

CHAPTER 11

SEEKING THERAPY

Over time as most people fail the survivor's exacting test of trustworthiness, she tends to withdraw from relationships. The isolation of the survivor thus persists even after she is free.¹

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Overview

1. **Relationships Are Key:** The greatest predictor of therapy success is the quality of the client-therapist relationship. Evaluate your therapist for qualities such as warmth, understanding, appropriate boundaries, and responsiveness.
2. **Transference:** Transference refers to your emotional reaction to your therapist, often in relation to previous experiences. Exploring these reactions can provide valuable insights.
3. **Ruptures:** Ruptures in the therapeutic relationship are common and repairing them is an opportunity to grow and heal. A non-neuroaffirming approach, disengagement, unsupportive behavior, hostility, and ethical violations by your therapist are grounds for seeking services elsewhere.

WHY THERAPY?

It's common to feel apprehensive about opening up to a therapist. Yet as noted in an earlier chapter, therapists can serve as attachment figures, playing a crucial role in repairing attachment and healing our trauma wounds. Therapists facilitate this healing by creating a safe space for self-expression, employing reflective listening, and attuning to a client's needs.²

By validating and normalizing the client's feelings, thoughts, and experiences, therapists work to create an empathetic and trusting connection.³ This relationship eventually becomes a secure base for the client to explore their history, fostering insight, and building shame resilience. In this dynamic, the therapist effectively serves as a surrogate for a dependable caregiver, offering the client a foundation of stability and confidence.

As the esteemed psychiatrist Irvin Yalom once noted, "It's the [therapeutic] relationship that heals."⁴ Yalom's claim has since been substantiated by a major study.⁵

💡 Review: Therapy Guiding Principles 💡

Consider these principles as guides for the therapeutic process:

- **"The Past is Present"**: Understanding your past can unravel current patterns that might prevent healing.⁶
- **"You're Only as Sick as Your Secrets"**: Exploring things kept buried or tucked out of sight can ease shame.⁷
- **"Emotions Denied Are Emotions Deferred"**: Acknowledging and expressing emotions is healthier than suppressing them, since suppression eventually fails anyway.
- **"What We Resist Persists"**: We achieve inner peace once we learn to listen, dialogue with, and unburden all our inner parts.⁸

- **“Name It to Tame It”**: Labeling emotions is the first step toward feeling and healing.⁹
- **“Integration, Not Exorcism”**: Our goal should be to integrate, rather than eliminate, all our experiences, traumatic or otherwise.¹⁰
- **“Resistance is Pay Dirt”**: Resistance to the therapeutic relationship and process points to deeper issues worthy of further exploration.¹¹



LOOKING FOR A THERAPIST

Here are some ways you might go about finding a therapist:

- **Referrals**: Seek recommendations from mental health professionals, ND-related groups, and organizations for therapists experienced in working with NDs.
- **Insurance Provider**: Your insurance provider can provide a list of in-network therapists. Note that the list might not always be current, and availability can vary.
- **Online Directories**: Platforms like Psychology Today host therapist directories. You can filter candidates based on criteria like insurance, experience working with ND clients, or specific therapeutic approaches. For those without insurance coverage, consider looking for clinics that offer low-fee or sliding scale services. Note that when accessing low-fee services, NDs may have a limited choice of therapists available to them.
- **Neuroaffirming Therapist Directories**: Search engines and social media can help you find therapists who are neuroaffirming and/or ND themselves. Check that they are licensed to provide therapy in your state or area.

FINDING A GOOD FIT

Like any professional, therapists can vary in terms of their emotional intelligence, experience, training, and competency. Holding a title doesn't automatically ensure that they have the skills, understanding, or education necessary to address the specific needs of NDs. It's therefore important to evaluate a therapist at the outset to see if they align with your requirements.

Some therapists offer a complimentary 15-minute consultation, allowing you to gauge their approach and whether you feel comfortable opening up to them. Before arranging a consultation, verify if they have training in the therapeutic modalities you prefer (see Appendix B). Check their profile for confirmation they are neuroaffirming, and/or have experience working with NDs. Look for someone who exhibits the following qualities:

- Warmth, friendliness, understanding, and reassurance
- Consistency and reliability
- Active engagement in the treatment process
- Role-modeling normative relationship behaviors like healthy attachment while maintaining professional boundaries
- Openness and responsiveness to your inquiries, feedback, and reasonable requests about their approach to therapy

A therapist who embodies these characteristics is more likely to create a supportive environment conducive to your growth and healing. Watch out for the "blank screen" approach, where therapists maintain a neutral expression with minimal self-disclosure. A willingness to share relevant personal experiences can foster comfort, whereas the "blank screen" approach may inadvertently remind someone with C-PTSD of indifferent caregivers or critical peers, leading them to interpret the therapist as unsafe or rejecting.

💡 **Tip: Therapist Assessment** 💡

Here are some questions to help you determine if your therapist may be a good match for you:

- **Active Listening:** Do they engage in active listening, offering thoughtful reflections that help build insight into what you've shared? Do they use open-ended questions to facilitate deeper exploration?
- **Attuning:** Do they try to meet your emotional needs?
- **Understanding:** Can they empathize with your perspective?
- **Validating:** Do they validate your emotions and experiences?
- **Informed:** Do they show an understanding of the impact of structural ableism on your life?
- **Curious:** Even if they aren't knowledgeable about neurodivergence, do they still express an openness to learn?
- **Compassion:** Do they recognize your struggles and respond with empathy and compassion?
- **Responsiveness:** Are they attentive to your questions and requests? Do they address concerns promptly when you raise them?
- **Collaborative:** Are they cooperative in setting the agenda for sessions, establishing both short-term and long-term goals, and tailoring therapy to your developing needs?
- **Cheerleading:** Do they provide encouragement and support? Do they celebrate your strengths and achievements?
- **Challenging:** Do they challenge thought or behavior patterns that may be unproductive or detrimental to your well-being?



ABOUT TELEHEALTH

Many candidates express hesitancy about telehealth therapy. Concerns include difficulty forming a literal connection with the therapist (i.e.,

technical glitches or an unstable internet connection) or something more figurative (such as the therapist appearing disconnected from the process and not fully attuned to the ND's needs). That said, the effectiveness of therapy hinges on the therapist's active engagement and emotional presence. If you feel a strong connection with your therapist during phone or telehealth sessions, it's worth considering telehealth as a viable option.

“DOING” THERAPY

So, what does one “do” in therapy, exactly? Many therapists use an eclectic approach, blending different techniques and modalities according to each client's needs. This approach offers flexibility, but may not work for you if you are specifically interested in a particular modality.¹²

Here are some general activities that you might engage in during your own sessions:

- **Building Comfort:** If you're not ready to open up, begin by establishing rapport. Share your interests or inquire about your therapist's background to create a sense of safety.
- **Setting an Agenda:** If structure helps, start each session by outlining what you want to discuss so you can jointly prioritize the most pressing issues.
- **Choosing a Direction:** This could involve delving into your past, like family of origin history, to gain insight into how various factors influence your current situation. Reflecting on the “here and now” can also reveal ongoing patterns.¹³
- **Identifying an Approach:** Sometimes you might simply need someone to attune to your emotions and empathize with you by supportively listening. Other times, you may be actively seeking solutions and will want to focus on problem solving. In both cases, you can and should let your therapist know. This ensures that any suggestions made or interventions staged are timely, relevant, and not disruptive to the therapeutic relationship.

💡 Review: Addressing Anxiety 💡

There's a possibility that the therapy process may trigger your ND-related anxiety for a variety of reasons. Here are some reminders to help you manage your reaction:

- You're in a safe space, so don't feel pressured to use MCC strategies.
- You're not expected to apologize for being yourself.
- You don't have to answer questions you're not comfortable answering.
- While silence may trigger feelings of anxiety, your therapist is likely not judging you.
- It's okay to end the session early if you're feeling overwhelmed.
- If homework leads to SES overload, you could always opt to do it in session.
- It is your therapist's job to collaboratively problem-solve with you.
- A good therapist will respond to your needs.
- Therapists benefit from constructive feedback.

Active participation is crucial for successful therapy. To maximize the benefits of your sessions, you will need to show up, step up, and speak up. This means attending regularly and being authentic, taking an active role rather than a passive one, and discussing any concerns about your therapy experience promptly – including your interactions with your therapist and your satisfaction with the process.

EXPLORING TRANSFERENCE

Transference refers to the emotional responses therapists trigger in relation to something that has happened before in a client's life. Recognizing and addressing these reactions can be pivotal in therapy. The following are some common examples of transference:

- **Emotional Expression:** If your therapist shows emotion, such as tearing up while listening to your story, your tyrannical outer critic may declare their behavior selfish. Alternatively, shame could lead you to feel guilty for burdening the therapist, while your TIC attacks you for “humiliating” yourself with such openness.
- **Evaluation:** Should your therapist share some relevant personal information to build rapport, your tyrannical outer critic may react negatively, insisting they are behaving unprofessionally and suggesting you end therapy.
- **Vulnerability:** When asked about your trauma history, the therapist's questions may feel intrusive, stirring shame and fears of REJECTION.
- **Indifference:** If your therapist listens without an immediate reaction to an emotional story, you might misinterpret their delayed response as indifference, triggering memories of misattunement or neglect by attachment figures.
- **Criticism:** Your therapist comments on your difficulty with forming healthy attachments and you hear it as a criticism, echoing negative comments made by your family of origin and evoking humiliation and shame.
- **Mockery:** Your therapist might use humor to address your pessimism, which you could perceive as similar to past invalidations by peers, resulting in anger.

Transference is common in therapy and can be a valuable tool for growth. When you realize you're experiencing transference, consider it an opportunity for exploration. A competent therapist will understand

the need to address these reactions, clarify any misunderstandings, and facilitate reflection.

REPAIRING RUPTURES

Misunderstandings in therapy can inflame or even contribute to existing trauma. When a therapist fails to align their approach with a client's needs, such as by focusing excessively on problem-solving when empathetic listening is more appropriate, it can leave the client feeling frustrated, disregarded, and misunderstood. Sometimes, a therapist's remarks or actions may seem unsympathetic, harsh, dismissive, or judgmental, which could lead to ruptures in the therapeutic alliance.

Addressing such ruptures with your therapist provides a chance for them to acknowledge their impact and make necessary adjustments. Doing so can be beneficial in several ways:

- It empowers you to express yourself and advocate for your needs, not just in this relationship, but others as well.
- It can boost your self-confidence and is an opportunity to practice your interpersonal skills.
- It facilitates productive discussions on how your therapist can better support you in the future, while strengthening your alliance.

Expressing your concerns requires vulnerability and carries the risk of not being heard. If your therapist is unreceptive to feedback or refuses to acknowledge their countertransference – that is their reaction to you – it may be advisable to look for therapy elsewhere.

If you decide to end therapy early for this reason, having an open conversation with your therapist about your reasons is important. Barring any immediate safety concerns, therapists are supportive of such decisions and may help you find a more suitable professional.

Here are some scenarios where ending therapy might be appropriate:

1. **Attitude:** Your therapist appears uninterested, fails to listen or attune to your emotional needs, does not understand or validate your feelings, minimizes your issues, ignores requests, deflects questions, neglects to repair relationship ruptures, or shows hostility toward you.
2. **Inexperienced With Neurodiversity:** Your therapist shows limited understanding of neuroaffirmative practices, has not made efforts to educate themselves about ND experiences, or repeatedly commits microaggressions.
3. **Unsupportive Approach:** Your therapist doesn't work to build insights or skills, remains unresponsive to requests for more guidance, or seems less invested in the therapeutic process than you are.
4. **Ethical Violations:** Breaches to the therapist's professional code of ethics include the unauthorized disclosure of confidential information, involvement in non-professional relationships with clients, or initiation of a sexual relationship. Note that these issues not only justify ending therapy but may also warrant reporting to the therapist's licensing board.

WRAPPING UP SERVICES

Therapy can conclude for various reasons, ranging from practical issues such as changes in insurance or scheduling conflicts, to clients achieving their therapy goals. As therapy ends, therapists try to dedicate at least one session to reviewing progress, revisiting key insights and skills, and discussing strategies for future challenges. Occasionally, therapists may present a small, thoughtful gift as a symbol of the therapeutic relationship and your achievements. This gesture can also serve as a "transitional object," symbolizing their ongoing support.

Ideally, therapists should regularly seek your feedback throughout

the therapy process. However, if this hasn't been the case, the termination phase is an excellent opportunity for you to provide feedback. Assuming the therapist is receptive, and the feedback is constructive, it can help them learn and improve, benefiting future clients. If you feel comfortable, consider sharing your thoughts directly with your therapist. If not, ask if they can provide a feedback form.

Action Steps

1. Pay attention to whether your therapist shows warmth, empathy, and understanding, as these qualities are essential for creating a safe and supportive environment for healing. Assess whether their therapeutic approach aligns with your needs and preferences. Consider discussing any concerns with your therapist and exploring alternative options.
2. Reflect on your emotional reactions to your therapist, particularly if they resemble feelings you've experienced in past relationships. Discuss these reactions openly with your therapist to gain insights into your thought patterns and help you distinguish between your history and present reality.
3. Express your concerns, communicate your needs, and work collaboratively with your therapist to repair any ruptures that arise.

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1. Herman, J. (2015). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. Basic Books.
 2. Bion, W. R. (1962). *Learning from experience*. Tavistock Publications; Farrell, J. D., & Carleton, J. A. (2015). Rewriting history: Attachment theory in the practice of adult psychotherapy. *Graduate Student Journal of Psychology*, 16, 100–117. <https://doi.org/10.52214/gsjp.v16i.10903>
 3. Minuchin, S., Fishman, C. H., & Weakland, M. P. (2013). *Family therapy techniques*. Harvard University Press; Winnicott, D. W. (1971). *Playing and reality*. Routledge; Ferrara, K. W. (1994). *Therapeutic ways with words*. Oxford University Press.
 4. Yalom, I. (1989). *Love's executioner: And other tales of psychotherapy*. Basic Books.
 5. Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55(4), 316–340. <https://doi.org/10.1037/pst0000172>; see also: Wampold, B. E., & Imel, Z. E. (2015).

The great psychotherapy debate: The evidence for what makes psychotherapy work (2nd ed.). Routledge/Taylor & Francis Group.

6. This theme pervades psychoanalytic therapy.
7. This saying, often used in 12-step programs, applies to trauma survivors as well.
8. Psychiatrist Carl Jung has been credited with saying this.
9. Neuroscientist Daniel J. Siegel argues that acknowledging and labeling emotions is pivotal in managing their impact. This principle also applies to addressing shame and trauma in NDs. See: Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. Bantam Books.
10. Herman, 2015.
11. Coined by psychologist Julie Gottman, this phrase reflects the belief that when clients experience resistance in therapy, it's an opportunity for both the therapist and client to dig deeper to better understand unconscious conflicts. See: Gottman, J. M., & Gottman, J. S. (Directors). (Unknown). Module 5, Chapter 11: Intervention [Training video]. In Gottman Method Couples Therapy – Level 2 [Training program]. Gottman Institute.
12. For a more comprehensive understanding of common modalities and their applicability to NDs, see Appendix A and B.
13. Yalom, I. (2009). *The gift of therapy*. HarperCollins.