Many people who struggle with self-injury find that meeting with a therapist is helpful. Unfortunately, there are many misconceptions about who goes to therapy and what it is really like. This factsheet is dedicated to dispelling some of the common myths surrounding therapy.

**MYTH!** Only crazy people see therapists.

We often imagine that only people who have experienced a lot of trauma see therapists but this has changed, especially in the last 20 years. Today many people living “average” (or “normal”) lives see therapists because the stress of even everyday problems can become overwhelming at times. Therapists are trained to understand human feelings and behaviors and for this reason can serve as invaluable resources in treating and resolving the issues that lead to self-injury and other damaging behaviors.

**MYTH!** The past is the past, and you should be over it already.

History actively informs the present. How we make meaning of our past helps us understand how we make meaning of our present. In order for someone to improve the present, a person must make sense of his or her past in a way that helps positively shape the course of his or her future. By recognizing patterns from the past, a person can learn how to make more positive choices, cope with adversity, and better overcome obstacles as they arise.

**MYTH!** Someone who does not know me cannot help me.

The fact that a therapist does not know a person is exactly why a therapist can help! A trained therapist has no personal agenda whereas a family member’s or friend’s history with you might bias their perspective and the help he or she can lend. Someone who does not know you will bring a fresh perspective to your life and challenges. Honestly sharing your feelings and
perspectives with family and friends can still be helpful – and being honest with the people in your life, including yourself, is exactly what a therapist can help you do.

**MYTH!** Therapy is too expensive.

Sessions with a private therapist are undoubtedly expensive. But not getting therapy is even more expensive; it robs someone of the life he or she could be leading. It is also important to note that in October 2008, The Mental Health Parity Act was signed into federal law. This means that starting in January 2010 insurance companies are required to cover mental health challenges with the same generosity as they cover physical illnesses. Additionally, for people living in New York State, under Timothy’s Law, health plans for employees with 51 or more employees must have unlimited coverage for “biologically-based illnesses,” including major depression, bipolar disorder, and eating disorders. If a person is under 18, self-injury is covered in its own right under this legislation. Some therapists also accept payment on what is called a “sliding scale,” meaning that they will work with their client to determine a fee based on his or her income. In other words, there are several options that make therapy affordable.

**MYTH!** Everyone will know I am seeing a therapist or therapy will affect my ability to get a job, apply for a loan, etc.

The law requires that therapists maintain confidentiality, meaning that they are barred from talking with anyone about what was discussed in therapy sessions. The only people who will know that a person is seeing a therapist are those people that the client tells. In fact, often people who benefit from therapy find themselves wanting to share their experience with others.

**MYTH!** Therapists are analyzing everything you do and say, looking for things that are “wrong.”

It is true that a therapist will pay close attention to you because observing you is part of how he or she can learn more about you and begin to help you help yourself. Therapists are not, however, hovering over you and waiting to catch you in some way. Their job is to figure out the particular ways that a person translates his or her thinking into doing. As a part of their job, they will notice the ways in which you make life difficult but they will also notice and help you notice your strengths. If you talk with a therapist who does otherwise you do not have to go back. It is important to work with a therapist with whom you feel comfortable.

**MYTH!** My therapist will tell me what to do.

Each person is the expert on his or her own life. The role of the therapist is not to tell someone what to do, but to help a person better understand his or her thoughts and feelings in order to solve his or her own problems.

**MYTH!** Once a person has completed therapy, there is no way it will ever be needed again.

Because the context of life is always changing, one may need or choose to return to therapy to learn and practice new coping skills. Someone may return to therapy in order to stay on track for recovery from self-injury or to cope with other issues. It is important to realize that this does not mean a person has failed. Change occurs in stages and it is common for people to move back and forth between stages on the path to recovery. For more information on the stages of change, see the CRPSIR fact sheet with information for parents (http://www.selfinjury.bctr.cornell.edu/userfiles/File/Parent%20REV.pdf).

**MYTH!** All therapists will be a good match for every patient.

Just as everyone has their own personal way of doing their work, every therapist has his or her own style and approach to therapy. It is absolutely essential that a client feels comfortable with his or her therapist. Because of this, many therapists provide the first session free or at low cost to allow both the client and therapist to decide whether or not the therapeutic relationship is a good fit. For someone to share his or her personal thoughts and feelings, he or she needs to feel safe and at ease with the therapist. If a person feels like he or she must lie or misrepresent his or herself to the therapist, it is probably an indication that the therapist is not a good match. For tips on finding and selecting a therapist, please see http://www.selfinjury.com/referrals_findatherapist.html.

**MYTH!** Therapy does not work or it will take...
YOU DECIDE how long you would like to remain in therapy.

years to sort out my issues.

You decide how long you would like to remain in therapy. Most therapists are able to provide effective short-term therapy, which generally lasts between 8 and 20 sessions (usually one session a week) and focuses on specific problems and goals. Longer-term therapy can last for a few months, a year, or longer and is typically focused on how your personality and family history influence the behaviors you are trying to change.

MYTH! Therapy will “cure” a person.

The willingness to seek help is a sign that a person wants to better understand oneself and life. Typically, however, a person must be willing to invest in self-care, self-reflection, and time to overcome the issues one brings to therapy. Ultimately, therapy is only helpful when the person going to therapy becomes ready and willing for it to be helpful. Therapy provides an opportunity to gain insight into oneself as well as to develop skills useful in facing the difficulties that bring someone to seek therapy. It is up to therapy clients to use these thoughts and skills in their day-to-day lives beyond the therapy session.

For more information on therapy, see Therapy: What to Expect

http://www.selfinjury.bctr.cornell.edu/factsheet_therapy_whattoexpect.asp

Special thanks to Wendy Lader and Barent Walsh for their contributions to this factsheet.

FOR MORE INFORMATION, SEE:


References

http://www.lifespring.co.uk/some_myths_answered.htm
http://www.huffingtonpost.com/joyce-mcfadden/10-reasons-not-to-feel-em_b_86519.html
http://www.stchas.edu/students/mentalhealth/MythsofTherapy.shtml
http://www.helium.com/items/338714-common-psychotherapy-myths
http://www.therapysandiego.com/what_to_expect.htm
http://thetherapyandcounselingblog.blogspot.com/2008/05/what-to-expect-in-your-first-individual.html
http://self-injury.net/stopping/therapy/

Suggested Citation


This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.