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Shrink Rap Radio #539, January 12, 2017 – The Lies We Tell Ourselves

**David Van Nuys, Ph.D., aka “Dr. Dave” interviews Jon Frederickson
LCSW**

(transcribed from www.ShrinkRapRadio.com by Mahyar Alinaghi)

Show Notes:

[Jon Frederickson MSW](#) grew up working in his father’s blacksmith shop in Clear Lake, Iowa. At the urging of a music teacher, he attended college and became a professional musician, playing the French horn. After receiving the help of a therapist, he decided to become one. He later found his true calling as an educator, serving on the faculty of the Washington School of Psychiatry, where he taught psychiatrists, psychologists, and social workers. He currently teaches mental health professionals around the world. He is the author of two professional books and dozens of articles on psychotherapy. His previous book for therapists was the award winning Co-Creating Change: Effective Dynamic Therapy Techniques.

The Interview:

On today's show I will be speaking again with Jon Frederickson whom I last spoke with nearly 4 years ago, back on episode #365 about his book *Effective Dynamic Therapy Techniques*. Today we will be discussing his new 2017 book, *The Lies We Tell Ourselves: How To Face the Truth, Accept Yourself and Create a Better Life*. For more information on Jon Frederickson please see our show notes at ShrinkRapRadio.Com

Dr. Dave: Well, Jon Frederickson, welcome back to Shrink Rap Radio.

Jon Frederickson: Well thanks for having me back.

Dr. Dave: Yeah I'm not sure if you recall that we had an interview nearly 4 years ago about your book on Co-creating Change _Effective Dynamic Therapy Techniques . I was very impressed by that book. And what you had to say in that interview so it's great having you back.

Jon Frederickson: Well thanks so much. It's great to be back and I appreciate you know your giving that publicity to the book.

Dr. Dave: Yeah.

Jon Frederickson: It went on, I don't know if you knew, it went on to win the first prize in psychiatry from the British Medical Association.

Dr. Dave: Wow [laughs] All right. Congratulations! Congratulations! And somewhat coincidentally I quite recently introduced two of your colleagues who I know you're quite familiar with and who hold you in high regard. And I'm referring to Dr. Tony Rousmaniere. If I look at the spelling it throws me off but it's Rousmaniere. It's easy to say. And Dr. Patricia Coughlin.

Jon Frederickson: Oh yes, yeah.

Dr. Dave: So you guys all play more or less in the same ball park. [laughs]

JON FREDERICKSON: Exactly.

Dr. Dave: Yeah. Well now you've got a new book, *The Lies We Tell Ourselves - How To Face the Truth, Accept Yourself and Create a Better Life*. I received a digital copy. I don't have a copy to show to the camera. I don't know if you have one close at hand or not.

JON FREDERICKSON: I think I do. Let me see. Oh yeah, here we go.

Dr. Dave: Yeah I didn't think about that until just now. Yeah.

Jon Frederickson: Here's what the book looks like.

Dr. Dave: Yeah, that's what it looks like. Looks like a very large, respectable book. And ...

Jon Frederickson: It's not terribly thick so...

Dr. Dave: Ok, yeah. [both laugh] So your earlier book was clearly directed at psychotherapists, psychotherapists, where this one seems to be more targeted at folks who either are in psychotherapy or who are contemplating it. Would you agree?

Jon Frederickson: Absolutely, I mean I wrote it in a sense because I thought it was important for therapists to have a book that talked about the why of therapy. You know we have a lot of books about technique, about theory and so on. But I thought it was important to have a book about really the heart and soul of therapy. I also thought it was important for the general public because a lot of time therapists are wondering, you know, patients want to know - What's a good book to read on therapy? What's it really about? And I thought this could be the kind of book that lets people know that therapy is not a just chit chat, it's not the silly the thing that we see in the tv movie. But it's a really heart to heart conversation between two people who are really trying to face the deepest truths of our lives. So I was really trying to write a book that therapists could read that they would love but also one that would be very compelling to the general audience of people who want to know - What's therapy about? Why do we do it?

Dr. Dave: Well one of the things that I think makes it compelling from my point of view is that it's beautifully written. I must say. It's written with great passion and at times it's almost poetic, I think so you really paid attention, i think, to the craft of writing.

Jon Frederickson: Right.

Dr. Dave: beyond the content of what you had to say, so I was impressed by that.

Jon Frederickson: Well you know, i paid attention to the craft of writing but as you know for us therapists, it's also about the craft of speaking, because in a sense there is a kind of poetry to the session, you know. And when we're really speaking to the patient's emotions, when we speak to the deepest truths, when we really speak from ourselves genuinely, when we share from ourselves, ah when we feel deeply - there is a kind of poetry that comes out of our mouths and also comes out of the patients' mouths. So in a sense I wanted to, I wanted the book to convey really the kind of poetry of what therapy can really be, at it's best.

Dr. Dave: Well you succeeded at that. And one of the things that I like about the book is that there are lots of case examples woven in seamlessly and so I want to encourage you as we talk about it to, if any come to mind, to go ahead and throw those in too, because they always help to enliven things and hold people's interest. Early in the book, you write: "I started what I thought was the journey of psychotherapy, but if it's a journey, where do you go? We go nowhere, in fact we stop going". So what do you mean when you say 'we stop going'?

Jon Frederickson: Well you know like when I first entered therapy, I was hoping that it was going to get rid of certain feelings, certain experiences, you know I was hoping it was going to change me into not me. And you know, therapy doesn't do that. It doesn't help you get rid of experiences. It doesn't help me get rid of me. It helps to really, over time, to embrace everything inside you. So in a sense we spend our time running away from what makes us anxious, we run away from painful feelings and experiences in life. But the problem is we live a life on the run, and so in a way psychotherapy is about saying - You know I've tried running away from what makes me anxious, I've tried running away from painful feelings

and conflicts. It sounds like I need to stop running. It's seems like I need to stay right here, turn around, and face what's going on in my life; face what I'm feeling; actually face what people are telling me.

Dr. Dave: Well you share a very personal glimpse early in the book about an experience when you were 5 years old. And your brother still in the crib got tangled up in the window shade cords and actually died as a result of that. That's a hugely traumatic thing and must have burdened you for some portion of your life. Did working through that mark the beginning of your life long relationship to psychotherapy and becoming a psychotherapist?

Jon Frederickson: You know, it's interesting. I mean I wish that had been the only trauma but in fact it was just part of what turned out to be really quite a number of traumas that happened. I mean, I'm not going to go into them but just to give you a case, when I applied to a psychoanalytic institute you're supposed to write down your whole autobiography. And once I wrote it all out they said, you know we're very excited about having you but given your past we're not sure you're analyzable. [laughs] And I was really quite shocked. Well you know...

Dr. Dave: They thought too much trauma that you wouldn't be willing to go there?

Jon Frederickson: Or might just not have the capacity to go there. So in a way that was a life changing event for me because I realized I was being judged on what had been done to me. And what's been done to us is impersonal. I was just the accidental location where a lot of bad things happened. And that's how it is with trauma. We tend to think it's personal, but it's very impersonal. And so i realized i was being judged on what had been done to me, rather than on what I've done with my past.

Dr. Dave: Yeah.

Jon Frederickson. That's what's really personal. So in a sense, you know, that moment when my brother died in my arms when I was 5, I mean, that was such a shocking event, as you can imagine, and left me with all kinds of conflictual feelings plus everything else. But I think, so as a result of all these traumas, I was quite wondering why do people suffer so much? Why was I suffering so much? I remember when I was 12 years old, overhearing my father telling my uncle that

he'd thought about killing himself for years, but he didn't because it was the coward's way out. I was so shocked to realize 'Wow!' That even he was suffering silently with this throughout his whole life. And so when I was in high school, I was very lucky I had this English teacher who had us... all we did in class was read. We didn't write anything. We just read. So we had to read like tones of books. So I ran across these books by Erich Fromm. And when I read this book by Erich Fromm, here I am in this little cow town in Iowa and I'm reading Erich Fromm. And my god wouldn't it be cool to be a therapist, to be a psychoanalyst. And that is where my interest really got going. Interestingly my parents didn't think I needed to go to college because my father was a blacksmith and he thought I should just take over his blacksmith shop. So they let me know that I could go to community college for a year or 2 but that I should take over the shop. Well I was fortunate in that I was very talented at music. And so I was taking horn lessons at a university. And so my university professor was naturally asking 'So where are you going to college?' So I let him know I wasn't going to be going to college because I was supposed to be taking over my father's shop. So talk about a conversation changing a life. This guy drives 80 miles to my parents' house. Spends an evening with them and convinces them I should go to college and go to music school. So to their credit they agreed. And so I went to music school and paid for about half of it and then, going to music school... that was my ticket. So, I'd grown up my whole childhood from age 6 to, you know in [unintelligible] working in my father's blacksmith shop. I've always thought it would be great to be a psychoanalyst but it just seemed like too big a dream for someone like me; I saw myself really just as this kid from a little town, son of a blacksmith, I know how to be a blacksmith; I really just felt very out of place. You know, and so I was, I went to school, became a musician, and then what happened is I met my wife and we both thought it would be great to get an orchestra job. She was an orchestra musician as well. So the National Symphony has these auditions and for horn or oboe and 5 times they'd hear like a couple hundred people, 10 semi-finalists, 2 finalists and 1 person to get the job. Every time she or I came to the final 2 and they picked the other person. So after 5 times I said to my wife, I said: "there's no question we both could get orchestra jobs but it doesn't look like it's going to be the same orchestra". So all the time I thought it had given me sort of a release. It was a great loss not to get that orchestra job but I realized I could go back to college. I could become a therapist. So then that freed my wife up, she could audition where she wanted and she plays in the Opera House here in

Washington. But it gave me a chance to go fulfill my childhood dream then of becoming a therapist.

Dr. Dave: Wow! What a journey. [laughs]

Jon Frederickson: Yeah.

Dr. Dave: And now you're not only a therapist but you're a celebrated one and you lead workshops all over the world. So, wow. Such a journey and considering all the difficulty in the early part of your life somehow, you had a lot of resources, I would say, within yourself that got you a long ways. At some point though you went into therapy ...

Jon Frederickson: Oh I think that's true but I have to say I am very fortunate that I had a lot of therapy, I had a lot of really good supervisors, that's something I just ... it's true I had resources and people see that today but I have to say it was a ton of therapy and I would not be here where I am today without having good therapists along the way. And a lot of great supervision.

Dr. Dave: Hmmm. And ...

Jon Frederickson: And it's true in that sense I really an example ... it takes a community. I mean, I'm so far from the self-made man.[both laugh]

Dr. Dave: Yeah. One of the topics you take up in the book is the healing, and so I want to ask you: how does healing event or events such as you went through, how does healing take place in psychotherapy? What is it that makes it happen?

Jon Frederickson: I think healing in a way means that we have to be held. In a sense we are healed when we are held. And when we are held we can hold what's been inside, we can hold it inside. A lot of times what happens in traumas, there's such horrific feelings and such painful feelings, that they're more than what we can hold. And so we get depressed, we get anxious, we project, we see those feelings everywhere else. We can't hold what's inside because we never have anyone to hold us. So I think that a lot of what really heals us in therapy is a therapist who can really sit with no matter what happened, who can sit with no matter what we feel. If we feel it towards them, they can hold what we feel

towards them. And then in a sense by their being able to hold everything and feel with us that we gain that capacity to hold ourselves and bear what's inside us. You know I think it's really interesting the idea of compassion you know comes from the Latin. It means to suffer with.

Dr. Dave: Hmm.

Jon Frederickson: You know when we think of the patients where we had a deeply feeling impact, oftentimes we have felt tremendous grief or pain, or anger inside ourselves, and it was important to feel it, not always express it, but to bear and feel it and from that feeling something came from our depths

Dr. Dave: Yeah.

Jon Frederickson: Maybe we [unintelligible] what we felt but something came from our depths that made the patient feel very known.

Dr. Dave: Yeah.

Jon Frederickson: And that they were being known on something that was much deeper underneath the words.

Dr. Dave: Hmm. So you're really talking about that relationship between client and therapist that we know there's been a lot of research that has stressed the importance of that. What's your sense of the ideal therapist-client relationship? I mean, you've been hinting at it there but maybe there's more to say.

Jon Frederickson: I think the ideal therapist-patient relationship is one where we are honest. And that means we need to be honest with the patient about what they're avoiding and what they need to face. We have to be honest with ourselves. Sometimes we want to avoid what the patient needs to face and sometimes we have to go to places that make us uncomfortable. That make us anxious, that are painful for us. And at least in my own case it seems like a life-long growth curve. I mean it doesn't, I mean here I am 64 and I had a case a couple of weeks ago and there was a case where I looked back and I can see what I was avoiding. And I know the next time I see the person, I know where I need to go. But it doesn't seem to matter what stage of development, we're still learning about ourselves.

It's like the depths are infinite. And this process of being honest with the patient, honest about ourselves, about our inner life, seems to be kind of a life long journey. It's never over.

Dr. Dave: That's interesting to hear. I'd fantasized about asking you, you know, where's your learning edge. But didn't actually put it in my notes - well, he's so far along he probably [laughs] ... well, he knows it all.

Jon Frederickson: You know I used to have that fantasy too. You know it's so interesting, these fantasies, but somehow there are people that are somehow purified, or at least when I was younger, the idea was that people had been analyzed, you know, that they're somehow done. Instead of ... you know what I realized after my analysis, I realized I'd definitely not been cured. But I thought that maybe the end result of analysis was a measure of humility.

Dr. Dave: Hm-mm.

Jon Frederickson: A recognition just like I will never know another person completely, I'll also never know myself or my depths completely. I think it's ... we're ideally left with a certain amount of humility. We'll never know a patient completely or ourselves. It's like I say in therapy and my book about psychotherapy: 'It's when a mystery meets a mystery'. Like another person's a mystery. It's someone we will never completely know. We've all had that experience when someone says 'Oh I know exactly what you mean'. And you want to run for the ... [both laugh] They know exactly what their fantasy is about. You realize they're missing something and they don't have that room in their mind to make room for the mystery of you that lies outside their misunderstandings.

Dr. Dave: Oh, When a mystery meets a mystery - that's an example of the poetic quality that I referred to that's in your book. That's a good example of it. You know there's research that suggests that only 50% of people seem to benefit from therapy and so - how's a person to know... maybe we have listeners out there who are in therapy or contemplating therapy - how's a person to know whether or not therapy's going to be right for them?

Jon Frederickson: Well I don't know that you can know in advance, you know. You know every day you go to a new job, you go to a new anything, you don't

know if it's going to be right for you because in a way, it's - every day we live, we're walking into the unknown. You know we wish, if we'd have enough research, if we could talk to enough people we'd know a particular therapist is going to be right for us - we don't know. You know, I had one therapist who very highly regarded who turned out not to be a very helpful experience. And I'm sure that person was extremely helpful to other people. Right? It's so much a personal fit. So, it's not that we can't know in advance and in a sense, when we see a new person, a new therapist, like when you're going on a first date, you can't know whether it's going to work. But when you meet them and you work with a therapist over a couple of months, hopefully over a couple of months, you'll see. Are your symptoms dropping? Are you feeling better? Are you feeling understood? That should give you a sense that you're getting closer to your goals. But as you know, research shows that if you're not finding some kind of improvement within 7, 8 sessions, most likely you're not going to improve with that therapist and it's time to have that conversation with the therapist: 'Look, what we're doing isn't leading to improvement. What do we need to do differently? What do I need to do differently?' And a lot of time we therapists are uncomfortable having that kind of honest conversation. There was a therapy I had that wasn't particularly helpful. I really didn't have the courage to ask...

Dr. Dave: I was going to say that the client would have to be pretty together to be able to come out and say that.

Jon Frederickson: Exactly! And that's why I think honestly, it's a little bit more us therapists, cause I remember in my own experience, I did not have the guts and I was a therapist. I'm supposed to know better. I'm a therapist. Well, not! I didn't have the therapist I should've had as a therapist. I didn't, you know [laughs].

Dr. Dave: Yeah.

Jon Frederickson: So I think it really rests with us therapists to say 'Hey, you know, we've been meeting for a couple of months. Are you feeling better? Are we making progress? And if not, let's talk about why that's not happening, so we can figure out how to work together more effectively.'

Dr. Dave: I'm not sure how this is relevant, but something that popped into my mind was arranged marriages where people don't know each other at the time, they haven't dated and sometimes, they work marvellously well.

JF: Yeah.

Dr. Dave: I hear! [laughs].

Jon Frederickson: No, no. I've taught to India so I've seen it. It works.

Dr. Dave: Yeah.

Jon Frederickson: But not all the time. And there's no reason we should feel stuck in these arranged marriages if they're not working, especially with Tony, I think you know, he's really recommending people use some kind of measuring instruments, you know, like OQ-45, because a lot of times we think the alliance is much better than it actually turns out to be. And the OQ-45 is a great way for us to see 'Wow! My patient isn't progressing according to the symptom check. Let me check in with the patient, let's see what's happening'.

Dr. Dave: Is that the OQ-45?

Jon Frederickson: That's right.

Dr. Dave: What does OQ stand for in case somebody wants to look it up?

Jon Frederickson: Outcome questionnaire.

Dr. Dave: Ah, ok. You know, in speaking with Tony in previous interview we did talk, make references to the research that's out there. There's been a lot of research on the key ingredients of effective therapy and one of the things that's emerge is that it's not so much about the school of therapy, it's not so much about psychoanalysis vs. Cognitive-behavioral therapy vs. gestalt therapy. What do you see as main variable in what in therapy works?

Jon Frederickson: I really go back to Weinberger study. The thing he found is that if we face what we usually avoid, we're going to make progress. I mean if I was

to come down to one thing... cause... why are we ill? You know, it's like the title of my book 'The Lies We Tell Ourselves' which are basically defences. So the theme of the book is we become ill because of the lies we swallowed or the lies we tell ourselves, right? And so we're avoiding certain feelings, experiences or conflicts and so how do we come well is we face the truth which is facing what we usually avoid: facing those feelings, facing conflicts, facing certain people. So in a sense the most basic thing we could do is face what we usually avoid.

Dr. Dave; You know, earlier you were talking about compassion. With you I get somewhat the sense of the Iron fist in the velvet glove... that you... you are compassionate but at the same time, it's not a sort of squishy, automatic compassion, but rather that you really are willing to be confrontive when that's necessary.

Jon Frederickson; Absolutely! You know, I was just... I can think of a circumstance where someone did not want to become an adult and kept a little blanket with her all the time, you know.

Dr. Dave: Really, that...

JF: Yeah, a blanket with her all the time, didn't have any relationships, talked to her blanket, had a relationship with her blanket. And I get that. I mean every one of us who's listening gets it, I mean every one of us wishes at times that we could be a kid. Being adult is totally overrated at times.

Dr. Dave: Yeah.

Jon Frederickson: You know, paying bills, mortgages, conflicts, getting fired, having to support a family... I mean, it's tough. It's not easy. Every day, we can think at times 'wouldn't that be nice to be a kid?'. So in that sense, my comment is just like: 'Yeah, I understand. Who would want to face reality?! I'm not a big fan of it myself! I've been a major avoider of reality, so I'm in no position to judge. So in a sense, I come across it and say: 'Look, I'm in no position to judge. I've been a major avoider myself, you know. I totally get why you want to avoid it'.

Dr. Dave: But...

Jon Frederickson: '...But then we have to see if you avoid it, this mess is happening', you know. So in a sense, like you're saying, it has to be both: there is his tough truth, but we have to have tremendous compassion because we homosapiens, we are not just big fans of truth!

Dr. Dave: aha.

Jon Frederickson: You know it's like... I quote that Roman theologian Tertulian who says: "our first response to the truth is hatred". And I get that! I mean... people have told me a lot of things that were true and a lot of times, I've been less than a receptive or grateful. And I'm very grateful in the end that they told me these things but yeah, it's not easy facing. I never found it easy to face truth. That's why when people talk about therapy, I don't see why it should be easy? It was never easy for me.

Dr. Dave: Yeah. Having raised four kids and now having four and almost five grandkids, it's really been clear to me how instinctive it is for us to avoid the truth and make up plausible explanations.

Jon Frederickson: Yeah.

Dr. Dave: 'Hey! Who slipped peanut butter all over the floor?!' 'It just jumped off! I don't know! It just jumped off the shelf!' [both laugh] you know, just early on. I mean, that's what kids do! That's what we all did and put a veneer over that at time goes on.

Jon Frederickson: And also we treat people as if they can't handle the truth, you know. People say... it's like I talk about in the book where this woman has a patient who's got cancer and she's dying and she's afraid to explore that and thinks it'll be too much for the patient and I said: 'well, I don't think it can be too much for the patient because, you know, this cancer didn't ask if it was too much'.

Dr. Dave; Aha.

Jon Frederickson: You know, I had that experience a couple of years ago. I was diagnosed with cancer and it's like, you know, cancer didn't give me a call a couple of years early and say: 'Hey Jon, We were concerned it might be too much

for you so we wondering when to schedule it and how we should arrange delivery!', you know. It's just... life doesn't work that way. Life comes at us, whether it's too much or not. That's what I think of it like tag. Remember playing tag and saying: 'well, you're it', you know. I think tag really kind of was preparing us for life. It's like life is always chasing us and we're tagged.

Dr. Dave: Did you find that you wanted to be able to talk about cancer when you were dealing with that? Did you want people to, somehow, broach that?

Jon Frederickson: Ah, I certainly brought it up to people, you know, who're good friends of mine. I certainly did, absolutely. Not that I recommend this, by the way. It was a very good wake up call. I mean I think if you're going to wake up, try to wake up some other way with a therapist, not wait for cancer to do it for you! But it was a very good wake up call. It was like 'Hmm!' I could be gone soon. Obviously, a lot of things I thought as important are not as important as I thought they were, even I'm not that important. Looks like the world will get along just fine without me. I mean these are very nice truths but they are true and it was a very important and healing experience to face these truths.

Dr. Dave: Yeah.

Jon Frederickson: And life is always giving us opportunities to get healed.

Dr. Dave: Right [both laugh]. Anybody who's done therapy has had the experience of clients who come in, they're talking about their husband and how it's the husband's problem or is the wife's problem or it's the boyfriend or it's the kids. What's your take on that?

Jon Frederickson: Well, look, I mean... everyone of us loves blaming people for our difficulties. I'm a world-class blamer. I could go to the Olympics [both laugh] and we all like to blame others for problems. So it's just, it's just human. The problem is just a big waste of time because when we blame others, we imagine they're causing our problems because we don't see what we're doing that are actually causing our problems. That's one of the things I talk about in my book *Co-creating Change...* on externalization, you know, precisely because we don't see how we're creating our problems, we don't see it. We need to make sense of it and since we don't see how we're creating our problems, we assume somebody

else must be doing it. So in a way, that's where therapy can help so you see how what's you're doing that's creating your problems. I think the other big problem is when we blame other people for our problems and we wait for them to change, we make ourselves the hostage of their neuroses. Let's suppose someone really does have troubles. Let's suppose they're really neurotic and we're waiting for them to change. Well, we're making ourselves the hostage of their neuroses. In that sense, we're saying: 'I'm not going to change unless that person changes'. As I tell people: 'well you better hope the Buddha's right and we've got ten thousand lifetimes' because, you know, in my experience, waiting for other people to change would be a very long way.

Dr. Dave: Yeah.

Jon Frederickson: It's actually a secret form of self-punishment.

Dr. Dave: I want to go back to what you said earlier when you said that you discovered that as you were, I guess, watching the video of a session that you had done that you caught yourself doing something that was important learning for you. Can I press you to say what it was that you discovered at this point in your career?

Jon Frederickson: Oh yeah, yeah. He was accusing me of being sadistic and getting sadistic enjoyment of his difficulties. And I had... I couldn't hold their projection and I could see I tried to correct and to clean off the projection and so on and so forth which with some patients you should, with him, I shouldn't have. So I did realize 'Ok!, you know, the learning curve continues'.

Dr. Dave: You mean that you were defensive? Is that what you're saying?

Jon Frederickson: Yeah, yeah. I got defensive. There it was!

Dr. Dave: Pretty hard not to but it's one of the things we all got to learn.

Jon Frederickson: Well we don't have to, but it's a good idea [both laugh]. But you know, what you're touching on, you know, since I video-taped my work then every week, you know, I take some time out to look at the videos because when I'm looking at the video of a case where I'm in trouble, I want to see... Ok, what

am I seeing? Cause then I can look and say: 'Oh! I was missing this. Somehow my reactivity or my defensiveness is coming up here. What's that about? How are they differently?' There's also another thing. I think a lot of people think once you graduate, somehow you know enough. Now once you're in this field, you're an eternal learner. I mean, people are...

Dr. Dave: Aha.

Jon Frederickson: I don't know what your experience is. My experience is 'Gosh! This feels so vastly more complex than I ever imagined at the beginning'.

Dr. Dave: Yeah, yeah. It's very complex and there's so much that happens in any interaction between people. There's what's said but there's what's not said. There's the body language, there's the unconscious of two people. There are the ghosts in the room, right?

Jon Frederickson: Yeah! Watching the video and seeing how your own unconscious stuff got kicked up so... Oh, how about that?! You know.

Dr. Dave: Yeah. I know when I talked with Tony about his book on the importance of deliberate practice, seems like it takes tremendous courage to do that and he discovered that it was hard to keep himself motivated because it was painful and it put me in mind of when I was taking some kind of class at a gym that involved lifting weights and the idea was you lift until your muscles fail.

Jon Frederickson: Wow.

Dr. Dave: And I found it harder and harder to make myself go. That was such an unpleasant experience.

Jon Frederickson: Absolutely! Well, you know, my previous profession, you know, was a professional musician. So I was used to practicing three hours a day which requires discipline. But I have to say it's actually far more difficult with a therapist because the thing is not just that you're seeing mistakes, you're seeing things about yourself. Like I had to face the fact, you know, that I was unable to bear that projection, I have some difficulty with that issue and this guy suffered a little bit as the result. I mean, if I miss a note in my practice room, nobody notices

but, you know, it's more painful for us because, in a sense, we're not only learning skills, we're developing ourselves as persons. We're learning about our weak spots. We're learning about blind spots. Someone else is pointing our blind spots to us, right? And they see our blind spots. So the supervisory process is inherently quite narcissistically injurious, right? [both laugh]... for the supervisor to have the courage to look and instruct in supervision but also to have great compassion with the supervisee. I remember I was in supervision with Patricia Caughlin for a number of years 'Oh my god! I'll be so depressed after these supervisions!... Oh god, this mistake or that mistake'. And she was simply telling me the truth and I'm glad she told me, but it's very hard for us and that's why a lot of people don't continue supervision, they don't continue with group supervision, cause it's group learning about ourselves. I mean, I had, you know, every time I learned something I have the fantasy of how I like to be and then there's how I actually am and only one of those is true [laughs].

Dr. Dave: yeah.

Jon Frederickson: Supervision or looking at your tape is a constant reminder: 'Oh, yeah! The fantasy just took another hit today. It's crumbling a little bit more'.

Dr. Dave: Oh boy [both laugh]. Yeah. You have to make sure you've got good resources in your life to keep yourself propped up a bit.

Jon Frederickson: Oh absolutely! And I think it involves, having had a good supervision, I think a lot of it also involves, you know, developing self-compassion and as I talk about in the book is really, radically accepting ourselves the way we are. Now, would an ideal therapist have had trouble with our projection? No! But that day, I wasn't an ideal therapist in that moment with that patient and, you know, learning to accept that... You know, 'perfect' is an idea and then there's 'us' and we're real. There's no reason I should be perfect and there's no reason anyone listening to this should be a perfect therapist. And often times, we get caught up thinking we should be perfect or have an idea an idea we're perfect, rather than facing our imperfection and learning from it and by embracing our imperfection, being able to embrace having imperfect patients.

Dr. Dave: That's an interesting edge of somehow sidestepping denial which is somehow a reflex, sidestepping denial by seeing, being willing to see and look and then to accept despite that to have self-compassion, saying 'Ok, I goofed up!.

Jon Frederickson: Yeah.

Dr. Dave: But it doesn't mean I'm a failure. It doesn't mean I'm a bad person, etc.

Jon Frederickson: No. It means I fail at times. Sometimes, I have a bad therapy session. Doesn't mean I'm bad but I definitely have the capacity to create a bad therapy session. I can do it. I've done it. It may happen again in my future. It's just embracing that we're human, you know. It's like we're back to your initial question, you know. A lot of us come into therapy with the idea that we should become somebody else, become something else, get purified and so in a way, it's kind of like sort of an ethnic cleansing of ourselves as if we need to get rid of aspects of ourselves and really, it's a matter of really embracing ourselves. We will always have mixed feelings. We will always make mistakes. There will always be flaws. But it's really embracing radically our humanity as we are, rather than engaging in this perpetual self-torture of having a fantasy of what we think we should be, being ourselves every time we fail to be not us, every time we fail to be not real, you know. This I find is very common form of self-torture where therapists beat themselves up for not doing ideal some kind of therapy whether it's ideal analysis or CBT or whatever. It's not your job to be perfect, it's your job to be real.

Dr. Dave: It's really nice that there are some therapists now such as yourself and such as Tony – I'm sure there are others out there – that are saying something like this because when I was in graduate school, the books that I read seemed to be written by towering figures of perfection.

Jon Frederickson: Yeah, I think... two things. We're always going to idealize people, you know, because it's always worth to have some ideal person. Otherwise, we'll have to face that person's human too. I'm human and we'll have to face the fact Wow! This is a real drag. I'm going to have to accept reality which includes me. I was very hopeful that I didn't have to accept me as I was. That there'd be somewhere that'd convert me into not me, this fantasy, and then I'd love the fantasy so much, then I can love myself if I become the fantasy.

Dr. Dave: Yeah.

Jon Frederickson: You know. I tried it. It just never worked. I kept showing up instead of the fantasy [both laugh]. And that's always happening and most of the time, people think that's a mistake that reality shows up instead of their fantasy. And I think, you know as therapist, there's a message to patients. It's such an important message to convey. There are not so much to change people, but to help people embrace who and how they really are.

Dr. Dave: Yeah, yeah.

Jon Frederickson: And you know, sometimes it depresses people like, you know, I had tremendous amount of abuse in my background. So there are situations where I'll be a little more startled than some people. I might be a little more reactive than some people. That's just my conditioning. Now, it's far less than what it was forty years ago but it still can come up, you know. And a lot of times, people are hoping: 'But I want the purification. I want this ethnic cleansing, rather than embrace all these parts of myself that I and my family and other people rejected'. You'd have to think of... childhood was the divorce of all your early life and therapy is really the home coming. Everything comes home now.

Dr. Dave: Would you say that the goal of therapy is not necessarily the elimination of symptoms, but more the self-acceptance and a willingness to live with them and accept them? Is there a kind of balance there?

Jon Frederickson: I think it depends with the severity of the illness. I think a lot of patients can definitely hope for an elimination of their symptoms like depression, certainly symptoms like chronic anxiety and that sort of thing for sure. The fact that under stress you'll be a little more reactive, sure that can happen under more stress. The idea is 'yes, you can eliminate most of your symptoms for sure, depending on the severity of the illness'. Again, you know, we know that with psychosis, some people have really great outcomes and some not so great, right? But, you know, you have to give it a try to see what's possible. And I've know people who've been psychotic and they've got just a whole lot better, you know, like normal people... quite a bit better but, you know, symptoms and quite a bit of reactivity. But their life's a lot better. And that's a fairly honorable result.

Dr. Dave: one of your chapters is provocatively titled 'Die Before You Die'. What are you getting at there?

Jon Frederickson: The thing is there's of course physical death, but there's a kind of psychological death which involves letting go of certain fantasies we have about how our lives should be, about how others' should be and importantly, how you should be. And in a sense, those lies about ourselves, these fantasies we have about ourselves, about being perfect, flawless...you know, I've heard people say they've never actually had a treatment failure. That's a really big lie to deal with, you know.

Dr. Dave: Right [both laugh].

Jon Frederickson: You're never going to hear that from me. You hear it from me, send me to the hospital. But you know, there are lies we tell ourselves and those lies have to die, so that we could be reunited with the truth, with reality. So in a sense, these lies would have to die before the physical death. We tend to worry about physical death a lot but the often times what happens, you know, when you don't get a job or there's a divorce, someone's had an affair or someone betrayed you, I mean all of a sudden, there are illusions you had that are now exposed and it's so painful, you know? It's like a patient of mine... she was saying I just want to kill myself. I said 'of course. You want to kill yourself, rather than experience the death of your childhood. You've been waiting to have a childhood you didn't get and you're forty and it's never coming. And I can understand that. I can understand completely wishing that you could've had the childhood you wanted in your adult life. And I can see that rather than have the funeral of that childhood that you'd rather kill yourself rather than experience this death'.

Dr. Dave: I would imagine that really have some impact for her. Did she take that in?

Jon Frederickson: Yeah. She said she felt shellshocked. You know, it's not like I like saying these things. In a sense a person could think I am cruel in saying that. It's not that, but reality is so cruel to our fantasies. I wish she could have a better childhood than the one she had. It was terrible. But we only get one and we she could have it. But that's fantasy. Reality is so cruel to our fantasies. We can think

the therapist is cruel but reality is incredibly crueler than fantasises we're having to remind the patient of reality, so we can find a way to grieve these losses and mourn the deaths of those fantasies and then embrace the truth and have the life we can. Find a way to live into the truths and live into reality and it's not always easy.

Dr. Dave: What about therapists in the media? In the movies, TV shows and so on? I imagine there are misconceptions that are fostered by some of that. I wonder if anybody comes to mind in having done a pretty good job of accurately portraying a therapist. I'm thinking of the therapist in 'Good Will Hunting' that Robin Williams played.

Jon Frederickson: Yeah. I thought that was a beautiful, beautiful example.

Dr. Dave: I did too. And what about... go ahead.

Jon Frederickson: You know, we have other times. Sometime you'll see in a movie some therapist who just intellectualize or even remain in silent, and so, it makes therapy look like it's a crossword puzzle and you're looking for the clue to thirty five across or sometimes, therapy will be presented in a way... sometimes book come out about therapy where it looks like everything came down to an event when someone was thirteen. I don't know. I don't know about you. I've never run across a case like that. There's very simplistic ways as if it's like one insight or something alike.

Dr. Dave: Yeah, yeah.

Jon Frederickson: And one of the things I think is that people have a very big misunderstanding about insight. Hey imagine that insight is when I offer an insight to you. But actually, insight is where we create a new experience for the patient where the patient experiences something deeply inside herself and an insight occurs within her. So for example with this woman with these painful experiences, we looked at things together but down the point, she said something I never said. She said 'you said' but I never said it. She said 'so you're saying that I have to give up this blanket and I have to mourn the loss of this childhood cause as long as I rely on this blanket, I'm not going to be relying on my and if I keep doing this, I'm not going to get better'. That was her insight. That's what she said.

Dr. Dave: Yeah.

Jon Frederickson: Now, I didn't say that because she said you said because she's having trouble owning this was really her insight inside her. But it doesn't come from me to the patient, it comes from within the patient. So, you know, when it comes from outside, it's an outside, a cure from outside. Only the patient can have, really, a sight from inside. And we end up talking to patients, talking at them, rather than facilitating experience. You know, there was Frieda Fromm-Reichmann who said: 'the patient doesn't need new insight, they need a new experience'. Because it's from the experience that the patients tend to know themselves in a new way from the inside.

Dr. Dave: And now we're even getting some neurological evidence, suggesting that an emotional experience can, sort of, re-imprint memories in the brain, can create a new outlook, if you will.

Jon Frederickson: Absolutely! You know that fabulous book by Claus Grawe 'Neuropsychotherapy'. It's the greatest book on neuroscience and therapy in the whole field last ten years.

Dr. Dave: I'm don't know that one.

Jon Frederickson: Oh. It's just a fabulous masterpiece. Really, it's one of the best books in last ten years.

Dr. Dave: What's his name again?

Jon Frederickson: Claus Grawe. That's called 'Neuropsychotherapy'. Really a book. And one of the things he did, he said let's take a look at research outcome, you know, when do patients get better and we learn patients get better if they face what they avoid. So he learned that, like behaviour therapy, has good outcome cause patients have to face indication of behavior they avoid. He found that emotion-based therapies get well. So that he said what we're seeing is that if therapy is addressing the lower parts of the brain, you know, emotional behavior is addressing lower parts of the brain, you're going to have enduring change cause that's what's driving everything. It's these unconscious systems of behavior and

affect. And so I thought it was just very interesting, you know. From there, we could see very clearly now that he puts the research interestingly together.

Dr. Dave: Yeah, yeah. Thanks for that tip! Maybe I'll try to interview him.

Jon Frederickson: Well unfortunately, he passed away.

Dr. Dave: Oh!

Jon Frederickson: So unless you have particular...

Dr. Dave: I'd have to go to a psychic and have him channeled.

Jon Frederickson: There you go. I'm sure you're could find someone who'd be willing to channel him [both laugh].

Dr. Dave: I missed that opportunity. In the last chapter of your book another really poetic thing you say 'truth is an ocean, theory a cup'. Pour some water on that and expand it for us [laughs].

Jon Frederickson: Well, you know, in psychotherapy training we're generally not thought how to do therapy, we're taught how to think about patients and we're taught how to intellectualize about patients and we're taught how to make stuff up about patients based on this theory or that theory. And we tend to believe certain theories but we forget that a certain theory is just a symbol. It's not reality. It's like when we look at a map, you know. If we look at a map of Marin County, we're not going to confuse it with Marin County, right? There's a map. It's a symbol and there's the symbolized: Marin County. Same thing! Theory is just a map! But the human person is so complex that no theory... the theory is just the equivalent of a cup to hold the ocean out of a person. So it's very important that, you know, I teach particular model of therapy, but I'm always telling my students it's important to know the theory well but hold it very lightly. Because we have to hold it very lightly to be prepared for information that come toward us that doesn't fit our preconception. We tend to idealize therapy rather than understand it's a tool. I oftentimes make the analogy it'd be like if a carpenter was at a conference of carpenters and he said 'I found a tool that will do everything. It's the screwdriver!' Everyone think 'well, that's ridicules', right? But among us

therapists, it's not uncommon for someone to say 'this theory explains it all!' There's no theory that could possibly explain it all. Theories are marvellous tools as long as we remember that they're tools, that they're maps and so in that way, I think it's very important because it's easy for us to have these turf wars about what's the best therapy theory and instead of understanding that every theory is inherently limited as every map has to exclude a lot of data in order to have a map. That's not the territory.

Dr. Dave: Yeah. Yeah. As we wind down here, well, let me ask where you see your work going in the future if you see anything on the horizon rather than more of what you're doing?

Jon Frederickson: I have no idea really. My work always surprises me as it goes along. One big thing I'm working on, I'll have a new website coming up soon called 'deliberate practice in psychotherapy' which is going to have skill-building exercises cause I realized that in psychotherapy, unlike in music, we don't really have a set of skills and how to practice skills, so you can learn how to deal with certain kind of problems. So in music, you have what we call etude books. And they have a whole bunch of studies that teach you how to do intervals, different scales, different rhythms, different kinds of melodies and they build up in stepwise fashion so that eventually, once you've learned the skills, you can do a Mozart sonata or that you could do an even more complex piece. And so what I'm doing is I've been developing exercises for, at this point, a hundred different therapy skills.

Dr. Dave: Great.

Jon Frederickson: And this is going to work on skills having to do with fragile patients, how to regulate anxiety, how to address denial, how to work with projection, how to deactivate projection in session, all kinds of things like that. And so, it'll be just like a language thing with the tape where people can learn this... I think I have sixty two skills on this next package coming out and hoping to just come up with a tone of skills so people have a practical way, even if you don't like looking at your video, at least you could do some skill-building exercises that would enhance your skill. And I'm very excited about it because we did a research study this last year at a drug rehab center and after ten weeks

with this group of therapists working in rehab center, we brought their dropout rate from forty percent to twenty three percent.

Dr. Dave: Wow! I think that's such an exciting direction that you're going and having a resource like that. It's going to be a wonderful contribution to the field. So I think I need to wrap things up here, so I want to thank you Jon Frederickson for being my guest once again on Shrink Rap Radio.

Jon Frederickson: Well, thank you so much. I appreciate being able to talk about the lies that we tell ourselves.