

IS THIS NORMAL?

What actually is therapy? And why would I pay someone to listen to me?

The therapy voice, the excessive nodding, the mysterious silences and other things we've apparently decided therapists do.

By Dean Corbett

Therapy has a bit of an image problem.

Depending on your exposure to television, social media and the occasional eye-numbingly beige website, you might imagine a therapist as a softly spoken person in a cardigan, sitting in an armchair, nodding sympathetically while asking how something makes you feel.

They may have a blanket. There may be a candle or two. Their voice will almost certainly have dropped two octaves into something resembling a late-night BBC Radio 4 programme.

And they'll probably want to talk about your mother.

It's not an entirely unreasonable impression, to be honest. The profession hasn't always helped itself.

But psychotherapy is considerably more serious, intellectually demanding and interesting than its popular image suggests.

It draws people from medicine, psychology, education, business, social care, the arts and countless other backgrounds. People with different personalities, perspectives, experiences and ways of working.

Some are gentle and quietly reflective. Others are direct, analytical, challenging, funny, pragmatic or intellectually curious.

What we believe connects them isn't a particular personality type, vocal register or fondness for cushions; **it's a commitment to understanding human experience, helping people with psychological difficulties and working responsibly with the extraordinary complexity of being a person.**

So let's clear up a few things.

First, therapy isn't just a conversation

At its simplest, psychotherapy is a professional relationship in which a trained practitioner works with someone to understand and address psychological, emotional, behavioural or relational difficulties.

That description sounds deceptively ordinary - after all, people talk about their problems every day.

We speak to friends, partners, family members and colleagues. We seek advice, complain, reflect, argue and occasionally arrive at a useful insight somewhere between the second glass of wine and an increasingly uncharitable assessment of somebody else's character.

Those conversations can be enormously valuable.

But a therapeutic conversation is different. It has a purpose, an agreed framework, professional boundaries and a practitioner trained to pay attention to aspects of experience that might otherwise go unnoticed.

A therapist may be simultaneously considering:

- How you understand a situation;
- What emotions accompany it;
- What assumptions you're making;

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- How earlier experiences might be relevant, and/or;
- Whether particular patterns appear across different relationships.

They may also be considering whether your response is entirely understandable given your circumstances, because not everything that troubles someone originates inside them.

The therapist's task isn't simply to listen to the story, it's to work with you to understand what the story means, what may be sustaining the difficulty and what might help.

That requires considerably more than an encouraging nod.

About the therapy voice

You know the one. Unnaturally gentle, slightly breathy, every sentence delivered as though the speaker is approaching a nervous horse.

"And how did that make you feeeeel?"

To set the record straight, there is no clinically prescribed therapy voice. A therapist doesn't become more competent by speaking slowly, adopting a permanently sympathetic expression or making every question sound like an invitation to a spiritual awakening.

Warmth can be important, as can empathy, patience and sensitivity. But these are qualities of how someone relates to another person, not a performance involving their vocal cords.

A good therapist should be capable of responding appropriately to the person in front of them.

Sometimes that means:

- A show of gentleness;
- Asking a direct question;
- Acknowledging something painful **without** rushing to make it better;
- Humour is entirely appropriate.

The point is not to perform kindness, it's to establish a relationship in which someone feels sufficiently understood, respected and safe to explore things that may be difficult to discuss elsewhere.

Empathy is a professional capacity. It isn't a tone of voice.

Are therapists all warm, cuddly people who think everyone is wonderful?

In short, no - and thank goodness! Therapy isn't an exercise in unconditional agreement.

A therapist may understand why you've behaved in a particular way without believing that behaviour was helpful, fair or acceptable.

They may recognise your distress while also helping you consider the effect of your actions on somebody else. They may notice that the explanation you've given for a recurring difficulty doesn't quite fit what you're describing.

And they may challenge you. Not to win an argument, demonstrate intellectual superiority or deliver a satisfying moment of confrontation, but because understanding ourselves sometimes requires examining things we'd rather leave undisturbed.

Good therapeutic challenge should be thoughtful, proportionate and grounded in the relationship.

It shouldn't involve humiliation, moral judgement or a therapist imposing their preferred version of your life.

But neither should therapy become fifty minutes of somebody reassuring you that you're right about everything - you can get that from certain friends or the internet (provided you choose your corner carefully.)

So why don't therapists just give advice?

Sometimes they do. Different approaches involve different degrees of structure, guidance and practical intervention.

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Cognitive behavioural therapy, for example, may involve identifying patterns of thinking, testing assumptions, practising skills and completing agreed activities between sessions.

Other approaches may place greater emphasis on emotional experience, relationships, personal meaning or unconscious processes.

But therapy generally isn't about appointing somebody else to make your decisions.

Consider someone who repeatedly finds themselves taking responsibility for other people's problems. A therapist could suggest setting boundaries (which is reasonable advice.) The person may already know this. They may have read several books on the subject, attended a workplace development programme and developed a sophisticated intellectual understanding of assertiveness.

Yet saying no still makes them feel terribly guilty.

The interesting question isn't necessarily what they should do, it might actually be why doing it feels so difficult, e.g.:

- What do they imagine will happen if somebody is disappointed?
- Why do they feel responsible for other people's reactions?
- Where did those expectations develop?
- And what keeps reinforcing them?

An instruction might change a behaviour temporarily, and understanding the emotional pattern may create more lasting possibilities for change.

Therapy isn't withholding answers to be mysterious; it's recognising that knowing what to do and being able to do it are not always the same thing.

Why do therapists keep asking questions?

Because the first explanation for a problem isn't necessarily the most complete one.

Imagine someone saying: "I'm constantly irritated by my colleagues because they don't meet my standards."

There are several possibilities - perhaps:

- the colleagues are genuinely underperforming;
- the person's standards are unusually demanding;
- they feel personally responsible for everything being done correctly;
- mistakes trigger a disproportionate fear of criticism or failure;
- their employer has created a culture in which accountability is unclear.

Or maybe several of these things are happening simultaneously.

A good therapist won't simply select whichever explanation sounds most psychologically interesting; they'll remain curious.

Questions help explore possibilities without prematurely imposing conclusions.

And sometimes a question is useful precisely because the person has never considered it before.

Not because the therapist possesses some extraordinary insight, but because an attentive outsider can notice assumptions that have become so familiar we no longer recognise them as assumptions.

And what's with the silence?

Silence can be uncomfortable, particularly if you're accustomed to conversations involving agendas, outcomes and a reasonable expectation that somebody will eventually make a point.

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But in therapy, silence can serve a purpose. It can give someone time to notice what they're feeling, consider something unfamiliar or find words for an experience they've never properly expressed.

And a therapist who immediately fills every pause may inadvertently interrupt that process.

Of course, silence isn't automatically therapeutic. A therapist sitting quietly while you become increasingly confused isn't necessarily conducting a sophisticated intervention. They may simply need to explain what they're doing - and you're invited to ask.

In fact, you're invited to question almost anything about the process.

That brings us to another misconception.

Therapists aren't emotionally superior

Contrary to surprisingly common belief, psychotherapists are human beings. They experience insecurity, anxiety, grief, anger, relationship difficulties and the occasional spectacular lapse in judgement.

They can be defensive, they can misunderstand people, they can make mistakes.

Their training doesn't produce emotional perfection.

What training does for good therapists is develop the capacity to recognise psychological processes, work with difficult experiences, maintain professional boundaries and reflect critically on how the therapist's own reactions may influence the work.

Responsible practice also involves supervision, continuing professional development, ethical accountability and recognising the limits of one's competence.

A good therapist will be able to consider the possibility that their interpretation is wrong,, be willing to hear when something they've

said hasn't helped, and avoid assuming that disagreement from a client automatically reveals some fascinating psychological defence.

Sometimes the therapist is simply wrong. (A surprisingly important possibility for any profession involving human judgement.)

Does everything come back to childhood?

No, but childhood *can* matter. Our earliest relationships may influence how we experience trust, safety, conflict, affection, independence and our own worth, and exploring those experiences can help us understand patterns that continue into adulthood.

But psychotherapy isn't an elaborate exercise in assigning blame to parents, nor should it assume that every difficulty is rooted in the past.

People are shaped by their current circumstances too.

Relationships, work, financial pressures, illness, discrimination, bereavement, social expectations and the wider systems in which we live can all affect psychological wellbeing.

A therapist might help someone recognise a longstanding pattern of taking excessive responsibility, and they might also be interested in whether that person currently works for an organisation that expects them to do three people's jobs.

Understanding your part in a difficulty doesn't mean assuming you caused it.

Good therapy makes room for personal agency **and** the realities of the world around us.

Is therapy only for people with serious mental health problems?

Again, no. Psychotherapy can help people experiencing significant psychological

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distress or diagnosed mental health conditions.

It can also support people navigating relationships, loss, life transitions, identity, difficult emotions or recurring patterns they want to understand.

Some people arrive because life has remained functional but become unbearable. Others arrive because life is perfectly bearable, but not particularly satisfying. Some are highly successful, intellectually capable people who can explain their difficulties in extraordinary detail.

They may understand exactly what they're doing and still struggle to do anything differently.

Intelligence doesn't make us immune to emotional difficulty, and psychological understanding isn't the same as emotional change.

Equally, not everybody needs therapy.

Sometimes practical support, social connection, changes in circumstances or other forms of healthcare are more appropriate.

A responsible therapist will recognise that, too.

Counselling or psychotherapy? What's the difference?

This is an excellent question. You might reasonably expect two different professional titles to have two clear, universally agreed definitions.

Unfortunately, that seems to be rather too straightforward.

Historically, counselling has often been described as being more focused on particular difficulties, life events or present circumstances, while psychotherapy has been associated with deeper exploration of longstanding emotional, psychological and relational patterns.

There can be some truth in those distinctions, but they are not reliable rules.

Counselling can be long-term, psychologically complex and deeply exploratory while psychotherapy can be brief, focused and concerned with a particular problem.

Practitioners from both traditions may use overlapping theories, techniques and approaches.

And different training institutions and professional bodies use the terms differently.

There is no universally accepted dividing line in the UK.

So a counsellor isn't necessarily less capable than a psychotherapist, and a psychotherapist isn't automatically better qualified than a counsellor.

The title alone tells you surprisingly little.

At COR, we use "therapy" as an accessible umbrella term, while being precise about each practitioner's training, qualifications and professional status.

We believe those details are considerably more useful than getting into an argument about which word sounds more impressive.

Surely anyone calling themselves a therapist must be qualified?

Here's where things become rather less amusing. In the UK, the titles "counsellor" and "psychotherapist" are not legally protected.

That means there is no general legal requirement to complete a particular training programme, hold a specific qualification or join a professional register before using those titles.

Yes, really.

Someone can describe themselves as a psychotherapist without having completed the kind of professional training you might reasonably assume the title implies.

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That doesn't mean most practitioners are unqualified or irresponsible; the vast majority undertake extensive training, supervised clinical practice and continuing professional development.

But the absence of legally protected titles makes it particularly important for the public to understand what they're buying.

And to check.

Aren't therapists regulated?

Many are subject to professional standards and oversight. But it's important to distinguish between two different systems.

Statutory regulation is established in law.

For example, clinical psychologists and counselling psychologists are regulated by the Health and Care Professions Council (HCPC). Their professional titles are legally protected, and practitioners must meet the regulator's requirements.

Counsellors and psychotherapists in the UK are different - they are not generally subject to statutory regulation simply by using those titles.

Instead, many choose to join professional registers maintained by organisations such as the British Association for Counselling and Psychotherapy (BACP) and the UK Council for Psychotherapy (UKCP).

These organisations establish professional standards, ethical requirements and procedures for handling concerns about practitioners on their registers.

Some of these registers are accredited by the Professional Standards Authority, an independent body that assesses whether voluntary registers meet standards intended to protect the public.

This is meaningful oversight, but it isn't identical to statutory regulation.

A professional body's ability to investigate concerns or remove someone from its register does not necessarily prevent that

person from continuing to offer therapy outside the voluntary system, and membership of a professional organisation isn't always the same thing as being a fully qualified practitioner on its clinical register.

The distinctions are really important..

Other countries have different regulatory systems. Some jurisdictions legally protect professional titles or require licences to practise. Requirements may vary between countries, states or provinces.

A qualification recognised in one country does not automatically establish someone's professional status in another.

The important question isn't whether somebody has an impressive collection of letters after their name, it's what those letters actually mean.

Does the level of qualification matter?

Yes, although not always in the way people assume; training routes vary significantly.

Some practitioners complete diploma-level professional training. Others undertake undergraduate or postgraduate degrees, specialist clinical programmes or doctoral training.

Programmes differ in their entry requirements, academic demands, supervised practice, assessment and professional recognition.

A higher academic qualification can reflect substantial additional study, but academic level alone doesn't establish clinical competence.

Someone may have a master's degree in psychology without having trained to practise psychotherapy. Someone else may have completed a rigorous practitioner diploma involving substantial supervised clinical work.

And a practitioner with years of experience may be highly competent in one area while having limited training in another.

The useful questions are more specific:

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- What professional training has this person completed?
- What kind of therapy have they trained to provide?
- How much supervised clinical experience have they undertaken?
- Who recognises their qualification?
- Are they registered with an appropriate professional body?
- And are they competent to work with the particular difficulties I'm bringing?

Because, while important, qualifications don't always clarify what somebody is actually qualified to *do*.

SCoPEd: not all therapists have the same level of training

SCoPEd (Scope of Practice and Education) is a framework developed by six UK counselling and psychotherapy professional bodies to clarify differences in training, experience and competence. It identifies three levels:

Column A - Qualified practitioner: Typically two years of training, 300–400 training hours and at least 100 hours of supervised client practice. Usually a minimum “Level 4” qualification.

Column B - Enhanced practitioner: At least three years of training, 450 training hours and 450 hours of client practice, which can include post-qualification experience. Qualification levels vary but typically somewhere between Levels 5 and 6 (UK undergraduate/bachelor's level or equivalent).

Column C - Further enhanced practitioner: At least four years of training, 500+ training hours and 450 hours of client practice **during training**. Minimum Level 7 qualification (UK postgraduate/master's level or equivalent).

What about supervision and personal therapy?

All three levels require clinical supervision during training, generally averaging at least 1½ hours per month, although some professional bodies require considerably more. Personal therapy requirements vary: UKCP specifies 105 hours at Column B and typically 160–250 hours or more of personal therapy and/or personal development at Column C. Other organisations have different requirements, and some do not mandate personal therapy.

Does Column C mean better therapy?

Not necessarily. Greater training and experience matter, but so do specialism, suitability and the therapeutic relationship. SCoPEd describes professional standards, not a league table of effectiveness.

Importantly, **trainees are not themselves aligned to a SCoPEd column**, even when studying towards a qualification associated with one. At COR, we're transparent about each therapist's training stage and ensure their work is appropriately supervised and matched to their competence.

SCoPEd isn't statutory regulation, but it gives clients a considerably better starting point than simply trusting an impressive-sounding job title.

What does accredited actually mean?

Another excellent question, because the word appears frequently and doesn't always mean the same thing.

A training programme can be accredited or recognised by a professional organisation. A professional register can be accredited by the Professional Standards Authority. An individual practitioner may be registered with a professional body. And that practitioner may also hold a separate accreditation status

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reflecting additional assessed experience or competence.

Those are different things.

A therapist saying they're "accredited" should be able to explain exactly what is accredited, by whom and what standards were assessed.

The same applies to training; a course can have a legitimate academic award without necessarily meeting the requirements of a particular psychotherapy professional body.

Equally, a course that isn't accredited by one organisation isn't automatically poor quality.

What matters is whether its content, clinical training, supervision and assessment provide a credible route to the intended professional role.

At COR, we take recognised professional training routes and independent standards seriously - not because professional organisations are infallible, but because training standards, ethical accountability, supervision and external scrutiny are important safeguards in work that can involve considerable psychological vulnerability.

What about therapists who are still training?

This is particularly important to us at COR.

Many people undertaking professional psychotherapy or counselling training begin supervised clinical work before they qualify - this is a recognised part of professional development.

A trainee may have completed substantial theoretical learning, skills development and assessed preparation before being authorised to work with clients.

They continue learning through clinical practice, supervision and further training.

That does not make them equivalent to a fully qualified, experienced practitioner, and it would be misleading to suggest otherwise.

But it also doesn't mean they cannot provide valuable therapy within an appropriately structured and supervised placement.

The safeguards are what matter:

- Is the person undertaking a credible practitioner training programme?
- Have they reached the stage at which their training provider permits clinical work?
- Is the placement appropriate to their level of development?
- Are they receiving suitable clinical supervision?
- Are clients being assessed and matched appropriately?
- Is there a clear process for managing risk, seeking senior clinical input or referring someone for more specialist support?

At COR, these are central considerations, not administrative afterthoughts; our commitment to accessible therapy does not mean pretending that qualifications, clinical experience and supervision are optional. *Quite the opposite.*

Affordable therapy should not require people to be less informed about who's providing it. And people should know when their therapist is still in training. Clearly, before they begin.

At COR, we deliberately set a higher threshold for the trainees we accept. We only select therapists undertaking professional training programmes aligned with **SCoPEd Columns B or C**, and the vast majority will already have completed **at least 20 hours of supervised clinical practice** before joining us.

That's a starting point, not a substitute for clinical judgement. Every trainee must also demonstrate that they're ready to work with clients, receive appropriate supervision and practise within their developing competence. **Affordable therapy shouldn't mean compromising on the standards behind it.**

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Why are we making such a fuss about checking?

Because psychotherapy involves trust. People may disclose experiences they've never shared with anyone, they may explore trauma, relationships, shame, grief, identity or significant psychological distress. and/or they may become emotionally vulnerable. They may also be influenced by the therapist's interpretations, suggestions and behaviour.

That creates professional responsibilities.

Poorly conducted therapy can be unhelpful. It can also cause harm. A practitioner working beyond their competence may fail to recognise important risks, misunderstand complex difficulties, mishandle boundaries or use interventions that are unsuitable for the person involved.

Professional registration and accreditation cannot eliminate those risks, nor can qualifications guarantee that a therapist will be a good fit.

But credible training, supervised experience, ethical standards and accountability provide meaningful safeguards, and when something goes wrong, it's important to know who has responsibility for responding.

We would encourage anyone considering therapy, whether through COR or elsewhere, to check their practitioner's credentials. You could:

- Ask which professional body they're registered with, if any;
- Check the relevant register yourself;
- Ask about supervision, professional status and experience with your particular concerns.

A responsible practitioner will be comfortable answering because they'll know you're not being difficult, you're making an informed decision about your psychological care, which we believe seems an entirely reasonable thing to do.

Is therapy scientifically credible?

Yes, although the answer deserves more than an enthusiastic nod.

Psychotherapy is a broad field encompassing different theoretical approaches and methods. Some interventions have substantial research evidence for particular conditions. Cognitive behavioural therapies, for example, are recommended in clinical guidance for a range of mental health difficulties.

Other approaches also have evidence supporting their effectiveness, although the quality and extent of research varies.

Psychotherapy research examines treatment outcomes, therapeutic relationships, mechanisms of change and factors that influence whether particular interventions help. It is a serious area of scientific enquiry, but it isn't an exact science - people differ, problems differ, and therapists differ.

Not every approach works equally well for every person, and psychotherapy doesn't guarantee improvement.

There can also be unwanted effects, including distress associated with exploring difficult experiences. A competent therapist will be able to explain their approach, discuss its suitability, review progress and respond constructively when the work isn't helping.

Taking therapy seriously means taking its evidence and limitations seriously, not claiming it can solve everything.

So what exactly am I paying for?

You're not simply paying for fifty minutes of somebody's attention; you're paying for a professional service that should draw upon training, psychological knowledge, clinical skills, ethical responsibilities and ongoing reflective practice.

A therapist's work may involve assessing needs and suitability, developing a shared understanding of difficulties, selecting

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appropriate interventions, noticing patterns, managing the therapeutic relationship and monitoring how the work is progressing.

They're also responsible for maintaining confidentiality within its explained limits, managing boundaries, recognising risk and working within their competence.

Much of that work may not be obvious from the client's side of the conversation.

Just as watching a skilled musician perform doesn't reveal the years of learning behind it, a good therapeutic intervention may appear deceptively simple; a question, an observation, a carefully timed challenge, an opportunity to experience something differently within a relationship.

The value isn't necessarily in how complicated the intervention sounds, it's in whether it is thoughtful, appropriate and useful.

And unlike a conversation with a friend, the relationship is deliberately organised around your psychological needs. For example, you:

- Don't need to look after the therapist;
- Don't need to return the favour;
- Don't need to mind your therapist's feelings;
- Don't need to make your difficulties entertaining, interesting or easy to understand.

For some people, this provides a remarkably unfamiliar experience.

How do I know whether it's worth the money?

Good therapists invite you to discuss what you hope to gain from therapy and review whether it's helping. Progress may involve:

- Reduced symptoms;
- Different behaviours;
- Greater emotional awareness;
- Improved relationships or a clearer understanding of recurring difficulties.

Sometimes it's visible and measurable, sometimes it's subtle. For instance, you might notice:

- That criticism no longer consumes your entire weekend;
- You can have a difficult conversation without feeling compelled to apologise for existing;
- You're recognising when somebody else's expectations are unreasonable;
- Or that you've begun making decisions based on what matters to you rather than what keeps everybody else happy.

These aren't guaranteed outcomes, and therapy isn't automatically valuable because it feels profound. You should feel able to ask your therapist what you're working towards, how their approach might help and whether continuing makes sense.

If the relationship isn't working, that's worth discussing. If another approach or practitioner would be more suitable, that should be considered.

Therapy is a professional service. You're entitled to expect professionalism.

The serious business of being human

I think one of the unfortunate consequences of therapy's popular image is that it can make the profession appear rather less substantial than it is, as though the work consists mainly of being kind, nodding sympathetically and occasionally offering a meaningful silence.

Kindness, of course, can help. But psychotherapy also requires intellectual curiosity, psychological understanding, ethical judgement, emotional attentiveness and the ability to engage with complexity without rushing towards easy answers.

It attracts people from all sorts of backgrounds:

- They don't need to share a personality;
- They don't need to speak in a particular voice;

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- And they certainly don't need to be endlessly warm and cuddly.

What we believe they should share is a serious commitment to understanding people, reducing suffering where possible, and helping clients develop greater understanding, agency and freedom in their lives. And not by claiming to know better than the person sitting opposite them, but by bringing professional knowledge and a different kind of attention to the questions that person is trying to answer.

Therapy isn't magic, isn't a friendship you pay for, isn't advice delivered as some sort of wisdom, and it isn't a weekly opportunity for somebody in a cardigan to tell you that everything you're feeling is valid.

It's skilled, purposeful psychological work, conducted through a professional human relationship.

Sometimes it helps people feel better, sometimes it helps them behave differently, sometimes it helps them understand why they've spent years doing something they desperately want to stop. And sometimes it helps them recognise that the problem they've been trying so hard to fix within themselves isn't entirely theirs to fix.

That's serious work, and for many people, it's worth making room for (even without the candles.)

Something worth asking your therapist

"What professional training have you completed, or are you undertaking? How are you supervised and professionally accountable? How do you work, and how will we know whether it's helping me?"

A little of the science

Psychotherapy includes a range of approaches with differing theoretical foundations and methods. Evidence supports psychological therapies for numerous mental

health difficulties, although the strength of evidence varies by condition and intervention.

Research consistently finds an association between the quality of the therapeutic alliance and treatment outcomes. This includes agreement on goals, collaboration on therapeutic tasks and the relationship between therapist and client.

Therapeutic effectiveness cannot be reduced to the therapist's personality, warmth or apparent empathy alone. Competence, appropriate methods, client preferences, the nature of the difficulty and the quality of collaboration all matter.

Professional registration, supervision and ethical standards are important components of responsible practice, but they do not guarantee positive outcomes or eliminate the possibility of harm.

Further reading and useful resources

Wampold, B. E., & Imel, Z. E. (2015). *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work* (2nd ed.).

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). *The alliance in adult psychotherapy: A meta-analytic synthesis*. *Psychotherapy*, 55(4), 316–340.

Professional Standards Authority — Accredited Registers programme.

British Association for Counselling and Psychotherapy — Register and training guidance.

UK Council for Psychotherapy — Professional registration and training standards.

Health and Care Professions Council — Protected titles and practitioner registration.

NHS England — Guidance on registration requirements for psychological professions.