

[00:00:00]

**John Moe:** I mean, I've thought about it. Of course, I have. Because, god knows, I have been in the other chair already—you know, the big, comfy chair in the office. I've thought about being the person across the room in the not-quite-as-comfy chair, the person who does all the listening and the asking of questions. I've thought about it for a lot of reasons, one of them being that I'm not far from that role right now. I sit in a more functional, less comfy chair asking personal, mental health related questions every week as part of my work on this podcast that you're listening to right now.

Say it with me. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

**Transition:** Spirited acoustic guitar.

**John Moe:** I've thought about becoming a therapist. Haven't done it but have thought about it. You, a person with enough of an interest in people and mental health to listen to this show, may have considered it as well. So, what is it like for people who have actually taken the plunge, left their current careers and gone and gotten all that education and training? Does the reality measure up to the picture in the mind? And how much of being a good therapist can even be taught, versus qualities that you just have to have already in your heart and brain? I wanted to ask those questions—probingly, but with a lot of kindness and sympathy as well—of people who have been there.

In a bit, we'll hear from a member of our Preshies group on Facebook who has transitioned into being a therapist. But first, Lori Gottlieb is a therapist in California and the author of the bestselling book *Maybe You Should Talk to Someone*. It tells the story of her journey into both sides of therapy, both chairs. Lori also hosts the *Dear Therapists* podcast.

**Transition:** Spirited acoustic guitar.

**John Moe:** Lori Gottlieb, welcome back to *Depresh Mode*.

**Lori Gottlieb:** Oh, well, thanks so much for having me back.

**John Moe:** And we join you as you are dealing with covid, so if you need to cough horribly everyone will understand.

**Lori Gottlieb:** *(Laughs.)* Great. I'll try my best to refrain.

**John Moe:** Okay, great. Well, let's take back to where you were when you first got this idea of maybe becoming a therapist. Like, how was your life different? What was the life you were living at the time?

**Lori Gottlieb:** So, I was never a person who thought that I would become a therapist. That was never one of the career options that I had in mind. I was always really interested in stories. And so, I was interested in literature, I was interested in language, I was interested in

culture. And when I graduated from college, I actually started working in the entertainment business, because I was really, really interested in how stories are told in film. And then I eventually moved over to television, because I like the episodic nature of it, which I didn't realize at the time sort of foreshadowed the way that therapy works—which is you have these weekly episodes the way that you do as a therapist. And you have these longer arcs, and you have these smaller moments that are really important that you can't really capture the same way in a 90-minute film.

So, I moved over to television. And coincidentally, the shows that I was assigned to that first year that I got there were shows you may have heard of. One is called *Friends*.

**John Moe:** I've heard of that one.

**Lori Gottlieb:** The other one though was *ER*.

**John Moe:** Mm. Medical.

**Lori Gottlieb:** Right. And in *ER*, we had a consultant on the show who was an ER doc, and I was—part of my job was to go and hang out in the ER to help come up with story ideas. And I was fascinated by the ER, because these were real stories. These were real people. When you come to an ER, it's an inflection point. Nobody expects to go to an ER. That's the entire point of an ER is that something unexpected happens in your life. There's a turning point. And I didn't want to go back to the office. And at some point, the consultant said, “You know, I think you like it better here than you like your day job.”

*(They chuckle.)*

And I still didn't think I was going to become a therapist. And he said to me, “You know, maybe you should go to medical school.” And I laughed, because I was a French major in college.

*(They laugh.)*

[00:05:00]

And I still loved math and science, but I wasn't somebody that was on that track or had ever really been on that track. I was always a humanities person. And so, I kept going back to my job. And I really just—the more that I spent in the ER, the more I thought this is really, really interesting to me. Maybe I will go to medical school. But again, never thinking about psychiatry or becoming a therapist. And so, I took all the classes that I needed to take, all the science classes. I took the MCAT. I was accepted into medical school. And when I got to medical school, I realized it was really different from this idea that I had of being—again, going back to stories and the human condition—of being sort of like the family doctor who sees people through their lives.

And it was—you know, when I got there—I went up to Stanford for medical school. And all of my professors were wonderful, but they kept saying to me, “There's this new thing called

managed care.” This was 1999. (*Chuckles.*) “There's this new thing called managed care, and you get 15 minutes with your patients, and you have to see thousands of them, and the insurance companies are telling you what to do.” And it was sort of like the art and the humanity of medicine were really changing. And a lot of my professors were saying this is really different. And they knew kind of what my orientation was. And I wasn't interested in being a researcher and doing sort of, you know, like the nonclinical side of medicine. So, I really wanted to be that clinician.

And so, I ended up leaving medical school. I realized this isn't what I want to do. I started writing when I was in medical school about the experience of being in medical school. And I thought, wow, this is really interesting, because I can really help to tell people's stories. So, I thought that's what I'm going to do. I'm going to go, and I'm going to tell people's stories as a journalist. And so, I did that. And then when I had my son, I was writing as a journalist, and I realized as a new parent—and any new parents out there might be able to relate—that it gets very lonely. (*Chuckles.*) That, you know, there's not a lot of sort of like adult interaction during the day. And so, all these deliveries would come, because you have a new baby. And the UPS guy would come, and I would detain him with conversation, you know. (*Laughs.*) It would be like, “Hey, you know, how about those diapers? And do you have kids? And how's the weather?”

And he literally, even if things needed signatures, he would just leave it at my door, so he didn't have to talk to like, you know, the lonely new mom. And I realized like I need to do something. Writing can be very lonely, and I need to do something. And then I thought, you know, maybe I should go back and finish medical school, and maybe I should do psychiatry. And that's where that idea came from. So, I called up the dean at Stanford Medical School, who I had become close with when I was there. Because I used to run her mother-daughter book groups. So, you can see like I was always about story. And I said, “Maybe I should come back and do psychiatry.”

And she said, “Well, you're welcome to come back. But here's the thing. Psychiatry is a lot about medication management, and the training is so much about medication management. That's where it's going nowadays. And so, if you come back, that's going to be your training. You're probably going to end up doing a lot of, you know, medication management for your job. If you want the other kind of training, you're going to have to get that elsewhere. And do you really want to go through the rest of medical school, residency, all the internship, fellowship, all of that with a baby, with a toddler, when what you really need for the training you want is a master's degree in clinical psychology?” And it was the best advice ever.

So, I ended up getting a master's in clinical psych, and I have this hybrid career where I'm still a writer, and I have this clinical career as well. And I think they both really speak to each other. I feel like they're both in conversation with each other.

**John Moe:** So, you had this fascination with stories and with storytelling and kind of the arcs of people's lives. Did you have to learn anything from—which is a big part of being a therapist—did you have to learn anything totally from scratch that you didn't know while you were in training to be a therapist? Like, a skill that you had to develop from point zero?

**Lori Gottlieb:** Well, you know, what's really interesting—there's this class in medical school called Patient Doctor, and it's—they videotape you as you walk in to see an actor who's a patient.

[00:10:00]

And it's to get you used to coming in and learning how to do those interactions. And how do you get to a diagnosis? Right? So, the first thing that happened was—and you're being videotaped, and then people discuss the videotapes with you—your professors and your classmates. And out of—because I had come later to medical school, I'd already had this career in Hollywood. So, I was used to interacting with people in a different way than I think people who have just been students are. And so, I was the only person in this class of really brilliant classmates—these are, you know, incredible classmates that I had. I was the only person who came in and introduced myself to the patient. I was the only person who said, “Hi, here's my—my name is this. What's your name? How are you?” Right? Just that sort of basic interaction.

And I think that really served me well as a therapist, too. Because a lot of people, they go straight from their undergrad—maybe they majored in psychology, and then they go to grad school in clinical psychology, but they don't have that out in the world experience of what we do is so based on this I/thou relationship, the human-to-human relationship. And so, you can have all the training in the world, but if you don't know how to relate in a really authentic way with another person, it's going to be really hard for you.

**John Moe:** And we should point out too that becoming a therapist varies widely from state to state. Like, what somebody goes through in New York is different from what they go through in Illinois or, in your case, California. How long was the process from the time that you started your education there to the time that you were actively seeing clients?

**Lori Gottlieb:** Many years. You have about—it depends how quickly you do it, so I didn't do it as quickly as possible, because I also had a baby. So, I think I did three or four years of grad school. Some people can do it in two to three, but that's challenging. And then you have to do 3,000 hours of your clinical internship, and you're not doing every minute of every day—right?—because you're doing supervision, you're writing your chart notes, you're eating your lunch, you're going to the bathroom. (*Chuckles.*) So, it's not like a 40-hour work week. It's like literally how many hours are you spending in these various endeavors? So, that took several years too, and then you have to take your board exams. And so, you have to study for the exams and prepare for the exams, and then you have to take your boards. There's two sets of boards, and then you're licensed. And then you can start however you want to start, whether you're doing a practice or you're working in an organization.

**John Moe:** And what did you do?

**Lori Gottlieb:** I went into—I had done my internship at a clinical setting, and then I had—when you're doing your last part of your internship, you can do a supervised private practice. So, you're an intern in somebody else's private practice. And then I moved into my own private practice as soon as I was licensed.

**John Moe:** Okay. What surprised you most about the process of getting that education and getting that training? What surprised you?

**Lori Gottlieb:** Oh, so much. I'm still surprised every day. I think what surprised me was how much I would grow from the experience. That you think about, oh, I'm going to help other people. But I think what really surprised me was how much sitting in a room with somebody else as they think about these big life questions makes you ask yourself these big life questions too. And it really holds you accountable in your own life for how am I living my life, with what kind of intentionality am I living my life, how am I behaving in my relationships, what is my meaning, what is my purpose? All the kinds of things that other people are seeking answers to, you're seeking answers to at the same time.

**Transition:** Spirited acoustic guitar.

**John Moe:** More with Lori Gottlieb just ahead.

**Transition:** Relaxed acoustic guitar.

**John Moe:** We're back with author and therapist Lori Gottlieb.

Maybe a bit of an unfair question, but what kind of person would be well suited to this kind of career? And conversely, what kind of person would face a whole lot of challenges in this kind of career?

**Lori Gottlieb:** I think the person who's well suited to this kind of career is a very curious person.

[00:15:00]

Someone who is genuinely fascinated by the ridiculousness of the human condition. And I say that with all due respect—meaning the gap between what we say we want and what we actually do, the ways in which we get in our own ways, the ways in which we don't even realize that we are holding ourselves back or keeping ourselves stuck. And I'm not saying that there aren't external circumstances that get in our way, because obviously there are numerous external circumstances, whether those start with the people you surround yourself with or the society that we live in. Those are all extremely real. But at the same time, we do have choices.

And I think that the idea that we have the freedom and the agency to take responsibility for our own lives is both incredibly liberating and incredibly frightening. (*Laughs.*) And so—and I think too, just the ways in which we make sense of our own behavior and other people's behavior, until you're actually sitting down with a therapist and saying, “Wait a minute, let's slow down here.” And you start to say, “Yeah, maybe I could have handled that differently.” Right? So, I think that it's just fascinating the ways in which we make sense of our behavior and other people's behavior is really interesting.

**John Moe:** And then who's going to run into some choppy water? What kind of person is going to have a rougher time with this career?

**Lori Gottlieb:** I think people who aren't able to see their own humanity. In other words, if you see yourself as at a different level than your clients, if you see yourself as sort of better than, as the expert—I don't see myself as the expert. Yes, I have expertise. And yes, I am using my expertise to help the people who come in to see me. But I am, you know—as I say at the beginning of my book, you know, my greatest credential is that I'm a card-carrying member of the human race, that I know what it's like to be a person in the world. And I think that if you don't have that humility, then it's going to be very hard for you to have compassion for the people that you're working with, and you really need to have compassion for them.

**John Moe:** Does the reality of doing the job—and as you say, you're a writer, you know, you've written a wonderful book, and you're also a clinician. Does the reality of being a clinician measure up to the picture that you had in your mind?

**Lori Gottlieb:** Oh. Exceeds my expectations. Yeah. I mean, you know, speaking of my book, that's why I wrote *Maybe You Should Talk to Someone*. Because I think that—you know, in the book I follow the lives of four of my patients as I help them through their various struggles, but I'm the fifth patient in the book, and you see me going to my own therapist. And I really wanted people to see what I think therapists have the privilege of seeing, which is what does it look like to be human? What does it really look like? Not the social media version, not the public version, not even the version that maybe we present to our friends and family members, but what does it really look like when people are at their most honest and vulnerable and authentic?

And to see people grow and change and to see the potential in all of us to do that, I think that's the greatest privilege of this profession. And so, I wanted other people to get to see that too and to see themselves mirrored in the people that I write about. Because I think that we're all so much the same, and I think that out in the world we think that we're so different from one another. But what I see as a therapist is how much—no matter what people come in with, no matter what their stories are—how much at the end of the day we all just want to love and be loved. We all have very similar sort of goals in life, insecurities, ways of being that get in our way, ways of protecting ourselves that aren't very effective. We're all so similar. And I think that that's incredible to see, and I think that it changes the way that I move through the world, and I hope that it changes the way other people move through the world too.

**John Moe:** You know, people who listen to this show—some of the people who listen to this show I think are people who deal with some mental health challenges, you know, whether it's an obsessive-compulsive disorder or a major depressive disorder or something else. You know, there's a lot of things that are available, certainly. Do you need to have all your shit straightened out before you become a therapist?

[00:20:00]

Or can you have challenges that you're working on yourself even as you're trying to help other people?

**Lori Gottlieb:** That's a great question, because it's not a yes or a no. What I mean is that you need to really understand yourself if you want to be a therapist, but that doesn't mean that you have all your shit worked out. It means that you know what you're working on, and you're actively working on it, and it doesn't bleed into the therapy room. So, an example might be someone has a difficult relationship with their mother, and they have a client who comes in who also has a difficult relationship with their mother. You might be working on that difficult relationship with your mother, but you have to really make sure that your issues around that are not going to cloud how you think about this other person's issues with their mother.

So, you can use your experience a little bit, but you can't assume that they're having the same experience. So, you can say, oh—you can think to yourself, oh, this is something that my therapist helped me with in this way. I wonder if that might help? But you can't assume that they're having the same experience. Depression, for example, you obviously talk about a lot on this podcast. Everyone's experience of depression is different. So, there are similarities, but you really want to make sure that when someone comes in, that you're hearing about their experience. What is happening for them? So, just because you've experienced depression doesn't mean that you're going to be better at helping someone else who has depression.

In fact, one of my supervisors once said, “When you've experienced something similar to somebody else, be very, very careful and get a lot of supervision while you're seeing that client.” That's a time when you really have to make sure that you are getting some outside supervision so that—you know, it's not like, oh, this is going to be easier, because I've experienced this too. This is actually going to be harder, because I've experienced this too.

**John Moe:** And then how do you walk the line between—I guess, between sympathy and empathy? Like, to hear about the challenges someone is having, maybe about the traumas that your client has experienced without being devastated, without taking it all on yourself, but also caring to a necessary degree and having the human relationship that you're talking about? How do you draw that boundary, and how challenging was drawing that boundary for you?

**Lori Gottlieb:** Well, I think you just have a human reaction when someone comes in and they're telling you something that's incredibly upsetting and to know that they experienced that. And so much of what they experienced is often when they were children, and they were really helpless in that situation. And I think that the hopeful part is that they're here now, and they're really interested in having a different life. They're really interested in, now that they have agency and now that they are adults and they are out of that situation, they're really interested in learning what they can do. That's incredible to me, that they made it to that point. Especially when I hear some of these stories. So, I think that for me, it feels almost heroic that they've shown up in my office and they're willing to figure out a different way to live the life that they have.

**John Moe:** Do you ever experience burnout?

**Lori Gottlieb:** I think that in the beginning I had incredible clinical supervisors who really talked about how not to get to that point. So, there are people who think, “Oh, it's fine, I can just see patient after patient, hour after hour.”

**John Moe:** “Eight hours, eight patients. Bring ‘em on.”

**Lori Gottlieb:** Right. And I just don't think that you're doing anybody a service by doing that. Not only are you hurting yourself, but I don't think that you're bringing your best self to those sessions. So, for me, I've been very intentional from the very beginning about how I structure my schedule. And I always make sure that I can eat. So, if I'm hungry, I'm not going to be any used to anybody. (*Chuckles.*) Seriously, if I need to go to the bathroom—you know? I mean, just stuff like that, where people don't give themselves that time. Some people go all the way up to the hour instead of giving themselves that 10 minutes between sessions. You know?

[00:25:00]

And I just don't understand how you can just transition from, you know—even just emotionally transition, that you've just been talking about something. You want to think about it for a little bit. I like to sit down and think about it after the session. Maybe I'll write my notes. Maybe I just kind of sit with it and kind of think, oh, maybe I could do this next time. Or oh, let me just sit with that emotion for a minute. So, I don't want to rush now into somebody else's session, because I'm still processing the last session. I think that we really need to think about this isn't the kind of work, going back to medical school, where it's like, “Okay, someone's coming in. Let's do like, you know, the checkup. And let's see—oh wait, they have strep throat. Let's do this.” It's not that; it's something that you really need to sit with.

And so, I really encourage people to leave some time between sessions and not to have too many sessions per day. Obviously, we need to have enough sessions so that it's a viable career. But you know, there are people who will literally just do like eight hours a day and, you know, five days a week. And they do burn out. They don't realize it. They think they're fine for a while, and then they realize this is not viable.

**John Moe:** Yeah. Of the six characters on *Friends*, which one desperately needed therapy the most?

**Lori Gottlieb:** It's an interesting way that you phrase that question, who needed therapy? So, a lot of people have this idea that everybody should go to therapy. And I don't. I don't think that's true at all. I think therapy can be very useful for many people. I don't think every single person needs to go to therapy. I do think that what we really need is we need each other. And so, there's a difference between “I'm really having trouble in my life”—whether it's in relationships or, you know, with a mood disorder or whatever it might be; that's something you probably want to go talk to a therapist about. But I think in *Friends*, they were just going through their 20s, you know?

(*They chuckle.*)

I mean, I think the 20s are really hard, because you're kind of creating a family with a chosen family. You're figuring out, you know, what does my life look like? What do I want to do with my life? What does my career look like? How do I make money? How do I pay bills? It's a really, really challenging time. So, I feel like they were just going through their



twenties. I don't know that they needed therapy. I think there were issues that they had along the way that maybe a therapist could have helped with, romantically, you know, I think what was so relatable about that show was all remember what it was like to be in our 20s.

**John Moe:** Everyone, I recommend you pick up a copy of Lori Gottlieb's book, *Maybe You Should Talk to Someone*, and read it and get more of her story. You can also find her in your podcast app on the *Dear Therapists* podcast. Lori, thanks as always.

**Lori Gottlieb:** Oh, my pleasure. Thanks so much.

**Transition:** Gentle acoustic guitar.

**John Moe:** You can find more about Lori at [LoriGottlieb.com](http://LoriGottlieb.com). After the break, a member of our Preshies group on Facebook who embarked on a new career as a therapist.

**Transition:** Gentle acoustic guitar.

**John Moe:** We're back, and we're talking about the myths and realities of starting a new career as a therapist. Andrea Kremer is a mental health clinician right outside Boston. She's also a member of our Preshies group on Facebook, a group you can join as well for conversation and support about mental health.

Andrea Kremer, welcome to the show.

**Andrea Kremer:** Thank you so much for having me!

**John Moe:** Let's go back to where you were when you made the decision to shift careers and become a therapist yourself. What were you doing with your life at that point?

**Andrea Kremer:** So, I had an interesting life. I have been in marketing my whole life. I should mention, since you can't see me if you're listening to me, that I am very solidly in midlife. So, I had a whole career before I decided to do this. I worked in corporate marketing, and then I transitioned into the music business. I worked at a couple of record labels, shout out to Q Division and Rounder. And then I started my own music marketing company called Shake & Howdy, where I did—where I do creative marketing for bands and artists, websites, music videos, that sort of thing. And I use the present tense because I still do that. We'll get to one of the benefits of being a therapist. So, I don't call it a career change.

[00:30:00]

I call it picking up a very expensive and elaborate side hustle. And I still work in music. And my joke to my music clients is that I'm not changing jobs; I'm just expanding my service offerings. It includes psychotherapy for people who deeply need it, by the way.

**John Moe:** So, then how did the decision come about? How did—when did you first get the idea, and when did you act on it?

**Andrea Kremer:** Well, I have been the beneficiary of therapy for many years, as I'm sure many of your listeners have. My own mental health issues started in college. I had panic attacks. I didn't know what was happening. I didn't connect it to my life circumstances. I just thought I was going crazy. I went to an excellent therapist, and she did magic on me. That is what it felt like. And of course, now I know it was CBT, but at the time—

**John Moe:** Cognitive Behavior Therapy.

**Andrea Kremer:** Exactly, sorry. Yeah, and it felt like magic. So, that was kind of my first like, “Ooh, how did that work? What was that about? How did she do that? Where did she learn to do that?” So, I would have described myself as therapist-curious for a very long time. I had friends who were therapists. I had one friend in particular in the Boston music scene whose day job was a therapist. And he—we would be out at gigs, and I would ask him about his day job and what's that like? And where did you learn to do that? Where did you go to school? And he told me about how he did it. He recommended his program, which was geared for adult learners—all the classes after five or on weekends, and I got more and more sort of therapist curious, and started doing a little bit more research.

I talked to some folks on the phone. I went to some open houses for other programs in the area. And this is important: every single therapist I talked to said they loved their job. My background in corporate America? That was also magic. I did not understand how I could see or hear so many people saying they love their job. So, now we get to the part that is not so much about like helping other people but more about helping me, which is how I actually made the decision. The circumstances of my life were such that I had time to go back to school. I wanted the option to be self-employed since I already was, and I was like, well, I could kind of pick up another self-employment gig while I'm self-employed.

I have a school aged child, which everybody out there who has a school aged child knows you need to have flexibility to like shuttle people around and accommodate their activities. My school aged child is about to go to college and all that that entails financially. And I wanted something that I could keep doing even into retirement, which—I know this will shock you—the music industry did not adequately prepare me for.

**John Moe:** Not a lot of strong 401k programs in rock and roll, huh?

**Andrea Kremer:** Yeah. My indie pension will get me through.

*(John chuckles.)*

No. So, I really was like, oh, I really have not adequately prepared for my future. And what can I utilize my sort of advancing age and wisdom for in a positive way? It turns out that is really a thing; that's a benefit as an older therapist. I've seen some shit. And I think that that also helps people feel comfortable with me.

**John Moe:** So, you make this decision then—like, this is something I'm going to pursue. What did you do next?

**Andrea Kremer:** So, I researched programs. And I don't know how much like you want me to get into sort of the process of being a therapist. It does vary depending on where you live.

*(John confirms.)*

But it's basically three steps. You go to graduate school; you get a master's degree. The second step is you take some kind of exam. Depending on which license you're going for, that could be different. And then you get some amount of supervised experience actually doing it. And then you can apply for your independent license and don't need to be under supervision anymore. So, I decided for me it was going to be mental health counseling, but there might in some other states be social work or psychologist or substance abuse counselor.

And I wanted specifically to focus on relationships, because that's the thing that kind of gets me excited. And so, I found a program that had a concentration in marriage and family therapy. I went part time. It took me three years. It was all nights and weekends. Perhaps ironically in the middle of that, we had a pandemic, and that sparked a global mental health crisis. And everyone was like, "You did it again! You picked a hot field." So, it was perhaps a blessing and a curse. But.

**John Moe:** What surprised you most about the training and the education process?

[00:35:00]

**Andrea Kremer:** *(Sighs.)* It wasn't—okay, so the thing about it seeming like magic? It turns out—and we learned in school that it almost doesn't matter what intervention you use or what modality you ascribe to. What matters is your ability to form a supportive relationship with someone. So, I was—you know, I went in thinking, oh, what if I don't know how to—what if I can't learn how to do the secret handshake? And it turns out that there are these things called common factors, which are the elements of your relationship with your therapist that help you to change. Unconditional positive regard. You like the client. Empathy. You understand and care about the client. And congruence or genuineness, which is you are who you seem to be. Right? If you can do those things and form a relationship with someone and make them feel liked and understood and cared about, they will change in a positive direction.

And figuring out that there was no magic to this was kind of surprising and reassuring. And I will also say—and this might be kind of sad to say—that another surprise for me was that there are so many people who have never felt that, who have never received unconditional positive regard. Empathy. And so, giving someone their first experience of like, "Actually, you seem like a good person," and reflecting that back to them has been really, really eye opening.

**John Moe:** So, it took about three years, you say, to get through the program.

*(Andrea confirms.)*

How did you go about finding a job?

**Andrea Kremer:** Well! (*Laughs.*) Remember that guy from the—

**John Moe:** Or did they come to you on platters?

**Andrea Kremer:** Well, now, post-pandemic, I will say this is definitely a growth field, unfortunately. But that friend from the Boston music scene hooked me up with my internship. They liked me well enough, and then—and this is kind of the ideal, like you stay where you interned, and then they pay you for your postgraduate experience. So, that is what I did and am doing. And then I sort of—because I can't stop taking jobs, apparently—picked up another couple of jobs alongside that. So, I now have three employers technically, which is probably not ideal but keeps me on my toes.

**John Moe:** So, are you doing relationship and family counseling in all three jobs?

**Andrea Kremer:** I am doing some individual counseling and some marriage counseling, relationship counseling. Yeah, a little bit of both. And a couple of adolescents that I picked up along the way, which is really fascinating and interesting.

**John Moe:** Hmm. Kind of an abstract question. I hope it makes sense when I ask it, but do you find that you're relying mostly on instincts and approaches and conversational styles you already had? Or is it more “I learned this stuff in school, here I am trotting it out” and going off of what your training taught you?

**Andrea Kremer:** So, it's really interesting. There's a fight between those two elements in me as I'm doing therapy. I'm gonna be me. I'm gonna form a relationship with my client based on who I am. But because I'm a new therapist, here is where the imposter syndrome comes in. I do kind of have to battle that voice that's like, “You should be doing this in these three steps. And there's seven ways to do that. And there's a list of A, B, and C.” And I have—that's called manualized therapy, and it's really helpful when you have a particular diagnosis or presentation that that calls for.

But going back to the common factors, the things that really matter are the ways that you make the person feel about themselves, not so much the steps that you follow. So, as a new therapist, it's very tempting to want to lean on or make sure I'm following the directions or following the manual. And of course, insurance companies love it when you do that too. But at the end of the day, the thing that matters is that you're you.

**John Moe:** What surprised you the most about working as an actual professional in this field?

**Andrea Kremer:** Uh, that I could do it. (*Laughs.*) I'll tell you a minor grievance. It does actually take a lot of mental and emotional effort to listen to people's problems for hours at a time with a great deal of focus in a way that you can remember and analyze them. And then when you meet the next time, remember and ask what's going on and how did that work out? It leaves you very susceptible to burnout.

[00:40:00]

It leaves you susceptible to what's called vicarious trauma, which is hearing about other people's upsetting experiences and kind of not being able to rid yourself of those stories. So, it's really important to have good supports of your own, which thankfully I do. But at the end of the day, when I've sat through sort of four or five hours of this, I feel a little bit drained in a way that I wasn't expecting and a different way than when I'm doing sort of Photoshop or, you know, video editing. It's different. It's much more analytical and very focused.

**John Moe:** Was that hard? Not to give yourself into a total empathetic reaction and take on the psychic damage of the clients?

**Andrea Kremer:** You have to get good at compartmentalizing. You have to get good at sort of caring but knowing where you stop and the other person starts. Yeah, it's a dance that you have to do.

**John Moe:** Are you trained how to do that dance, or do you have to figure out the steps on your own?

**Andrea Kremer:** I think you kind of have to figure it out on your own. And I'm really fortunate that I'm good at it. But like, especially for me, working with kids is where I feel that pull. So, I probably won't work with kids anymore. And the other thing is like there's a therapist for everyone. There's a good fit for everyone. So, you kind of figure out like how much of this can I tolerate? There are definitely people who can work with troubled kids, and at the end of the day, they can still go back into their own lives. And so, you kind of figure out where your tolerance is and where you're a good fit, who you're a good fit for.

**John Moe:** And what has this experience meant for your own mental health and any challenges that you had going into it?

**Andrea Kremer:** Well, I will say that—

**John Moe:** Can you cure yourself now?

**Andrea Kremer:** Nooo! I wish that it came—like, I do actually think a lot of people go into this field to figure out something about themselves. I mean, that's sort of a—probably a cliché about therapy, but sort of the flip side of that that is real is that if you ever felt that nobody understood your problems, if you ever—if you were ever a person who struggled or felt alienated, if you become a therapist, it becomes very clear how much of that we all have in common, how sort of similar everyone's struggles are at the root. Everyone is struggling with, you know, low self-esteem or trauma or burdens from family of origin stuff. So, at the end of the day, it kind of makes you feel a little more normal. And then you get to use that to relate to other people. You get to turn that into a positive.

**John Moe:** Do you still go to therapy yourself?

**Andrea Kremer:** Oh yeah. Absolutely.

**John Moe:** How has this experience changed your relationship with your therapist?

**Andrea Kremer:** (*Laughs.*) First of all, when I mentioned it to her—which I did very delicately—I waited for the guffaw or the wince or the—

(*They chuckle.*)

Right?

**John Moe:** “How dare you?”

**Andrea Kremer:** Yeah, “You!? Yeah, okay, you and your problems, you’ll make a great therapist.” But she actually was like, “Yes! I think that’s a great idea.” So, that was startling. And then—and now she’s kind of become—she’s a mentor to me. She’s a professional mentor. She throws in—she knows the circumstances of my life very intimately. So, she will also now be able to say, “Don’t overburden yourself with clients. Once you pick up a client, that’s years of commitment. You know, your schedule is—” And so, she knows like sort of how to counsel me professionally. Because she understands the job and the circumstances of my life. So, it’s actually kind of deepened my relationship with her that we’re doing the same work.

**John Moe:** So, it sounds like it’s going well for you then, Andrea.

**Andrea Kremer:** I think so! (*Laughs.*) The other thing I want to mention is like I also underestimated how sedentary this is. And at first I was like yes! It’s the perfect job for me. But for real, like at the end of the day, you’re sitting for hours at a time. And I have to say, like I’m on a mailing list with these very esteemed professional therapists, and they get into sort of all sorts of esoterica or they’re throwing around referrals. And then someone said, “Who can recommend a good chair?” And like my inbox exploded.

(*They chuckle.*)

Gotta get a good chair. That’s my best advice.

**Music:** “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

**John Moe:** Andrea Kremer is a member of our Preshies group and a clinician in the Boston area. Andrea, thank you so much for—well, for letting us talk to you for free, I suppose is the best thing.

**Andrea Kremer:** (*Laughs.*) Anytime.

**John Moe:** And for sharing your insight. Thank you.

**Andrea Kremer:** Thanks for having me!

[00:45:00]

**John Moe:** Our program exists because people support it financially. People who listen to the show, who get something out of the show, kick us a few bucks. That's the way this model works, and we would love to hear from you if we haven't already. If you've already donated, thank you. You are getting the show out to people, and it is helping them. If you haven't donated yet, it's okay. Easy to do. Easy to fix that situation. Just go to [MaximumFun.org/join](https://MaximumFun.org/join) and find a level that works for you. I don't know your situation. Find a dollar level that you're comfortable with. And then select *Depresh Mode* from the list of shows. You will listen differently knowing that you are putting this show out into the world. Be sure to hit subscribe, give us five stars, write rave reviews, all of that helps get the show even further out into the world where it can help even more people.

The 988 Suicide and Crisis Lifeline can be reached in the United States by calling or texting 988. Free, available 24/7.

Our Instagram and Twitter are both @DepreshPod. Our Depresh Mode newsletter is on Substack. Search that up. I'm on Twitter [@JohnMoe](https://twitter.com/JohnMoe) and Instagram [@JohnMoe](https://www.instagram.com/JohnMoe) also. Please use our electric mail address. It's [DepreshMode@MaximumFun.org](mailto:DepreshMode@MaximumFun.org).

Hi, credits listeners. I like to think that there's a therapist supply store somewhere that sells comfy chairs and not as comfy chairs and ferns and gentle wall art and unobtrusive but easy to spot clocks. Maybe I'll open that store. Wanna come work for me? *Depresh Mode* is made possible by your contributions. Our production team includes Raghu Manavalan, Gabe Mara, Kevin Ferguson, and me. We got booking help from Mara Davis. Rhett Miller wrote and performed our theme song "Building Wings". *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

**Music:** "Building Wings" by Rhett Miller.

*I'm always falling off of cliffs, now*

*Building wings on the way down*

*I am figuring things out*

*Building wings, building wings, building wings*

*No one knows the reason*

*Maybe there's no reason*

*I just keep believing*

*No one knows the answer*

*Maybe there's no answer*

*I just keep on dancing*

**Jonathan:** This is Jonathan from Texas. I wanted to let you know that things can get better. While there is life, there is hope. Good luck.

*(Music fades out.)*

**Transition:** Cheerful ukulele chord.

**Speaker 1:** Maximum Fun.

**Speaker 2:** A worker-owned network.

**Speaker 3:** Of artist owned shows.

**Speaker 4:** Supported—

**Speaker 5:** —directly—

**Speaker 6:** —by you!