Common Five Secrets Therapist Errors

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This table will provide you with an understanding of errors that nearly all therapists make when first trying to learn the five Secrets of Effective Communication. Reading and studying this table with not improve your ability to use the Five Secrets. This can ONLY be achieved through frequent practice with feedback from colleagues. That's because most of these errors—such as defensiveness when criticized—seem to be hard-wired into our neurologic system.

Many, or perhaps most, of these errors arise from the emotional responses of therapists to conflict or criticism or failure. These responses tend to cluster in two patterns. The first pattern is "I'm no good." This involves anxiety and shame, and results from intense self-criticism. The second patter is "You're not good." These responses typically involve should statements and blame directed toward the patient.

Overcoming these two patterns may require you to do your own work on a personal Daily Mood Log. You may need some help from your therapist, a trusted colleague, or your training group.

There's an incredibly useful practice technique that will help you master the Five Secrets. In training exercises, we've noticed that different therapists tend to have difficulty with one or another of the Five Secrets. For example, the hardest technique for me (DB) to master was the Disarming Technique, because I naturally tend to have an argumentative tendency. So it was difficult, at first, to see the truth in criticisms I thought were exaggerated or unfair or off-base. I've seen therapists who've had extreme difficulties with Thought Empathy, or Feeling Empathy, or "I Feel" Statements, or any of these techniques.

As a first step, see if you can identify your "blind spot" when you practice with the Five Secrets. You may have trouble with more than one of the techniques, but you can focus on learning them one at a time. Let's say you notice that over and over again you tend to do poorly on Feeling Empathy. You can set up what I call the "Zen Exercise," for lack of a better name. Get a copy of my Feeling Words Chart, and hold it in your hand. Then ask one or more colleagues to attack you, using only one or two sentences. For example, they might say, "You're not helping me. This therapy is a waste of time!"

Your job is to respond ONLY with Feeling Empathy. You can use a formula such as, "I can imagine you might be feeling X, Y, and Z," where X, Y, and Z are words you've selected from the Feeling Words chart. For example, you might say something like this: "Wow, I can imagine you might be feeling discouraged, disappointed, frustrated, and perhaps even a bit angry with me." It will probably sound artificial, because you're only allowed to use ONE technique.

Ask your colleagues if you got it right and did a good job. If you didn't, ask them what you missed and try again.

If you did a good job, ask them to attack you again and again. After ten or fifteen iterations, you'll be really good at the technique that you found the most difficult! It only takes about ten minutes or so.

Learning to use the Five Secrets requires lots of hard work and practice. The good news is that the process of learning and overcoming your own defensiveness can transform not only your clinical work with patients, but also your personal and professional relationships as well.

Another fun way to integrate five secrets practice into your life is to pick one day of the week and designate it the day for the Disarming Technique, or "I Feel" Statements or whichever secret you need to work on. If Monday is "disarming" day, try to disarm anything that comes your way. You can disarm people in the grocery store, or your family members, or your patients, or the person who cuts you off in traffic (e.g., "You're right, I WAS driving kind of slowly, and you're in a hurry!")

Technique	Common Therapist Errors When Trying To Use this Technique	Emotional Barriers to Using this Technique Skillfully
The Disarming Technique	▪ You can't see the truth in what patient is saying because you want to be right, or because you've been trained to see the patient's criticism as "transference" or a distortion based on his or her diagnosis. ▪ You don't disarm at all (skipping this step) but instead, simply paraphrase what the patient is saying. ▪ You use disarming in words only, saying something patronizing, like "I can see why you might *feel* that way." This is a subtle put-down that implies that the patient is wrong. ▪ You use the Disarming Technique in a half-hearted way, without seeing the full truth in what the patient is saying. Skillful disarming is usually emphatic, saying things like: "you are absolutely right," or "this makes a lot of sense", or "I have to agree with you on this."	▪ Pride / shame--We want to avoid the death of the ego. ▪ Defensiveness--Our professional identity may be threatened by the patient's criticism, which implies we are not competent, or sufficiently caring, etc. ▪ Fear—we think that something bad will happen (escalation, lawsuit, gossip) if we agree with a patient who is angry and critical of us. ▪ Anger—we label the patient as the enemy, or bad, or unfair, or irrational, and want to get back at him or her. ▪ Competition—we are afraid we'll seem unprofessional or weak if we "give in." ▪ Power—you feel you must put limits on your patient's criticisms, or counter them, or else you'll reinforce the patient's negative behaviors and the aggressive statements will spiral out of control.
Thought Empathy	▪ You tend to leave out the most important parts of what the patient is saying because you didn't jot the patient's comments down, or because you want the most threatening comments to "go away." ▪ When you paraphrase the patient's words, you put your own spin on them, instead of using the patient's exact words. ▪ You add more on, or make an interpretation, based on your training or school of therapy. You may do this because you want to appear smart, or because you think you're enhancing what the patient says when, in fact, your interpretation is off-base. ▪ You paraphrase in a robotic, formulaic way, without "I Feel" Statements, so your response sounds like a gimmick or a formula.	▪ Anxiety—you feel so anxious and panicky when the patient criticizes you that you concentrate on what you're going to say next. As a result, by the time the patient finishes, you have almost no idea what he or she said, and respond at right angles. This irritates the patient because it's clear you weren't listening, and the problem escalates.
Feeling Empathy	▪ You forget to acknowledge the patient's anger, especially his or her anger with you. This error is almost universal and almost impossible to overcome without considerable determination and practice.	▪ Emotophobia—this is the fear of negative emotions in general. ▪ Conflict Phobia / Anger Phobia—this is the fear of anger and conflict.

	▪ You say "you must be feeling X, Y, and Z" instead of saying, "I wonder if you might be feeling X, Y, and Z" This sounds like an accusation and may put the patient on the defensive. In addition, you may not be reading the patient's emotions correctly. ▪ You minimize the patient's emotions. For example, you might say, "you seem a little bit irritated at person X" instead of "it sounds like you might be feeling furious with person X." But this has to be balanced with the next consideration. ▪ You accuse the patient of being angry ("You're clear angry with me"), instead of softening the anger and making it acceptable, as in: "Given what you just said, I wouldn't be a bit surprised if you're feeling a bit annoyed or even angry with me, and for good reason. Can you tell me more about how you are feeling?" In this case, the four "softeners" make it easier for the patient to own up to the anger: 1. if you're feeling; 2. a bit; 3. annoyed or even angry: 4. and for good reason. ▪ You forget to acknowledge the tender feelings (such as feeling hurt, lonely, sad, lonely, rejected, put down, and so forth) that are nearly always associated with harsh, negative feelings such as anger.	▪ There are, in general, only two types of feelings that therapists cannot deal with: your own feelings and your patients' feelings. However, few therapists are aware of this, and wrongly believe they are good at dealing with feelings. For more information, see the emotional barriers to "I Feel" Statements below.
Inquiry	▪ You ask questions that lead to problem-solving or helping. For example, you might say, "How can I help you more?" This is not inquiry, because the patient is not your supervisor and does not know what you should be doing differently. Asking how you could do better is also a form of therapist "conflict phobia," because you're trying to "make nice," rather than asking about the patient's negative and potentially upsetting feelings about you. Inquiry is encouraging patients to tell you more about how they think and feel, as well as the problems you're not helping them with.	▪ Codependency—you cannot resist the compulsive need to jump in and "help." ▪ Conflict Phobia / Anger Phobia—you are afraid of the patient's negative feelings, so you want to divert the conversation to something that is "nicer" and more positive. ▪ Anxiety—you feel threatened by the patient's criticisms because they trigger your own self-criticisms and feelings of inadequacy.
"I Feel" Statements	▪ You don't express your feelings. Instead, you make a comment about the patient that begins with "I feel that you . . . "Examples might be, "I feel that you're not listening," or "I feel like you're	▪ You avoid talking about your negative feelings because you've been trained *never* to reveal your feelings to your patients.

	wrong." These "You Statements" involve blaming or criticizing the patient instead of expressing your feelings. ▪ You express your feelings in an overly dramatic or self-effacing way that makes the patient feel pity for you. For example, you might say, "Yes, my wife also accuses me of not listening, and she just filed for divorce. I hear this from my other patients, too. In fact, most of them have dropped out of therapy. PLEASE don't leave me! " ▪ Your comment does not sound genuine. For example, after a severe criticism, you may say, "Oh, I'm so happy you shared that with me," when in fact you're not feeling at all happy. You're actually feeling defensive, annoyed, anxious, frustrated, and on the spot!	▪ You avoid talking about your negative feelings because you've made the subconscious and automatic judgment that you *shouldn't* be feeling the way you do. In other words, you think you *shouldn't* be feeling angry, or anxious, or ashamed. You are convinced that these feelings are inappropriate, or unprofessional, or wrong. You may also be convinced that others would judge you if they knew you felt this way. This emotional censoring happens so quickly and automatically that most therapists simply don't notice they're hiding and suppressing their feelings.
Stroking	▪ Your attempt at a compliment sounds formulaic: "Good for you for coming in here today!" ▪ Your comment sounds phony and self-serving: Or "I'm so glad you told me the therapy has been a waste of time. You're becoming more assertive, just as I've been teaching you to do." ▪ Your comment is non-specific: "You are a great person" or "you are a wonderful patient." This compliment is more specific: "I admire how thoughtful you are of your family members, and how hard you work to keep them happy." ▪ Your comment does not sound genuine: "It was very brave of you to tell me that my comments often sound phony" (when it did not take courage at all, and you *still* sound phony!)	▪ Anger / frustration. When you get angry with anyone, including a patient, there's a tendency to think about that person in a globally negative way, so you can't think of anything positive to say about him or her. ▪ Love / hate dichotomy. Most humans, including most therapists, act as if there was an all-or-nothing split between positive vs. negative emotions. So if you're angry with someone, it means you can't simultaneously have positive feelings for that person. ▪ Defensiveness. You feel hurt by the patient's comments and feel an overwhelming urge to defend yourself.