



What is Psychotherapy?

Life is not easy, and problems in work and personal relationships are universal. In the face of converging stresses, people may find themselves feeling too much or too little, overthinking everything or feeling unable to think, acting too impulsively or being unable to act. When one's own efforts to solve distressing, painful problems in living fail, and when friends and family are unable to give adequate help, psychotherapy may be of great value.

Psychotherapy, or “talk therapy,” is a collaborative, confidential process in which an individual - or couple, or family - suffering mental and emotional pain or disturbances of behavior consults regularly (most commonly, once a week) with a trained psychotherapist in order to reduce suffering and improve general well-being. Depending on the professional's background, the person seeking help may be referred to as a patient, client, or counselee. The professions that legitimately train psychotherapists include psychiatry, psychology, social work, mental health counseling, marriage and family therapy, psychoanalysis, and pastoral counseling.

In the first meeting, the prospective therapist will try to begin to understand together with the patient what causes, maintains, or exacerbates the problems for which the person came for help. He or she will ask for details of those problems, including when they started and how the patient has dealt with them so far. In order to understand the context of the difficulties, the therapist may ask about the patient's personal background (general history; medical, work, and relationship history; traumatic events) and then will recommend a course of treatment and explain the rationale for it. The treatment may include mutual efforts to understand and express the emotions that underlie the patient's difficulties, explorations of problematic personal beliefs that sustain those difficulties, and sometimes specific directions for learning new patterns of feeling, thinking, and behavior to replace maladaptive ones.

Some therapists ask about dreams, some assign “homework,” and some use particular techniques or suggest medication intended to relieve specific symptoms. Psychotherapy often involves conversations in which the patient talks freely and the therapist listens in a uniquely concentrated, nonjudgmental way, attending to recurrent themes and underlying tensions. Depending on the problem, the therapist's focus may be on emotional expression, cognitive understanding, or examination of the negative consequences of particular behaviors. Medication may be considered as an adjunct to psychotherapy. There are several theoretical approaches to psychotherapy that have strong scientific support, including psychodynamic, cognitive-behavioral (CBT), humanistic, and emotion-focused. Many therapists combine approaches.

The therapy relationship is both professional and highly intimate. It is most effective when the patient speaks as openly as possible about issues that in other circumstances would be inappropriate or uncomfortable to express to another person. Both professional experience and scientific research have demonstrated that therapeutic conversations cause brain changes that include the strengthening of the prefrontal cortex, the “executive” of our neural organization. Thus, after effective psychotherapy, patients report not simply that their symptoms have diminished but also that they have better self-control, tolerance for a wider range of emotions, more compassion for self and others, and an increased capacity to solve ongoing problems.

How is psychotherapy different from talking to a caring friend or relative?

Therapy certainly has elements of confiding in any trusted person, and between therapist and patient, a real and deep affection may develop. But because most nonprofessionals lack the training to understand complex mental health problems, their intervention is often limited to sympathy and common-sense advice – and if those had been sufficiently helpful, therapy would not have been necessary. In addition, friends and relatives may not ultimately keep secrets as well as professionals, for whom confidentiality is a sacred and legally protected obligation. Finally, friendships and family relationships are emotionally reciprocal: People in such roles rightfully expect to be cared for in return for their care, and they may tire of the one-sided nature of trying to help someone who is too preoccupied with emotional pain to offer support in return. In contrast, all that a therapist needs from a patient is conscientious attendance, efforts to be open and honest, and regular payment of a fee warranted by the professional's years of training.

How does one choose a therapist?

It is not necessary that patient and professional be similar in age, gender, or ethnicity; a well-trained therapist can be of help even if he or she is younger, of the other sex, or from a different cultural background. While similarities may make the initial connection easier, prospective patients should try to give any well-trained professional the benefit of the doubt. At the same time, research has shown that the best predictor of success in psychotherapy is an emotionally safe, mutually respectful alliance between patient and therapist. Because that alliance develops on the basis of subtle, intuitive factors, it is not advisable to stay with someone with whom the original “chemistry” feels wrong. Given that confidence in the professional's good will, integrity, and devotion are critical to therapeutic success, in such cases the patient should consider consulting with at least one other potential therapist to see if a different therapeutic relationship feels more comfortable.

This text is a contribution by Nancy McWilliams, PhD. Dr. McWilliams teaches at Rutgers University's Graduate School of Applied & Professional Psychology and practices in Flemington, New Jersey. Author of Psychoanalytic Diagnosis (1994, rev. ed. 2011), Psychoanalytic Case Formulation (1999), and Psychoanalytic Psychotherapy (2004), and associate editor of the Psychodynamic Diagnostic Manual (2006), she is a former president of Division 39 (Psychoanalysis) of the American Psychological Association. She is one of three psychotherapists chosen by APA Press (2011) to be videotaped for purposes of training in a comparison and contrast of major psychotherapeutic approaches.



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