

# THE POWER OF TALKING

## Stories from the Therapy Room

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## Preface

I understand that it is difficult for a lot of us to reach out for support and I also understand why psychotherapy can seem extremely uncomfortable for some. I understand these things because I have felt them in my own personal therapy. This book is a reminder that it's OK to be human; it's normal to feel uncomfortable about psychotherapy, and being vulnerable is something most of us don't innately know how to do. What I mean by this is that although vulnerability for many is synonymous with weakness it is an essential element to living wholeheartedly. I believe that in our lives we can't truly form a relationship with at least some degree of vulnerability; we have to open up at some point or another. Being vulnerable and taking steps to trust someone is something that comes with time. Therefore, being vulnerable means to show ourselves to others completely and utterly without holding back for fear of rejection or judgement.

Through the case studies in this book you will encounter various examples of psychological defences. You will come to understand the process of a client in psychotherapy who carries with them a brace of negative symptoms and a spectrum of psychological mechanisms by which he or she keeps a distance from others for fear of getting 'hurt'.

You will come to understand also how a therapist provides a compassionate and corrective experience to their clients by helping them to remove some of these defensive burdens. Through the case studies we will review the theoretical underpinnings and steps that are taken by therapists to reach through to the person beneath these resistances. My therapeutic framework is integrative with a specific emphasis on psychodynamic therapy. Through this mechanism we will look at novel processes such as monitoring unconscious signals and the handling of psychological defences.

The beginning of my personal therapy started when I entered my postgraduate programme in psychodynamic counselling at Oxford University. I remember my course director dropping the bomb that all students were required to undertake personal therapy during the programme in order to graduate. I had not been required to see a therapist in my previous training and I was immediately uncomfortable. Even as a therapist-in-training, I was reluctant to sit down with a total stranger and open up about issues I suspected were there but had no desire to face. I understood later on during my psychodynamic training that resistance is an integral part of this journey. Resistance is what we all do to protect ourselves from an awareness of that which we fear will overwhelm us. It does not happen consciously. Resistance works like friction—in the exact opposite direction that you want to go. And because it is the product of our defences, which are at the core of our personalities, it is very difficult to break through. We resist most the material we most need to address.

When, at the age of seventeen, I declared to my parents, “I want to go and study in [communist] Romania,” it was the beginning of my becoming conscious of my decision to study psychology. That and a book called *Breakdown* written by Stuart Sutherland, who later became my supervisor at Sussex University as an undergraduate in experimental psychology. At the time, I saw going to Romania as a challenge and an adventure. My parents finally agreed to let me travel and study there. So after an intense six months of learning Romanian I applied to enter the medical school in Transylvania, the University of Cluj. However, after three years in a communist country with one of the hardest and most corrupt regimes, I decided enough was enough and left for the UK. It was during those years of intense communist unpredictability

and working in the most horrifying psychiatric wards that something stirred in me. This stirring happened after witnessing, in these barbaric conditions, human beings silenced and humiliated. I observed personalities being dissolved. It was like working in a slaughterhouse of souls. I witnessed starving and sick children in overcrowded orphanages and experienced first-hand the suffering, desperation, grief and defencelessness displayed in these children's eyes, long before the fall of communism revealed these things to the outside world.

There were two things I remember most vividly, which I initially resisted exploring in my personal therapy but eventually succumbed to during the therapeutic process. They will stay with me forever: I remember a young, eight-year-old girl escaping from a psychiatric ward in the middle of the winter to try to find her parents. She was suffering from depression and had been institutionalised after her parents had abandoned her in the middle of a field at the age of six. There was a desperate need to find her as she could not survive long in the winter conditions and deep snow. I remember the search party coming back empty-handed. They found her one month later, dead, frozen by the bitter winter.

My second memory was that of the silent cries of so many children in an orphanage I had been placed in as part of my medical training. I remember stepping into a room full of cribs, possibly about thirty of them, each containing a child anywhere from a few months to two years old. As I stepped into the room I was deafened by the silence; the room was perfectly peaceful, calm and still. I remember recounting this traumatic memory in a session and my therapist saying, 'Crying is the sound of life.' The child is saying: 'Someone will come. Someone loves me.' None of these children were crying or sleeping. Some sat up in their cribs but most lay on their backs staring into space like vacant corpses. It was a moment that would forever be burned into my heart. These children had been crying out for countless hours and eventually stopped when they realised no one was coming for them. This was quite pertinent in my session as the sense of abandonment was something I experienced from a young age when my father had abandoned me, leaving me with my mother and subsequently with a stepfather.

My personal therapy gave me the platform to discover and explore all these lifetime experiences and make sense of my personal traumas. I came from a very angry household. Dysfunctional, to say the least.

I'd say that I am such a good listener because of the fear that I carried with me for a long time from that abusive childhood. It took me years to come to terms with that in my own personal therapy. Of course, like so many people, I wouldn't trust my therapist to do me any good at first. I had always had to look after myself. But I realised through therapy just how abusive my upbringing had been. I was in therapy for two difficult years, and after that I felt ready to move on with my life.

It is important to remember that people resist without being in therapy. Again, it arises out of our defensive style, our personalities. Like any defence, it protects us from something that hurts. In psychodynamic terms, resistance is the client's attempt to block or repress anxiety-provoking memories and insights from entering conscious awareness.

I had originally trained in a form of therapy named cognitive behavioural therapy. CBT, as it is commonly known, tends to emphasise change via the habit and justification systems, examining actions and beliefs. In contrast psychodynamic therapy tends to emphasise the experiential, relational and defensive systems of adaptation by examining core feelings and subconscious processes. Psychodynamic psychotherapy has its roots in the theories and work of Sigmund Freud and his ideas regarding psychoanalysis. Put simply, psychodynamic psychotherapy stresses the significance of our early childhood experiences and how they continue to affect us during adulthood. In contrast CBT focuses specifically on the problems and difficulties in the present, rather than issues based in the past.

Training initially as an integrative therapist, cognitive behavioural therapist and later as a psychodynamic practitioner at Oxford, was very rewarding. There was a thematic weekend every month covering skills, the body, sexuality, pathology, creative visualisation, childhood and the creative use of pain, crisis and failure. It was about using yourself as a laboratory for growth and development, leading to a deep understanding of what is required for self development and healing. Although a high academic standard was required at Oxford, for me it was the personal commitment and involvement that seemed critical. We could not expect our clients to go anywhere we had not been ourselves. This seems a sound philosophy to me, but I am also aware that it is less of a requirement in many training organisations today or in the previous institutions I trained in.

My childhood experiences of being wounded and my later struggles as an adult have been the primary focus of my own personal therapy. I teach my clients now to forgive themselves (and others), to accept themselves as they are and to embrace their weaknesses as aspects of their uniqueness. However, this valuable wisdom would have not been acquired if I had not undergone therapy myself. I found a counsellor and the experience changed my life, for the better—I learnt how to cope in my life and how to free my real self. I had all the tools within—he taught me that all I needed to do was to find them. And I did. I remain forever grateful for his gentle, patient guidance in that dark, difficult time. I emerged into the sunlight of a new me. Calm and no longer bewildered by life's ups and downs. It was a magnificent and very enduring journey and one I shall never forget.

The transition to train in psychodynamic therapy from CBT came from my own observations when I found that although CBT focused with the clients on strategies that reduced their problematic symptoms, it did not somehow help them gain a deeper insight into their own identity and relationship patterns. Furthermore, it is hard to believe that a simple toolbox of skills is really going to address the fundamental issues of your existence and help you to get to the root of your deep psychological issues which psychodynamic therapy explores. The ability to distract yourself, tolerate pain, calm yourself down, and so forth, seem at best a good set of tools to have when embarking on the emotional work that is the hallmark of psychodynamic therapy. In this book you will find that both therapies are used interchangeably as my approach is that of an integrative therapist, that is, a combined approach to psychotherapy that brings together different elements of specific therapies.



## Disclaimer

All of the stories presented in this book, whilst based on real-life cases of mine, are fictitious. To preserve confidentiality and anonymity, all identifying details have been anonymised and pseudonyms are used. The case studies are a composite of clients dealing with similar psychological issues. Any resemblance to persons living or dead is purely coincidental.

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## About the author

**Stelios Kiosses** is a psychotherapist and the Clinical Lead for Edison Education. He leads a multidisciplinary team responsible for ensuring the delivery and integration of evidence-based clinical and behavioural practices, as well as rigorous preparation and oversight for associate therapists and structured work experience for graduate psychologists. He studied psychodynamic counselling and clinical supervision at the University of Oxford and was previously trained in psychotherapy and experimental psychology at Sussex University. He is an associate member of the American Psychological Association and a member of both the British Association for Counselling and Psychotherapy and the British Psychological Society. He is a member of Corpus Christi College Oxford and a research collaborator with Professor Robin Murphy's Computational Psychopathology Research Group based at the University of Oxford.

Stelios currently teaches at Harvard University Extension School and has previously held teaching positions as a visiting senior research associate at Kings College London and as a visiting lecturer at Goldsmiths College University of London. He was originally appointed as an honorary senior lecturer in the Department of Psychiatry, University of

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