Becoming a Therapist

What Do I Say, and Why?

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THE GUILFORD PRESS
New York London

About the Authors

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Edward Messner, MD, is a Senior Psychiatrist at Massachusetts General Hospital and an Associate Clinical Professor of Psychiatry at Harvard Medical School. He is a graduate of Harvard Medical School and, following an internship in San Francisco, attended the United States Air Force (USAF) School of Aviation Medicine. He was later awarded the USAF Commendation Ribbon for Meritorious Achievement as advisor to the Surgeon General of the Korean Air Force.

After his military service, Dr. Messner's psychiatric training consisted of 2 years of adult residency at the Boston Veterans Administration Hospital, 1 year of child fellowship at the Thom Clinic in Boston, and then 2 years as a clinical and research fellow at MGH. At the same time, he received training at the Boston Psychoanalytic Institute and was graduated as a certified psychoanalyst. During Dr. Messner's career in the MGH Psychiatry Department, which has been rated number one in the United States for 7 consecutive years, he has earned the Teacher of the Year award six times.

Prologue

I smiled at the empty chair, hoping my facial expression conveyed empathy and wisdom. In 15 minutes, my first psychotherapy patient would inhabit this seat, and as a solid believer in site-dependent learning, I hoped these final rehearsals would prepare me for the first moments of the upcoming session.

One more time, I ran through the details of my scripted introduction. I tried to assume an assortment of "empathic postures." I moved the box of tissues next to the unoccupied chair. I offered my outstretched hand to the empty space. "I'm Dr. Bender," I said in the most sensitive, professional tone I could muster. *Pause. Pause.* After the first hello, I was tongue-tied.

Before psychotherapy training, I never had trouble talking with patients. During a year of medical internship, communicating with the seriously ill seemed to be one of my strengths. Maybe my acute onset of wordlessness as a psychotherapy trainee was connected to my high personal expectations. I wanted to be very good. Well, to be honest, I wanted to be incredible. Instead, 1994 became my year to sweat as I intently listened to my first patients. I half expected (hoped? prayed?) that healing words would magically emerge from within me, heralding the first spontaneous psychiatric cure. You know, the patient enters the office in anguish and leaves 50 minutes later with renewed hope and faith in the human condition.

I majored in psychology in college and have some relatives who are therapists, so I hoped I would have a knack for this work. Needless to say, I was disappointed and had to learn the art of psychotherapy at the same painstakingly slow rate as everybody else.

During my first few years of training, I started my personal search for words: words that would calm, words that would firmly confront,

and words that would comfort. Many of my supervisors gently teased me when I wrote down their advice verbatim for reference presession. Personally, I still think this approach makes perfect sense. In psychotherapy, words and sentences are the tools of intervention. A small modification in sentence structure changes a comment from judgmental to empathic. For example, the sentence "Your relationship with your husband seems complicated" is much less disparaging than the comment "You certainly have trouble dealing with your husband."

Despite this intensive preparation, I didn't coast through my first year as a psychotherapist. I endured patients who never showed for the first session and others who came to a few meetings and then vanished. I worried that I was inadvertently causing the recurrent flight reactions.

I fantasized about a sophisticated walkie-talkie system that would fit discreetly inside my ear and connect me to my supervisor's office. With this system, I could obtain the guidance I needed instantly during a difficult session. I could whisper into my hidden microphone while the patient blew her nose. "Dr. Messner, are you in? She's not talking at all. What should I do next?"

"10-4, Suzanne, why don't you ask her more about her relationship with her brother?"

"Gotcha. Thanks. Signing off for now. I'll keep you posted."

"What do you really *do* in there?" became my persistent question during my first years as a psychiatrist. I was taught almost nothing about the process of psychotherapy in medical school or internship. A mental review of psychotherapists in film wasn't helpful. Except for Judd Hirsch's portrayal of a sensitive therapist in the movie *Ordinary People* (and how many comforting comments can you glean from a few thoughtful scenes?), portrayals of sensitive, intelligent, and ethical therapists are hard to come by on the big screen. At best, therapists are featured as comic relief, quirky, and somewhat odd. At worst, they're sleeping with their patients or their patients' family members. In general, Hollywood provides a clear outline of what *not* to do.

While my beginning theory/technique courses and supervision provided some useful guidance, my questions emerged more quickly than they could be answered. From my novice's perspective, most books for the beginning therapist weren't very useful. One book advised me to create "a holding environment" for an agitated patient in crisis. Another stated that it was useful to "explore the resistance" for a patient who didn't want to talk. With only weeks of experience under my belt, I had no idea how to follow these recommendations.

To make matters worse, the patients in these texts were entirely too well behaved. They came on time; they understood complex interpretations; and they talked openly about their transference to the therapist. I

didn't feel I could apply the interventions created for such extraordinarily sophisticated exemplars to my practice of ordinary patients without prior psychotherapy experience. Meanwhile, my clinic was growing, and I found myself embroiled in many complex clinical situations. What I needed were explicit directions telling me what to do, what to say, and why.

The roots of *Becoming a Therapist: What Do I Say, and Why?* took hold during an innocent conversation at the Massachusetts General Hospital (MGH) cafeteria with Dr. Edward Messner, a primary mentor and teacher at MGH with a special ability to explain arcane psychotherapeutic concepts in a clear and concise manner. He has won numerous Teacher of the Year awards, most recently in 1999. On a whim, I told Dr. Messner of my hope to write a book someday that would explain how to practice psychotherapy to the interested but confused beginner. I figured I'd be able to advise others once I had more experience, maybe when I was about 50. Instead of waiting 20 years, Dr. Messner proposed we write the book together—now. For me, it was one of those "aha" moments: Our collaboration was the perfect way to organize a book geared for the novice psychotherapist. I am still in touch with all the gnawing questions that bother a beginner, and Dr. Messner can explain what to do clearly and concisely, based on more than 40 years of clinical experience.

Although our original intention was to produce an instructive book for clinicians only, I was delighted when a number of friends, ranging from writers to lawyers, were intrigued by our project. It turns out that psychotherapists aren't the only ones with questions about psychotherapy. People are curious about what goes on during talking treatment, including how therapists think or feel, and what they say—and why. As we revised our text, we have kept our nontherapist readers in mind. We have included a glossary to define the technical terms that we could not reasonably avoid. The book still "talks" directly to the beginning clinician, but the information should be accessible to nontherapists as well.

The text before you represents our combined judgment. Common predicaments faced by the beginning psychotherapist will be presented in my voice while explanations and guidance will be presented in the plural, as our collaborative effort. Innumerable hours of supervision, with colleagues and mentors, also helped me to formulate my questions and to find my own answers. We gratefully recognize these clinicians in the acknowledgments.

We don't pretend to have the answers to every situation that you will encounter with your patients; the process of psychotherapy is as complex and variable as the patients and the therapists who engage in it. Instead, we hope that the outlined concepts and approaches will guide

you as you develop your own voice. This book will lead you through the basics of psychotherapy: how to start seeing a patient, how to continue through the inevitable difficulties inherent in the process, how to understand what you are doing and why, and finally, how to terminate a treatment. Our greatest hope is that this book will provide for you what I was looking for just a few years ago.

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