It changed my life sept 2020 SEPTEMBER 2020 NS - DEPTH - 28 MINS

[FEMALE RESPONDENT]

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**Hello, my name is Sally Brown and I'm the editor of *Therapy Today*. I'm delighted to introduce this podcast series called *It changed my life*. The interviews in this series explore therapy from the client's perspective; what the experience is like, what works, and what needs improvement. I'm deeply grateful to the clients who have opened up about their experiences for this series and I hope you find it as useful and insightful as I have. I'm delighted to be joined by Emily Reynolds who wrote the *It changed my life* column in the September 2020 issue of *Therapy Today*. Emily is a writer from London who also works at the women's health charity Wish, is a trustee of the National Survivor User Network and is studying for a master's in psychosocial studies at Birkbeck University in London. Hello, Emily.**

Hi, thanks so much for having me on.

**You're very welcome. Today we're going to be talking about your experiences of being in therapy as a client, and what are professionals getting right, and what we can improve on. So could I start by asking you what first brought you to therapy?**

Yes, so I first had therapy when I was a teenager actually, when I was about 15 or 16, so been in and out of therapy for about 15 years now. So yes, I struggled with my mental health from my really early teens actually and then, yes, eventually sought help from my GP. So my first experience of therapy was the kind of standard six sessions of CBT that is kind of available on the NHS. I think 15 years ago the waiting lists were not so long so I didn't have to wait too long for it, luckily, but yes, that was my very first contact with therapy, really.

**Okay. So that was your first contact, and then you then had other contacts, I believe.**

Yes, so I went in and out of therapy throughout my 20s really. There were a few that didn't really stick or that I didn't really get on with, and then a few years ago I started going again and I found that relationship to be particularly productive and useful and I really stuck at it. I think it was primarily because actually my mental health was much more stable at that point, so I wasn't firefighting all of the side effects of my mental health problems and I actually had a stable base from which I could work on the underlying or deeper stuff. So I think that's one of the reasons that I found that to be such a useful experience, really.

**So you have, it sounds like it's a sort of chequered history, shall we say.**

Yes.

**And yet you have carried on, so we're going to come back to that later, but first I'm just curious about did you know what to expect when you first went into therapy? Was it what you expected?**

So I kind of knew what to expect specifically from CBT because I was aware of the fact that that was what I was likely to be offered on the NHS, so I kind of knew a little bit about that from researching it. Beyond that I didn't really have any idea of what therapy was, or what it could look like, and I think part of that was because - so nobody in my family has ever had therapy so I had no contact with it through that. And because I was quite young I don't think I'd even ever been really exposed to any popular culture that has therapy in it, which may not actually be a very good representation of what therapy is, but now I'm older I've done things like watch *The Sopranos* which always has famous therapy scenes in it, or heard loads of jokes about Freud and things like that, but I hadn't been exposed to any of that when I first went. Which I think was probably quite a good place to start, really, because I didn't have any expectations, or misconceptions, or misreadings of what therapy was. So yes, quite a limited view of what therapy was, really.

**Yes, do you feel like that was a good age to go in, on reflection, or do you feel like you were too young?**

I mean, I think with CBT, because it was quite specific and limited, I did find that helpful in terms of managing compulsive behaviours, which I found that quite useful, that sort of specific thing. If I'd gone to a person-centred or more open-ended type of therapy I don't know whether I would have got that much out of it because I don't think my insight or self-awareness was particularly good. I mean, I was 15, so whose is, really? I don't know whether I would have had the sort of emotional breadth of engagement probably, but I obviously needed some sort of support because I was really struggling with my mental health and so that was, on the whole, quite a useful experience for dealing with those very specific problems. I don't know really, but just knowing what I know about therapy now, or my experience of it anyway, I'm not sure it would have been hugely productive at that point.

**So despite it not being a kind of 100 per cent positive experience for you by the sound of things, you kept going with it and I'm curious about that. Was there a sense of, actually, there was nothing else, or did you feel that there was something there that could be helpful if you could find the right person?**

Yes, I think as I got older I'd read a lot about therapy and my friends had gone to therapy and had found it really useful and so I always considered it to be something that I could benefit from, I think. I have never really taken medication to manage my mental health problems and I've always managed it without that on the whole, and so I think therapy was always something that I knew was an option there to help me cope, or having someone to talk to, or things like that. So it was always very much on the table, I've never been too resistant to going or not wanting to go for any reason, so it's always been something that I've been very open-minded about. Yes, I mean, there is obviously a lot of stigma around, particularly mental health problems, but I feel quite lucky that that's never really affected me too much, in the sense that I've always been open to going to therapy.

**Do you think that's something that's unique to your generation, that sense of more acceptance also about mental health in general, but also about going to therapy?**

Yes, I think it definitely is more accepted and I think actually - so I'm nearly 30 and I think the generations below me are even more and more acceptable. So when I was a teenager, people didn't really talk that much about mental health, at least not in my world, and it definitely wasn't as prominent in the media or things like that. So I think when I talk to, for example, teenage girls now, there's definitely a willingness and desire to go to therapy and also I think much more comfort in talking about it. I think that's the case with, not just mental health, but people are much more open about things like having experience of sexual assault and things like that, I think there is a lot more openness about the difficult things that people face. I think that some of the discourse around therapy at the moment, for me, falls short a bit in terms of understanding what the - not necessarily the purpose of therapy, but the boundaries or what it can really achieve.

So I think it's often talked about as a sort of solution, a sort of straightforward input/output thing, you know, go and talk about this issue and then you're sorted, kind of thing, a kind of tendency to label things as a result of that or to put things in quite strict boxes. So one example of this [signal breaks up 00:08:56] the other week was there was a teenage girl who tweeted that she sensed too much when she thought someone was going off her. So if she was texting someone that she fancied, if they didn't text back quickly enough, or their tone had changed then she was sort of making fun of herself and I think anyone who's had a crush as a teenager can probably identify with that. But somebody had responded to it and said, 'What you're experiencing there isn't actually normal or common, you've got hypervigilance, that you've probably got as a victim of trauma'. And I think that that kind of tendency is actually quite a big problem and I don't think that we should be thinking about our emotions or experiences in that way.

I actually think it's quite antithetical to the way that I think of therapy, in the sense that I think of going to therapy as a space to talk about myself and my life without judgement, without label. Whilst accepting the fact that therapy is much more destigmatised, and that's great, I think we need to move away from this idea of it as a simple formula that deals with these kind of discrete carefully labelled problems. So I think it's a kind of double-edged sword really, the way that we [signal breaks up 00:10:15] young generation think or talk about therapy.

**Okay, yes, they think they're going to get diagnosed with a neat label, perhaps, and then there'll be a nice neat equally [inaudible 00:10:28] to that label and it sounds as though your therapy has taught you that actually it's just not as simple as that and there's a lot of work to be done and it's [over speaking 00:10:39].**

Yes, exactly.

**I wonder what we're not doing as a profession to be able to - what are we not communicating to people if they're getting this complete misconception? The younger generation, because it seems as though there's a generation there, they're really open to addressing mental health issues and to talk about it between themselves and also to seek help for it and to improve their mental health. But are we providing them with what they want, and are we actually almost educating them about what therapy can and can't do? Do you think we're getting that right? What else, if anything, could we be doing that we're not?**

Well, I think a lot of these issues are structural, in the sense that lots of people may have a misconception of therapy because they can't actually get it and they can't actually see what it's like or experience it. As I mentioned earlier, waiting lists are now absolutely ludicrous, if you go to the NHS, go to your GP to try and access therapy there's waiting lists of months, and months, and months. There was a Royal College of Psychiatrists report a few years ago that said that some people have waited 13 years to get therapy and obviously that's quite an extreme end of the scale, I think it's pretty common that people are not able to get help. Actually, I think that kind of sours people to the idea of asking for help as the discourse at the moment around mental health particularly is, it's time to talk, you need to open up and talk about your problems and ask for help. That can be a really big thing for people to do, to say actually I think I need to go and see a therapist, or I need to see a GP, or to ask for help from anybody and then finding it's not there I think can be quite troubling.

Again, the fact that lots of people can't afford therapy means that the NHS is actually, for a lot of people, the only avenue to it and I don't think it's a surprise that people end up medicalising or talking about their lives and experiences in that kind of medicalised manner if the only access they have to it is through the NHS really, which I think has those more medical associations with it. Yes, I think also class and race are big issues in therapy and that thinking about whether therapy is actually representative enough, or whether everybody actually feels like when they go to therapy that they are going to be understood and listened to, so. I was reading about this the other day and there was a study from Mind that surveyed black and minority ethnic people and I think ten per cent of the people that they surveyed said that the talking therapy that they had attended had even considered their cultural background at all.

So I think all of these structural issues are kind of acting as barriers for people to engage with therapy and I think that's where some of those misconceptions can stem from. I think also that there has been a historic issue, less in therapy and more in the, as I was saying, maybe psychiatry or the medical side of it where people's experiences have been undermined. If you're a woman that's gone through something really difficult I think often you will have maybe sought help for it and been undermined, or not believed, or not supported enough, and so I actually do really understand the instinct or the tendency to say, no, actually, something has happened to me and it's this specific thing. So I think that can kind of make you feel a bit more validated and it can make you feel like the thing I've gone through means something and it's real. So I do actually understand that tendency but I'm not sure that really stems from therapy as such but maybe more a general culture of ignoring or disbelieving particularly, for example, black people when they talk about the impact of racism, or women when they talk about sexual assault or similar. I think that's the kind of cultural issue that there's a backlash too.

**Yes, so the cultural shift is towards, yes, let's be open about this, it's good to talk about your mental health, you really need to address your mental health and get support - all these messages coming through the media - and then we're almost then expecting people to sort themselves out because the help that we're telling them they need to get is not there. So I'm not surprised that young people in particular are turning to, say, therapy by Twitter, shall we say, as your example was there, or just more support groups that are available on social media. Peer support is a wonderful thing, but I'm just wondering about whether that's always a positive thing and whether it's the help that people need and that gap there that you identified which is very class-driven, as you said, it's very financial-driven, and it's very culturally-driven, that we're just not there giving people the support that they need.**

**[Inaudible 00:15:52] you go to private practice and you will probably get a really good experience of that if you find the right therapist, but we know that that's not available to a lot of people. Even though a lot of us do work for very low fees and we'll offer pro bono places, even then that can be just out of most people's reach, I would say. So tell me about your experience of finding the right therapist and going into private practice. You wrote about it in your *Therapy Today* column and about having a breakthrough after thinking that you needed to see a female therapist and then finally starting work with a male therapist and that had been quite a significance experience for you. Can you tell us a bit about that?**

Yes, so once I got a bit more stable I decided that I wanted to go and work on, as I said, some of the underlying stuff that I hadn't dealt with because I'd been firefighting all of my problems from having bipolar. Yes, I'd had lots of pretty bad, and in some cases abusive, romantic relationships and I had kind of pegged this all on my bad relationship with my father. So I thought that because I had this real issue with men I didn't want to go and see a male therapist, that I wouldn't feel comfortable talking about it with a male therapist, or that I would resent my therapist, or that I would project anything on to the therapist that I was feeling about men, or my father, and that would be a barrier or stop me from really talking about or engaging with it.

Yes, I'd kind of shopped around, done like sort of speed dating, where I'd contacted a few people and gone for initial consultations or spoke on the phone, and yes, initially they were all women but I just didn't really click with any of them to be honest, there was nothing wrong with any of them but I just knew it wasn't going to be the right fit. Then I came across the profile of this therapist who was a man and I thought, oh I don't really want to see a man but he seems nice, the picture looked nice, that kind of thing and I thought, oh I'll just give it a try. And it actually ended up being really productive and I think the fact that he was a man meant that I think did explore things in a different way but because it seemed a little incongruent to me, it kind of jolted me into thinking about things in a different way.

And actually, over the course of that therapy I started realising that actually - whilst obviously my relationship with my father had obviously affected me, my relationship with my mother which I'd never really looked at critically at all because we got on, we were very close in fact, was actually a lot more complex and I think actually a lot more influential on me really and had a bigger impact on me. But it was just something I'd never really looked at and I uncovered a lot of stuff around co-dependency and things like that. So yes, I'm really glad I didn't let my judgement or my biases rule the day there because I actually found it really productive and was, yes, really surprised at some of the stuff that came out of that. So yes, just the opposite of what I thought would happen really.

**That's a real trial and error process that you've described, isn't it? It's clicking on profiles, it's thinking, okay, that picture looks nice, I'll give that person a ring, and it's great to hear that you did a shop around, a consumer test, almost, in doing those - you called it speed dating which is great fun, quick phone calls. We do encourage that as a profession, we encourage that approach, find the right therapist, try a few, all of us, I'm sure, are happy to have that initial conversation with no obligation to carry on. I think it's quite a big ask, you do have to be quite confident to a certain extent to be able do that, and it's time consuming and essentially it's just a bit of a random process, you like a picture, you ring up, you have a conversation that makes you think, okay, this could work and you take it from there.**

**I don't have the answer to this, but I just wondered if there was something that you wished you had when you were looking? Even if it's as simple as, what therapists say in their directory profiles, is there something we're not saying that we could just make more explicit, or is there another way that we could, you know, are there things that we're not doing? Shall we put videos on our profile? I know some of us do already, but shall we use things like that so people can actually see how we talk and what we look like? Do you have any thoughts on that, Emily?**

Yes, I was about to say, I think a video is quite a good idea because you can - so much of this is not tangible is it, really? Someone can be perfectly nice, and warm, and empathetic, and work in the modality that you're looking to work in, but you just don't click with them, their vibe is just not right and I don't really know what the solution to that is really because it's so personal, isn't it? So I'm not really sure what the answer would be to be honest. I think having those initial chats is probably the only real way of doing it, I'm not sure. I think if people put as much as they can in the profiles because obviously you do come across some that just have a list of, I deal with these issues, which doesn't really explore what their approach is, necessarily, but I do think there is, like you said, an inevitable element of trial and error really.

I mean, I think one thing that would make it a bit more accessible is some people do charge for the initial consultation and I think maybe it would be - I understand why that has to be the case, it's taking up someone's time, but I think sometimes that does act as a barrier for people. I've definitely paid for consultations and then come out and been like, oh well that was a completely wasted £50 or whatever. Especially if therapy as a sector is interested in making it much more accessible, I think doing things like that is probably a good step on the whole anyway, but. It's very draining, you're right though, especially for example if you want to deal with a sort of trauma, you have to then go and tell the same story, which is quite difficult, over and over again. I'm not sure that repeating a story over and over again is necessarily that good for your ability to look at it from a different angle as it sets it in place, the story, and if you're depressed, or unwell, or just stressed, it can be a lot of emotional energy to go and tell someone the same thing over and over and over again. I'm not sure what the way around it is really.

**[Makes sound 00:23:19], but perhaps a bit more willingness to offer those initial sessions at low cost or free is [unclear word 00:23:27], most will allow an initial conversation over the phone at low cost. The initial assessment is quite a specific therapeutic process that we would go through, that actually can be one of the hardest, in terms of work for us, sessions for us, and also I think research has shown that it can in itself be quite a therapeutic experience for some clients, even if they then don't carry on. So for all of those reasons, there has been much dialogue around this is being, well, we need to charge for them and if you never charge for them then it's a significant amount of time that could be earning us money that then reduces our income over the year.**

**So I guess that's the conflict, isn't it, when we are in practice, we're actually a business and it's [?hard to earn 00:24:25] a living. So we really have to struggle with that, the therapist side of us who wants to help with the business side of us who needs to actually pay the bills, it's always a bit of a juggle. But I guess that comes back to where we started, really, which is about the lack of funding or other routes for people to access therapy and the fact that the waiting lists are long, the therapy you get is limited, and that that system is not working and I think that's a discussion for a whole other podcast.**

Yes.

**Just to finish off, and thank you, it's been such an illuminating talk, Emily, to have your insights on this. I just wondered if you see therapy as something that will always be there for you? Is it something that you would just dip in and out of throughout your life?**

Yes, I actually find it very reassuring to know that there is a space that I could go to that I can talk about things or if I need extra support, or. I would be very open to, for example, going to couples therapy if there was an issue in my relationship that I couldn't move past or something like that. I actually feel like it gives me more confidence to deal with stuff on my own as well, in the sense that - well number one it's kind of given me a sort of emotional vocabulary, a way in which to think about or talk about my issues without a therapist. I think, yes, just knowing it's there I think gives me the confidence that I can work through things on my own with a fall-back if there is some extra support needed. So yes, I would be very open to going back if the time was right or I needed to. I think that ties back into what I was saying about not thinking of it as a sort of input/output thing where, this thing's gone wrong, I'm going to go to therapy and it will sort it out. I think thinking about it as more of a process or a dialogue I think has really been very useful for me and, yes, as I said, very comforting.

**Oh that's so great to hear, comforting, that's great to hear. And also that you see it as - which is obviously our aim as therapists is to get people to the point where they don't need us any more but ultimately to build your own resources within yourself and your own understanding of, because it's your experience and no one else's, so no one else can know exactly what it's like.**

Yes.

**Great to hear that that's come through for you and that's there for you. So thank you so much for taking the time today, it's so helpful for us as therapists just to get the client side of this experience, this strange but wonderful thing that we do when we come together in a room and we talk, or via Zoom and talk these days. So thank you very much and good luck with your future therapy and I hope it does continue to bring you that comfort and help you develop that independence that you seek.**

Thank you so much for having me on.

**[Music playing]**

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