The Role of Therapy

A client's guide to making it work.

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A note before you begin. This guide includes an account of a trauma-processing session and its aftermath. It also encourages you to advocate inside your own care, including changing therapists if the fit is wrong. Read that as permission, not pressure: if what you have is working, nothing here asks you to disrupt it.

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Facing My First Session: From Fear to Peace

Sometimes the hardest part isn't doing the work. It's believing you've earned the right to try. The first time I understood that was in therapy, and I almost didn't get there.

When I first heard about Accelerated Resolution Therapy, getting it approved required a referral and formal sign-off, which meant it wasn't exactly being pushed on me. I had to ask for it. Then, having asked for it, I spent the next stretch trying to talk myself out of it. I told my therapist I probably wouldn't respond to it. I told myself I didn't even think about my trauma anymore. Both were lies I believed completely.

The truth was I was terrified. Not in a way I could have named clearly at the time, but somewhere underneath the resistance and the rationalizations, I knew I was standing at a threshold I couldn't uncross. Would I surface something I'd buried for a reason? Would this be another attempt that confirmed what part of me already believed, that I was too far gone for any of it to work? I went in anyway. Looking back, it was one of the most consequential decisions I made in the entire arc of my recovery.

In the first session, the moment I began describing the thing I claimed I never thought about, I broke. Nearly forty years old, in tears, feeling like I had been dropped back into the body of the child it had happened to. And then it ended. And what followed was something I had no framework for: a quiet, unexpected, almost disorienting peace. Not the absence of pain. Something more than that. For me, peace was foreign.

> *The memory doesn't disappear. It loses its grip.*

The relief was so immediate I assumed it wouldn't hold. That it had to be a placebo effect, or adrenaline comedown, or wishful thinking dressed up as progress. It held. When I return to that memory now, what comes back is the version that was rebuilt in that session: quieter, softer, drained of the charge it used to carry. That single session gave me enough evidence to go back, and to start dismantling the beliefs that had been constructed around decades of untouched damage.

An honest caveat about my own story. I'm not going to tell you this will work for you or that you should expect what happened to me. Single-session relief of a decades-old trauma is not the typical course of trauma therapy, and treating it as the benchmark would set most people up to feel like they're failing. Most people need preparation first, then a course of sessions, and

> progress that accumulates rather than arrives. My experience is one data point, not a template. What I can say is what happened: a man pushing forty, two decades of severe addiction, childhood trauma he'd spent thirty years convincing himself he'd moved past, and a track record of treatments that hadn't touched it. I'm not telling you what to conclude from that. I'm just telling you what happened.

If your story overlaps with mine at all, the avoidance, the certainty that you've already dealt with it, the quiet suspicion that something underneath has never actually been touched, it might be worth giving trauma-focused therapy a real consideration. ART was my doorway. It isn't the only one. The method matters less than the decision to stop working around the wound and start working on it.

Why Therapy Fit Matters

For years I assumed therapy meant sitting across from someone and narrating your past until enough of it had been said out loud that you eventually felt better. I had no idea there were approaches that worked directly with the nervous system, or that healing could happen without having to relive every detail of what damaged you.

For people carrying trauma and addiction histories, poorly paced or poorly delivered therapy can make things worse. Unstructured discussion can leave someone flooded without a plan for what surfaces. That is not an indictment of talking, and it is not proof that body-based methods alone reach the 'real' trauma. It is a demand for competent assessment, preparation, a clear method, and a therapist who can recognize when the work is helping and when it is overwhelming the person.

The right therapy does more than provide a place to talk. It changes avoidance, meaning, behaviour, emotion, and the person's ability to stay present under pressure. Some methods work directly with memories. Others work through beliefs, exposure, skills, relationships, imagery, or the body. No approach owns the one place where trauma 'actually lives.' The question is whether the method reaches the processes keeping this person's suffering in place.

How to Make Therapy Work for You

Therapy isn't something that happens to you. It's something you actively shape, and the more intentionally you engage with it, the more it can be directed toward what your nervous system actually needs rather than what's most convenient for the system providing it. Access barriers are real: waitlists, limited options, financial constraints. None of that makes you powerless inside the room.

1 — Find Your Footing First (Stabilization)

Trauma processing needs enough safety and support to be tolerable, but safety does not have to mean perfect calm and stabilization is not a purity test. Some people begin trauma-focused work while still symptomatic and build regulation alongside it. Think of preparation as giving the work a container, not building a wall around it.

Many treatment programs don't offer trauma-specific therapy, but they can provide structure, routine, and connection that allow the system to finally exhale. Once the body stops bracing, you can actually approach what needs to be approached.

2 — Prevent Circular Talk: Set a Clear Intention

The fastest way to stall in therapy is to arrive without focus. Unstructured talk becomes looping: the same story told with the same pain, excavated without ever being integrated. You leave feeling drained rather than different. Your intention doesn't need to be profound. It needs to be specific enough to guide the hour.

Am I bringing something new? "I want to explore the shame around my relapse."

Am I revisiting something unfinished? "This memory still lives in my body."

Am I seeking support? "Help me move through this feeling without shutting down."

Am I doing maintenance? "I want to re-check an old wound to see if it's resolved."

Even when you can't choose the therapist, you can choose the focus, pacing, and method:

Focus: one theme, one memory, one pattern.

Pacing: shift to regulation before overwhelm arrives, not after.

Method: ask how their approach specifically addresses trauma, not just symptoms.

Homework: one small experiment between sessions to keep the work moving.

I once had a psychiatrist tell me, after I described the dread I felt just leaving the house, that I just needed to get out more. It was roughly as useful as telling someone with a broken leg to walk it off. I didn't need instruction. I needed someone who understood why my body locked up in the first place. That's the difference between a clinician who talks at you and one who works with your nervous system. They're not the same job.

Prompts you can borrow in-session. If the words don't come easily in the moment: "Can you explain how this approach works specifically for trauma, and what I should notice changing?" "Before we go deeper, can we regulate for a moment so I don't lose the thread?" "What's one small experiment I can run this week?" "If I get stuck, how will we recognize it, and what do we do?"

3 — Manage Expectations: The Goal Isn't Erasure

Processing doesn't make the past disappear. It changes your relationship to it. The memory remains, but the charge drains out of it. You can remember without reliving. You can acknowledge without being pulled back under.

The memory loses its psychological weight.

The false beliefs built around it soften: it was my fault, I'm unlovable, I deserved it.

Your body stops responding as though the threat is still present.

That's not erasure. That's liberation. The event becomes part of your story, no longer the force that's been writing it.

> *Agency is the technical term for the feeling of being in charge of your life: knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstances.* — *Bessel van der Kolk*

Finding the Right Fit

Therapy isn't just talking. It's the right method, delivered by the right person, at a pace your nervous system can actually work with. The distinction matters more than most people realize when they're first trying to find help.

A good therapist can explain clearly how their approach applies to you specifically. Not in general terms, not in theory, but what it will target in your case and what you should notice changing if it's working. They welcome your questions. They adjust when something isn't landing. They don't require you to trust the process blindly; they show you the process well enough that your trust is based on something real.

> *The simplest measure: you should leave sessions feeling clearer or more grounded than when you arrived. Not more destabilized, not more ashamed, not carrying something that was opened and then left unaddressed until next week.*

If that's consistently what's happening, the fit may be wrong. That's not a failure. It's information worth acting on.

The Risk of Staying in the Wrong Room

Staying silent when therapy isn't working is a lot like staying silent when sobriety starts to slip. Nothing changes, and the cost compounds quietly. The wrong fit doesn't just waste time. It can leave you more discouraged than when you started, convinced that healing simply isn't available to someone like you. That conclusion feels like truth. It isn't. It's your nervous system accurately reporting that this particular approach isn't right, not that no approach ever will be.

Switching therapists isn't failure. It's precision. You're not starting over. You're redirecting toward something that can actually meet you where you are. Those are not the same thing.

One caveat on switching. There is a difference between a poor fit and the ordinary discomfort of therapy starting to work. Difficult sessions are not automatic evidence of the wrong room, and the urge to leave often arrives precisely when something real has surfaced. If you're unsure which one you're in, that's worth naming out loud with the therapist before deciding. A good one will not be threatened by the question.

What Real Change Actually Feels Like

When therapy is working, it rarely announces itself. The biggest shifts are often quiet: a memory that stings less than it did last month, a reaction that softens before it takes over, a choice that wasn't available to you before that suddenly appears. Healing doesn't arrive as a lightning strike. It arrives as a pattern interrupt: a new experience of safety the body slowly accumulates enough evidence to trust.

Progress isn't linear. Some weeks soften you. Others stretch you. A difficult session doesn't mean the therapy is wrong; it usually means something real surfaced. What matters is whether you feel supported enough to make sense of it afterward, rather than left holding it alone until next time.

You're not erasing your past. You're loosening its grip on your present. Reclaiming the space trauma occupied and filling it with something that actually belongs to you. For me, that process of integration, of slowly reconciling myself to myself, was the most significant thing I did. I had

spent years at war with the person I had to live inside every day. Trauma work didn't turn me into someone else. It allowed me to see that version of myself with context instead of contempt.

Before You Go

If you take one practical thing from this, make it the intention-setting. Walking in with a single specific focus is the difference between an hour that moves something and an hour that circles. It costs nothing and it doesn't require your therapist to change anything about how they work.

And if you're currently talking yourself out of asking for trauma-specific work, notice that. I did exactly that, with reasons that sounded completely convincing to me at the time. The resistance is often the clearest signal that something underneath hasn't been touched.

Whatever you do, don't measure yourself against my first session. Preparation, pacing, and a course of work is the normal shape of this. Fast is not better; it's just what happened to me.

If you don't have someone guiding you through this yet, if you're still trying to figure out what fits, what doesn't, and where to even begin, that's exactly what recover-you.ca exists for: to give you the clarity and context you deserved from the very beginning, and never got.

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Sources & Further Reading

These sources cover what actually predicts whether therapy works, the phase-based approach described here, and the evidence for the modality referenced in the personal account.

Van der Kolk, B. A. (2014). The Body Keeps the Score. Viking. *Source of the definition of agency quoted here and an influential argument for attending to sensation, movement, physiology, and narrative together. It does not establish that trauma recovery must reach the body instead of the story; effective methods can work through several routes.*

Herman, J. L. (1992). Trauma and Recovery. Basic Books. *Established the three-stage model (safety and stabilization, remembrance and mourning, reconnection) that underpins the stabilization-first sequence described in this guide.*

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Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. Psychotherapy, 48(1), 9–16. *Meta-analysis establishing the therapeutic alliance as one of the most consistent predictors of outcome across modalities: the evidence behind the claim that fit is not a soft consideration.*

Norcross, J. C., & Lambert, M. J. (Eds.). (2019). Psychotherapy Relationships That Work (3rd ed.). Oxford University Press. *The comprehensive review of relationship factors in therapy outcome, including what clients can reasonably expect a clinician to explain and adjust.*

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Schnyder, U., et al. (2015). Psychotherapies for PTSD: what do they have in common? European Journal of Psychotraumatology, 6, 28186. *Identifies the shared active ingredients across effective trauma therapies, supporting the argument that the specific method matters less than whether the work is actually reaching the trauma.*

Swift, J. K., & Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: a meta-analysis. Journal of Consulting and Clinical Psychology, 80(4), 547–559. *Evidence on why people leave therapy early, relevant to the distinction drawn here between a genuinely poor fit and the discomfort of the work beginning to land.*