

The Why of Therapy

Therapists often define themselves by their technique. “I’m a CBT therapist.” “I do psychoanalysis.” We talk about what we do but not why we do it. Let’s talk about the why of therapy. For me, therapy is not just a job or a profession, it’s a calling. It’s not a head to head conversation, it’s a heart to heart communication. It’s not just what we “do” but how we “are.” In our training, we are often taught a theory to believe, but not how to be with our patients. We are not helped to develop as persons.

We can mistakenly think of therapy as a technique we do to an object rather than as a way we relate to a patient. You wonder why I use the word “patient”? It comes from Latin: one who suffers. People come to us because they suffer. They wonder whether we can have compassion. Another word from Latin: to suffer with. Can we suffer with one who suffers? Can we help this patient face the truths she avoided, so that by bearing the truth together, we make it more bearable?

Is therapy a technique, or is it a relationship? This is a false dichotomy. Techniques are ways we relate to a person more deeply to form a healing relationship. When we forget that we are two persons relating, co-creating a relationship for change, we misuse techniques as “actions to do to” a thing. The therapist becomes a technician and the patient an object. When our work is integrated and integrative, techniques are ways of being together in which both of us are changed.

Instead, we may use defenses to avoid the anxiety of the unknown: a patient who surpasses our understanding, this living process in which the future is always unknowable. Rather than sit in the unknowable that we are, we retreat to theory. We avoid our anxiety through the ritualistic application of techniques in a mechanistic manner and call what we do “the method” or “the technique” or XYZ therapy. It may be a method. It may be a technique. But it isn’t therapy. It’s the defense of omnipotence wrapped up in a “method.” Ritualism becomes our defense against the living through that is therapy.

This living encounter where the patient is not fully knowable, where we are not fully knowable, where the future is not knowable---this encounter is a pregnancy in which both of us will be reborn in unpredictable ways. When asked to define the human person, the philosopher Martin Buber replied, “A mystery.” What if therapy is a place where an unknowable mystery meets another unknowable mystery?

Therapy is not a head to head analysis; it’s a heart to heart relationship. Stop worrying about mindfulness; be the heartfulness you are. You are not a technician but a welcoming openness. Out of that openness, techniques---ways of being---will arise. You will listen to that arising and make a choice.

And when we make a choice, it is impossible for us to be “neutral.” Every intervention we make rules out other interventions. We are always making choices. And those choices are guided by our values. Remember why you entered this field. It wasn’t just to make some money. It wasn’t because you thought it would be a secure job. You wanted to be a healer. When you remember why you do what you do, your skills will reflect your values. And as a result of embodying your values, your outcomes will improve.

Who gets the best results? According to Simon Sinek (2011), the people who get the best results are those who are clearest about why they do this work. Grawe (2006) and Wampold (2011) found that being clear about why you do what you do inspires confidence and enhances leadership---the two factors that typify the best therapists, supervisors, and teachers.

Why do we do what we do? To relieve suffering. What do patients suffer from? Their symptoms. Yet, the patient’s symptom is the tragic history of his suffering. His symptom is not the moon but the finger which points to it. Thus, we always value the symptom while always looking somewhere else---to where it points---to his depths. We don’t treat the symptom; we treat the person who has it. We don’t treat a schizophrenic; we treat the person who suffers from it, the person underneath the symptoms. If you are merely treating a symptom, the patient will be lost, abandoned again. If you reach through the symptoms to the person who is hidden underneath, the patient who is imprisoned will reach through the bars of his illness to you. That is why we do this work.

Bibliography

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