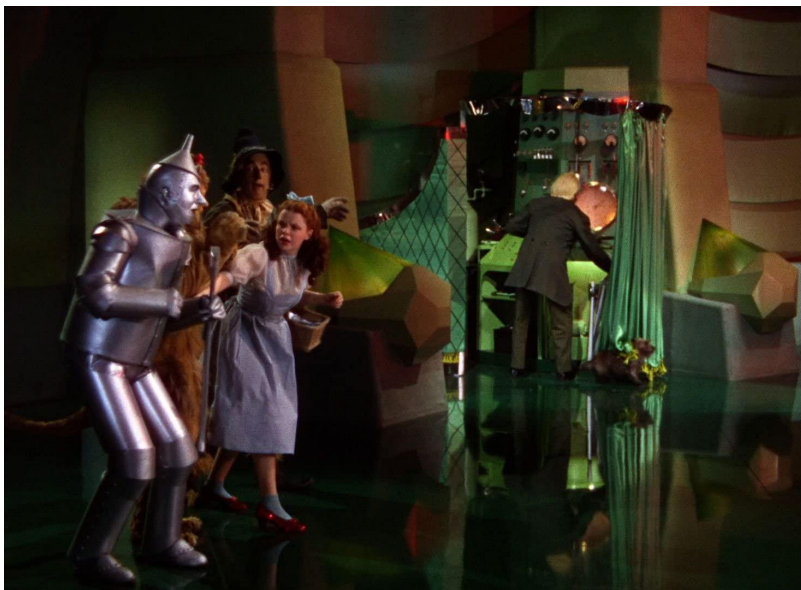


The Humanity of the Psychotherapist ... *Person*



"Who we are shapes our impact."

-Sandra Beuchler in *Psychoanalytic Approaches to Problems of Life* (2019)

"All of life is a coming home. Salesmen, secretaries, coal miners, beekeepers, sword swallows, all of us. All the restless hearts of the world, all trying to find a way home."

—Robin Williams in *Patch Adams* (1998)

Whether a dissertation or a blog post, any meaningful endeavor begins with who we are as a person and an experience that's unique to who we are as a person and who we're becoming.

This post and another, most likely in August titled *Being a Young In-Training Psychoanalyst ... Person*, is from two years of personal reflection, practice, and research. So, this topic of the therapist as person has been percolating and marinating in my mind for a while. Keeping my attention. They've inspired both my pilot study on *The Experience of the Professional as Personal for Relational*

Psychotherapists and my dissertation on (tentatively), *The Therapists Experience of Authenticity in the Therapeutic Relationship*.

I write this blog for everyone, particularly those in the *helping* profession, but I mainly have my colleagues and fellow psychotherapists in mind. It's really for everyone, because we all find ourselves in relationship and dialogue with others. To be in relationship and dialogue is to have a personal experience that informs that manner of relating. This essay is about experiencing, and personhood, not about responding.

Being in relationship and dialogue with life is, arguably, the most fundamental aspect of being a person—regardless of profession. More fundamentally, to relate and live is to have an experience that shapes relating and manner of living. To live is to relate and communicate—even in the wordless way of experiencing. This is not exclusive to us therapists, but for therapists may be amplified. To have an experience means that we're at base - a person. A conversation is always happening; the moment the dialogue stops, we're no longer in relationship.

Therapists are often idealized as people who have it all together, who are *woke*, or enlightened. Can be seen as parental figures who are far ahead of their patients. We often look to therapists when things are not going well and hope to have answers or craft explanations to resolve all issues. For some patients in therapy, this idealization is needed for a time. Most people are still stuck with the 20th Century "isolated mind" or Freudian mind of psychotherapy: the idea that we're all isolated psychologies walking around and all of our problems come from within. However, many are not yet familiar with the 21st century model of relational therapy, where "problems" or pathology is considered to be contextual and specific to the relationships of the patient, and that healing and repair is a co-created process between the patient and therapist. Most particularly in conversations where the relationship is highlighted. No matter the theory, we're people in the same dilemma: living.

I once had a high standard for what it meant to be a psychotherapist. This high standard was quite crippling to me and, inadvertently my patients. That's not to say

that I wasn't being helpful, but that it may have not been as smooth. I was distancing myself from what I believe is the most valuable source of data and connection to ourselves and another: my experience as I'm with the other. This is resistance. Resistance to experiencing oneself as I'm with another. Yet, even as I say this, what is more vulnerable and uncertain than baring ourselves to and with another?

As therapists, we can get so analytically distant and wrapped up in our ideas, so anxious to get ahead or tighten grips to maintain some identity that we forget or lose touch with who we are and, tragically our patient as a result. Lost in this way, we can grow far from our own experience and the people around us.

In writing this, I felt like Robin Williams' character Patch Adams must have felt in the office of Dean Walcott, asking, "Why am I such a threat to you?" To which Walcott replied, "Because what you want is for us to get down there on the same levels as our patients, to destroy objectivity, all to uphold some idealistic buddy system that will allow you to work through your own feelings of inadequacy!" As if there ever was objectivity. So, here we go.

Psychotherapy Training or Personal Development?

I've long had the belief that very little separates me from being a person and being a psychotherapist. Perhaps it was the early influence of Carl Rogers, who believed that we all begin as a person. More recently, the words of Langle, Gerber, Stolorow, and Beuchler have resonated far more with me: that therapy is, at its most fundamental level, a relationship between two people. Regardless of the guiding theory or posture of the therapist, the common denominator is the person, meeting with another person. Relationship. One that is uniquely created by the connection between the individuals.

The experiential and relational dimension of therapy is not talked about or emphasized in most educational programs. It certainly wasn't in my counseling education. Nor others that I've known via other schools. I picked it up in a

theology program at a psychoanalytic school. Given my experience, I am left wondering what a psychotherapy education could be. Yet, this aspect of therapy is not something that can be taught, per se, but has to be embodied. My educational experience also demonstrated the harm that can be caused by therapists-in-training who lacked relationship awareness. The shift towards a more relational mind as a therapist can feel threatening or like a loss of I or identity or self-worth. However, the shift is about becoming more connected with yourself, and in doing so, the other and one's experience with the other. This is a coming home to a self that can not be known outside of relationship. And it's not a painless journey.

The extent to which I have been seen, will reflect how much I am able to see myself, which will inform how much I am able to see another.

With this new counseling education, training, or way of making sense of life, we may think we know and may use that knowledge against one another in the name of protecting our own identity and groundedness. Education is a form of power. What is it we do with that power? Do we exclude and remain inwards and only focus on our own identity, group, or ideas, or do we open up to other ideas? I touch on this in my next section. The tales of orthodoxy, indoctrination, and abuse in educational institutes are not hard to come by and this is a well written about phenomenon.

It doesn't help that the practice of psychotherapy can be taught in such a cold, lonely, judgmental, and impersonal way that the person(s) or patients are othered in a way that counteracts and contradicts the therapeutic process itself. Instead of soul and psyche and the inherent relational aspect, the focus is on ideas. Though we all need an idea to work from, I think the better questions to begin are: "What's this thing like? What does it feel like? Can you describe it? What's a memory that comes to mind?" We must start with the person. Even if an answer cannot be given, the conversation must begin.

I have experienced a mix of such good training, and some awful training. Some soulful, some impersonal. Much of my after-education or process has been shedding, working through, and finding a more humane understanding of

psychoanalytic concepts and practice that start with a person's experience, which is where we must begin. Even the worst experiences can be the best teachers.

All theory is biographical in nature, based on someone's subjective experience of life and the values that they live by. The theories that we navigate towards, or find meaningful, say something about us. Who we are as a person shapes our impact. So, who am I? What am I about? What do my ideas and process and who I am say about me and influence my posture towards others? Am I open to being in relationship?

Some theories are prone to objectify or "shrink" the world of the other; as opposed to viewing them as a fellow, relatable person that is not damaged or lacking. I use the word shrink because it's not uncommon in life and media for us therapists to be called a shrink. A label that we've earned for some very meaningful reasons. Some therapists reading this, even myself from time to time, may say "oh no this isn't me." When I encounter patient "resistance" or a disconnect in relationship with a patient, I could easily blame them. However, part of my work as a therapist is continually reflecting on what is happening or not happening for me that may be leading to the disconnect. This is a part of the work of life, as well as that of a therapist.

Therapist or not, we have all had experiences that leave us with scars and make it hard to see clearly or experience freely--we may even not want to remember the experiences, so we "forget" them. However, these forgotten moments keep us from seeing, interacting, or being in dialogue with life in a more free and safe way. However, with the right stimulus and a sense of safety, I believe nearly everything can be remembered. This is part of the work of therapy. The journey of coming home to ourselves is a constant dance ... and it can be exciting.

Who's who in therapy?

The recent biography of Rollo May, *Psyche and Soul in America* by Abzug (2021) revealed that May had a prolific pulse and relationship with his context of the 1940s-1980s, which has seemed almost prophetic as his writing still has high

relevance on what's going on today. He also had a constant struggle with a sense of significance or self-value along with constant problems with his romantic partners. On the day he received the distinguished contribution to psychology award by the APA, he wrote in his journal “my colleagues think well of me.” Abzug writes about how May was constantly coming in and out of therapy/analysis around these issues and that as one read about May’s cases with patients, one can see direct ties to him as a person and what he was working through in life showing up in his writing. I could say the same about my own writing. May was constantly working through something in his life. I am inclined to think that Rogers, Langle, Gerber, Stolorow, and Beuchler would say the same thing about themselves, but their biographies have yet to be written. Are we not all patients? Are we not always "on the couch?"

"The therapist needs to recognize very clearly the fact that he or she is an imperfect person with flaws which make him vulnerable. I think it is only as the therapist views himself as imperfect and flawed that he can see himself helping another person. Some people who call themselves therapists are not healers, because they are too busy defending themselves." —Carl Rogers in *The Use Of Self In Therapy* (2012), (p.34)

By patients, I intend the Greek meaning, which means sufferer. This is a recent shift for me away from client, which was a name used by the humanistic movement in the 1940/50s to differentiate from the medical/analytic thinking of the time as patient as others rather than client as fellows. Yet, as I sit with it now, clients can seem so cold and business-like. Are we not all fellow sufferers? At our own place in our journeys, doing the best we can to maintain some sense of self with experiences that hang us up and keep us out of relationship, that so desperately want to find a home and be felt with a fellow person? Whether you are an analyst, CEO, bus driver, florist, or professor—we are all people.

Yet, even with such a simple explanation, it is in the simplicity that this is infinitely complex because we are infinitely complex, and so are those that we're working with. Through wanting to help, or thinking that we know, or profiting ourselves and our identity, we can make growth so complicated. Sometimes we just need to

get out of the way.

"To empathize with the experiential world of another person with values vastly different from our own, to let feelings of powerlessness and hopelessness emerge, to empathize with intense happiness, to deal without undue defensiveness with a (patient's) intense negative or positive feelings towards us: all of this is not easy." —Germain Lietaer in *Congruence* (2001),

"There must be blood"

This is not easy work. I'm reminded of Attwoods essay "There Must Be Blood: The Price of Emotional Dwelling" in *The Power of Phenomenology* (2018). He critiques a case presentation of a OCD patient as being "too perfect" and that for significant change or "cure" there must be blood. Not just the patient's blood from past traumas and ongoing coping but also of the therapist for making mistakes and being a person themselves, in the relationship. Therapy is messy, its not easy. To borrow Attwoods quoting of Ferenzi,

"I have finally come to realize that it is an unavoidable task for the analyst: Although he may behave as he will, he may take kindness and relaxation as far as he possibly can, the time will come when he will have to repeat with his own hands the act of murder previously perpetrated against the patient. In contrast to the original murder, however, he is not allowed to deny his guilt." (p.121).

I have personally found that therapy needs to be taken slow for lasting therapeutic benefit. We work with what the patient brings within them walking through the door. It takes time to cultivate that sense of "can I be" for the relationships to withstand such moments. Countless moments, that even I've experienced in my own therapy, where I (patients) ask themselves, "can I withstand a conversation about this event or way of relating (with my therapist). Is the other person with me, understand me, and most importantly - care for me.

The Hazards of Wanting to be Helpful

"God save the therapist that wants to help." —Edger Levenson

Many of us therapists, if we're being honest, got into this work for very personal reasons. Perhaps we wanted to heal ourselves, and make sense of our own lives and what we've gone through. Maybe we wanted to be helpful to others, due to our own experience of having no one there for us or because we felt lonely. Some are pushed into a profession, as opposed to a pull towards a value that enlivens us. For many of us, we wanted to live more fully. That is a noteworthy and courageous thing to undertake. But, did we as therapists stop our journey? The organizing principle that therapists carry around shape our interactions and may inhibit our ability to be with another and their process.

Through my ongoing training in Existential Analysis, I have grown in awareness of the dangers and roadblocks of my own striving to be helpful to my patients. The assumption that we know what another needs can be a dangerous thing. This desire, or perhaps compulsion, to be helpful affects our posture towards and view of the inner state or condition of the other—and can be anything but helpful. In my experience, it actually inhibits the therapeutic process. This theme is talked about so beautifully in Adams' (2013) book *The Myth of the Untroubled Therapist* and Farber's (2006) editorial *Celebrating the Wounded Healer Psychotherapist*.

I do not want to pathologize the striving towards being helpful or wanting to grow personally. I believe these are inherent motivations of being a person. Goodness, we need more people who are working on themselves. Some get to a place of complacency where they may say, if not unconsciously, "I've come to a good enough place within myself and I have a comfortable life." Not to knock on Winnicott's maybe overused statement of "good enough," but what about wanting more? But, not everyone has a firm base to want more from.

Sometimes we can only get so far in life on our own, with books, or with someone else. Or sometimes we only want to go so far. An experienced colleague shared with me that she felt that she grew, and observed that others did as well, while in school and in the first few years in the field while in supervision, but that it came to a certain point where she felt like her growth and the growth of her classmates/

colleagues plateaued when they were no longer intentionally “doing the work” to grow. I cannot speak for her colleagues, nor some of the therapists that I’ve known, but this is a topic that is addressed in research. (See Goldberg, S.B., et al. (2016))

Helping?

So, what am I talking about here when I say helping? This quote by Rilke in his book on Rodin has always stuck with me over the years regarding helping,

"The greater beauty, come when all was ready for it, as animals come to drink when night holds sway and the forest is free of strangers."

Here Rilke talks about the peace, safety, and unobtrusiveness that must be present before the deeper, gentler, and "greater beauty" emerges. Yet it says as well, "when all was ready for it." Ready for what is most natural and present to emerge in the presence of what may have once been a stranger or other with what's most natural in that environment. The much overlooked Carl Rogers (1961) described a similar stance in *On Becoming a Person*:

"It is only as I understand the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre—it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience. In the security of the relationship...in the absence of any actual or implied threat to self, the patient can let himself examine various aspects of his experience as they actually feel to him, as they are apprehended through his sensory and visceral equipment, without distorting them to fit the existing concept of self." (p. 76)

I feel we as therapists have largely misunderstood and done harm to what Rogers was about. The same is said of the relational dimension of Freud’s work with patients. Rogers is often portrayed as merely repeating what the patient says back to them is more of a reflection of his followers and their own sense of self and posture in therapy than Rogers. If we look at Roger's themes of congruence or unconditional positive regard, we'd see that he did hold much anger, desire,

sadness, or envy towards his patients. For Rogers, therapy was a deeply personal engagement where he attuned to and engaged the self of the patient and offered back a response from the deep place and experience of himself. Coincidentally, Kohut and Rogers were both writing on empathy at the exact same time in Chicago just a few blocks from one another and they didn't even know. Though Rogers, and perhaps Kohut, had highly processed and flat responses to the patient, they were engaging the patient on a deep personal level. It wasn't until later in Rogers career that he began to loosen up and become more congruent with his patients, in part due to his relationship of Eugene Gendlin.

There is something that these passages don't touch on: the fact that we always are a stranger to the other. We have our own worlds and postures towards the other or ideas of what might get the other to grow. I think in many cases these ideas only get in the way. Our most helpful resource is our self-experience. How much do I eject myself from my interaction with others because of my discomfort with my self-experience? Perhaps thinking I or the process needs to be a certain way to be helpful? Or, perhaps a more important question is, how much do I eject myself from relationship to another because my experience of them is too much for me? I ask myself these questions as a therapist, but they are inherent in the process of being a person in relationship. This is the place of personal growth.

Tentative Definition of Helping

So, what is our measure of health or helpfulness to another? At this point, I'd offer the measure of being able to be with, attune too, remain in dialogue with different experiences, and aid the patient in making meaning of that/their/our emotional experience. Yet, sometimes the dialogue does end. Relationships end, sometimes for tragic reasons. Why did the dialogue stop? What happened? Sometimes we may never know, but we're left to curiosity and self-searching in the memory of that shared space with another. I can think of numerous patients where I was needed to go on my own journey to remain in their process and dialogue with them. I can think of a few patients who had seasons of life where they lived in ways that were so harmful to themselves, yet intervening seemed to do nothing. Yet, there was something happening, and I needed to endure and do my own work. Ram Dass in

his book *How Can I Help* (1985), though its not very intersubjective, captures this co-experiencing that is helpful quite beautifully in the early chapters.

The world is full of writing and ideas on what might be helpful in an interaction. So much writing that its overwhelming and you could drown in it. I've practically got a library to show for it. Now, its important to not pathologize this searching because I, and others, love learning. While I also used to run to the books to find a handle on what my patients were going through to help them. Another common thought, that I'd hear from classmates or colleagues towards the end of our school or beginning of our careers, "if only I could get trained in _____, then I'd be much more equipped to help." As true as that is, in part, who we are as a person and our capacity for self-experiencing that I'm describing is our number one instrument to help another person.

Though ideas are helpful, at the end of the day, thankfully to a postmodern turn and the emerging emphasis on (inter)subjectivity, no theory can perfectly conceptualize a person. As if that was ever true. Sandra Beuchler talks at length about this in her book *Still Practicing* (2012) where she says,

"Like Adam and Eve, we have eaten from the tree of knowledge and are aware of our nakedness. But, at least, of late, we have no dependable theoretical 'fig leaf' to hide our shame." (p.110)

We're drawn back to the fact that I am a person in the room with another person and that I don't know. The patient is having an experience that wants to shift, and move if it can find a home. That new home, is the therapist through our ability to experience, metabolize, and respond to it even if just a mere sound or gesture. So, I'm drawn back to the primacy of experience, my own, because thats the only one I can fully know.

This unknowingness and capacity of the person to dwell with experiences points towards the constant eb and flow of the therapist's own personal work. In *The Cry for Myth* (1991), in a section titled "The Therapist and the Journey Into Hell," Rollo May speaks directly to this theme of our personal work in relationship to our

helping. It is not ideas and concepts, but the journey of experiencing and being with, lending support through sheer presence, that the courage to choose differently in the subtlest of ways can emerge. Interestingly, though not published until 1991, there are records of this very topic that go back to 1961 while he was a teaching and training analyst at The William Alanson White Institute:

"Our task is not to 'cure' people. I wince to think of how much time has been wasted by intelligent men and women arguing about whether psychotherapy cures and trying to fit psychotherapy into the mode of Western nineteenth-century medicine. Our task is to be a guide, friend, and interpreter to persons on their journeys through their private hells and purgatories. Specifically, our task is to help patients get to the point where they can decide whether they wish to remain victims—for to be a victim has real benefits in terms of power over one's family and friends and other secondary gains—or whether they choose to leave this victim-state and venture through purgatory with the hope of achieving some sense of paradise. Our patients often, toward the end, are understandably frightened by the possibility of freely deciding for themselves whether to take their chances by completing the quest they have bravely begun." (p.165)

Anxiety and Personal Identity

In talking about identity, I'm talking about some structure of the mind and what we identify with and make our own—and also what we don't. Paramount to a conversation of identity, is the concept of anxiety. What it is, and more importantly, how we handle it. Just as when we draw a shape to distinguish or identify a thing, we need to ask what else is there, what is on the other side of its boundary - and what our experience of those other things is. When we talk about personal identity, we're talking about having some sense of security in who we are, which may or may not be a very soulful or connected identity. When we talk about boundaries, we're also talking about something that threatens me or some experience of "can I be?": this is anxiety.

We need anxiety, it tells us there is some friction against something for us—a sense of "can I be with this, does it threaten me." If we look at what's known, or more

kinda known, that which we've chosen to identify with and give us shape we'd see that there's actually a lot that we've, perhaps anxiously, chosen to not identify with. Why this? Why not that? We must also look at what's outside of us—and most centrally pay attention to our experience of what's outside of us. Essentially, getting into a relationship with the ongoing dialogue between self and context. This is the 21st century turn of psychotherapy/analysis.

"Possessing a secure identity is in fact an important and necessary aspect of personality. But a secure identity is not the same as a permanent one. In order to be secure, an identity must be adaptable to outer circumstances, as well as responsive to inner needs."

-Bob Chisholm in *Known Unknowns*
in *The Wisdom of Not Knowing* (2016)

Sometimes relationships, our work, our commute to work, or a patient can push up against us, and this can create anxiety. It signals to us that there is something pushing up against us, that I don't know, or don't know how to make sense of or feel towards, or this threatens the image of ____ what I thought ____ was.

Just today I was sitting in the dreadful traffic of Seattle and it was driving me up a wall, then I thought to myself "well damn, don't I feel powerless right now?" I was coping with anxiety with anger, something was being violated for me. Yet, when I gave it some space, something happened.

We all have our anxieties. To live is to be anxious. In life we all have to have something that supports us, holds us, gives us space, a space where we feel safe to combat or quiet the anxiety. It is through working with our anxious feelings that we expand our space or ground from which we can be. Through cultivating more trust in life through our personal ground and space we're also creating more faith and trust in ourselves. All in all, we have to have something that we trust and that "lets us be" where we can have our identity. A sense of I can be with this thing and it does not threaten me. Or at least won't threaten me too much.

Like animals, we all have a limbic system that automatically kicks on to aid our drive for survival—when necessary—based on our sense of self. This shows up in our coping mechanisms of avoid, overwork, fight, or freeze. Though we're still animals, we have substantially more cognition than they do. With that cognition comes a greater need for a sense of self-value in life that forms our sense-of-self. Ideally, we'd get this when we were children from our parents or intimate caregivers. Attachment research has taught us so much about this; yet, we can get this from anywhere: our image, our ability to look smart, status, a philosophy to be apart of a group, many things.

We need anxiety though. We need something that pushes up against us in life to discover who we are. These experiences ask us a question. It's these questions that we have to give answers to. We could eject ourselves from these experiences and questions, but that would be side stepping something potentially pretty important. In the therapeutic relationship, we may ejecting ourselves from the relationship with the patient through falling into a passivity. As I've experienced personally and professionally from myself and others is that this is not a rare occurrence in people's relationships with work and relationships.

What would be far more helpful is to be with what you're experiencing and wonder why is this challenging to me? What does this threaten or touch on that is so uncomfortable? Why this response? What within me needed to shift, or at least looked at? These are all questions that have to begin with yourself.

I can think of a patient I had; we would always end up being like lawyers defending our cases with one another. It bothered me quite a bit and left me wondering what's going on here. Or another example, which moved me to do some serious personal work was with a patient who felt an unbearable loneliness and coped with it in the most self-destructive ways. Both these cases led to an enactment on my part. An enactment is when something from my own past or my own self-organization is somewhat impulsively acted out. I'm lumping these two people together and oversimplifying my response, but these people needed me to relate, and work through, my own experience to remain in relationship with them and offer some words or a simple gesture that could reach those deep places within

them. I'm still working with these folks today, and we reflect on these moments. They were powerful moments for the both of us.

Being with hard experience is pretty difficult when it threatens us too much and we've no one there to help us bear it. Que the necessity of therapy! The toughest issues that we face in life as individuals, a culture, or therapist are most likely the most challenging for us personally. They ask something of us. That most likely arouses a lot of anxiety and fear in us. Asking us to go to a foreign, dark, fearful place. Through this can I be with my own experience, and still show up? Can I be with my self as I'm having this experience? Or will I avoid, overwork, attack, or freeze?

There are, of course, moments in life where things are going to go the way they are going to go, and there's nothing we can do about them. I'm not gonna say it's always our fault if we don't look inside ourselves. I can think of a few relationships in my life where this has happened, even when I did do some soul searching on what I was bringing to them. Maybe they changed the trajectory or course of things. Who knows. I can think of my work with one person who had what I experienced to be a righteous, powerful, or life-giving anger where their anger was genuine and standing up for themselves with their partner and even me. I respected and appreciated it, saw where it was coming from, yet in my patients context, these other people had a very different experience of my patient. I did the best I could, but with the crisis that was going on, they said they needed something else. There is no perfect person who is able to work with everything and have it work out smoothly. Relationships are more complicated than that.

My, Evolving, Sketch of a Structure of Identity

So a bit about identity—that which is pushed up against. The most commonly used terms for the components of identity in in-depth psychology are the Id, self, ego, and Person. The Person is the culmination of the other three. It is the full person. But it doesn't necessarily mean that the other three are working in harmonious relationship with one another.

As I said, we all choose things in life that give us shape or a sense of self-value. I wrote a bit about this in my blog on depression, but ideally, we would choose things that are significant to us. You are not the things that you choose. They are merely the clothes that you put on and choose to show yourself to the world with. Is your relationship with those clothes one that sings and brings out who you are and an experience of congruence or aliveness, or what I like to say, “does it *sing*?” Or are these things merely a way of fitting in, playing a part, or ingratiating? This makes me think of a colleague I have in my Ph.D. program he's highly intelligent and looks like a hip professor, but when he volunteered for a therapy demonstration, he just fell apart.

Note: I don't say *think* or *investigate*, these are cognitive processes and get you out of your feelings. Though they are, eventually, necessary. The task is to have a mutual dialogue between thoughts and feelings. I think this is similar to what Warren Wilner talks about when he talks about there needs to be a dialogue between the Id and Ego. Highly similar is Langle and Klassen when they talk about working at phenomenological depth. The *self* is always present. Ego, without the Self is hollow and empty— - seemingly. As Freud said, "Where Id was, there Ego shall be." For many, this dialogue is hard, seemingly impossible, or outright confusing, and its helpful to do it with someone.

Within Existential Analysis the ego is a sort of suite of the self/It. The flashier the suite, the more of a distraction it is. We need ego, but without it being in conversation with the self, it is insecure and like an empty basketball. It has very little receptivity to life and resilience when its impacted and needs the affirmation, or alternative substances and means, to be alive. Like a basketball, when its empty vs. at the right pressure, the conversation between ego and life is not very strong or reciprocal. Rather than being able to receive and give back.

The *self* is always present but ultimately unknowable, but we can know it through our experience. Like a basketball, the air inside is ungraspable and invisible. When the self feels valued, safe, and present its like the basketball at the right pressure. The ego and self are in conversation with one another, that is when the person, or personal, sings. You bolster the self through value and turning towards the

experience of the experience.

As persons, I believe we are indeed motivated towards growth. However, outside of safety and connection, the necessary cultivation of growth through turning-towards and self-value is more difficult. So many people are doing the best they can with what they have in a society that pushes us or necessitates that we get back to work, is quite demanding, and anti-person-centered. To act towards growth would put so much in jeopardy, sometimes.

Knowing and Not Knowing

"If you don't know where you are going, any road will get you there."

-Cheshire Cat in *Alice in Wonderland*

As I previously said, I've practically got a library. Some of it is because I wanted a handle on how to be *helpful* to my patients. Some because I love learning and researching things. As therapists, our education is important because we have to have some idea of what's going on or some idea of how to define health. There is a base line of knowledge that we have to have. While at the same time, psychology and psychotherapy is likely the most subjective field of study or profession. Everyone has an opinion. In the age of self-publishing on Amazon, everyone can put their thoughts out there. Sometimes those ideas hinder us.

For example, there are some theories of mind within psychology that are more prone to patient blaming. It's this idea that the therapist, due to their knowledge of psychology and some knowledge of the patient's life, knows what's wrong and what's best for the patient. The therapist is in a way omnipotent and all-knowing over the life of the patient. A point can come in the therapy where the patient *needs* to accept this view that the therapist offers, which may become an impasse and threaten the relationship. An impasse can be an extremely damaging thing, especially if it occurs after a significant relationship and connection have been established.

One of my favorite questions to hear from folks in public when I tell them what I do is "are you psychoanalyzing me right now?!" To which I normally reply, "yea aren't you too?!" Its actually a great response because instead of coldness they're met with collaboration. We all *feel* things when with people and ultimately we're trying to see if we *can be* with them. Regardless of training and study, we all, at the least on an unconscious level, have our lens by which we make sense and understand life. Even the patient that we're meeting with. This is why endings and the in-between are so important to process - and can often be the most powerful moments. It is both a gift and a limitation. Whatever the lens or frame by which we see (or don't see) life, at the end of the day, we're a person with another person drawn back to the human experience.

"From whatever vantage point and through whatever lens, we invariably are faced with the "unbearable embeddedness of being."

- Peter Buirski in *Making Sense Together* (2001) (p.177)
quoting Stolorow and Attwoods *Being and Context* (1992)

It's simply impossible to know it all. Yet, all have and need to have some idea of what's going on while balancing it with this subjectivity of the human experience. That knowing gives us comfort so the unknowing requires humility. Its a humble admittance to say that we don't really know what's going on. We can have our theories, and they're helpful, but this is very different from shifting into experiencing with another. Letting ourselves be *inspired* by that experience and let come to mind what comes to mind and paint a picture with them of what's going for them and with us. In clinical literature, this is called *use of self*.

As therapists, in conversations or moments of friction with others, we can be so slippery. Through all our knowledge and training, we have such an amazing way of putting blame or responsibility on other people. There's a criticalness and objectification that we have the power to enact that can be so stinging, thorny, and un-relational. Again, the term shrink comes to mind. Explanations are helpful, and appropriate at times, but if they do not flow from a place of understanding, they are bound to be self-serving. The words of Jeff Harrison in his essay "Therapy as Negativia" in the book *The Wisdom of Not Knowing* (2016) comes to mind where

he says, "premature and false claims of knowledge are often pre-emptive strikes against doubt, mystery, complexity, and humanity" (p. 69). He later points out that just as counselors hold onto theory and prop up identity, it's of no surprise how patients tightly hold onto their own ideas that appear to give them substance and value.

Just as patients cling to ideas that give their life some form, security, and value even if it is like holding onto a suitcase while lost at sea. So, we, the therapists, cling to our ideas, and formative experience afraid of risking a little more openness with ourselves and what's going on and how we can relate to their own clinging. As people we can so easily slip into complacency, a "good enough" mentality, or losing trust in our-*self* through clinging to ideas that we loose touch with ourselves. Nothing solidifies, concretizes, or arrests one's becoming and growth more than neurosis/anxiety.

There's no clearer invitation to humble admittance that we don't know than patient *resistance*. But, in actuality, who's the one resisting? I write that with humility as resistance is a-part-of relationship that can be quite taxing. Taxing to the degree to which our hands remain clenched around our idea, or insecurity, of self rather than finding some connection to the client and beginning the conversation about what's going on. The more I've worked with patients the more I've realized how difficult this work can be. A statement or reflection can rouse the greatest defense imaginable in a relationship. But, a genuine response from my own dwelling with what the patient brings, which takes work, experience, is like a gas that somehow reaches the patient. But, I had to be with it first.

What comes to mind is my work with someone who could not utter words about their experience and I had to do it for them. These were sessions filled with so much silence, but the silence was so damn full and meaningful. Minutes would go by and I just had to offer a few words around what I was feeling. At first I didn't want to go there - I was the one resisting. Resistance is a signal that there's something to be dwelled with and explored - even if just within ourselves. This process is illuminated well in Heather Macintosh's chapter "The Dance of

Dissociation in Healing Trauma” in *Psychoanalytic Case Studies from an Interpersonal-Relational Perspective* (2017).

If we hold off or subdue our thoughts, or what we know, what comes to mind will likely be what we need to know with the other. Yet, I can attest, this is not easy to do. From that place a knowing, and also learning, come forth that could not have happened otherwise. In a way knowing is a process of being available to inspiration, and not a hunt. Like Rilke's quote, "The greater beauty, come when all was ready for it, as animals come to drink when night holds sway and the forest is free of strangers." When we are with our experience and the mind is free, something *comes* to mind that wouldn't have otherwise.

Conclusion

It can cost a lot to explore these experiences. Time, vulnerability, money, rejection, coldness, boundaries being crossed—you experience it all. There is a lot of risk on this path of being a person. Particularly for us therapists who walk in and out of so many different worlds on a regular basis. In a system that pushes us to get back to work, it's so easy to make a big deal of how much it costs to heal someone—ourselves. Studying psychology and yourself is also a profoundly alienating path. And, it's also a profoundly priceless homecoming. Though it comes at times with seemingly unbearable pains, I'd never take it back, because in some way the pain also comes with an aliveness and freedom that's indescribable.

To live is to relate and be in dialogue. Experiencing is the root of dialogue. It's always happening. As therapists, we're people just like everyone else, and in my opinion and what I ascribe to is that we're those who're committed to being in relationship and dialogue with the experience of life—with others. For to be a therapist, at base, is to meet person-to-person. We're all going about our lives experiencing things. As I talked about above, even in silence there is a conversation happening on the deepest level of being, our *self*. Can I be? Do I like to be here? Am I allowed, even by just myself, to be me here? What's the purpose of being here? The *self*-experience is the language of who we are.