Lori Gottlieb

"Rarely has a book challenged me to see myself in an entirely new light, and was at the same time laugh-out-loud funny and utterly absorbing."
— KATIE COURIC

MAYBE YOU SHOULD TALK TO SOMEONE

A Therapist, *Her* Therapist, and Our Lives Revealed

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A Therapist, *Her* Therapist, and Our Lives Revealed

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It is proposed that happiness be classified as a psychiatric disorder and be included in future editions of the major diagnostic manuals under the new name: major affective disorder, pleasant type. In a review of the relevant literature it is shown that happiness is statistically abnormal, consists of a discrete cluster of symptoms, is associated with a range of cognitive abnormalities, and probably reflects the abnormal functioning of the central nervous system. One possible objection to this proposal remains—that happiness is not negatively valued. However, this objection is dismissed as scientifically irrelevant.

—RICHARD BENTALL,
JOURNAL OF MEDICAL ETHICS, 1992

The eminent Swiss psychiatrist Carl Jung said this:
"People will do anything, no matter how absurd,
to avoid facing their own souls."

But he also said this:
"Who looks inside, awakes."

Author's Note

This is a bookthat asks, "How do we change?" and answers with "In relation to others." The relationships I write about here, between therapists and patients, require a sacred trust for any change to occur. In addition to attaining written permission, I have gone to great lengths to disguise identities and any recognizable details, and in some instances, material and scenarios from a few patients have been attributed to one. All changes were carefully considered and painstakingly chosen to remain true to the spirit of each story while also serving the greater goal: to reveal our shared humanity so that we can see ourselves more clearly. Which is to say, if you see yourself in these pages, it's both coincidental and intentional.

A note on terminology: Those who come to therapy are referred to in various ways, most commonly as *patients* or *clients*. I don't believe that either word quite captures the relationship I have with the people I work with. But *the people I work with* is awkward, and *clients* might be confusing, given that term's many connotations, so for simplicity and clarity, I use *patients* throughout this book

Part One

Nothing is more desirable than to be released from
an affliction, but nothing is more frightening
than to be divested of a crutch.

—*James Baldwin*

1

Idiots

CHART NOTE, JOHN:

> Patient reports feeling "stressed out" and states that he is having difficulty sleeping and getting along with his wife. Expresses annoyance with others and seeks help "managing the idiots."

Have compassion.

Deep breath.

Have compassion, have compassion, have compassion . . .

I'm repeating this phrase in my head like a mantra as the forty-year-old man sitting across from me is telling me about all of the people in his life who are "idiots." Why, he wants to know, is the world filled with so many idiots? Are they born this way? Do they become this way? Maybe, he muses, it has something to do with all the artificial chemicals that are added to the food we eat nowadays.

"That's why I try to eat organic," he says. "So I don't become an idiot like everyone else."

I'm losing track of which idiot he's talking about: the dental hygienist who asks too many questions ("None of them rhetorical"), the coworker who *only* asks questions ("He never makes *statements,* because that would imply that he had something to say"), the driver in front of him who stopped at a yellow light ("No sense of *urgency!*"), the Apple technician at the Genius Bar who couldn't fix his laptop ("Some genius!").

"John," I begin, but he's starting to tell a rambling story about his wife. I can't get a word in edgewise, even though he has come to me for help.

I, by the way, am his new therapist. (His previous therapist, who lasted just three sessions, was "nice, but an idiot.")

“And then Margo gets angry—can you believe it?” he’s saying. “But she doesn’t *tell* me she’s angry. She just *acts* angry, and I’m supposed to *ask* her what’s wrong. But I know if I ask, she’ll say, ‘Nothing,’ the first three times, and then maybe the fourth or fifth time she’ll say, ‘You *know* what’s wrong,’ and I’ll say, ‘No, I don’t, or I wouldn’t be *asking!* ’ ”

He smiles. It’s a huge smile. I try to work with the smile—anything to change his monologue into a dialogue and make contact with him.

“I’m curious about your smile just now,” I say. “Because you’re talking about being frustrated by many people, including Margo, and yet you’re smiling.”

His smile gets bigger. He has the whitest teeth I’ve ever seen. They’re gleaming like diamonds. “I’m smiling, Sherlock, because I know *exactly* what’s bothering my wife!”

“Ah!” I reply. “So—”

“Wait, wait. I’m getting to the best part,” he interrupts. “So, like I said, I really *do* know what’s wrong, but I’m not that interested in hearing another complaint. So this time, instead of asking, I decide I’m going to—”

He stops and peers at the clock on the bookshelf behind me.

I want to use this opportunity to help John slow down. I could comment on the glance at the clock (does he feel rushed in here?) or the fact that he just called me Sherlock (was he irritated with me?). Or I could stay more on the surface in what we call “the content”—the narrative he’s telling—and try to understand more about why he equates Margo’s feelings with a complaint. But if I stay in the content, we won’t connect at all this session, and John, I’m learning, is somebody who has trouble making contact with the people in his life.

“John,” I try again. “I wonder if we can go back to what just happened —”

“Oh, good,” he says, cutting me off. “I still have twenty minutes left.” And then he’s back to his story.

I sense a yawn coming on, a strong one, and it takes what feels like superhuman strength to keep my jaw clenched tight. I can feel my muscles resisting, twisting my face into odd expressions, but thankfully the yawn stays inside. Unfortunately, what comes out instead is a burp. A loud one. As though I’m drunk. (I’m not. I’m a lot of unpleasant things in this moment, but drunk isn’t one of them.)

Because of the burp, my mouth starts to pop open again. I squeeze my lips together so hard that my eyes begin to tear.

Of course, John doesn't seem to notice. He's still going on about Margo. *Margo did this. Margo did that. I said this. She said that. So then I said—*

During my training, a supervisor once told me, "There's something likable in everyone," and to my great surprise, I found that she was right. It's impossible to get to know people deeply and not come to like them. We should take the world's enemies, get them in a room to share their histories and formative experiences, their fears and their struggles, and global adversaries would suddenly get along. I've found something likable in literally everyone I've seen as a therapist, including the guy who attempted murder. (Beneath his rage, he turned out to be a real sweetheart.)

I didn't even mind the week before, at our first session, when John explained that he'd come to me because I was a "nobody" here in Los Angeles, which meant that he wouldn't run into any of his television-industry colleagues when coming for treatment. (His colleagues, he suspected, went to "well-known, *experienced* therapists.") I simply tagged that for future use, when he'd be more open to engaging with me. Nor did I flinch at the end of that session when he handed me a wad of cash and explained that he preferred to pay this way because he didn't want his wife to know he was seeing a therapist.

"You'll be like my mistress," he'd suggested. "Or, actually, more like my hooker. No offense, but you're not the kind of woman I'd choose as a mistress . . . if you know what I mean."

I *didn't* know what he meant (someone blonder? Younger? With whiter, more sparkly teeth?), but I figured that this comment was just one of John's defenses against getting close to anybody or acknowledging his need for another human being.

"Ha-ha, my hooker!" he said, pausing at the door. "I'll just come here each week, release all my pent-up frustration, and nobody has to know! Isn't that funny?"

Oh, yeah, I wanted to say, *super-funny.*

Still, as I heard him laugh his way down the hall, I felt confident that I could grow to like John. Underneath his off-putting presentation, something likable—even beautiful—was sure to emerge.

But that was last week.

Today he just seems like an asshole. An asshole with spectacular teeth.

Have compassion, have compassion, have compassion. I repeat my silent mantra then refocus on John. He's talking about a mistake made by one of the crew members on his show (a man whose name, in John's telling, is simply The Idiot) and just then, something occurs to me: John's rant sounds eerily familiar. Not the situations he's describing, but the feelings they evoke in him—and in *me.* I know how affirming it feels to blame the outside world for my frustrations, to deny ownership of whatever role I might have in the existential play called *My Incredibly Important Life.* I know what it's like to bathe in self-righteous outrage, in the certainty that I'm completely right and have been terribly wronged, because that's *exactly* how I've felt all day.

What John doesn't know is that I'm reeling from last night, when the man I thought I was going to marry unexpectedly called it quits. Today I'm trying to focus on my patients (allowing myself to cry only in the ten-minute breaks between sessions, carefully wiping away my running mascara before the next person arrives). In other words, I'm dealing with my pain the way I suspect John has been dealing with his: by covering it up.

As a therapist, I know a lot about pain, about the ways in which pain is tied to loss. But I also know something less commonly understood: that change and loss travel together. We can't have change without loss, which is why so often people say they want change but nonetheless stay exactly the same. To help John, I'm going to have to figure out what his loss would be, but first, I'm going to have to understand mine. Because right now, all I can think about is what my boyfriend did last night.

The idiot!

I look back at John and think: *I hear you, brother.*

Wait a minute, you might be thinking. *Why are you telling me all this? Aren't therapists supposed to keep their personal lives private? Aren't they supposed to be blank slates who never reveal anything about themselves, objective observers who refrain from calling their patients names—even in their heads? Besides, aren't therapists, of all people, supposed to have their lives together?*

On the one hand, yes. What happens in the therapy room should be done on behalf of the patient, and if therapists aren't able to separate their own struggles from those of the people who come to them, then they should, without question, choose a different line of work.

On the other hand, this—right here, right now, between you and me—isn't therapy, but a story about therapy: how we heal and where it leads us. Like in those National Geographic Channel shows that capture the embryonic development and birth of rare crocodiles, I want to capture the process in which humans, struggling to evolve, push against their shells until they quietly (but sometimes loudly) and slowly (but sometimes suddenly) crack open.

So while the image of me with mascara running down my tear-streaked face between sessions may be uncomfortable to contemplate, that's where this story about the handful of struggling humans you are about to meet begins—with my own humanity.

Therapists, of course, deal with the daily challenges of living just like everyone else. This familiarity, in fact, is at the root of the connection we forge with strangers who trust us with their most delicate stories and secrets. Our training has taught us theories and tools and techniques, but whirring beneath our hard-earned expertise is the fact that we know just how hard it is to be a person. Which is to say, we still come to work each day as ourselves—with our own sets of vulnerabilities, our own longings and insecurities, and our own histories. Of all my credentials as a therapist, my most significant is that I'm a card-carrying member of the human race.

But revealing this humanity is another matter. One colleague told me that when her doctor called with the news that her pregnancy wasn't viable, she was standing in a Starbucks, and she burst into tears. A patient happened to see her, canceled her next appointment, and never came back.

I remember hearing the writer Andrew Solomon tell a story about a married couple he'd met at a conference. During the course of the day, he said, each spouse had confessed independently to him to taking antidepressants but didn't want the other to know. It turned out that *they were hiding the same medication in the same house.* No matter how open we as a society are about formerly private matters, the stigma around our emotional struggles remains formidable. We'll talk with almost anyone about our physical health (can anyone imagine spouses hiding their reflux medication from each other?), even our sex lives, but bring up anxiety or depression or an intractable sense of grief, and the expression on the face looking back at you will probably read, *Get me out of this conversation, pronto.*

But what are we so afraid of? It's not as if we're going to peer in those darker corners, flip on the light, and find a bunch of cockroaches. Fireflies love the dark too. There's beauty in those places. But we have to look in there to see it.

My business, the therapy business, is about looking.

And not just with my patients.

A little-discussed fact: Therapists go to therapists. We're required, in fact, to go during training as part of our hours for licensure so that we know firsthand what our future patients will experience. We learn how to accept feedback, tolerate discomfort, become aware of blind spots, and discover the impact of our histories and behaviors on ourselves and others.

But then we get licensed, people come to seek *our* counsel and . . . we still go to therapy. Not continuously, necessarily, but a majority of us sit on somebody else's couch at several points during our careers, partly to have a place to talk through the emotional impact of the kind of work we do, but partly because life happens and therapy helps us confront our demons when they pay a visit.

And visit they will, because everyone has demons—big, small, old, new, quiet, loud, whatever. These shared demons are testament to the fact that we aren't such outliers after all. And it's with this discovery that we can create a different relationship with our demons, one in which we no longer try to reason our way out of an inconvenient inner voice or numb our feelings with distractions like too much wine or food or hours spent surfing the internet (an activity my colleague calls "the most effective short-term nonprescription painkiller").

One of the most important steps in therapy is helping people take responsibility for their current predicaments, because once they realize that they can (and must) construct their own lives, they're free to generate change. Often, though, people carry around the belief that the majority of their problems are circumstantial or situational—which is to say, external. And if the problems are caused by everyone and everything else, by stuff *out there,* why should they bother to change themselves? Even if they decide to do things differently, won't the rest of the world still be the same?

It's a reasonable argument. But that's not how life generally works.

Remember Sartre's famous line "Hell is other people"? It's true—the world is filled with difficult people (or, as John would have it, "idiots"). I'll

bet you could name five truly difficult people off the top of your head right now—some you assiduously avoid, others you would assiduously avoid if they didn't share your last name. But sometimes—more often than we tend to realize—those difficult people are us.

That's right—sometimes hell is us.

Sometimes *we* are the cause of our difficulties. And if we can step out of our own way, something astonishing happens.

A therapist will hold up a mirror to patients, but patients will also hold up a mirror to their therapists. Therapy is far from one-sided; it happens in a parallel process. Every day, our patients are opening up questions that we have to think about for ourselves. If they can see themselves more clearly through our reflections, we can see ourselves more clearly through theirs. This happens to therapists when we're providing therapy, and it happens to our own therapists too. We are mirrors reflecting mirrors reflecting mirrors, showing one another what we can't yet see.

Which brings me back to John. Today, I'm not thinking about any of this. As far as I'm concerned, it's been a difficult day with a difficult patient, and to make matters worse, I'm seeing John right after a young newlywed who's dying of cancer—which is never an ideal time to see anyone, but especially not when you haven't gotten much sleep, and your marriage plans have just been canceled, and you know that your pain is trivial compared to that of a terminally ill woman, and you also sense (but aren't yet aware) that it's not trivial at all because something cataclysmic is happening inside you.

Meanwhile, about a mile away, in a quaint brick building on a narrow one-way street, a therapist named Wendell is in his office seeing patients too. One after another, they're sitting on his sofa, adjacent to a lovely garden courtyard, talking about the same kinds of things that my patients have been talking to me about on an upper floor of a tall glass office building. Wendell's patients have seen him for weeks or months or perhaps even years, but I have yet to meet him. In fact, I haven't even heard of him. But that's about to change.

I am about to become Wendell's newest patient.