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Becoming A Better Therapist: Eight Lessons From Running

A DOCTORAL PAPER
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DOCTOR OF PSYCHOLOGY

BY
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Becoming A Better Therapist: Eight Lessons From Running

Picture an ideal therapist. Images of an empathic, insightful intellect may come to mind. You might envision an individual who asks well-timed questions and makes comments that flow seamlessly during an hour-long appointment. Or you may see someone who makes apt connections between life experiences. At first glance, therapy may be viewed as a profession one is innately fit for. It may seem that individuals with empathy, who hold strong interpersonal skills, and who move through the world with deep insight are the ideal choice for therapists. While these skills may assist one's ability to become an effective therapist, having innate emotional capacities is not the primary element that makes for strong clinicians. Rather, attention and effort to improving their work and incorporating feedback are crucial elements for improving performance as therapists (Miller, Hubble, & Duncan, 2008).

It is hard to learn how to be a therapist. The path to the role includes schooling, training, trial-and-error, supervision, licensing hurdles, and numerous hours of clinical practice. Many therapists, counselors, and psychologists have worked hard to create ways to streamline the role and the definition of clinical skills required, such as, a therapist referring to a manualized treatment, for example. These manuals outline specific interventions used to treat a variety of clinical presentations. The research regarding the effectiveness of manualized treatments is inconsistent, with this approach working better for certain populations than for others (Shedler, 2015). Ultimately, the key component to any effective intervention is the working alliance created with the client by the therapist, regardless of the theoretical orientation or evidence-based interventions employed (Horvath & Symonds, 1991). This means that reading a book or being born with empathy in and of themselves do not make for effective clinicians.

There are many ways to learn the art, or rather skill, of therapy. Many metaphors highlight ways therapy skills map onto other life roles (Najavits, 1993). Therapy is often compared to the role of a parent (Firestone, 2010). To be effective, both therapists and parents must be consistent, hold integrity, and provide structure while meeting the child (or client) where they are developmentally (Firestone, 2010). Therapists have also been compared to conquistadors because both are in a role of creating change (Freud, 1900). For Freud, in the field of psychology the term conquistador meant being a “powerful intellectual conqueror” (Schimmel, 2014, p. 14). By this he meant he saw himself as an explorer of new therapeutic methods to aid clients in better understanding and in alleviating suffering. While these metaphors highlight traits of therapists (e.g., intellectual, nurturing), developing therapeutic skills is just that – *skill* development. Rather than focus on personality traits alone, it is more pragmatic to focus on identifying the essential skills of successful therapists and ways to learn and enhance those skills. If we view therapy as a skill that is learned rather than a role we play, simply by prescribing interventions or enacting our innate talents, we can use other skill-based practices as maps for understanding how to become a better therapist.

Now picture a long-distance runner. Images that come to mind include mornings and evenings dedicated to training runs, nutrient-rich dietary regimes, and endless hours poured into preparing for the big race. Runner and therapist, while at first glance assume contrasting roles – a lone wolf roaming for miles versus an inviting intellectual meeting day after day with clients – are roles, or rather practices, requiring skills that are learned.

Just as the world’s fastest runners are not born that way, the world’s best therapists are not either. Great runners and great therapists may have physical and personality traits that lend themselves to the practice, but skill development is the vital component that makes a great runner

great, and a great therapist great. Just as one can learn to run and train for a race, one can learn and train to be a therapist. Thus, important lessons from the role of a runner can inform us how to train for the role of a therapist and enhance our performance for the “big race” of effectively working with clients.

In short, this paper seeks to identify lessons that can be taken from the sport of running to serve as a map for learning skills needed to become a better therapist. The practice of running mirrors the practice of learning therapy skills. This paper takes the lens of how to practice to become a better runner and applies it as a new approach to skill development for therapists. Additionally, this paper incorporates self-reflection and disclosure as I myself identify as a female runner and therapist. I will use personal examples to highlight the ways that lessons from running have served as a map for learning therapeutic skills.

Lesson 1: Building up slowly (The developmental approach)

"The advice I have for beginners is the same philosophy that I have for runners of all levels of experience and ability: consistency, a sane approach, moderation, and making your running an enjoyable, rather than dreaded, part of your life." –*Bill Rodgers, Runner, Four-time Boston Marathon Champion*

Never did a coach say, “Welcome to day one of practice, now give me 20 miles.” Long distance running is all about building up to your goal mileage and your goal speed so as not to injure your body before you even start. Good runners take into consideration past injuries, body shape and size, stride, form, terrain, and numerous other factors when deciding how to increase their mileage to build a solid foundation for training. Start out too fast or put in too many miles and risk injury. Injury bars a runner from the practice of the sport itself.

Building a base takes time, and it is easy to want to rush. To approach this challenge most runners consult coaches, training programs, and experts. Identifying where you are developmentally as a runner (beginner, intermediate, advanced) is the first step to game plan your training and approaching it with sanity, moderation, and pragmatism. You must build up mileage slowly, increase speed work appropriately, and schedule rest periods and light workouts for recovery.

Eric Orton (2018), long-distance and ultra runner coach, speaks to the power of building isometric strength, or the ability to move seamlessly between your “landing” period (eccentric strength) and “powering forward” (concentric strength). He explains that increasing your isometric strength cuts down on the lag period in running, or the time that is eaten up by your foot landing and then taking off from the ground (Orton, 2018). It increases runners’ ability to shift pace quickly, powering up when needed and slowing their force rapidly. Increasing isometric strength is done through interval running, or repeated practice of shifting from a slower pace to a faster, more powerful pace. This is not the only type of workout needed to become a good runner, but it is a vital component to being able to shift speed and force in the middle of a run, and a skill any competitive runner (e.g., amateur or Olympian) needs to develop.

Once runners achieve higher performance outcomes they must be careful to avoid the trap of thinking there is nothing left to learn. Elite runners excel at their sport because of continued training and feedback. They seek new areas to improve and further optimize performance. If runners believe they have learned all that there is about running, they run the risk of overdoing their training or avoiding new learning of things they do not already know how to do.

As with running, therapists must build a foundation of knowledge and base skills before diving into the practice of therapy. Early career therapists must consult with supervisors and experts in the field, just as budding ultrarunners consult with coaches and experts like Orton. Similar to how runners need to build up mileage before adding speed and strength work, therapists need to build a foundational base of theory and knowledge before applying interventions, treatment planning, conceptualizing, and diagnosing. Once a foundational base is laid through graduate school or other training, strength workouts can begin. Budding therapists can then explore the ins and outs of navigating the relationship in the room. They can learn when to slow down and when to speed up. This developmental approach of building their skills from the ground up parallels the environment therapists subsequently create for clients. For example, meeting clients where they are developmentally and helping them to define goals must happen before working towards those goals. This might look like increasing clients' psychological flexibility, teaching distress tolerance skills, or creating a securely attached relationship. Getting these components in place will make for effective therapy and client progress.

As an example, compare Orton's description of isometric strength and Cozolino's definition of the therapist's challenge. As you advance as a therapist, another important skill is learning to monitor your own thoughts, emotions, and reactions and keep in mind the perspective of the client. Cozolino (2004) writes, "Within the client-therapist relationship you shuttle your focus among your own perspective, what you imagine your client's perspective to be, and your best guess about what is going on in his or her internal world. Imagine this type of shuttling as going from yourself across to your client and back again" (p.133). Just as a runner "shuttles" between concentric and eccentric strength and enhances the ability to do so quickly with isometric workouts, therapists must also learn to shuttle between self-awareness and client-

awareness through training, supervision, and practice. They must learn to do so quickly and as accurately as possible. This may mean considering the timing of comments, inserting reflections, or utilizing silence with the client to foster growth towards therapy goals. Whichever approach is taken, learning how to oscillate between different speeds or different interventions make for good running and good therapy.

Therapists also run the risk of thinking they have learned as much as they need to know. This leads to the trap of claiming expertise. This trap happens when therapists feel discouraged from learning new things or no longer question what they are doing. Losing sight of what else can be learned, leads therapists to overwork, avoid consultation when they need it, or lose momentum in therapeutic relationships. Therapists, like runners, must be aware of feeling they have reached “expert” level and question themselves when they think they have nothing new left to learn.

Lesson 2: Learning to manage your pain

"To keep from decaying, to be a winner, the athlete must accept pain--not only accept it, but look for it, live with it, learn not to fear it." –*George Sheehan, Runner, Physician, Author of Running & Being*

The Buddhist idea of pain comes up for all runners at one time or another in their careers. “Pain is inevitable, suffering is optional” was highlighted in the running community by Haruki Murakami, author of *What I Talk About When I Talk About Running* (2008, p. vii). Murakami meant to underline the inevitability of pain in running and how managing your experience of pain is the key to working through it and learning to enjoy it. Similarly, George Sheehan, fellow writer and runner, illustrates that “the idea of suffering is so natural to both writers and runners it seems to be a common bond” (1978, p. 3). Sheehan illuminates the idea that we go through a

“perennial process” of accepting and perfecting ourselves as we are, and that this process is fatiguing, depressing, and painful, but ultimately the courage to do so allows the possibility of bridging mind and body (1978, p.10). Both Sheehan and Murakami speak to the inevitability of suffering across different types of professional and personal practice, and the strength that comes in navigating, managing, and even embracing this pain so as not to suffer from it.

In addition to managing and embracing pain, runners grow from stressing their bodies. Nassim Nicholas Taleb (2014) discusses the phenomenon of how *not* stressing our bodies leads to physical fragility and causes aging processes to begin (e.g., loss of bone density). He discusses how pushing our body to new maximums breaks barriers and helps our muscles and bones to expect and bear more “stress.” For runners this may look like increasing long runs, adding weightlifting and core workouts, or running intervals at increased paces. Taleb (2014) also notes the importance of how frequently we stress our bodies. He emphasizes that our bodies thrive on acute, as opposed to chronic stress, and recovery periods allow our bodies to respond to and process the stress (e.g., promotion of muscle growth).

The same is true in the profession of therapy. Like runners and writers, therapists experience pain in their practice. This may be through countertransference, through professional and personal struggles, through not being able to alleviate the pain of someone else, through bearing witness to that which society covers up, or simply sitting silently with a client for a session. Naming, navigating, and even embracing our personal pain as therapists is also vital to our ability to “shuttle” forward in work with clients. Cozolino (2004) describes how intellectualizing our pain as a defense ultimately “handicaps both personal growth and the development of good therapeutic abilities... The more fearless we become in the exploration of our inner worlds, the greater our self-knowledge and our ability to help clients” (p. xvi). Here

Cozolino speaks to Taleb's idea that stress is not only something to be endured, but is essential to growth and maturity.

This concept is prevalent through many theories of therapeutic approaches, including intersubjective approaches. Buirski and Haglund (2001) describe how attuned responsiveness to clients ultimately allows for individuals to further integrate affect into their organization of self-experience. In addition to attuning to their clients during sessions, therapists must also attune to themselves. Self-attunement allows integration of painful experiences into self-experience. The action of unfolding, illuminating, and transforming organization of our own experiences (Buirski & Haglund, 2001) is another piece of the foundation needed to move forward in developing the skill of therapy. Learning how to manage our pain allows us to do the hard work with clients and thrive as therapists, instead of suffering and barring ourselves from progress. Pain also promotes growth and maturity in our practice.

Lesson 3: Pushing yourself badly vs. helpfully

“Never underestimate the power that one good workout can have on your mind. Keeping the dream alive is half the battle.” –*Kara Goucher, American Long-Distance Runner, Olympian*

In addition to managing pain, it is important to know where to stop when it comes to pushing oneself in running. Pushing yourself too far, or badly, leads to injury from overuse. In my own experience as a runner, I will never forget the story Will Freeman, Grinnell College Men's Cross Country Coach and Olympic Trial Finalist, once told about the experience of one ultramarathon runner. Freeman described an ultra runner (a runner who races distances longer than the standard marathon length of 26.2 miles), who in the middle of a race began to blackout and lose eyesight. He lay down, napped briefly, and resumed racing. Following the race, the runner sought medical attention and learned that his body had begun digesting his optic nerve

during the race due to a depletion of nutrients. While some runners may look in awe at this as a feat of mind over body, I highlight this as a moment of pushing the body badly versus helpfully (while still giving a nod to ultrarunners for their maniac-like commitment to running all the miles; but, hey, we have to draw the line somewhere).

McMillan (2017) speaks to the mistake of forgetting to take recovery time as another way runners push themselves badly. Letting the body take extended periods of rest allows muscles and mind to recharge without losing basic fitness. He explains, “Without [recovery phases], the body slowly becomes dull, and a performance plateau will follow.”

Runners also need to know what their limits are. Overuse injuries are extremely common. For many runners injuries occur when they load on mileage without a slow progression toward their goal mileage. They get hurt from running on hard pavement too often or when they choose races that do not suit their current level of performance.

Runners can also get burned out on the sport. Losing passion for running can occur when you train too rigorously. It can happen when runners do not reflect on why they are doing the sport. It happens when they forget to tune into the experience of running itself. Whatever the case, runners need to recognize and respect their limits. Knowing limits helps one to keep doing the sport. If you get too badly injured or burn yourself out in a rigorous training regime, you can no longer do what you love. Finding balance and reflecting on fulfillment helps runners refocus on what matters to them about running.

Personally, I participated in seasonal running teams from my middle school through college years. I ran cross country in the fall, track in the spring. By the time I hit my first college track season of my freshman year, my legs were burnt out and I suffered stress fractures. More importantly, I no longer found myself mentally motivated for track. The distances were shorter,

which meant I had to learn how to run similar to a sprinter, which was an endeavor my heart was not in. I also loved the feeling of running “on the open road” rather than in circles around the track. It was not until my senior year when track season rolled around for the fourth time, that I finally took notice of my mental and physical exhaustion. That year I tried something new. I quit.

I listened to my desire for running down country paths, through trees, and over hills, and I decided to train on my own for my first marathon. This was the best decision I made for myself as a runner. I learned a new love for setting my own running schedule, setting my own goals, and not having to follow a rigid workout regime that was not of my own making. I developed autonomy in deciding what lessons from former coaches I wanted to take forward into my training, and what new things I wanted to learn from other experts, or experiment with on my own. I began reading about running, designing training and meal plans, running with people who shared my excitement, and got back on the “open road.” My passion for running was rekindled by simply attuning to my boredom with track season.

Therapists also need breaks to recharge the mind and reflect on whether or not they are fully engaged in the work, so as not to dull their attunement to themselves, and subsequently to their clients. For some therapists, pushing themselves badly may look like working with a huge caseload and risking burnout (i.e., digestion of the optic nerve). For others, pushing badly may mean working with a population or presentation that we are uncomfortable with, or have not yet learned how to manage our pain in. For others yet, it may mean simply trying to use an intervention for the sake of using an intervention, when really it is not what the client needs.

Regardless of the factors that arise with caseload, client population, or intervention skills, all therapists must circle back to a common question. They must ask themselves whether the work they are doing is a means to an end, or a means to personal fulfillment. Similar to the

experience noticing my boredom with track, therapists must tune into their boredom with their work. If the work is not fun, how does one stay engaged? If there is no passion, how does one stay motivated to do the work beyond ensuring a paycheck? Should they still do this work? Therapists must tune into what they love about therapy and pursue it; and, inversely, they must tune into what they dread and explore alternative roads.

Pushing ourselves *helpfully* involves reflection, supervision, consultation, and openness to changing our approach. Ultimately this concept of pushing yourself helpfully falls back to the idea of managing your pain and increasing your self-awareness. Ignore these important elements and perpetuate the pattern pushing yourself badly.

Lesson 4: Comparison as a weakness and the concept of “good enough”

“The ultimate is not to win, but to reach within the depths of your capabilities and to complete against yourself to the greatest extent possible. When you do that, you have dignity. You have the pride. You can walk about with character and pride no matter in what place you happen to finish.” – Billy Mills, Olympic Gold Medalist in the 10,000-Meter Run

As Bart Yasso, Chief Running Officer of Runner’s World, said, “I often hear someone say I’m not a real runner. We are all runners, some just run faster than others. I never met a fake runner.” Competitive amateur long-distance runners do not benefit from comparing themselves to Steve Prefontaine or Des Linden, nor do amateur sprinters benefit from comparing themselves to Florence Griffith-Joyner or Usain Bolt. Being a “good-enough” runner for the developmental stage you are at, and for the end you are trying to achieve, is vital in the process of improving running skills.

Winnicott coined the term “good-enough mother” (Cozolino, 2004, p. 73). His term described that despite how much parents may strive for perfection, being emotionally available,

present, and caring towards your child is enough for children to flourish (Cozolino, 2004).

Runners comparing themselves to elite athletes means running the risk of developing an inferiority complex that reinforces the flight or freeze response. If we start comparing ourselves to people in higher performance brackets than our own, we blind ourselves to seeing our actual progress and hinder ourselves from even engaging the process of training. Instead, comparing ourselves to runners at our level, or even comparing ourselves to ourselves, is what helps us define, pursue, and achieve attainable goals. As Murakami (2008) put it:

For me, running is both exercise and a metaphor. Running day after day, piling up the races, bit by bit I raise the bar, and by clearing each level I elevate myself. At least that's why I've put in the effort day after day: to raise my own level. I'm no great runner, by any means. I'm at an ordinary – or perhaps more like mediocre – level. But that's not the point. The point is whether or not I improved over yesterday. In long-distance running the only opponent you have to beat is yourself, the way you used to be. (p. 10)

While it is appropriate to aim for “good-enough” runner, many runners stop at “enough” and forget about ways to improve. They become complacent. For example, runners may stop racing or seeking coaching after they leave a team setting. They may stop timing their training runs to track progress and regression. They may stop learning about new techniques for recovery, diet, and training.

Like runners, beginning therapists and most career therapists will not benefit from comparing themselves to Ainsworth, Erickson, or Kohut. Playing the role of the good-enough therapist allows us to thrive as clinicians and allows our clients to make therapeutic progress, just as being a good-enough parent allows children to develop and thrive. Many beginning therapists make the mistake of looking too far ahead. They compare their performance to that of their

supervisors or to that of the famous psychologists they read about in textbooks. When we shoot for a goal outside of our range, we set ourselves up to fall short. An amateur marathoner trying to break the world record is just as far-fetched as successfully channeling Winnicott in your first-ever therapy session. Shoot for good-enough and go from there!

The conundrum of considering whether one is “good-enough” versus becoming complacent arises for therapists too. Therapists may be tempted to claim complete proficiency once their training ends and they are no longer supervised; or they may avoid consultation when they are practicing under their own license. Therapists might avoid research, reading, and trainings that expose them to new ideas and the knowledge of experts, like they once received in previous supervision. Like runners, therapists may avoid timing their workouts, such as not tracking whether or not their clients’ are improving. While shooting for good enough is a developmentally appropriate goal, therapists and runners must be aware of their apathy towards learning and tracking growth. Shoot for good-enough and notice complacency!

Lesson 5: Getting in the zone

“Running is my meditation, mind flush, cosmic telephone, mood elevator and spiritual communion.” -*Lorraine Moller, New Zealander Olympic Medalist, 16-Time Marathon Champion, World Track and Field Finalist*

Figuring out the reason you run is one way to get in the “zone.” Getting in the zone, breaking through the wall - these idioms describe the phenomenon in running where pain, getting stuck in your thoughts, or fearing the results of your performance are transcended. The zone in the running community has also been referred to as “Flow State.” As Shannon Thompson defines it, “Simply, flow is complete immersion in the task at hand” or the ideal performance state (2017). The concept of flow also exists outside Thompson’s running community.

Csikszentmihalyi's (1990) theory of optimal experience incorporates flow. He defines it as "the state in which people are so involved in an activity that nothing else seems to matter; the experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it" (p. 4).

Runners strive for the zone because it leads to personal records and achieving above and beyond personal goals, or deferred reinforcers for running. Many runners describe the zone as a state of complete absorption in the experience. There is no judgment, no anxiety, nor intrusive thoughts when in the zone. It is complete fusion with the present moment. Thompson (2017) outlines six main components of the "Flow State" including: 1) Synchronization of the body and mind, 2) Losing track of time (e.g., marathons feels short, 200m sprints feel long), 3) Complete and total focus on running, 4) Absence of self-consciousness, 5) Feeling of control of the situation before you, 6) "Autotelic experience" or love of taking part in the activity for its own sake.

So back to the question of how to get into the zone. The key component in Thompson's (2017) description of Flow State seemingly lies in the autotelic experience. Learning to love the activity for its own sake allows barriers to be broken, self-consciousness to be lost, and awareness of time to wash away. Loving the sport for the sake of the sport itself means immediate reinforcers are effective. Immediate reinforcers in running may include the feeling of your foot against the track, air running past your face as you increase speed or make a turn, the smell of trees, dirt, and hot pavement, or feeling the rush of adrenaline during a run. According to Krueger (2006), William James might coin the zone as the "pure experience" of running or finding ourselves "in concrete experience that the world as given, within the 'aboriginal flow of feeling' that is the 'much-at-onceness' of pre-conceptual phenomenal experience, that we discern

the deeper features of reality—such as cause, continuity, self, substance, activity, time, novelty, and freedom” (p. 6). The more we delve into finding joy and oneness with the act of running, the easier it becomes for us dive back into this state, the zone, again and again.

The same goes for therapists. Figuring out the reason you engage in the therapeutic process is the first component of getting into the zone or flow of therapy. Unclear therapy goals, or fear of mistakes, reinforces avoidance of the zone. Not knowing how to engage in flow makes it difficult for therapists to create optimal conditions for clients to find flow in therapy as well. To curb this, therapists might ask themselves, “What makes therapy fun? What components intrigue me? Where do I get stuck? What happens right before I start to feel negatively about the process?”

Engrossment in our work helps therapists facilitate clients’ engrossment in the therapeutic process. Knowing what flow feels like in your work as a therapist allows you to cultivate an environment where patients can experience flow in their therapy. Metaphorically, therapists can play a parenting role for patients when facilitating the flow. Similar to parents looking out for dangers while children play, therapists look out for tangential thought processes in session that get clients out of the zone. Parents also structure play and downtime, much like how therapists track time during session and indicate the session’s end so the client can keep “playing.” To create these conditions for clients, therapists must learn what conditions allow for their own flow.

Ultimately, just like running, therapists should engage in the therapeutic process with pleasure despite, in Csikszentmihalyi’s (1990) words, the cost. They should figure out why therapy is worth doing just for the sake of doing it. “There’s something so universal about that sensation, the way running unties our two most primal impulses: fear and pleasure. We run when

we're scared, we run when we're ecstatic, we run away from our problems and run around for a good time" (McDougall, 2011, p.11). Finding an entry point to the zone – the exhilaration of cultivating self-exploration, the satisfaction of creating a therapeutic alliance, the power of addressing ruptures with curiosity instead of fear – reinforces oneness with and a love for the process. It allows us to get “in the zone” as therapists.

Just as immediate reinforcers are effective for runners and their experience of “flow,” reinforcers can also support therapists and their clients to “get in the zone” during therapy sessions. Different theoretical orientations’ view different components of therapy as immediate reinforcers for entering “the zone” in the therapy setting. Acceptance and Commitment Therapy (ACT) clinicians may be immediately reinforced when clients utilize psychological flexibility in session. The intersubjective therapist and client are reinforced when the patient feels that the therapist “gets her.” The therapist who takes a cognitive behavioral and relational approach is effectively reinforced when clients produce positive metaphors during session. No matter the theoretical orientation, positive and immediate reinforcers that occur in the therapy session lead the therapist (and often the client) to “the zone” and this leads to better therapy outcomes.

Lesson 6: Navigating sexism

“Because I am a woman, I must make unusual efforts to succeed. If I fail, no one will say, “She doesn’t have what it takes.” They will say, “Women don’t have what it takes.” –*Clare Boothe Luce, American Author, Politician, and U.S. Ambassador*

While this section primarily focuses on experiences of female runners (e.g., sexism, oppression, societal injustice, and physical threat) the goal of this section is not to minimize the existence of such wide-spread oppression for runners of other identities. Rather the goal is to take a peek into one piece of the puzzle of oppression for runners and therapists alike. I utilize

my personal identity as a female runner and female therapist in this section as a point of reference. This includes personal reflections and examples from my own life to highlight some of the ways the role of runner and therapist map onto one another for females, specifically in the context of gender dynamics (e.g., power and privilege) and gender oppression.

When searching for articles, research, and books on the topic of female experiences of sexism in the running world, an unsettling theme arose in my search results. Many articles on the sexualization of females, experiences of catcalling, and other harassment while running popped up, but I was both shocked and unsurprised to find a plethora of articles on the murder and assaults of female runners. This mix of shock and belief is a common emotional juxtaposition for women. As a female runner myself, I have always been aware of the dangers and harassment that come with running. I avoid running at night when possible, I check all points of vision constantly when running in empty parks or on deserted trails, I let friends know when and where I am doing long runs, I take my dog when I can and run with friends when possible.

In July 2018, a college sophomore named Mollie Tibbets went missing while on a run in the town of Brooklyn, Iowa. This town is 20 minutes from the town where I attended college, where I would run alone as a sophomore on deserted country roads during training. Mollie Tibbets was murdered by a man who started following her on her routine morning run. While incidents like this are not daily, Mollie is not the first woman to be murdered or assaulted on a run. Her story sparked thoughts for me such as, "It could have been me, it could still be me." It is likely that Mollie's story and stories like hers triggered similar reactions for female runners around the world.

Mollie's death occurred in the wake of the #MeToo movement (Harris, 2018) and sparked a new mini-movement in the running community coined "Miles For Mollie." Runners

are encouraged to dedicate their runs in Mollie's name and post pictures of their running routes or location online as a statement of how women should not fear the run and should be able to enjoy it. Unsurprisingly, while the meaning of posting a route on social media for this cause makes sense, women must still consider the safety risks taken in doing so.

Mollie's story is a representation of many other women's stories, and it also symbolizes the often unspoken dynamic that occurs in between females and males in society. Specifically, it symbolizes the dynamic of power and privilege that occurs in interactions between the sexes and a history of female oppression reinforced by a historically patriarchal society. Even when not explicit, females are constantly caught in the dynamic of being objectified, turned into a sex object, or being aware of the physical force males have and their potential to use this force. Prasad (2018) cites a 2017 study where 43% of women endorsed experiencing harassment while running and 30% had experienced actually being followed by a harasser. Prasad (2018) quotes Manhattan College associate professor, Kimberly Fairchild, who said, "Men use street harassment to assert power and enforce gender boundaries" (para. 26). In female runners' experiences it is very easy to see the potential for threat and the gender boundaries that are reinforced through harassment, assault, murder, and the fear of potential for these events. This takes away from the experience and joy of running. For example, Hamilton (2017) writes, "Running is supposed to be a release, a sanctuary. Instead, I'm wondering if I'm going to be safe" (para. 13).

In a different and similar way, sexism and gender boundaries come up for female therapists. As professionals we are not as often so explicitly physically threatened (though it still happens) as in some of the illustrations above, but we constantly experience the dynamic of objectification, potential for threat, and forced gender roles. Navigating a dynamic of power and

privilege with clients imposing these dynamics on the therapeutic relationship is a tricky feat. Female (and non-female!) therapists must identify ways not only to build a rapport with their objectifier, but also regain authority in the room as the clinician and professional, rather than be forced into the role of the object of desire or “lesser than.” The following paragraphs provide examples of how to navigate these dynamics as a female therapist, and important considerations that could be made when deciding a best approach.

Recently, an important clarification came up for me in a multicultural seminar discussion on the roles of power and privilege, and sexism in the therapeutic setting. The question arose of whether or not it is okay to terminate with a client due to uncomfortable dynamics. Applied here, the question becomes, is it okay for a woman to terminate therapy with a client who objectifies and/or causes her discomfort? The tentative conclusion of the seminar discussion was that if there is a sense of threat or actual danger, termination is always okay; whereas, if it is discomfort that can be addressed, that should be the primary goal before considering other options. Many opinions exist of how to best answer to this question. What I want to highlight is *who* are the clinicians who most commonly have to ask this question of themselves?

Additionally, therapists must consider whether clients will accept or respond to the therapist interpreting the function of the clients' behavior. For example, catcalls could be interpreted as a form of projective identification. Symbolically, a woman running without an escort or a woman in an authority role as a therapist, represent a rejection of the patriarchy, which many may interpret as threatening. Therefore, some men utilize catcalls to manage feelings of inadequacy or vulnerability when in the presence of such a “threat.” Unfortunately, female runners have few opportunities engage in a dialogue about catcalls. Furthermore, when female runners address the catcalls, the catcalling behavior is subsequently reinforced.

In contrast, for female therapists, there are opportunities to interpret “catcalling” or behaviors with similar functions within the context of therapy (e.g., a male client commenting on a female therapist’s appearance, a client commenting on your age, race, educational degree, etc.). Pointing out the behavior and supporting the client in exploring the behavior’s function is one approach to addressing “catcalling” events in therapy. Another approach may be helping the client recall other moments in their life where this same type of interaction occurred, and then examine the contexts and environments that led up to these interactions. No matter the approach used for interpreting the “catcall,” the problem that remains for female therapists is whether clients will accept and/or respond to her interpretation of the projective identification.

Lesson 7: Knowing what you’re built for

“Running has taught me to love my brain, my body, and what both can do for me when I use them wisely and appreciate them.” –*Meggie Smith, Oiselle Racing Team Member, Marathoner*

You have to be aware of what type of running (or other sport) you are built for. According to Sheehan (1978), how we are built determines our sport, our personality, and likewise our career. He references Sheldon’s idea that every individual fits a certain body type (i.e., mesomorph, endomorph, or ectomorph) and based on personal physical potential from this body type, each individual can develop according to their potential (e.g. trying to be a high jumper when you are better built for hurdles) (Sheldon, 1940). Lack of acknowledgement of what our bodies are built for can lead to false ambitions, according to Sheldon. “If not running, humans should find that particular physical activity suited to their own size and shape. The meaning of life...is to be found where our blood and flesh whisper to our unconscious” (Sheehan, 1978). This is not to say choosing a sport comes down solely to physical attributes.

Mental strength, passion, access to vital training, and other key elements all come into play when deciding what type of running or type of sport one is best suited for. The trick is to accurately assess strengths and weaknesses so as to make an informed decision about the sport you pursue, the training you embark upon, and the challenges you will inevitably encounter and need to overcome.

Despite therapy *not* being an innate skill, you do have to tune into your personal qualities, strengths, and characteristics to best perform the role of therapist. For example, if you are prone to bluntness or chiding, you cannot expect to do therapy like Carl Rogers or Sue Johnson. Likewise, if you tend to nurture and parent, you cannot expect to approach therapy like Steve Hayes. Similarly, if you have personal experiences that you cannot get past, you probably should not provide therapy to clients seeking support around these same experiences. If you have a passion for working in a medical setting on a fast-paced integrated team, traditional psychoanalytic therapy is not the right choice for you. Identifying your own make and build - your strengths, passions, personal capabilities, and characteristics - helps to determine which path you should embark upon in learning how to become your best version of a therapist.

Runners and therapists must come to terms with what cannot be. Runners with permanent injury may face mourning the activity they once loved. Others may mourn that they cannot make the Olympics, qualify for the Boston Marathon, or compete at a competitive level that they desire. In contrast, those who chose running as their sport or career may realize down the road they wish they had pursued a different path, whether it be a different sport or a non-athletic goal altogether. For therapists, moving into administrative roles might mean saying goodbye to work with clients that they once enjoyed. Others may mourn that they never get these positions or

promotions. Others yet may look back at points in their careers and wish they had chosen a different path altogether.

I will never forget my first day in our Life Cycles: Adolescent to Adult Class, a class that was right up my alley as I thoroughly enjoy work with adolescents, when our professor posed a question for the first-day-of-class icebreaker. He asked, “If you weren’t sitting in this room and pursuing this degree, what would you be doing instead?” It startled me how easily the answer came to mind. I would be a park ranger of course! Wandering out in the wilderness, intermittent contact with humans to point them in the right direction, and a life of wearing khaki and sunblock. Saddened that I may only achieve this goal in my retirement due to the need to pay back my student loans, I also realized that as much as I would enjoy the freedom of a parks and recreation lifestyle, I have more potential and desire to excel as a therapist. It fits my skills and is a profession I can grow and flourish in.

Finally, like runners’ need to tune into what they are built for to optimize their potential, therapists must tune into how they can make therapy their own based on their personal attributes. This means considering as a woman how you may approach work with men when power and privilege dynamics arise. It may mean considering your sense of humor and how you can successfully incorporate it into your work. It may mean dressing the part based on the setting you work in. Therapists need to consider their faults as well. Do they interrupt? Do they give advice or try to fix problems? Do they have a passive approach? Knowing your interpersonal attributes, for better or for worse, allows you to use them to your advantage, curb them when necessary, and ultimately integrate them in a way that promotes your best version of therapist.

Lesson 8: Improving your form

“The will to win means nothing without the will to prepare.” –*Juma Ikangaa, Tanzanian runner, New York City Marathon Champion*

In many sports there are standard approaches to improving your form. Approaches include watching video of your own performance, observing others, receiving feedback from coaches, trying out new terrain, and using new equipment (new shoes for runners, maybe softer tissues for therapists). Sheehan (1978) also speaks to the power of watching your own growth as a runner. This includes looking back at where you started, such as an eight-minute mile, looking at where you are, and looking where you are going (e.g., six-minute mile goal). Observing and tracking our own progress through feedback, self-evaluation, and formal evaluation allows runners to see where they have excelled and where they are stuck. With this knowledge they can identify steps for moving forward. If a runner just ran and did not practice the approach they were going to use during the big race, they would be left at a jogger’s pace on marathon day, or with a debilitating leg cramp during the steeplechase.

If runners find a form that works for them and stick with it always, they are sure to keep performing at a constant level. Sticking to one approach becomes problematic when a runner wants to go faster, prevent injury, or sustain form in longer races. For example, a runner may need to build core strength, change the way their feet hit or leave the ground, hold their shoulders up more, not tilt their head to the side, or change the direction of their arm swing. Having one form that works well keeps a runner in the same race and pace. Moving to a higher level takes work, such as testing out a new shoe, trying new terrain, adjusting form, adding strength training, consulting with a coach, or pushing yourself in a workout. This may lead to temporary pain, feeling awkward in your form, or even feel like regression. The goal of getting feedback and

testing out new techniques is a means to continued improvement and preventing stagnation. Knowing that temporary regression will lead to improvement helps runners stay motivated during these awkward growth periods.

For therapists, we too must look at where we have come from and where we are going if we are to improve our form. This is why the American Psychological Association (APA) has standards and requirements for graduate programs including training in philosophy and theory and live observation by a supervisor. Looking at ourselves and examining our form through another's eyes allows us to identify poor form and make corrections. It allows for growth. Evaluation helps us practice good form so that on "race day" (i.e., the next therapy appointment) we can implement the best therapeutic intervention that our training allows at that moment in time.

Therapists must also avoid stagnation in their performance. To grow we may need to cut back on nodding or saying "mhm" in sessions so as not to reinforce particular client behaviors. We may need to learn to sit in silence for longer periods, to time questions differently, or to learn to push our clients more than we previously felt comfortable doing. Evaluation of past performance and implementation of new techniques feels awkward at first. Therapists may feel like they are moving backwards in their therapeutic skillset as they fumble through new words or hold back when they desire to nod or make a reflection. Just like runners, therapists need to hold in mind that discomfort when trying out a new technique is a means to professional improvement and better outcomes in therapy.

It is vital to remember that improving form is not a means to an end, but rather an evolutionary process of reaching our next best selves as runners or therapists. It is a mistake to believe that once you have improved one or some aspects of your form you need not evaluate

your form again. Instead, once a new level has been achieved, a new goal takes its place. For runners this may include building upper body and core strength, learning technique to navigate rocky terrain, or identifying ways to manage steep inclines to keep energy reserved for later in a race. For therapists, it may include using silence as an intervention, interrupting clients at vital moments in session, or interpreting an exchange in a play therapy session. Returning time and time again to form and the next steps for improvement makes for running and therapy skills that can be learned, rather than innate abilities that occur without thought or intention.

Conclusion

The problem this paper sought to answer was how to become a good therapist. It is hard to do so. Many authors, psychologist, theorists, and others have created important metaphors that help us link skills from one profession or practice, to another. Murakami equates the process of writing to running. Freud explores the role of therapist as conquistador. Firestone suggests that parents and therapists share a set of traits and skills. Here we see that becoming a good therapist means learning a skillset through practice, evaluation, and personal evolution. Thus, analyzing how we approach one skillset allows us to see a map of how to develop other sets of skills. By examining the development, dilemmas, challenges, techniques, and other components that make up the skillset of running, we see a map of how to become a skilled therapist. Being realistic, approaching knowledge and skills developmentally, seeking feedback, engaging in self-reflection, and pushing ourselves while managing and embracing our pain, are vital elements that build better runners and therapists alike.

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