



*THE TECHNIQUE OF PSYCHOTHERAPY*

**ANSWERING QUESTIONS  
PATIENTS ASK  
ABOUT THERAPY**



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# **Answering Questions Patients Ask about Therapy**

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## Answering Questions Patients Ask about Therapy

Most patients harbor misconceptions about psychotherapy and its allied fields as well as about themselves. These are the products of ignorance, fear, superstition, or lack of proper information. The responsibility of the therapist here is to supply the patient with facts (psychoeducation). Although the patient may not believe or be willing to accept such facts at first, offering these facts gives the patient an opportunity to alter misconceptions.

It is often advisable to probe for the reasons behind certain questions before answering them. For instance, if the patient asks, "*Do you think psychotherapy could help me?*" various responses are possible:

1. *Th.* You seem to have doubts about this.
2. *Th.* I wonder why you ask that question?
3. *Th.* *Do you* think psychotherapy can help you?

In the event a patient seems demoralized by fear and by doubts about personal capacities to get well as indicated by his or her questions, the therapist may reply: "Look, your problems are not unique. You are not the only one who has this kind of trouble. You are not weak and hopeless. You have a complex disorder, an illness that has a name. What you are experiencing are attacks of this illness. This is not under your voluntary control. It is not your fault. You are not incurable. With proper help and your willingness to cooperate, you should experience relief."

Once the patient expresses his or her ideas, the therapist may provide pertinent facts. The following questions are commonly asked by patients, and suggested answers to these are indicated:

1. *Pt.* *Can I really be helped by psychotherapy?*

*Th.* Psychotherapy is designed to help a person overcome nervous symptoms, to adjust better to life, and even to modify the inner personality structure so that the person may live more harmoniously. If you have a desire for help and work with a trained professional person, the chances are psychotherapy may

be able to help you.

*2. Pt. Can't I get over my trouble by myself?*

*Th.* Even if your problem is not too serious, it is hard for you to work it out without professional help. It is difficult or impossible to be completely objective about oneself because living so close to one's problems makes it hard to see them. It's like being unable to see the forest for the trees.

*3. Pt. Will not a change in my external life situation produce a cure in my emotional problems?*

*Th.* Occasionally this happens, but, unfortunately, not enough times. Problems are part of oneself and usually pursue one in all sorts of circumstances. Of course, bad external circumstances aggravate one's difficulties or bring them to the surface. Good environmental circumstances minimize them. But one's problems are always there, and they have to be dealt with therapeutically if any real modification or cure is to occur.

*4. Pt. Why is it that a person is unaware of factors that cause emotional trouble?*

*Th.* The reason a person is unaware of such factors is that they are associated with such hurtful emotions that they are automatically shut out of one's mind. The mechanism of keeping painful ideas from the mind is known as "repression."

*5. Pt. What is the real cause of emotional illness?*

*Th.* Emotional illness is the product of bad learning experiences. These create conflicts that interfere with one's relationships with life and with people. Some of these conflicts are unconscious, that is, the person is only partially aware of them. The mechanism of repression operates to push painful conflicts out of awareness.

*6. Pt. Can't I find out by myself what is causing my emotional trouble?*

*Th.* You might, but most people can't. Not only do we fail to see important issues, but we tend to distort them. For instance, it is hard to discard an image of oneself that one has maintained and enlarged from early childhood, even though the image is an erroneous one. Because we can't be objective about

ourselves, we will need professional help.

*7. Pt. Do emotional problems start in childhood?*

*Th.* The personality structure is built up during childhood as a result of experiences with parents and other significant individuals. When one's early life has been unpleasant, the personality structure may be damaged. This may create trouble for one later on.

*8. Pt. I know my personality has not been what it should be, but how could this cause my symptoms?*

*Th.* Personality problems create difficulties in getting along with people. They stir up unhappiness and initiate many conflicts. The upshot is tension, fatigue, depression, fears, as well as other symptoms.

*9. Pt. Doesn't my needing psychotherapy mean that I have a weak will or am on the way to a mental breakdown?*

*Th.* No! More and more people, even those whose problems are essentially normal ones, are seeking help these days because they realize they can better themselves with treatment. The fact that you desire psychotherapy is a compliment to your judgment and is no indication that you are approaching a mental breakdown.

*10. Pt. If I have a nervous problem, doesn't that make me different from other people?*

*Th.* All people have some neurotic problems. Their ability to live with these problems and to fulfill themselves creatively in spite of these problems constitutes the difference between "normality" and emotional maladjustment. Most persons whom we call "normal" actually have neurotic problems that do not interfere with their life adjustment or happiness. When such interference occurs, individuals will want to do something about themselves and their problems.

*11. Pt. Why do so many people have neuroses?*

*Th.* It is impossible to escape conflicts in the process of living. The very act of growing up involves sacrifices and the yielding up of individual pleasures for the group interest. There are many deprivations and disciplines to which we all have to adjust. The price of such an adjustment is often frustration and tension. Mild neurotic symptoms are present in all of us; indeed, they are more common

than the common cold.

12. *Pt. Am I not indulging myself by seeking treatment?*

*Th.* If you were suffering from a physical ailment, you would not believe that you were indulging yourself by getting help for it. An emotional problem may be equally disabling or more disabling than a physical problem. It will need expert help and should not be regarded as a form of indulgence.

13. *Pt. Can all persons with emotional problems be cured by psychotherapy?*

*Th.* All people can be helped in some way by psychotherapy. The extent of help will depend largely on how much the person desires help, and how much the person resists being helped. Some people do not really wish to be cured of their neurosis because it yields important dividends for them. Those who are willing to exchange health for the spurious pleasures of a neurosis have gone more than half way to a cure.

14. *Pt. Why are there so many different theories about emotional conditions?*

*Th.* The field of mental health is relatively new, and, consequently, new findings are constantly being uncovered. Actually, there are more areas of agreement than there are differences.

15. *Pt. There is a history of mental illness in my family. Does this mean that I will have a mental breakdown?*

*Th.* There is scarcely a family in the country that doesn't have some member or progenitor who has suffered from a serious mental illness. There is a great deal of disagreement in scientific circles as to the exact role of heredity in emotional problems. However, it is generally conceded that even though a person has a strong history of hereditary illness, this does not necessarily mean that he or she will develop a mental breakdown.

16. *Pt. Shall I get treatment now, or shall I wait?*

*Th.* The longer you wait the more ingrained your patterns may become. As in physical illness, so in emotional illness: it is prudent to get help as early as possible.

17. *Pt. Can physical symptoms be caused by emotions?*

*Th.* Many physical symptoms are psychosomatic in nature, which means that they have an emotional or nervous basis. When you come to think of it, it is not really so strange that emotional strains or worry should produce physical symptoms. After all, every organ in your body is connected with your brain by nerve channels; and so it is logical that when your nervous system is upset by some crisis or conflict, you may feel the effects in various organs of the body.

18. *Pt. What is a psychoneurosis?*

*Th.* A psychoneurosis is a very common form of emotional illness that indicates that the person is not adjusting to all phases of life. Among the more common symptoms of psychoneurosis are feelings of panic or anxiety, depression, fears of various sorts, compulsive acts, and physical symptoms.

19. *Pt. What is a character disorder?*

*Th.* Many people have a character disorder that consists of a warping of the personality brought about by early training. Character disorders are associated with feelings of insecurity, devaluated self-esteem, and other traits that prevent the individual from being as happy and productive as possible.

20. *Pt. Are alcoholism and drug addiction emotional problems?*

*Th.* Yes.

21. *Pt. What is insanity?*

*Th.* Insanity is a severe mental illness in which a person loses the capacity to distinguish between what is real from what is imaginary. While most people who are emotionally upset believe they are going insane, they very rarely do so. Insanity, or psychosis as it is more properly called, is treatable even in its end stages with modern methods of therapy.

22. *Pt. How can I get the proper help for my problem?*

*Th.* It is extremely important that the therapist who treats you be a responsible person with sufficient training. Unfortunately, there are many charlatans who have had little or no real training and



who advertise themselves falsely as “psychotherapists,” “hypnotists,” “counselors,” and “psychoanalysts.” It is unwise to consult any person for treatment unless referred to such a person by a physician or other professional person or by a reputable agency.

*23. Pt. Who is qualified to do psychotherapy?*

*Th.* Psychotherapy is an extremely complex skill and requires a great deal of specialized training. Psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurses can do psychotherapy if they have had proper postgraduate training.

*24. Pt. What is a psychiatrist?*

*Th.* A psychiatrist is a medical doctor who specializes in the handling of nervous and mental illness.

*25. Pt. What is a neurologist?*

*Th.* A neurologist is a medical doctor who handles organic diseases of the brain and spinal cord, such as brain tumors.

*26. Pt. What is a psychoanalyst?*

*Th.* A psychoanalyst has had special training in the field of psychoanalysis. This involves an extended period of study and includes a personal psychoanalysis.

*27. Pt. What is a clinical social worker?*

*Th.* A clinical social worker is a graduate from a school of social work who has specialized in helping persons with emotional difficulties. Because of specialized training, the social worker is often used as a consultant in interpersonal, family, social, and community problems.

*28. Pt. What is a clinical psychologist?*

*Th.* A clinical psychologist is a graduate of an approved school of training in this discipline. The training of the psychologist enables him or her to handle emotional difficulties. The psychologist is often used as a consultant in diagnostic testing, rehabilitation, vocational guidance, and research.

29. *Pt. How does psychotherapy work?*

*Th.* Nervous symptoms and unwarranted unhappiness are caused by inner emotional conflicts, faulty learning, or objectional environmental circumstances. In psychotherapy you are helped to understand your troubles, whatever their nature. In this way it is possible for you to do something constructive about solving them.

30. *Pt. What kind of treatment will I need?*

*Th.* Different kinds of treatments are helpful in emotional problems, just as different kinds of medicines and operations are suitable for physical illnesses. But the goal is the same— to get the patient well. It's like the roads that lead to Rome. There are many different routes one can follow, and one can get there by different vehicles, from donkey cart to airplane. The goal, however, is Rome. The kind of treatment best suited for you can be determined only by a careful evaluation of your problem.

31. *Pt. What different types of psychotherapy are there?*

*Th.* Roughly, psychotherapy falls into three broad categories: first, supportive therapy, which aims for the correction of symptoms and problems in living without necessarily producing deeper changes; second, reeducative therapy, which helps a person to relearn and to correct certain patterns of behavior; and third, reconstructive therapy, which has as its goal some modification of the individual's personality. Needless to say, the latter kind of therapy is much more extensive and difficult.

32. *Pt. What are the most common approaches in psychotherapy?*

*Th.* Within the broad supportive, reeducative, and reconstructive groupings there are countless varieties of approach—for instance, interview psychotherapy, nondirective therapy, Freudian psychoanalysis, non-Freudian psychoanalysis, psychoanalytically oriented psychotherapy, group therapy, behavior therapy, and hypnoanalysis. These are different ways and means toward the same objective of helping a person get well.

33. *Pt. What is the best kind of psychotherapy?*

*Th.* The best kind of therapy is that which suits the needs of the person best. A good therapist

modifies methods to suit the patient. Sometimes supportive therapy is most indicated; sometimes reeducative therapy is needed; sometimes reconstructive therapy is best. The type most suited for you will depend on the nature of your problems.

*34. Pt. What is psychoanalysis?*

*Th.* The word “psychoanalysis” has become so popularized that it has lost its original meaning. Psychoanalysis is the name given to a theory and a technique by Sigmund Freud. The original theory and technique, which is still in use, has been modified by some of Freud’s contemporaries and students. Some of the principles of psychoanalytic thinking have been incorporated into modern psychotherapy, and the product is often called “dynamic psychotherapy” or “psychoanalytically oriented psychotherapy,” which must be distinguished from formal or “classical” psychoanalysis.

*35. Pt. What is involved in a psychoanalysis?*

*Th.* Formal psychoanalysis is a special treatment procedure that can be conducted only by those who have had specialized training in this particular field, that is, psychoanalysts. A psychoanalysis requires that a patient have at least 3 and preferably 4 to 5 treatment sessions weekly. Whether a patient should undergo a psychoanalysis rather than some other form of psychotherapy has no relation to the seriousness of the patient’s case. Some very serious cases respond well to formal psychoanalysis, whereas others do much better with some other form of psychotherapy.

*36. Pt. What is the difference between psychoanalysis and other types of therapy?*

*Th.* One of the fundamental differences is the emphasis in psychoanalysis on unconscious conflict as the source of emotional problems. The elucidation and understanding of unconscious conflicts, and the tracing back of conflicts to their origins in childhood, are the chief tasks in psychoanalysis.

*37. Pt. Isn't psychoanalysis the best kind of treatment there is for emotional problems?*

*Th.* The best kind of treatment for an emotional problem is the treatment that is best for the patient. Sometimes the best treatment is psychoanalysis; sometimes the best treatment is another kind of psychotherapy such as behavior therapy, cognitive therapy, hypnosis, medicinal (drug) treatments, and others that are preferred in certain kinds of problems.

38. *Pt. If psychoanalysis goes deeper into a problem than any other kind of psychotherapy, isn't psychoanalysis to be preferred?*

*Th.* Not necessarily; other techniques may be better for a person. We can take examples from the field of medicine. Most abdominal conditions can be handled with medicinal treatment; some require surgery. Those that need surgery should get surgery. Those that do not need surgical interference should not get surgery. While some emotional problems need psychoanalysis, others definitely do not. They should, therefore, get the kind of treatment that is best suited for them.

39. *Pt. What is the difference between psychotherapy and psychoanalysis?*

*Th.* Psychotherapy is the general term applied to the overall treatment of emotional problems. One kind of psychotherapy is psychoanalysis. Psychoanalysis is helpful in certain kinds of emotional problems and not so helpful in others. Because it takes so long (3 to 5 times a week for from 1 to 3 years) and is so expensive, it should be used only where it is definitely required. Not all people can use psychoanalysis, nor do they need it.

40. *Pt. What is Freudian psychoanalysis?*

*Th.* This is the technique originated by Dr. Sigmund Freud. It is helpful in certain kinds of emotional illness.

41. *Pt. What is non-Freudian or neo-Freudian psychoanalysis?*

*Th.* This is a modified approach to psychoanalysis, which in the hands of competent, well-trained therapists yields good results in certain emotional problems.

42. *Pt. Which is superior, Freudian or non-Freudian psychoanalysis?*

*Th.* More important than the kind of psychoanalysis is the experience and skill of the analyst. A good psychoanalyst can get good results with either procedure, while a poor analyst will probably fail irrespective of the kind of approach employed. Some psychoanalysts find that a Freudian psychoanalysis works better for them; others hold a modified psychoanalysis in higher esteem.

43. *Pt. What is psychobiologic therapy?*

*Th.* This is an approach to psychotherapy originated by Dr. Adolf Meyer that uses a number of different techniques. It is helpful in certain kinds of emotional illness.

*44. Pt. What do you think about behavior therapy?*

*Th.* The principles on which behavior therapy was founded have been known to psychologists and psychiatrists for years. Behavior therapy can be effective in certain conditions, and to remove symptoms, for instance, as in pathological fearful (phobic) states, and to modify bad habit and behavioral patterns.

*45. Pt. Is group therapy helpful?*

*Th.* Yes, in many conditions both by itself and in conjunction with individual therapy. Sometimes an entire family, or selected members, are seen together in a group. This is called "family therapy." A husband and wife may also be treated together in certain marital problems in what is called "couples therapy" or "marital therapy."

*46. Pt. Won't hypnosis shorten my treatments?*

*Th.* In certain conditions hypnosis is helpful; in others it seems to do no good.

*47. Pt. Will I need special treatments, like psychodrama or "truth serum"?*

*Th.* That will depend on the nature of your problem. If your therapist believes any special treatments to be indicated, he or she will tell you about it.

*48. Pt. Will I need shock therapy?*

*Th.* Very few people need shock therapy. Its use is limited to only special conditions. The probabilities are that you will not require this form of treatment.

*49. Pt. Will I get medicine for relief, for example, tranquilizers or antidepressants?*

*Th.* If your therapist believes that medicine will be of any benefit to you, he or she will prescribe it or have it prescribed.

*50. Pt. Are there any shortcuts to treatment?*

*Th.* A number of experimental methods are in process to see whether it is possible to cut down the long period of time required for treatment. This work is not entirely complete, but sufficient progress has been made to indicate that it may be possible to cut down on the treatment time in some cases. However, there are some forms of emotional problems in which time itself is the essence in treatment and shortcuts are not possible. Personality problems have been so much a part of an individual since childhood that it may take time to unravel them.

*51. Pt. Can psychotherapy make a person happy no matter how bad the person's situation may be?*

*Th.* Psychotherapy will not stop a person from reacting to a bad situation. It should, however, make it easier to deal with this situation in a more constructive manner.

*52. Pt. Am I going to be forced during therapy to give up pleasures in my life situation that I find valuable now?*

*Th.* Nobody is going to force you to do anything. If any of the pleasures that you enjoy at the present time are destructive to you, you have a right to know this. Once you are aware of all the facts, you will then be in a better position to judge for yourself whether you want to continue or discontinue certain pleasures. Many people have the misconception that psychotherapy will make them terribly serious and prevent them from enjoying themselves. On the contrary, psychotherapy releases inhibitions to enjoyment and pleasure.

*53. Pt. Is treatment likely to make a person immoral?*

*Th.* This mistaken notion is caused by the fact that in therapy an individual discusses problems of deepest concern to one, including sexual problems. Immorality is never produced by a proper understanding of emotional problems and drives. On the contrary, immorality is usually the product of misunderstanding. Once the individuals survey themselves honestly, healthy and constructive attitudes toward themselves and toward their basic impulses will develop.

*54. Pt. Will therapy break up my present marriage?*

*Th.* Therapy actually preserves many marriages. It is interesting that therapeutic changes occur not only in a person getting therapy, but also in the person's mate. This is because a personality alteration in

one member of a family always affects the adjustment of people in close contact with the person. When a marriage seems hopeless, for example, the patient will be able to evaluate better its good and bad points.

*55. Pt. Will I lose my creative abilities if I get therapy?*

*Th.* Such an idea arises from a misconception that creativity comes from neurosis. Actually, creative work is one of the most normal of human drives. It is crippled by neurosis. Experience shows that people are liberated from their blocks and actually become more creative after therapy.

*56. Pt. Are people supposed to fall in love with their therapist?*

*Th.* This is a notion that most people have from reading the existing literature. Actually, transference feelings, positive or negative, occur in varying intensities. The particular form that the transference takes will be dependent upon the individual's unique problems.

*57. Pt. What is transference?*

*Th.* Transference is the carrying over of emotions and attitudes from the past into relationships with present-day people. It is inspired not by the reality situation, but by previous happenings in former relationships that go as far back as childhood.

*58. Pt. Is transference necessary?*

*Th.* Transference is a part of every human relationship. For instance, you may have had initial impressions of people; these impressions are caused by the fact that the persons resemble somewhat those you have known. Sometimes one can get angry at a stranger, or one can like a person, for no apparent reason. Such irrational attitudes and feelings toward others go on all the time. They are caused by transference. Transference may be present in the therapeutic relationship. It enables us to see what unconscious attitudes and feelings are constantly being projected out toward other people and are stirring up troubles in adjustment.

*59. Pt. Can transference be at the basis of one's emotional problems?*

*Th.* Transference distorts logic and judgment and causes unfair and destructive attitudes toward

people. These may actually interfere with one's ability to relate in a realistic way to people with whom one requires a good contact.

*60. Pt. Do I have to report my dreams in therapy?*

*Th.* Yes, if your therapist believes you should do so. All people dream; but not all people remember their dreams. Dreams are thought processes during your sleep that embody symbols and bizarre language forms that may seem meaningless. But woven into the fabric of dreams are attitudes, feelings, and memories that yield clues, to an experienced observer, regarding the individual's basic difficulties and conflicts.

*61. Pt. Can dreams really be interpreted?*

*Th.* Dreams are condensed symbols that can be interpreted by an experienced therapist. Do not expect that all your dreams will be interpreted for you by your therapist. This is both impossible and unnecessary. You may learn to understand the meaning of your own dreams, and you will then be able to see how closely related your dream structure is to your emotions and feelings.

*62. Pt. But my dreams seem so bizarre. How can they mean anything?*

*Th.* The language of the dream, the peculiar symbols that dreams use may seem weird, but these can often be translated by trained therapists, and the significant meanings thereby understood. Freud called dreams the "royal road to the unconscious." The surface story told by dreams (manifest content) is not so important as what underlies the dream (latent content).

*63. Pt. What causes dreams?*

*Th.* Dreams are a normal part of the sleep process. Some dreams serve as an outlet of tensions in expressing open and secret hopes as well as fears and conflicts. Such dreams are the mind's attempt to solve problems that disturb the individual, not only in present-day life but also those problems that had upset the person as far back as childhood.

*64. Pt. Is it necessary to recline on the couch for treatment?*



*Th.* Reclining on a couch for treatment is usually desirable in formal psychoanalysis. It permits the person to concentrate much better on thought processes by minimizing the influence of external stimuli. It is usually unnecessary in most other forms of psychotherapy.

65. *Pt. What is free association?*

*Th.* Free association is a technique used in formal psychoanalysis to discover certain deep unconscious associative links in the person's thoughts by letting the person's mind wander at random, verbalizing without restraint. Free association is not used in most forms of psychotherapy.

66. *Pt. Do I need psychological tests?*

*Th.* Psychological tests are often helpful in arriving at a better understanding of the sources of tension and emotional stress. The fees for tests may sound expensive; however, in the long run, tests may prove economical, since by helping in the diagnosis they may facilitate the treatment process. Among the more common tests are the Rorschach, Thematic Apperception, Szondi, and Man-Woman Drawing tests. Your therapist will decide if any of these or other tests will be most helpful to you.

67. *Pt. Do I have to tell my therapist everything, even those thoughts and experiences that make me feel guilty and ashamed?*

*Th.* Complete frankness and honesty are the keynotes in psychotherapy. While in ordinary relationships you are subject to existing moral and ethical judgments, this does not happen in the unique kind of relationship during psychotherapy. It may take you a while before you realize that the function of the therapist is not to judge or to criticize you, but rather to help you get well. The therapist actually does not regard your attitudes, your impulses, and your experiences as bad or wrong, but rather as items that yield clues about your basic conflicts and difficulties. An example may make this clear. If you were to visit a friend and tell that person that you had, prior to seeing him or her, an impulse to murder someone, your friend might express horror and even be tempted to call the police. If you were to say the same thing to your therapist, the therapist would neither condemn nor condone your thoughts but merely inquire about the reasons why you felt inclined to act as you did. This example is grossly exaggerated to indicate to you the difference between a relationship with your therapist and any other relationship you have ever had. It is important to reveal as much about yourself to your therapist as you can, and your

confidences will not be betrayed.

*68. Pt. Why does a therapist act so unemotional?*

*Th.* Psychotherapy involves participation on the part of the patient in arriving at the sources of a problem as well as in resolving it. To inspire the patient toward activity, the therapist may assume a passive role, guiding the patient only when the patient becomes blocked in thinking things through. Actually, the therapist is not so much detached but rather is purposefully withholding from carrying the chief responsibility for therapy, which, while temporarily reassuring to the patient, would ultimately hamper the patient in the quest for assertiveness and independence.

*69. Pt. Will my therapist tell me what to do and how I can best conduct my life?*

*Th.* Understandably you would want such guidance since life now seems to be so frustrating and difficult. When it is absolutely necessary, your therapist will help you decide on alternative courses of action. However, the primary object in therapy is to help you achieve a level of growth and development such that your own choices and decisions will bring happiness to you rather than grief. To do this, your therapist will have to help you understand what is behind your problems and the reasons it has been difficult for you to conduct your own life. You will also have to achieve a level of development in which you can make your own decisions rather than depend on others. In this way you will attain the most active and satisfying growth.

*70. Pt. Are there any rules I must follow in therapy about making crucial decisions that will alter my life situation?*

*Th.* There are several rules. It is essential to understand that in the treatment process many aspects of your life will come up for review. It is important, therefore, not to make any crucial decisions or changes until the meaning of such a choice is fully understood. If you contemplate any significant alteration in your position or life situation, it is essential to talk it over with your therapist first to make sure that you are not being influenced by temporary emotional feelings stirred up during treatment.

*71. Pt. Is it all right for me to see my therapist socially?*

*Th.* One of the basic rules in therapy is that the relationship between patient and therapist be kept

on a professional basis. This is extremely important inasmuch as you have a specific task to achieve in your treatment, and this task may be watered down by associations such as may occur in a nonprofessional relationship. Experience shows that treatments proceed most rapidly where the relationship is kept on a purely professional level. A social relationship with your therapist may create many stumbling blocks in your treatment that may actually destroy its effectiveness.

*72. Pt. How many times a week must I come for treatment?*

*Th.* There are some persons who come once a week and there are others who desire, or find it necessary, to come 2 or 3 or 4 times a week. Sometimes it is better to come more frequently than once a week to cut down the interval between visits and to gain the advantages of more concentrated work. At other times this is unnecessary. The frequency will depend upon the nature of your problems and the kind of therapy that is used. In most cases treatments can be administered on the basis of once, twice, or three times weekly. When Freudian psychoanalysis is used (that is, where your problems are such that your therapist believes a formal psychoanalytic technique is indispensable for you), you may have to come as frequently as five times weekly.

*73. Pt. Aren't charges for psychotherapy excessive?*

*Th.* It takes longer to make a good psychotherapist than a good surgeon. Fees for surgery and other specialities are so much higher than fees charged for psychotherapy that we cannot even make a comparison. Although the fees that are charged may seem high, they actually are reasonable considering the extensive training of the therapist.

*74. Pt. After starting therapy, will I be charged for broken or canceled appointments?*

*Th.* Since your appointment times are set aside and reserved exclusively for your use, you may be charged for a canceled or broken appointment, unless illness or a real emergency interferes with your getting to the therapist's office. Most therapists do not charge for canceled appointments when sufficient notice has been given them in advance so that they can fill in the session with another appointment. Another reason for charging for broken appointments is to overcome resistance to coming for treatment when basic problems are under discussion. As a general rule, group therapy sessions are charged for whatever the reason for canceling them.

*75. Pt. How long does it take to get well?*

*Th.* It is hard to estimate this. Much depends on how much you want to get well. Much depends, also, on how deeply it is necessary to influence your basic personality makeup. If you have a special problem or symptom that is not too complicated, this may be helped in not too long a time. If, however, extensive changes in your personality are required, treatment will take more time.

*76. Pt. Does it usually take a long time to influence personality in depth?*

*Th.* Emotional illness associated with personality problems that go far back in one's life, so as to produce habit patterns of a stubborn nature, take a long time to influence, sometimes 2, 3, or more years. It is impossible to estimate the length of therapy since this will depend upon the severity of the problems and upon the goals one wishes to achieve. In many cases alterations achieved in a short period of treatment will continue after treatment has stopped as a person puts into action things that have been learned.

*77. Pt. I would like to expedite my treatment.*

*Th.* Your impatience is understandable. But your trouble did not begin last Tuesday. It may have been with you most of your life. It took time to develop your problem, and it may take a little time for you to get over it.

*78. Pt. Why does it take so long to get well?*

*Th.* If you are like the average person who undergoes psychotherapy, you will probably be puzzled or upset when, after several weeks of treatment certain kinds of problems are not materially improved. You will wonder why this is so, and you may even believe that your treatment is not successful. There are two things you must consider in evaluating your progress. First, certain emotional problems go far back in one's life, even as far back as one's childhood. Therefore, it takes time to get to the core of the trouble. Second, even though your symptoms are still with you, progress is being made nevertheless. Before a seed can sprout, it is necessary to prepare the soil. Before all your symptoms disappear and you achieve health, it is necessary to work at and overcome resistances that block your progress. Often an understanding of oneself helps.

79. *Pt. Why do I need an understanding of myself?*

*Th.* The first step in becoming well is to become aware of your basic problems—in other words to identify them. Your difficulty may be that your environment is bad and you are trying to adjust to an impossible situation; or it may be that you have inner conflicts and fears that make for difficulties in your relationships with people. Whatever your problem, your therapist will help you to understand it clearly. Then you will be better able to do something constructive about it. It is hard to fight an enemy who attacks you from ambush. It is the same with emotional conflicts. As long as these are only partially known to you, you are helpless. Becoming aware of them makes it possible to take a stand to overcome them.

80. *Pt. Is it possible that I may exhibit resistances to understanding myself?*

*Th.* There is always resistance in tackling the real source of one's difficulties. The reason for this is threefold. First, a person may have absolutely no inkling that what he or she is doing is not normal. For instance, an individual who has acted submissive from childhood may do so because it is the only way the person knows of getting along with people. It may cause the individual anxiety, yet it constitutes the only way of life the person knows. It may take a long time before the person realizes that he or she does not have to be submissive automatically. Second, a person may be very reluctant to face inner conflicts because of a fear that he or she will find out something that is too horrible to face. This fear is universal and it may take a while before the patient overcomes it. Third, one may actually derive a benefit from being sick and for this reason be unwilling to explore existing difficulties. It may seem paradoxical, but being sick often yields dividends one may refuse to give up. An example of this is the person who keeps failing in work or studies and, as a result, becomes extremely insecure. On the surface the person wants to stop failing; yet deep down what is desired even more is sympathy and help from people. And the reason for this failure is that in failing, the person can be dependent on others. Such a person may be resistive to understanding these tendencies toward failure because it requires giving up a technique that yields many neurotic benefits.

81. *Pt. After I get an understanding of my problems, what else do I have to do to get well?*

*Th.* Getting insight into certain kinds of problems is the first step toward getting well. You must use this insight to achieve a more productive and happier life. An example may make this clear. Suppose you

desire to fly an airplane. The first thing you need is the vehicle—the airplane itself. But having procured the airplane does not mean that you can fly. You still have to learn how to work the airplane. Insight is the vehicle that can transport you to health. But having insight alone will not give you health. You must learn how to use this insight toward a constructive end.

*82. Pt. What can I do to aid the process of recovery?*

*Th.* Most people are confused about what is supposed to happen in treatment. In a physical ailment, once the doctor knows your complaint, he or she can give you a medicine. But emotional complaints are not helped in that way. *You, yourself, must participate in the cure.* Your therapist will help you to help yourself. One of the best ways to cooperate is to tell your therapist about yourself—your fears, your hopes, your fantasies, and your expectations. If you have any dreams, report them. You will probably also have certain feelings about your therapist. Bring these to the therapist's attention—no matter how irrational they may seem.

*83. Pt. Can I expect to have ups and downs during treatment?*

*Th.* You can. A feature of all nervous problems is that they try to repeat themselves. Even when you gain insight into them and begin to readjust yourself to life and to people, they will still crop up from time to time. The reason for this is that they are like bad habits. You know how difficult it is to break so simple a habit as excessive smoking. Faulty patterns of living that are part of your neurosis are complicated habits of long standing and will try to cling to you stubbornly. With patience and determination you can overcome these patterns. The important thing is not to regard a recurrence of your symptoms during treatment as a setback. Take the attitude that temporary flair-ups are to be expected and that you will learn something valuable about yourself each time they occur.

*84. Pt. Need I have conflicting feelings about my therapist?*

*Th.* Some persons do; some don't. In a relationship situation, which is the essence of psychotherapy, it is possible that you may run the entire gamut of emotions in response to your therapist. The experiencing of these emotions is an invaluable part of the treatment process. Do not be ashamed to tell your therapist exactly how you feel about him or her, no matter how irrational your feelings, demands, or expectations may seem. At certain stages in treatment you will be very much tempted to discontinue

therapy because of how you feel about your therapist. Sometimes these feelings may not even be conscious. Consequently, whenever you reach a decision to stop treatment before your therapist thinks that treatment should be ended, examine how you feel toward the therapist and, more important, mention these feelings. There are times, of course, when you may become angry at your therapist for realistic reasons. It is also possible that your therapist has a personality to which you are unable to respond. In the latter instance it may be necessary for you to change therapists. Do not hesitate to tell your therapist about these feelings and to mention any complaints you may have. The therapist will help you analyze whether your feelings are rational or irrational.

*85. Pt. Is it advisable to talk things over with people other than my therapist?*

*Th.* It is generally not wise to confide your innermost thoughts to other people because it may prevent you from mentioning important things to your therapist.

*86. Pt. Is it all right to talk about what happens in my treatment to other people?*

*Th.* No, this is not advisable since an outside confidant may hurt the therapeutic work. You should consider the therapeutic relationship a completely private situation, in which confidences will not be betrayed.

*87. Pt. Doctor, do you really believe I can be helped? [To tell the patient that help is a certainty would be false reassurance. The therapist may reply in the following way.]*

*Th.* The desire to be helped is nine-tenths of the battle. If you really want help, you will probably be able to be helped.

*88. Pt. What do you think it is that has made me sick?*

*Th.* There are always reasons why you feel upset. Those reasons may not be clear to you because you are living too close to your troubles. During therapy your ideas, and particularly your feelings, will be explored and, in not too long a time, you should discover what is behind your difficulty.

*89. Pt. In psychotherapy how can you get well by mere conversations?*

*Th.* In discussing your reactions, your ideas, and your feelings, you will better be able to understand

what is happening to you, and this understanding will permit you to take definite steps to correct your difficulties.

*90. Pt. What will my therapist do to help me if all I do is talk about myself?*

*Th.* The therapist will help you with your difficulty by acting as your third eye or third ear. Since you are living so close to your problem, you may not be able to see your basic troubles as clearly as someone who can be more objective and more realistic about what is happening to you.

*91. Pt. How can I be sure I can be helped through psychotherapy?*

*Th.* There is no guarantee that you can, except insofar as you make a positive effort to cooperate with your therapist. In a short time you will get a better idea about whether you can be helped or not. Most people can.

*92. Pt. Are you sure I can be cured if I cooperate?*

*Th.* It is difficult to answer that. Much depends on how much you want to be cured. If you really have the desire to get well, there is no reason why you should not make good progress. Many persons with severely disabling emotional and mental problems have gotten well. Your progress will depend also on how well you work together with your therapist as a team.

*93. Pt. Won't I lose my independence and get dependent on my therapist?*

*Th.* One of the aims of treatment is to expand your independence and make you less dependent.

*94. Pt. Won't I find out terrible and loathsome things about myself?*

*Th.* The fear of finding out contemptible things about oneself is frightening to most people. In exploring your difficulty you may be surprised to find that things are not as horrible as you imagine. Indeed, you may discover that your guilt feelings are not justified by the facts.

*95. Pt. How well is a person after completing psychotherapy?*

*Th.* If treatment is successful, the person should be relatively free from symptoms and healthier and



happier than ever before.

*96. Pt. Why shouldn't treatment always be successful?*

*Th.* Success depends on many factors, including how much the person wants to get well. If a person really desires health, he or she will be willing to endure the time and effort required to get well.

*97. Pt. Is it possible to rebuild an immature personality through psychotherapy?*

*Th.* In reconstructive psychotherapy a prominent goal is resolving blocks to personality development so that the individual may proceed to emotional maturity.

*98. Pt. If a person is cured of symptoms and is made happier by psychotherapy, does this mean the person will never again be nervous?*

*Th.* No, neurotic problems may develop later, but the person will be better able to cope with them and even to solve them without further professional help.

*99. Pt. What happens to the information about me?*

*Th.* In scientific work, records are necessary because they permit a more thorough dealing with one's problems. It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. Case records are confidential. No outsider, not even your closest relative or family physician, should be permitted to see your file without your written permission.

*100. Pt. How can I help to cooperate with the treatment plan?*

*Th.* The general practitioner has medications; the surgeon works with instruments; the heart specialist has delicate recording apparatus. But for the most part, the therapist has only one aid besides knowledge—YOU. Your cooperation and trust in the therapist are essential. You must feel free to take up with your therapist anything about the treatment process that disturbs you or puzzles you in any way. By doing this you have the best chance of shortening your treatment and of ensuring its fullest success.

