

# SUMMARY

BY ALYSSA BURNETTE

## MAYBE YOU SHOULD TALK TO SOMEONE

BY LORI GOTTLIEB



# **Summary of “Maybe You Should Talk To Someone” by Lori Gottlieb**

**Written by Alyssa Burnette**

What one therapist learned from her therapist.

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# Introduction

If a therapist has problems with their mental health, do they diagnose themselves? This question sounds like a joke-- similar to jokes about the hairdresser who cuts her own hair or the lawyer who represents herself in court-- but the author's experience is no joke. Being a therapist on another therapist's couch is a uniquely weird and thought-provoking experience. And in the author's case, it completely transformed the way she thought about herself and her profession. Over the course of this summary, we'll learn more about those insights and how you can apply them to your own life and understanding of mental health.



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# The Stories We Tell Ourselves

When a person makes the decision to go to therapy, it usually feels like a watershed moment. You've acknowledged that something is wrong and now you're seeking help! It's definitely a step in the right direction. But it might surprise you to know that that moment isn't quite as "complete" as you might think. Here's what the author means by that phrase: when you make the decision to go to therapy, it's prompted by your acknowledgement of a problem. But the situation isn't quite as simple as saying, "I know I have depression and now I'm going to get help for my depression." That might sound like a nice, complete summary of your problem, but the author's experience has shown her that our experiences with mental illness can never really be packaged in a tidy little summary. In fact, the moment you think you've identified your problem is actually the precursor to realizing that your problems are deeper than you think.

That might sound alarming, but don't worry! In fact, this is actually quite similar to the reality of most physical problems. For example, let's say you go to the doctor because your nose feels stuffy, you're congested all the time, and you've lost your sense of smell. You feel like you have a cold, so you see the doctor because you're hoping she can prescribe some powerful decongestants that will help you feel better. But when the doctor examines you, she finds that your congestion is actually a symptom of a bigger issue that will need more than just a decongestant. And the same is often true of therapy.

In the case of the physical health problem, your congestion is what the medical community refers to as "the presenting problem." This is the problem you're presenting to the doctor as evidence that you don't feel well and you need some help. The presenting problem can also be thought of as a type of story. This story is what we tell ourselves to identify and cope with our problems. For example, you might tell yourself, "I'm going to the doctor because I have a cold." Similarly, if you went to a therapist because you're feeling depressed, your depression would be the presenting problem or the

story you tell yourself. However, the presenting problem isn't always the full story. It's great that you're aware of this problem and it's even better that you're seeking help. But your presenting problem also means that it's time to do some more work to reach the heart of the matter. This is what the author tries to do for every patient she sees. For example, when a successful Hollywood producer came to see her, he thought his symptoms were fairly simple. He told her that he was having trouble sleeping, that he was stressed all the time, and then he often argued with his spouse. Because of these symptoms, he was expecting a simple answer; essentially, he wanted the author to give him a quick fix that would help him sleep and be less stressed.

In his mind, his story was simple; he was telling himself, "I'm going to a therapist because I'm stressed and I can't sleep." But of course, that quick fix wouldn't be helpful at all. In fact, it would be the therapeutic equivalent of putting a band-aid on a broken arm! The author understood that if she wanted to help him, she had to look past his presenting problem and find the real issue. However, throughout the course of their therapy sessions, her client was often rude, belligerent, and unhelpful. He was disrespectful, he made offensive jokes, and he seemed unwilling to put in the work that was necessary for him to really be well. Fortunately, however, their sessions finally helped him to achieve a breakthrough. He realized that all of these behaviors were also symptoms of a larger issue; he was being flippant and disrespectful because he was afraid of being vulnerable with himself or with his therapist.

A year into their sessions, he revealed that his mother had died in a car accident when he was six years old. Years later, in a horrific stroke of irony, the patient himself was involved in a car crash that took the life of his own six-year-old son. The tragedy was too horrific for him to cope; he needed professional help to work through the loss. But because he was so devastated and guilty, he felt unable to open up about his problems. Instead, he had spent years masking his grief and pretending he was fine. As a result, his unresolved anguish manifested in other ways-- like his insomnia and his fights with his wife. But after a few years of working with his therapist, he was able to acknowledge his pain, be vulnerable and open, and learn how to

process his feelings. And eventually, once he worked through these feelings, he was stable enough to learn some positive coping mechanisms that helped him cultivate a better life.

This patient's story is a success because it demonstrates that therapy can help us to work through our darkest and most painful inner fears. But it's also a powerful reminder that our presenting problems only tell one side of the story. Usually, the problem is much deeper than we are able to acknowledge and it's important to be open, vulnerable, and willing to work through that. The author already knew all of that through her experience as a therapist. But nothing drove the message home like being forced to learn that lesson herself.



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## Breaking Barriers

Just like her patients, the author had her own narrative about her presenting problem. And-- ironically-- just like her patients, she thought she knew exactly what her problem was. She also felt confident that the symptoms only went so deep and that she could find an easy fix with a little bit of therapy. In retrospect, she finds it interesting that, even with her background in therapy, she was still unable to see her own blind spots! This discovery was the first and most important thing she noticed in her transition from therapist to patient. As a therapist, she assumed that she could correctly assess her own problem and identify the deeper issue behind it. But when she realized she was wrong, this provided her with a new insight about how to reach her patients. Having experienced their lack of self-awareness first-hand, she found that she could connect with her patients by genuinely saying, "I've been there!"

So, what was the author's deeper issue? Well, in her case, she sought the help of another therapist after a traumatic breakup. Although she had been through multiple breakups throughout her life, most of them had ended amicably. As a result, she had not been excessively upset about the end of each relationship. This breakup, however, left her absolutely devastated because it involved two uniquely heartbreaking factors: a man she had planned to marry and an unexpected revelation. Although she had spent the past two years assuming that they would spend the rest of their lives together, her plans suddenly evaporated when her partner announced that he wanted to end the relationship. This decision came about when her partner experienced a personal revelation. He knew the author was a single mother with a young son; he knew her son well and had been intimately involved in his life. In fact, for all intents and purposes, the author, her son, and her partner were a family.

But as he contemplated the prospect of marriage, the author's partner realized that he wasn't ready to be a father. It was one thing to date a single mother, but if they were married, he would more or less be this child's father.

And he just wasn't ready for that type of commitment at this point in his life. So, even though it was a difficult decision to make, he felt it was best to call off their relationship now. If he waited later, it might be harder and more traumatic for all of them, so it seemed best to be honest right now. Unfortunately, however, he had never mentioned this before. The author had no idea that the prospect of fatherhood might bother him in the slightest. As a result, she was blindsided and completely devastated when he made his announcement.

And as her mental health began to deteriorate, it was easy to blame all of her problems on her breakup. Just like her movie producer client, she believed that her anger, irritability, and sleeplessness were all symptoms of one clearly identifiable issue: the breakup. She also felt that all of her problems were her former partner's fault. If he had not been so insensitive, if he had not abandoned her and her son, she felt that everything would be perfect. She would have been in love, happily married, and devoid of all the problems she was experiencing now. But, of course, this was not true for her any more than it had been true for her clients.

Even though she didn't realize it at the time, she was just as blind as her clients when she stormed into her new therapist's office and began to tell him all about her former partner. Her new therapist's name was Wendell and he listened patiently as she poured out all the details of her heartbreak. The author told Wendell that her former partner was "a goddamn motherfucking selfish sociopath." This was partly because she was hurt and angry, but it was also partly because she believed that she could explain-- and therefore minimize-- her pain if she could prove that there was something badly wrong with her ex-boyfriend. If he was a heartless and unfeeling sociopath, that might be easier for her to accept than the fact that he was a normal guy who had just broken her heart. Wendell astutely inferred that she was experiencing a disconnect between her personal and professional identities and struggling to rectify the two. She was having an especially hard time because her professional training wasn't helping her as much as she had hoped.

It became apparent to Wendell that she was hoping her knowledge of psychology would minimize the pain of the breakup. But of course, the only way to properly cope with a breakup is to accept all your feelings and learn to work through them, no matter how long and how difficult the process. So, Wendell patiently helped her to do this, even as she spent multiple sessions trying to convince him that her ex was a sociopath. Wendell refused to validate her assumptions and instead guided her toward the breakthrough that would come when she learned to accept and cope with her feelings. Eventually, the author came to the conclusion that, yes, she was sad about the breakup because she truly loved her former partner. She truly had wanted to spend the rest of her life with him. But she was also very afraid that she would spend the rest of her life alone.

Over the course of her sessions with Wendell, the author realized that her feelings were much deeper-- and much scarier-- than she had been willing to admit to herself. This is a totally normal facet of the human experience and it's something that most people have to work through in therapy. That's because most people don't like to confront their darkest and most painful emotions. It's easier to focus on our presenting problems-- small symptoms like, "I'm sad" or "I can't sleep"-- than to be honest with ourselves and confront our deepest fears. But a good therapist will encourage you to feel that fear and do the right thing anyway. And that's exactly what Wendell did for the author. In his capacity as her therapist, he guided and supported her, offered her the tools she needed to understand her emotions, and encouraged her to make healthy decisions. And in so doing, he helped her get to the bottom of her fears and find emotional stability.

Through the process of her therapeutic role reversal, the author learned a great deal about herself and about the tricks of her trade. She learned to conquer her fears and be honest with herself. And, most importantly, she learned how to be a better person and a better therapist. At the end of her sessions with Wendell, she found that she was very glad she had "talked to someone" and she was eager to put her new knowledge into practice so that her experience could help others.



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## Final Summary

You don't have to be mentally ill to go to therapy. Despite the fact that an unnecessary stigma often surrounds mental health, the truth is that therapy is for everyone. Whether you'd like to learn more about yourself and your emotions or you'd like to work through a personal trauma, therapy can help. It can even help other therapists! That's what the author discovered when a personal trauma motivated her to seek the help of another therapist.

Although it felt weird to reverse her role and become the patient, the author found that her experience with therapy made her a better person and a better therapist. Having been on the receiving end of psychotherapy, she was able to put herself in her patients' shoes and unlock new insights that she might never have discovered without this experience. As a result of this experience, she became happier and healthier and she proudly uses her experience to help others.



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