4 Steps to Get the Most Out of Your Counseling Experience

These suggestions were born from the facilitation of more than 10,000 therapy sessions (with over 5,000 of those being group format) spanning almost 17-years, in addition to, my own personal therapeutic experiences over the course of my life, various readings, and other studies to date.

Step 1: Determine what you want to accomplish in treatment.

Many clients enter treatment wanting to experience a reduction in or the extinction of certain symptoms, for example: depression, anxiety, anger, addictions, etc., but that is not everyone's goal. Some people might want help with things like improving their physical health or making a career change. The reasons someone seeks help are extensive and there is no way to cover them all here, but if you are clear about the specific symptoms you are trying to resolve, or behaviors you would like to change, this may help you sort through potential counselors when you are beginning your initial search. Please know that no counselor works with all clinical presentations or will be well-versed in every form of therapy available.

Step 2: Conduct an internet search or ask others for referrals.

Once you have an idea of what you want to accomplish in treatment, it may be beneficial to ask those close to you for a referral (a trusted friend, family member, acquaintance, etc.), especially if you know that they have had similar struggles and found benefit working with someone in the past.

If you do not have a viable referral source (likely, most people), then it is time to jump on web where you will engage in the next stage of your search. When conducting an internet search, simply do a search based on where you live, and the symptoms or goals you have. For example, if you are having anxiety, you might type in: "Counselors (or therapists), anxiety, Boulder, Colorado." Once you do a search like this, you will likely find a link to Psychology Today: Find a Therapist, Psychologist, Counselor - Psychology Today. From there, simply visit and read several listings and/or websites until you find a few you may want to inquire further about. Pay attention to how you *feel*, or the "vibe" you get as you move through (I will talk more about why that is important later). Additionally, if you are interested in trying a specific type of therapy you either heard of or read about, there may be a "therapist finder" tool that exists; I give two examples of those on the final page of this document, but you may find others if you search for them.

Step 3: Interview your prospective counselor.

I believe this is among the most important step in the entire process, and rarely have I worked with people who take advantage of the opportunity. While there are a multitude of reasons for this, I suspect a primary one is that many people have been taught or socialized to believe that years of formal education, degrees, and credentials automatically equate to competence and the probability of a favorable therapeutic outcome. Unfortunately, I find that when it comes to the behavioral sciences, degrees and credentials have little to do with counselor competence and/or increasing the odds of a favorable therapeutic outcome; therefore, while I would not completely

dismiss formal education and credentials, I encourage you to place more weight on other key variables.

Beyond formal education and credentialing, I would recommend placing more weight in the following areas: outside study, personal experience, professional experience, and finally, gut feelings and initial impressions during your initial intake/interview interactions. Again, these recommendations are meant to be a guide rather than a fixed metric, so feel free to follow what makes sense to you in the end. For now, I will explain how and why I personally chose this breakdown by going through each category.

- **Formal education:**

  As mentioned, I do not want to completely dismiss formal education, mine or others; however, I personally found that it paled in comparison to what I learned from my own personal therapy, study outside the classroom, and direct-client experience. I also would not place much more value on a Psy.D. or Ph.D. I say this because, while I did not complete my Ph.D., I did complete two-and-a-half years of it, which included all the direct clinical course work. I received straight A's in those courses (over the first two years), and unfortunately, I can't say I benefitted much more from it than from my master's-level training alone. While this might be related to the institution where I studied, I do not believe so, as I have met counselors over the years who have studied at other institutions, and I see and hear comparable stories.

  In other fields of study, I might place more weight on degrees and formal education: for example, as with applied mathematics, but not all fields of study have advanced at the same rate, and not all fields of study are similar in their ability to uncover scientifically verifiable truth. I believe counseling psychology is one of the more difficult fields in which to apply our current scientific model of understanding; in part, because there is an element of "art" involved in counseling (which is difficult to measure or teach); and secondly, the human mechanism is immensely complex, which makes variable isolation difficult in and of itself—a necessary task within our current models of scientific inquiry and investigation.

- **Outside education:**

  I place higher importance here than with formal education for a couple of reasons: First, I have come across more valuable information from study outside the classroom. This seems, in part, related to lag time from research to education in larger institutions. Regardless of why this occurs, let me give you three examples from my own experience that illustrate what I am talking about regarding the discovery of very important information that has greatly influenced my understanding of psychopathology and healing, but I was never introduced in my formal education.

1. One of the most important, internationally recognized authorities around marriage and relationship dynamics today is John, Gottman, Ph.D., a name some people will be familiar with. He was doing ground-breaking work before I completed any of my formal education, including authoring and/or co-authoring more than 200 scientific papers and

40-books; however, his name was never mentioned at any point during my formal education (and my emphasis in my doctoral studies was in marriage and family therapy). Instead, we studied the early pioneers in the field and their contributions. There is nothing wrong with learning from these early pioneers in the field, so long as it does not stifle mention of what is happening on the forefront, especially in a relatively "new" and emerging field of study like counseling psychology.

2. Next, one of the foremost recognized authorities regarding childhood development and the impact of trauma would be, Bruce D. Perry, M.D., Ph.D. Dr. Perry's work, in my opinion, is some of the most important work that has ever been done in this area. Did I hear of him in graduate school? Nope! Instead, I discovered his work in a continuing education conference I attended years later. Today, more people now know of him, in large part, due to the recently published book, *What Happened to You,* which he co-authored with Oprah Winfrey (released in April of 2021), but the value of his work existed long before.

3. While I could list many more examples, let me offer you with one final one. Dr. Vincent Felitti (and colleagues), in collaboration with the Department of Preventive Medicine with Kaiser Permanente, published its first reports on the largest epidemiological study of its kind, known as the Adverse Childhood Experience (ACE) Study, in 1998, in the American Journal of Preventive Medicine. I find this to be the single most important study in our field to date, with findings unlike anything else we have uncovered before. This study, published years before I entered graduate school, was not mentioned once in my master's-level or doctoral-level courses. I would not discover it until I was attending a training with Dr. Bruce Perry (mentioned above) years later. Unfortunately, it has only been very recently when I have asked fellow colleagues if they are familiar with this study and they have answered, "Yes."

   In summary (on this point), I am saying that I have gained more clinical benefit from independent study and research outside the classroom, and I suspect that I am not alone. It is for this reason, I would recommend that you ask any potential counselor you work with about their personal, post-graduate study and discovery. If they do not have a response, that doesn't mean they wouldn't be helpful or aren't a great counselor, but it is another variable in the equation that I find worth inquiring about, as you may also want to work with someone who is deeply interested and invested in learning about the advances in their field.

- **Personal work (therapeutic experiences, overall progress, awareness of remaining issues, etc.):**

I have found that almost no one asks me about my own therapeutic journey, with one rare exception: clients struggling with chemical addictions or dependency. An alcoholic, for example, usually wants to know (and will ask) if I have had any personal experience with addiction. They want to know because they are intuitively aware that it is unlikely that I will be of much help if I do not understand their world and struggles within it, which is mostly true. However, it is not just those struggling with chemical addictions that should be asking

these questions. I believe everyone should know a little something about their prospective counselor's personal journey, not every detail of course, but some highlights to help them gauge their prospective counselor's own level of health and competency, which will in turn help the client better determine the counselor's ability to serve as a guide in their therapeutic process.

In a moment, I will give a sample of some questions you may ask your prospective counselor to better determine a good fit (feel free to add your own, relative to what's important to you and/or modify these to better fit), but first, I'd like to share an important point on this topic: it has been said by many that if a counselor is in any way unhealthy themselves, they will not be able to help you, and worse yet, they will cause undue harm, even if unintended, due to their own unknown and/or unresolved issues. Can this happen? Absolutely! And that is why I recommend you interview your prospective counselor. However, does it always happen? No, I do not believe so, and asking the right questions should help give you an indication of your prospective counselor's ability to guide you, and if so, how far.

I see this as being similar to physical illness. For example, if your doctor has a case of strep throat, can they infect you with that illness if they encounter you? Yes. However, if they know they have the illness, they may choose to stay home and undergo a course on antibiotics until the illness passes; or, they may also work remotely during such time to help prevent the spread of that illness. Just because they currently have strep throat, does not mean they have lost the knowledge or ability to treat illnesses in others, and they still would have the ability to prescribe something that would help you while simultaneously preventing the spread of their illness. So, most of the risk of you getting sick would come from the doctor not knowing about or ignoring their own illness more than whether they are free of all issues and are in perfect health themselves.

As it relates to psychology, it is my contention that very few people have walked the earth that could claim the status of "guru" or "fully-realized being," with no interpersonal work remaining. Most people are at lesser points along the path, and some are a little further down the road than others. Finding someone with little interpersonal awareness and progress may be dangerous, but it may be equally dangerous to wait until you have found that divinely enlightened human being before you ask for guidance and support if you need it. Instead, I recommend that you find someone a little further down the road you need to travel—that is, someone who has been through similar struggles—and walk with them until you find yourself at a satisfactory place or the next endpoint.

This does not have to be an all-or-nothing adventure; however, a true world of caution: many counselors I have met (and people in general) are too unaware of their own personal issues and limitations, and this is where the greatest potential for undue influence and harm occurs. It can be very hard to admit to oneself that we are lost or struggling in some capacity, even counselors, and counselors were almost always people with struggles *before* they were counselors, and if they haven't had any struggles, they are likely to be of little help to you anyway. Again, however, if they are unaware or unwilling to work on their own personal issues, they might be of even less help, and may be harmful to you in myriad of ways as a result.

To provide and an example that could impact a client's therapeutic progress if they are working with a counselor who is unaware of their own unresolved issues, here are a couple scenario's I witnessed while supervising master's students (while working toward my Ph.D.): The client begins to talk about a significant loss related to a grandmother. As they do so, they begin to tear up as the pain associated with that loss comes to the surface. They need to process (experience) that pain, but the counselor (who has also lost a grandparent, with whom they too had a close connection), changes the direction of the conversation by asking unrelated questions, diverting attention away from the pain associated with their respective losses. Or, instead, the counselor begins to tear up and goes into their own pain such that they are no longer present with the client as an empathic and grounded listener. In this scenario, the client ceases their own emotive process, and instead moves into the role of helper/counselor as they hand the counselor the box of tissues.

In both of these scenarios, the client needs *their* space to be held, and the freedom to go through *their* emotive process without outside influence and interruption, but the counselor's own unresolved grief prevents that from happening. It is not that the counselor needs to be fully healed, but they do need to have made adequate progress regarding their own issue(s) so that they remain able to be present and provide the client the opportunity to heal. The client should have free reign to do *their* work with the counselor, not the other way around. As with anything, the examples are endless; hopefully, I picked those that highlight how even with the best of intentions, there can be a disruption in the healing opportunity. It does not have to be extreme (though unfortunately, those things happen too) to impede your progress.

Again, the counselor need not be perfect, but I believe that they should be able to tell you something about their own struggles (past and present), what work has benefitted them, and what work remains. Pay attention to your gut as you listen to their answers. Do their responses fit with what you sense from them? With that said, here are a few examples of questions you may consider asking:

- ✓ "What influenced you becoming a counselor?"
- ✓ "Do you have any personal experience with (insert whatever condition you are wanting to work on: addictions, depression, anxiety, phobias, low self-esteem, etc.) and what have you found helpful?"
- ✓ "What has your own therapeutic experience been like: did you find it challenging, and if so, what was most challenging?"
- ✓ "How has your own therapeutic experiences informed your work with others?"

Some counselors do not believe that any of this is important, and some may not give you direct answers to your questions, as they see it as a boundary violation. That doesn't immediately mean they aren't qualified, or that they couldn't be of benefit to you, but they should be able to articulate why they aren't comfortable answering without becoming defensive. If this happens, pay close attention to how their response *feels.* If everything else feels good and you want to work with that person, then go for it. Personally, I would not work with anyone who has not had an extensive course of personal therapy, nor would I encourage working with anyone who did not describe it as one of the more challenging experiences they have had. I regularly hear people state: "This is the hardest thing I have ever

done (even combat veterans)," and I would worry about the capacity of a counselor to stay grounded during emotional intense experiences during the course of therapy, and that would be very difficult—if not impossible—for most people who are only relying on their formal education for instruction in these instances.

- **Professional experience (direct client contact, and in what formats: group, family, couples, family, seminars or trainings, course instruction, etc.):**

Unlike the above-mentioned, you should never run into a problem with anyone having an issue disclosing their professional experience with you. If you do, I strongly suggest that you keep looking. Like the above-mentioned, I rarely have clients ask me about my professional experience; instead, they may ask what specialty areas I work with, and while that is okay, it is not as important as knowing about professional experience.

Also, be careful of making the mistake of thinking that a person's age or years in practice are the only drivers of experience. When it comes to experience, most people will talk in terms of "years in practice," and that can be a poor standalone measure. For example, if a counselor sees one client a week, and has done so for 40-years, they do not have the same experience as a counselor who sees ten clients a week and has done so for five years. In fact, the counselor with 40-years in practice will have 520 fewer sessions under their belt than the person with five years in this case. Now, I do not know of any counselor who counts every session, but they should be able to give you a close approximation, and I recommend you use direct client experience as the primary determinant of experience, not years providing services.

Most people who need a major surgery want to know how many surgeries their prospective surgeon has performed. Why? Because they want to mitigate the possibility of having a botched surgery and it makes sense to consider that information. Well, your mind and psyche are important as well, so be cautious and diligent in your search; do not just hand that over to anyone without knowing a little about *all* their qualifications! I am sure it is obvious, but just in case, here are examples of the type of questions to ask:

- ✓ "Can you tell me a little bit about your professional clinical experience?"
- ✓ "What therapeutic formats do you work mostly in (e.g., individual, family, group, couples, etc.)?"
- ✓ "Approximately how many sessions have you facilitated in your career?"
- ✓ "Under what conditions and what theoretical approaches do you find the most successful outcomes with clients?"

Lastly, please do not necessarily dismiss a counselor with little experience. We all must start somewhere, and one positive of being new in the field, is that the desire to do well and be helpful is usually *very* high (compared to those who have practiced a long time and may be burned out or in a rut, for example). Another benefit is that new counselors often charge less and depending on the budget you have, this may be an important consideration. And most states require recent graduates to have ongoing supervision with a licensed practitioner at least until licensure (often a minimum of two years). Therefore, before you automatically rule out the young professional with little experience (and remember, I did not say place

100% of the importance on this variable anyhow), here are a couple questions I would recommend asking.

- ✓ "Do you currently have a clinical supervisor? If so, how often to you meet and how has that benefitted your work with clients thus far?"
- ✓ "Can you tell me a little bit about your supervisor and their experience?"

- **Gut feelings and initial impressions from interview interactions:**

This category is the one I would place the highest degree of importance on, and the reason is, despite a growing emphasis on therapeutic models, approaches, and techniques, often referred to as, "evidenced-based practices," the reality is that techniques and models account for very little when it comes to the ingredients that lead to a positive therapeutic outcome. This was demonstrated through the rigorous literature review and statistical meta-analysis presented in the especially important book: *The Great Psychotherapy Debate: Models, Methods, and Findings*, by Bruce E. Wampold, Ph.D.

An important conclusion reached in this analysis is that therapeutic techniques and models, "account for only 1% of the variance in outcomes" (Wampold, 2010, p. 204). It is further noted that the biggest contribution to a positive therapeutic outcome is what is often referred to as the "therapeutic relationship," which includes: the qualities of the counselor themselves, how comfortable you feel opening up to them, how well you feel they understand you, and how well you feel respected and supported. Qualities of that nature are what matter most!

As Wampold adds, regarding choosing a counselor: "The evidence is clear: Dramatically more variance is due to therapists within treatments than to treatments. Consequently, a person with a disorder, problem, or complaint should seek the most competent therapist possible without regard to the relative effectiveness of the various therapies. . .. If after concerted and honest effort, progress is not obtained, change therapists before changing the approach to therapy" (Wampold, 2010, p. 226).

Lastly, I believe there is a ***very*** important caveat to the above-mentioned that is worth mentioning: **"support," may not (and often does not) mean that the counselor agrees or fully supports your theories to your problems, lifestyle choices, or that they don't challenge you!** A good counselor can encourage you to look at or explore things that are not comfortable, and that **does not** mean that they are not a good fit; it may mean the opposite. After all, you are there to bring about changes in your life, and I have yet to experience a change, even the most positive, that doesn't bring about some fear, anxiety, general discomfort, and therefore at least some initial resistance. Therefore, you should feel that your counselor has your best interest at heart, and that they are working to deeply understand your personal experience, but that does not mean they will enable or collude with toxic ways of being!

- **Finding the right approach:**

Even though Wampold's findings suggest that therapeutic models, "account for only 1% of the variance in outcomes (as referenced above)," the reason I didn't elect to place all of the importance on this category alone is because: 1) I do find the categories I've previously discussed to be important considerations, and 2) I suspect that techniques and strategies *do* matter still (and that some are better than others at meeting certain objectives). It is just that even the best models *do not* trump the qualities of the counselor and the therapeutic relationship. Assuming you feel good about potentially working with a particular counselor, I find it important to inquire a bit regarding their clinical approach and beliefs about change.

You could simply ask the counselor about their theoretical approach(es); however, you might find that they come back with a list of acronyms like: CBT, EFT, EMDR, NPL, etc., which may only serve to confuse you; therefore, in order to make things much simpler (and to obtain the information that will be more valuable to you), it is important to understand that there are only three pathways of influencing personal change (perhaps four depending how you think about it), and every therapeutic model or approach will target one or more of those pathways. Those pathways are as follows: 1) cognitions (aka thoughts, or beliefs), 2) behaviors (aka actions), and 3) physical sensations and emotions (aka feelings). So, if you are met with a list of acronyms, you may simply ask this question instead: "Do you work more in the domain of cognitions, behaviors, or with physical sensations and emotions (the body)?"

As I mentioned earlier, people are generally seeking therapy with the end goal of feeling better, and to simplify things, the idea behind each of the general approaches, is to feel better by either, 1) changing thought patterns or belief systems, 2) changing behaviors or actions, or 3) by releasing bottled-up or suppressed physical/emotional material. Another way to look at the underlying theoretical assumptions would be: 1) a person can think their way to feeling better, 2) act their way to feeling better, or 3) feel their way to feeling better. And within different theoretical models and approaches are a subset of techniques that a counselor and/or client can use to help accomplish this goal.

It would be next to impossible to describe every scenario here, but I would like to give a couple examples to help further illustrate the benefits regarding the various approaches. All three intervention pathways have utility, and I personally utilize a combination of them. Often, in the earlier stages of treatment, I utilize more cognitive or behavior strategies, and later suggest more physical & emotive processing for those who are good candidates and ready.

To illustrate further, I might suggest looking at strategies as tools, like the tools needed to build a house. For example, to build a house you would need a saw, a hammer, and a drill (among other things, of course). Is one tool superior? It depends on the task at hand. Is one tool inferior? That also depends on the task at hand. For example, a saw is the best tool for cutting boards, but is terrible for driving nails. Similarly, certain counseling techniques are better than others at certain things, and one of the things that I see happening a lot in the field is related to using the wrong tool for the job. For example, a client might be experiencing health-related problems that could be mitigated by dietary changes and exercise, something for which there is a medical explanation. For them, behavioral interventions (with the counselor taking more of a coaching approach, adding compassionate support and

encouragement), may be the perfect strategy. For another person, however, who may be experiencing similar fatigue following the death of a loved one, behavioral strategies and dietary changes are not likely to be of benefit, and a physical/emotive approach (grief work) would be more appropriate.

Now, before I move on to the next and last step, I would like to make a couple additional points regarding my practice and overall experience. Personally, while I do use some cognitive and/or behavioral interventions, as mentioned, and have witnessed growth born from those strategies alone, I have yet to witness a transformational miracle from these approaches alone. I suspect that is because I work mostly around trauma and/or grief and loss, where cognitive-behavioral strategies do not appear to be as effective as physical and emotional processing is with healing these types of wounds. Additionally, I often see people revert to old ways of being sooner and more often when no deeper work in the physical/emotional realms occur. If it is determined that the symptoms you are personally struggling with are rooted in unresolved traumatic experiences or grief and loss, I propose that despite all the "evidence-based" claims surrounding many of the cognitive- or behavioral-based approaches, those interventions may be insufficient at bringing you the relief you desire. Lastly, I find that almost every form of pathology I encounter these days is sourced in one of two areas: 1) trauma and/or unresolved grief and loss, or 2) unactualized spiritual callings and/or unpursued dreams, passions, or interests. With the first, physical/emotional work is almost always necessary. With the second, behavioral interventions will likely be a component of treatment.

Step #4: Do the work: It is up to you!

Thus far, I have offered my recommendations for finding a good counselor. Once again, this is not an exact science by any means, and instead is my opinion based on my personal and professional clinical experiences to date. In my recommendations thus far, all the focus has been on the counselor; however, that is only half the equation (if that). **The work *you* do as a client will be the most important factor! Without your effort and dedication to the process, you simply cannot expect to see much in the way of results, regardless of how good the counselor is.** Just as no personal trainer can eat or exercise for you, no counselor can change you. This is one of the biggest misunderstandings I have encountered, and a problem that only appears to be getting worse. If you are not ready to seriously examine your past, be vulnerable, and/or make changes to your life (if necessary), therapy will likely provide little benefit to you at this time.

An increasing number of clients these days seem to hold the belief that they only need to show up to that appointment, and the counselor will do the rest—curing them of whatever problems they have with some sort of magic. I have even had a clients say to me: "I need you to fix me!" While I am not entirely sure where this thought process originated, I suspect that there are a few culprits behind the above-mentioned phenomenon that are worth mentioning. If there happens to be truth among these suspicions, being aware of them may serve to help you avoid potential pitfalls along your therapeutic journey.

First, I suspect that the idea that the counselor can do the client's work for them might have originated from our current medical model and the way bacterial infections and surgical procedures are treated. With the discovery of antibiotics, for example, an infected individual can go to their primary care physician and obtain a prescription that could eliminate the infection (in many cases). With almost no effort on part of the client (nothing more than showing up, paying the money, and swallowing a pill), the client could be feeling better in the span of several hours. Further, if you need an operation, you can be put under with general anesthesia, have the surgeon perform the operation, and when you wake up, with the help of pain medication, you will likely be on your way to recovery without too much suffering. Unfortunately, no such path exists in the mental-health world. Even if such a path did exist; that is, the antibiotic equivalent for the wounded psyche, I propose we have yet to discover it.

Additionally, I believe the psychiatric community and their pharmaceutical counterparts have also been guilty of promoting false beliefs about change and well-being, even though the longitudinal research continues to suggest that current psychiatric interventions and psychotropic medications are no more effective than placebo at best. What makes matters worse, in many cases, psychotropic medications have been clinically shown to have a greater potential for harm than to help in the long-term. For more information on this topic, I highly recommend Robert Whitaker's book: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, the IRE 2010 Book Award winner for best investigative journalism, which more deeply explores this topic. **Please note, however: If you are on psychotropic medications and wish to come off, please do so under medical supervision and guidance. These are powerful compounds that can have extreme consequences for not detoxing properly.**

Next, the insurance companies may have had influence in this quick fix therapy movement as well. I assume that those companies who do offer mental-health treatment as a benefit, want their insureds to get well as quickly as possible, if for no other reason than from an expenditure standpoint, and that is certainly a reasonable desire. If I owned an insurance company, I too would want to know what treatments are the quickest and most effective, but with few exceptions, I do not currently believe such options exist for most of the mental-health conditions we encounter.

I also suspect that market pressures, ego, or the general desire to be effective at one's work, also play a role in promoting the idea of quick fixes and painless therapies. Most counselors, like any other service professionals, depend on clients to stay in business, and it's a tough sell when you're advertising something to the effect of: "Therapy may take a long time, and there are no guarantees you will benefit. While you will likely experience a reduction in symptomology, through courage, hard work, and dedication to the process, complete resolve may not be achieved in all cases." Unfortunately, this is closer to reality in my experience, but overtly making this claim might feel too close to occupational suicide for some, and so, it is much more tempting to state something like: "Let us help you find the relief you're looking for. X-therapy has been clinically shown to help resolve symptoms in as little as three sessions and is completely painless!"

From a personal and professional standpoint, it simply does not feel good to have a deep desire to help—as most counselors do—and yet not see many clients improve at the level they desire. So I suspect a combination of the above-mentioned might have influenced an over-exaggerated account of effective interventions and quick recoveries currently available for mental-health related issues. I would personally like to see more people in the field be more honest with the options and solutions we currently have, while we continue to search and explore better methods to address the growing mental-health problems more effectively. I hope that we come up with better treatments and learn much more about healing the wounded psyche in the future. For now, I will close this piece by offering some final thoughts regarding the successful outcomes I've seen in the therapy room thus far.

First, I propose that most of our present-day psychological symptoms, such as: depression, anxiety, bi-polar disorder, obsessive compulsive behaviors and addictions, are almost always rooted in unresolved trauma (which may include inadequate caregiving, abuse, or neglect in developmental years), and/or unresolved emotional pain related to unprocessed grief following significant loss. I further suggest that issues of this type of origin need worked through physically/emotionally (opposed to cognitively and/or behaviorally, alone). Conditions like depression, for example, are, in my experience, almost never the problem in and of themselves; rather, they are a symptom of an actual problem. Better stated: most mental-health conditions are actually symptoms resulting from the attempt to resist *feeling and experiencing* painful physical sensations and emotions. In practice, I often say: resistance is persistence (referring to the symptom), and feeling is healing.

I know of no one who enjoys pain or looks to create it unnecessarily; however, it is an unfortunate fact: challenging and distressing experiences are a part of the human experience. And it is perfectly natural, for example, that with the feeling of sadness comes the physical expression of tears begging for release. According to the research done by William H. Frey II, Ph.D., it is suggested that crying is a natural response designed to clear the chemical agents that correspond with one's negative experiences, and functionally, is remarkably like the nausea, vomiting, and/or diarrhea if one ingests something that is toxic to the biological system. I have yet to meet someone who enjoys this pain and/or the releasing mechanisms just described, but, as with painful emotions, they must be released in order to achieve healthy recovery. For example, could you imagine resisting and forcing yourself not to vomit if you had a bad case of food poisoning? **I believe this is what we are seeing a lot of in the psychological realm today: a host of physical and psychological symptoms, often created via traumatic experience, which are maintained by an inability or unwillingness to release the related physical/emotional material.**

It may be one reason we are seeing an exponential increase in these types of symptoms today: we have been operating too long under the delusional notion that painful emotions are bad, a sign of weakness (especially for males), and therefore something to avoid. If we truly accept that notion, then we are saying that there is a fundamental flaw in our biological design, or a maladaptation, which evolution has somehow not corrected for. Or, from a religious or spiritual perspective, we are saying that the creator is fallible and equipped us with these unnecessary biological functions (like crying with sadness or shaking with fear), and we humans need to correct this divine

mistake. I find either explanation ridiculous. We have pathologized the human condition and waged war on our biology with disastrous results for all species on the planet.

Further, Dr. Frey discovered that the chemical composition of emotional tears is different than the other two types of tears humans produce: continuous and reflex (those designed to keep the eyes moist, and those designed to clear foreign debris, toxins, or irritants, respectively). He discovered that emotional tears contained stress hormones that were not found in the other two tear types, and in an article published in the New York Times, titled: *Biological Role of Emotional Tears Emerges Through Recent Studies*, Frey was cited as saying: "Crying is an exocrine process . . . that is, a process in which a substance comes out of the body. Other exocrine processes, like exhaling, urinating, defecating and sweating, release toxic substances from the body. There's every reason to think crying does the same, releasing chemicals that the body produces in response to stress" (Brody, 1982).

We must ask ourselves what the consequences of suppressing such a natural bodily function might be. If we go about suppressing this otherwise natural expression in times of sadness, fear, loss, etc., and stop this stress hormone excreting mechanism that all of us were born with, then what happens? Well, as I have mentioned, but which is worth repeating, a host of psychological symptoms will likely show up in our lives, and the longer we attempt to suppress or bypass this innate healing mechanism, the sicker we will likely become.

It is also worth noting that in the last several years I began seeing an increase in referrals from physicians, as well as, an increase in clients who are experiencing what are known as "psychosomatic symptoms," which simply means, they are experiencing genuine pain in their bodies, but for which there is no biological or medical explanation, often as evidenced by the results from a battery of biological tests, and as such, it is believed that the pain is psychological in origin. In almost every one of these cases, I quickly discover a history of childhood abuse or neglect (note: neglect is often overlooked by client and counselor alike), significant loss, or other traumatic events. In those who can begin to open their heart in effort to heal these wounds, their physical symptoms almost always improve, but often not initially. You may have heard the phrase: "It will get worse before it gets better," and that seems forever true in the realm of a deep therapeutic process. In those who do not find the courage to face the pain of their past, their symptoms generally continue and worsen. Unfortunately, many people simply cannot accept that their physical pain might be psychologically rooted, but if you are experiencing anything from extreme fatigue to chest pains, and you have been thoroughly screened medically, it may be time to explore therapy.

And finally, while I have mentioned the research that demonstrates the "therapeutic relationship" is the biggest determient of overall benefit, again, I also do believe that certain therapeutic approaches are superior for the resolution of developmental trauma and psychosomatic conditions, and I generally recommend somatic-orientated therapies, which tend to reach a little deeper into the psyche, where most of such wounding can be found. There are two models that I borrow from that also have a therapist finder for those who have completed the highest level of formal education in their respective trainings: 1) Internal Family Systems (IFS) and Somatic Experiencing (SE). Here are the links to those respective therapist finders':

1. IFS Directory | IFS Institute (ifs-institute.com)
2. Directory Member Listing - SEI Practitioner Directory (traumahealing.org)

As mentioned, there is surely more that could be added or discussed, but I will choose to end this piece here. I hope that you found this information useful and beneficial. Working through psychological material can be *very* challenging, but equally liberating and rewarding in the end. Thank you for reading and I wish you the absolute best on your therapeutic journey!

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