

Forget What You Learned!

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Unlike their more seasoned colleagues, beginning psychotherapists enjoy a terrific advantage in practicing their craft. They may feel fearful or even lost in the process at times, but beneath their insecurities lurks a profound potential. They start the treatment process the same as all psychotherapists, facing a dizzying array of choices for helping their patients. But they tend to view their patients with a wonderful freshness. Rather peering through the lenses of what they've learned from their own psychotherapy, from prior work experience, or from case studies they've read, they tend to do just this: Carefully listen. Listen!

Now, of course, as they look into their own minds, "treat" more individuals, and study, these beginning psychotherapists develop points of view. They acquire biases. Their journey often begins by deciding how deeply, if at all, they will probe into themselves – an expedition dominated by resistances impossible to totally overcome. Next they choose between the various types of psychotherapy. If they venture down the psychoanalytic path, they learn many different theories. These models are promoted as universal truths. In actuality they represent only the theorists' personalities and the particulars of the patients they encountered. And as these psychotherapists accept certain models, some degree of corruption, of prejudice, or even of blindness begins.

If psychotherapists become enamored with Freud, then they view their patients through the lenses of drive, sexuality and aggression. If they find Klein appealing, they see envy, hatred, and aggression. If they like Fairbairn, they perform "exorcisms," striving to release the drama in the crypt lying beneath the drama in the chancel. If Winnicott moves them, they create holding environments and act as transitional objects. If they like Kohut or Stolorow, they are gentle and maternal. If they like Bollas, or even our beloved local Althea Horner, then they hunt for "core relationship problems." If they like Lacan, they carefully listen to language, to slips of the tongue, desperately seeking the "subject" in words and sentences alone. If they like Schore, Siegel, Fonagy, or Main, then they consider their patients as human robots prone to such mechanistic difficulties as affect dys-regulation or insecure attachment.

And what if they seek guidance in modern philosophy? Well, then, if they like Schopenhauer, they view death as the point of life, and deem all desire save aesthetics or theology as meaningless, repetitive struggles of appetite, satisfaction, and further appetite. If they like Nietzsche, they look for power. If Heidegger appeals to them, they hunt for authenticity. If they like Sartre, they find inescapable misery in every unavoidable, noun-like conception of verb-like self-images. If they like Camus, they wonder precisely why their patients are choosing not to kill themselves. If they like Derrida or Foucault, they see, well, nothing at all.

Ironically, all of these theories or philosophies, and of course all of psychotherapists' own illusions about themselves and others, only distort these helpers' capacity for fully receiving the persons who present for help. Yet what these patients initially need more than anything else is simply this: For their psychotherapists to really hear their stories, their versions of the world, their hopes, dreams, regrets, and more, with as little filtering or interpretation as possible.

Experienced psychodynamic psychotherapists therefore have something to envy in those who are just

beginning in the field. Laden with so many clinical, theoretical, and philosophical points of view, they can tend to perceive their patients, as the old phrase has it, "through the glass darkly." Neophytes, still new to these various perspectives on human subjectivity, can have an easier time seeing and hearing their patients undimmed and undistorted.

Whether in their first or thirtieth year of providing psychotherapy, practitioners of this art must of course practice, read, and study. But then, at the start of each and every session, they should forget all that they have learned. And they should forget themselves. Of course this is impossible; but they should strive to do so anyway. Only then, and maybe only then, can they really listen – slowly, carefully, deliberately, intensely – to what their patients are telling them. And only after truly listening can psychotherapists begin to offer real help.