used in this situation, but the point is that skilled therapists are trained to sort through the various strategies and select the ones most likely to be helpful. Although this takes years of education, training, practice, and supervision, the basics can be learned and applied rather quickly—even in a single course.

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## A Few Missing Ingredients

Before we get into the actual method of using therapeutic skills, it is important to understand that there are several other ingredients involved in the process. These same elements would be evident not only in therapy relationships, but in any helping encounter.

## Altered States of Consciousness

“You’re getting very sleepy. It’s late. You’ve had a long day. You’ve been reading for a long time, and your eyelids are getting heavy. Wait! No! You’re feeling very AWAKE and FOCUSED. You’re able to absorb this reading without distraction. You’re feeling CLEAR and MOTIVATED to continue reading. It’s like you just had a cup of coffee!”

If you are thinking about a drug or hypnotic state, you’re not far off. There are particular times and situations when people are more open to being influenced than others. What therapists attempt to do is create an environment that is maximally conducive to people hearing and acting on what therapists say (Gravitz, 2006). In order to do this, therapists use the setting as a stage and their voice as an instrument of influence to induce a trance-like state with clients. They speak in such a way as to command attention and suggest things in a way that they are more likely to be acted on. In that sense, therapy itself is a trance state wherein clients are encouraged

to relax, let themselves go, trust in the expert, and then do what they are directed to do (Havens, 1996).

Some therapists use their voice to calm clients down or get them emotionally activated. The very choice of language is based on what is most likely to match what given individuals will respond best to. The whole object of the encounter is to establish confidence, build suspense, enhance emotional expression, facilitate awareness, provoke insight, motivate action, and then sustain interest. As you will see later, these same stages can be employed in any relationship that is designed to influence another person.

Therapists also enter a kind of altered state of consciousness in which they are hypersensitive and aware of what is happening both before them and within themselves. Once enough confidence is built from hundreds of hours of client contact, the therapist is open to whatever emerges from the client. Agendas are easily released, and the therapist resonates with the client in order to provide empathy and then to shift the client in other directions. New research using EEGs (electroencephalographs) indicates that the brainwaves of the therapist and client become synchronized with one another, which further demonstrates the idea that they are “on the same wavelength” (Siegal & Hartzell, 2004). So, in effect, both therapist and client can go into an altered state of consciousness to facilitate the therapeutic process.

## Placebo Effects

“Take two aspirins and call me in the morning. You’ll feel much better.”

Long ago in medical studies (Beecher, 1955; Caspi & Bootzin, 2002), it was established that the client’s own expectations for a cure are often more important than the actual treatment. Give someone a pill, especially a tiny green specimen, and tell the person that it is powerful medicine and, sure enough, the person will likely feel better in the morning. Even if the pill contained nothing but sugar, food coloring, and binding agents, it may still have solid effects if the person believes it is useful. Things work even better if the doctor prescribing the pill believes in his or her own heart that the medicine is just what is needed, and says with utter confidence to the patient, “Take this pill and you will definitely feel better in the morning.”

If placebo effects (derived from the Latin, meaning “I shall please”) work with medications, they can be equally effective in helping relationships (Fish, 1973; Kirsch, 2005; Snyder, Michael, & Cheavens, 1999; Wampold, Minami, Tierney, Baskin, & Bhati, 2005). If the therapist communicates confidently that what he or she is about to do is going to be helpful, *and the client believes the therapist*, then the intervention will more likely work quite well. This has extremely important implications for other relationships as well. In any situation in which you want to have an impact on others, it is crucial that you believe in what you’re doing. Not only that, you must be able to communicate this confidence effectively.

Compare, for instance, how differently you might respond to the following two introductions to an idea:

1. *“Well, uh, I’m not sure if this will work or not, but let’s give it a try. I think it might help, but then again, maybe not.”* This kind of covering or self-protection against possible failure also reduces the likelihood that the intervention will prove useful.

2. *"I am about to do something that works very well in these situations. I am certain you will see a significant difference within a short period of time."* Obviously, you wouldn't want to say something like this unless you could deliver on what you promised, but in this confident language the situation is set up in a way to play off others' positive expectations.

So often, results are in the eyes of the beholders. The same outcome can be judged a success or failure depending on others' expectations. If a helper tells you that you are probably feeling better already, and this is said with assurance and convincing evidence, then you will probably start to feel better. This is the case even if the helper didn't do anything other than tell you that you have improved.

On the other hand, you must be careful to whom you tell this. A client may think, "I don't believe I'm doing that well since I cry every day, but if the therapist says I am better, then I must be." If this client has poor boundaries, doesn't trust her own experiences, and surrenders all her power to the therapist, she may experience a state of incongruence and confusion, which can lead to greater dependency on others. Consequently, the client's own power can be reduced. The purpose of therapy is to work ourselves out of a job by helping clients to be their own therapists.

## Healing Relationships

"I see you, and you don't seem to like yourself. I hear you, and you want to change. I acknowledge your fears, that change is scary. I understand you and value you, even if you don't always value yourself."

One of the mistakes made most often by beginning therapists is that they think that their job is to learn and then apply the most elaborate, powerful interventions possible in order to provoke changes. In fact, therapeutic techniques and strategies are less important than the quality of the relationship established with the person you are trying to help or influence. If you can establish a close, trusting, accepting connection with another, a relationship in which the person feels valued, respected, and honored, almost anything you try is going to be useful.

Even more important, once you have a solid relationship, you have a lot of flexibility to make mistakes, experiment with new strategies, and take the time you need to discover the best solution. We don't always get things right the first, or even the second time. But that hardly matters if the person we are helping gives us the benefit of the doubt and allows us to work together as a team until we come up with the right combination to set things on the right path. If the therapist gets it right every time, clients might expect that type of mind-reading from everyone in their lives.

If you think about the most successful helping encounters you ever had, whether they were with a counselor, teacher, therapist, coach, family member, or friend, it is highly probable that what the person did or said was less critical than the quality of the relationship you felt with that person. If you felt heard and understood, if you felt safe enough to try new things, if you could risk talking about difficult subjects, if you were pushed and motivated, then you profited from the encounter. Furthermore, the helper could have tried an assortment of different strategies, any one of which may have worked.

## Exercise in the Power of Relationships

With partners, or in small groups, talk about the most healing relationships that you have ever experienced. These may be people who have made lasting changes in your life, shifted the course of your life, or helped you through something difficult.

This principle is certainly confirmed by your own experiences. In a public forum, you may agonize about the best way to express yourself, rehearse the absolutely perfect lines, but what makes all the difference is the relationship you develop with your audience. The same holds true for any situation in which you hope to have an impact on others. If you can build solid connections with others, get them to trust you and feel confidence in your abilities, what you actually do is a whole lot less important than you think. As stated before, this is one foundation of therapy and one area in which almost all theorists and therapists agree.

## Cathartic Processes

“Just let it out. Don’t hold back. Release everything.”

Sigmund Freud noted a century ago that people often feel a lot better if they are allowed to tell their story to someone who listens well and allows them to dump all their pent-up thoughts and feelings (Freud, 1936). This sounds rather simple, but it is actually quite rare that anyone allows you to talk without interrupting, giving advice, shifting the conversation onto themselves, or doing other things at the same time. Other therapists since that time believed that catharsis was so powerful, especially if it involved strong emotions, that this was quite enough to produce a cure. Sometimes it can be, especially with children. However, as it turns out, this is not strictly the case. It may be helpful to be able to talk about your troubles, but it is often not enough without being helped to take things to the next level. This can involve a variety of subsequent steps that will be discussed later, many of which help clients to convert their new awarenesses and insights into constructive action.

The lesson at this point is that if you do nothing else, or perhaps even don’t know what to do or say, it is a great first step to encourage the person to simply express him- or herself more fully. This often produces immediate relief and works wonders in establishing the kind of relationship that is so critical to anything else you do. Who doesn’t like to be the center of attention and have the safety to say anything without having to filter it while being accepted and heard?



## Exercise in Catharsis

Pair up with a partner and each take a turn “confessing” a story that has been bothering you for some time. This should be some incident or event in your life, however significant, that you rarely talk about to anyone else.

The partner in the helping role should refrain from giving advice, implementing any interventions, and should simply (and powerfully) listen with focused, empathic attention. After hearing the story, the partner might respond by thanking the person for trusting sufficiently to share the narrative.

Reverse roles and repeat the process. After you are both done, debrief one another in your dyad or in larger groups.

## Consciousness-Raising

“Based upon what you’re telling me, you seem to have only two choices: either you continue taking on all the responsibility for your family or you stop taking any at all. You don’t seem to see there might be other ways of being with your family.”

Listening is great, but not nearly enough for situations when something more is required. All therapies, in whatever form they take, attempt to produce some sort of new understanding. They seek to help people look at the world, their own lives, or themselves in a different way.

Often people who are experiencing difficulties feel stuck because of a perceived lack of choices. They don’t see a way out of their predicament, at least a path that is within easy walking distance. Of course, this is not necessarily the case. There may be a hundred alternatives available, not just those that appear possible at the time.

Because there are hundreds of distinctly different kinds of therapies, each one approaches this consciousness-raising in a slightly (or radically) different way. As you are already aware, psychoanalysts approach this task by helping people to understand their past and how it continues to exert influence in current patterns of behavior. So-called cognitive approaches help people to realize the irrational ways they think inside their heads, substituting other, more useful internal strategies. The Gestalt approach believes that the client does not have sufficient awareness or experiencing, so the therapist helps to enhance that awareness. Feminist approaches examine the ways that clients feel marginalized and powerless in their worlds. Some approaches look at the advantages people enjoy for remaining stuck or at the larger implications of their behavior on their whole family “system.” Regardless of the form this insight takes, the goal is to increase people’s understanding of their situation in a way that leads to new solutions.

## Using Intuition

“Listen to that small, inner voice that tells you that you need to slow down or you’re going to get a ticket, or that tells you you’re working too hard and you’ll make yourself sick. There is some part of you that has wisdom that can help your life flow more smoothly.”

You have heard of intuition, and experts define what intuition is differently, depending on whom you ask. However, there is something that happens at times where you have something in the back of your head nagging you, you want to say something or ask something, and you’re not sure where that’s coming from. That’s your intuition, and it can be extremely beneficial when you use it wisely. Whether intuition is your brain’s ability to assimilate a vast amount of information and deduce new information from those data, or whether you have some ability that science has yet to explain, intuition is something that is helpful in therapy. Every once in a while, you might hear a therapist say, *“I’m not sure why I want to say this or where it’s coming from, but . . .,”* and sometimes whatever that is, it is right on the nose. Intuition helps you to see things or express things that might not be explained through any other means. So, rather than trying to determine the source of it, just appreciate it and use it. That inner voice can sometimes stimulate a powerful process and response in your client.

## Reinforcement

“A penny for your thoughts.”

All therapies encourage behaviors that therapists think are good for people and extinguish behaviors that are deemed self-defeating or counterproductive. There might be different goals, but the object is to support progress in desired directions.

Behaviorists taught us that there are strategies that can be used to increase or decrease outcomes. The hard part is figuring out what is reinforcing for one particular person, because it may not be all that rewarding for others. This may seem pretty obvious, but you would be amazed how often people fail to do this. Someone does something that we don’t like. We respond in a particular way, designed to stop further repetitions of this annoying behavior. Rather than the response having the desired effect, the behavior persists, or even increases. Although it might be apparent that the response so far is not working, and perhaps is even inadvertently rewarding the obnoxious behavior, the individual still fails to alter the strategy by trying something else. As you no doubt have noticed in your own life, some people actually enjoy the attention they get from acting in annoying ways. In order to alter this pattern, you must come up with some other way to extinguish the behavior.

Reinforcement, therefore, can be as obvious as the therapist providing a supportive statement such as, “I’m pleased you were able to take that risk.” Sometimes the client needs that external support. At the same time, using this type of reinforcement must be done carefully. We don’t want to make clients depend on our approval. If they did, they might constantly seek it out, and if they made a mistake, they might feel shame rather than the acceptance we try to provide.

Perhaps a stronger reinforcing comment would be to say, “You feel really proud of yourself for taking that risk.” This reflects the client’s internal sense of accomplishment, building self-esteem. In this way, clients are able to become more aware of their inner experiences and seek an internal reinforcement once therapy has terminated.

Another type of reinforcement can be as subtle as, “You feel really sad.” which not only demonstrates empathy to the client (if it’s accurate), but also implies that feeling sad is okay if said in a gentle way. This encourages the client to go deeper into that sadness.

There are many ways to reinforce a behavior or direction. Everything that the therapist says directs the session. Realizing this, therapists-in-training are able to understand the power of what they say and, consequently, create a desired outcome. Used in this way, reinforcement is a constant in therapy.

## Task Facilitation

“Just do it.”

It isn’t enough to talk about things. You’ve also got to *do* some things. All good therapies structure ways for people to follow up on conversations by applying what they learned and realized to their lives. In fact, such therapeutic tasks are part of the procedures favored by most healers around the world from witch doctors and shamans to medicine men and sages (Keeney, 1996; Kottler et al., 2004).

You’ve probably heard enough discouraging stories about people who have been in therapy their whole lives, or at least many years, without any noticeable change in their maladjusted conduct. They may have perfect insight into their unconscious motivations or understand all too well why they do such destructive, stupid things, but they still engage in those behaviors. They still drink too much, or obsess about the future, or pick losers in relationships, or feel depressed. They might perform like trained seals when they are in sessions, saying all the right things, but once they leave, nothing much changes.

The best helping encounters focus less on what people say in a conversation and more on what they do after they reenter their lives. Even if you attended a session every day, 5 days a week, that would still represent a very small percentage of your waking time. What matters most is how you apply what you learned in the reality demands of daily life.

Talk is cheap. It’s action that really matters most.

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## The Perfect Counseling Student

Frequently, in our counseling skills classes, we have students practice their skills with each other as clients and therapists. We ask students to discuss real issues and real frustrations so that the student-therapist has an opportunity to develop better counseling skills. In addition, the student-client gets the benefit of becoming more aware of his or her own issues, which may or may not need more work with an experienced therapist.

At the very least, the student-client is validated in a way that might not have happened outside of the counseling program. Doing your own work is one of the most important skills you develop as a therapist. For some students, this can be problematic.

One of the common qualities of many graduate students is the need to look good, especially in school. In fact, many graduate students of counseling and psychology score high on the lie scale of the Minnesota Multiphasic Personality Inventory or MMPI, indicating they are faking to look better than they are. One student in my [Leah's] practicum was an excellent example of this. I was watching two students practice their reflecting skills, when the therapist stopped and said she felt stuck. Her client didn't seem to want to reveal anything. After many attempts to guide the student-therapist, I finally decided to model what I would do. As it turned out, the student-client proudly stated that she believed she must be perfect. She thought this was one of her best qualities. She even stated that she had to be a perfect student, and in order to appear perfect, she could not reveal her weaknesses. After stopping my role-play and discussing my approach to the students, I let the student-client know that she would face quite a challenge in our counseling program. I told her that we valued the ability to show some vulnerabilities and the willingness to work on weaknesses as part of her growth as a therapist. In order to become a good therapist, I told her that she must be actively willing to work on her own issues. Therefore, in order to be the perfect student, she must show her imperfections. The student assured me that she wanted to be the perfect student and would risk showing imperfections. How ironic! However, through painstaking work, she managed to accept her vulnerabilities and even allow them to be exposed at times in the interest of being the perfect student.

The perfect student is one who is willing to be open to new ways of thinking. If you're really lucky, the professors in your program have very different points of view on how to do therapy. The more diverse your faculty is, the more opportunity you have to learn what fits best for you. The diversity can be based on theoretical orientation, on professors' personal backgrounds (religion, ethnicity, race, gender, sexual/affectual orientation, social class, or other factors), or in teaching style. Being open to all of these differences allows you the variety of experience that's needed to be well rounded and developed. Your openness to new ideas, ways of thinking and being can make all the difference in the world in your development as a therapist. We are more concerned with a student who is not open to receiving supervision and feedback, even if already somewhat talented as a therapist, than with a student who knows nothing but is a sponge, hungry for knowledge and skill-development.

Being culturally sensitive is an important part of your training. You must learn to understand many ways of thinking and living in the world. You can't know them all, but by understanding yourself, you are better able to understand others. You can get many of your own assumptions out of the way. And based upon differences, you can see how there are myriad choices in how to work with clients. We'll talk more about culture in the next chapter.

## Inside a Therapist's Head: Processing Skills

What's going on here? The guy seems pretty strung out, as if he is going to fall apart any moment. Look. His hands are shaking. He can't maintain

eye contact for more than a fleeting moment. His complexion is wan and his lips are pressed tight. It is almost as if he is hemorrhaging inside, which I suppose he is, at least emotionally.

So, should I let him go on a little longer, finish his story, or interrupt him at this point and offer reassurance? It's not clear yet whether we are dealing with a situational response to stress or a chronic, ongoing personality characteristic. I could reflect his feelings at this point, his sense of terror and hopelessness, but I sense that this would only push him deeper into his despair. And he is already emotionally activated, too much so.

Maybe what I should do next is offer some structure. I can slow him down and we can back up and talk about goals. I bet it would help if we worked one step . . .

Wait! There are tears forming. What does that mean? His voice is devoid of any affect, yet his body is positively exploding with emotional energy that now seems to be leaking out of his eyes. Should I comment on his tears, which will only encourage him to lose even more control, or would things be better if I continue with the plan to introduce structure and incremental steps of progress? He seems like he's the type of man who isn't comfortable expressing his feelings in front of others.

As you readily see and hear from this therapist's internal dialogue, there is quite a lot going on inside a practitioner's head in the course of any interview. It might have seemed to you that therapeutic skills were mostly about what you *do*—your behavior and actions; perhaps you didn't consider the extent to which “doing” can also involve what is in your mind.

So much of what we therapists and counselors do takes place inside our heads. Unlike the work of other professionals, such as physicians, attorneys, architects, and engineers, much of our work is reflective activity.

In a sense, one of our primary jobs is to understand people and then to communicate that understanding. In order for us to be able to accomplish this task, we must have a fairly clear grasp of several things, including the following:

1. What clients are experiencing
2. A comprehensive inventory of their complaints and symptoms
3. A reasonable hypothesis about the origins of their problems
4. A diagnostic formulation that pinpoints the core issues
5. The cultural, familial, and contextual background for the client's experience
6. A treatment plan for what will be done and how it will be done

In the internal dialogue mentioned earlier, you got a sense for the kind of overwhelming pressure that is often felt by therapists, especially during first interviews. We feel tremendous pressure to figure out what the heck is going on, to reassure clients that they will be okay, and to reassure ourselves that we know what we are doing when we often feel some doubt. Unless we can quickly establish trust and a working relationship, we are not going to be able to convince the person to return. And all throughout the time we are busy doing stuff—listening carefully, asking pointed questions, offering reassurance, reflecting feelings, summarizing content,

leading, directing, guiding, following a structured agenda—our minds are racing with ideas. We are sorting out possible hypotheses to account for what we observe. We are accessing our intuition and “felt sense” about what we believe might be going on. We are sorting through complex data, linking what is observed to other things we know, and otherwise just trying to get a handle on the situation. We are so busy on the inside that it is a minor miracle that we ever choose anything to do or say on the outside. But such are the demands on a skilled therapist.

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## ■ Applications to Self: Incorporating Skills Into Your Daily Life

All of this understanding of how therapy works might be interesting, even enlightening, but what good is it unless you take what you learn and do something with it?

Take inventory of your life, including the aspects that feel most satisfying and those you sincerely would like to improve or change. There are likely some relationships that are not going as well as you would prefer, perhaps some conflicts you find disturbing. There are probably some other personal challenges and difficulties that give you trouble. Some of these arise from the daily demands of your family, leisure, and work life; others stem from unresolved issues from the past.

For those of you who have participated in therapy as clients, you may think that you're over that old issue, that you've beaten that horse until it's dead. As you develop as a therapist, however, you may find these old issues reemerge. Some issues never die; we just get better at them. So, don't think that you're not making progress if you've worked on something before and find it emerging again. Just realize you have a new facet of that topic to explore that will help you understand yourself and the nature of therapy better. For those of you who have new issues or issues yet to be worked upon, you may want to think about participating in your own therapy.

If you are serious about mastering the skills of a therapist to apply to your life, the first place to start is with yourself. You can't very well help or influence anyone else if you can't make headway with your own personal struggles. One of the reasons that self-help books and self-improvement efforts often don't last very long (just look at all the books gathering dust on your shelves) is that people take in the ideas they've read, resolve to use some of them, but then “forget” to apply them after the effects wear off. In other words, the new concepts never really became part of them.

In order to behave more effectively in your life, to act like a therapist in the sense of being a model of personal and professional effectiveness, it is necessary to personalize the concepts in such a way that they become part of you. This means that you must find ways to integrate the ideas into your daily thinking and, more important, your behavior. Daily journaling is an excellent tool to begin processing what's often in the back of your mind, hidden from your view, and sometimes a strong facilitator of your behaviors.

In this first chapter, you've read about the process of therapy, the ingredients that are often present, and how it usually works. The question now becomes: So what? What does all this mean to you? How can you use this stuff in the areas of your life that matter most to you?

If you really want these skills to stick, to remain with you for the rest of your life, you are going to have to figure out a way to practice what you learn. For one thing, this means sharing what you are learning with friends and loved ones. We are sure you realize that you can't learn this stuff from reading a book if all you intend to do is rehearse things in the privacy of your own mind. More than any other class you will ever take, the learning of therapeutic skills involves daily practice in which you apply ideas to your work and your life, as well as to your personal relationships.

You must find ways to try out what you are learning, and then get honest feedback on the results. This means recruiting others into your study efforts, describing to them what you are doing, and finding out what is most effective. If our job is to introduce you to ideas that will prove valuable, it is your responsibility to customize and personalize them in such a way that they fit best.

## For Reflection

Take a moment to think about any areas in your life you need to work on. What holds you back? What is it that is difficult to change? What recurring issue keeps getting in the way of your relationships? Now think about how far you've come, and how far you have to go. Think about what you haven't changed and why. Now you understand the position of your clients.

## Summary

In this chapter, we have introduced you to some of the secrets and magic behind therapy. We have covered some of the reservations that clients have in coming to sessions, and the tools you will need in order to encourage them to proceed. We have introduced you to the world of being a therapist and, we hope, elicited some excitement about learning the basic skills required to be a good therapist. The next chapter introduces you to cultural sensitivity as well as ethical and legal considerations related to basic counseling skills.

## For Homework

Pay attention to the ways in which this chapter has influenced you and the way you think about therapy. You may have been surprised that therapy isn't about giving brilliant advice. As the semester progresses, notice how the ways in which you communicate with your friends and family members change over time. You may find yourself listening with a new compassion and caring, as well as talking less. You may notice nuances in behavior that you never noticed before. You may feel less of a need to direct other people's lives. If you have not already begun a journal to chronicle the personal and professional changes that you are undergoing, now would be a good time to do so. This will allow you over time to measure and track the specific transformations that take place in your thinking, feeling, and behavior.

## Skills in Action: The Troubled Wife

*Therapist:* What brings you here today?

*Client:* I came to counseling because I'm struggling with my husband. He never wants to do anything but play computer games or watch television. He complains that I nag him all the time to do work, but if I don't ask, then he doesn't do anything. We always seem to fight and never do anything else together.

*Therapist:* You feel stuck because you don't want to let things go, but at the same time, you don't want to be perceived as a nagging wife either. [Healing relationships]

*Client:* Yeah! What does he expect me to do, be his mother? I'm tired of it.

*Therapist:* You resent him. [Healing relationships]

*Client:* So, how do I get him to do things without asking? Am I wrong?

*Therapist:* You're angry, but mostly feel unsupported. [Alters state of consciousness by reflecting her sadness]



- Client:* (crying) I love him, but I just don't feel like he cares. (continues crying for several minutes)
- Therapist:* (silent with calming and caring presence) [Allowing catharsis; healing relationships]
- Client:* (still crying) I'm scared that he doesn't love me any more.
- Therapist:* You're afraid you're losing him. You miss him. [Intuition; altered state of consciousness; healing relationships]
- Client:* (crying harder now) I think he wants out. I think this is his way of trying to push me away. We don't talk anymore. We don't laugh like we used to. I don't know how to change it.
- Therapist:* You feel helpless. [Reinforcing her catharsis; healing relationships]
- Client:* (stops crying) I do. (more silence while the client is thinking, then the client looks at the therapist)
- Therapist:* Your anger and fear may be holding you back from being loving to him the way you want. Perhaps you could tell me what you do for him that makes you both feel good. [Intuition; healing relationships]
- Client:* (silent and thinking for a while) That's hard to say. You're right. I have become a nag. I'm ashamed of that.
- Therapist:* You feel guilty. Perhaps during this next week you could pay close attention to the loving things that you do for him and bring them in to our next session. Notice what you do, his response to it, and how it affects you. [Task facilitation; consciousness-raising; healing relationships]
- Client:* I'm willing to do anything.
- Therapist:* You're sad, but I notice you sound a little more hopeful now. [Placebo effect]
- Client:* I do feel better being able to share this with someone. I've been so ashamed that I haven't shared it with anyone. Thank you for helping me. I will pay attention and be ready to talk about it next week.
- Therapist:* I look forward to it. I feel like I can help you with this. [Reinforcement of hope; healing relationship]

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