

Psychotherapy Unveiled: Myths vs. Reality

By Alison C. Smith, Ph.D.



Most people in the United States have some conception about psychotherapy. It is a process that occurs in secrecy, protecting the confidence of those who seek help, and therefore is open to the development of misconceptions and myths. This article is aimed at clarifying some of the beliefs about psychotherapy and to make distinctions between myths and reality.

Myth 1: Going to therapy means that you are crazy.

One of the things I've heard most frequently from people is their belief that a person must be "crazy" if they go to therapy. It is absolutely true that people who can be clinically defined as "crazy" should be in therapy. It would undoubtedly be interesting to

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have an office full of middle-aged Caucasian women who truly believe they are each Mahatma Gandhi but the reality is that people come to therapy for a wide range of issues that are often more mundane. Some are looking to better understand why they feel unsatisfied with their lives or sense of self. Others may be seeking help because they feel haunted by traumatic experiences. Some simply come to therapy for the free cookies. Okay, really, that last reason was just to make sure that you were paying attention. You don't really get free cookies when you come to therapy, although I might need to start offering them after that last statement.

Myth 2: Going to therapy means that you are weak.

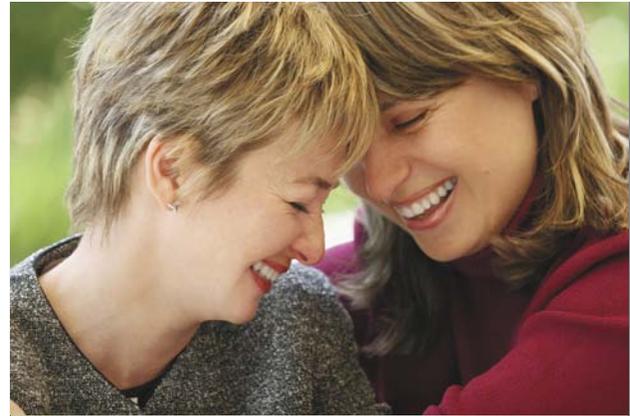
This idea reflects the great American concept that people should simply be able to pull themselves up by their bootstraps when they are having difficulties. I have to point out

that there are some fundamental flaws in this principle. I mean really, how many people wear boots on a regular basis, much less ones with pullable straps? The reality is that sometimes it is helpful to talk things through with someone who can work with you to help you better understand yourself, your relationships, and your problems. The process of psychotherapy can help facilitate your own personal growth. Many of the people with whom I have had the opportunity to work have been some of the strongest people I have ever met, carrying unbelievable burdens of stress and anguish for years before they reached out for help.

Myth 3: Therapists are just like the ones I see on TV.

The answer to this assumption is simple: No, no, and no. Although there are varying degrees of accuracy across the television spectrum, the truth is that therapists on television are not accurate representations. I am reminded of watching Betty White, who briefly played the role of a substitute therapist for Allie McBeal. Betty casually dispensed prescription medications out of a coin dispenser on her belt and made random inappropriate comments. Let me start with saying that in my reality as a therapist, I am admittedly nowhere near as cool as Betty White. Perhaps less importantly, in the state of Virginia psychologists do not have the ability to prescribe medication, so there's no place for the coin dispenser, ...unless it's filled with M & Ms. The misrepresentation of professions on television is not unique to therapists but the beliefs that such representations instill should be recognized for what they are, entertainment.

Regardless of these and other common misconceptions about psy-



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chotherapy, the reality is that people usually come to therapy because they are sad, confused, or hurting. They may have questions about themselves to which they would like to find answers. Making a decision about whether or not to go to therapy is a personal process. It is a decision, however, that should be based on facts rather than mythology, and don't forget the cookies.

About the Author

Dr. Smith is a licensed clinical psychologist who specializes in working with lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) individuals, particularly those coping with histories of childhood sexual abuse. Dr. Smith also welcomes heterosexual

individuals and couples for therapy. Dr. Smith earned a doctorate in clinical psychology from George Mason University and has worked with a wide variety of people dealing with a wide variety of problems including coping with significant life events (e.g., divorce, job loss, trauma). In addition, Dr. Smith is experienced with issues such as low self-esteem, identity confusion, relationship problems, anxiety and depression. Dr. Smith believes the most essential component of psychotherapy is developing a strong therapeutic relationship between the therapist and the patient. She builds upon a foundation of interpersonal psychotherapy and incorporates aspects of other approaches such as psychodynamic, humanistic, and cognitive-behavioral psychotherapy.