

## The Heart Of Therapy

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It is not what someone does or says, but how you are left feeling, that you remember. Attendance at a conference on mindfulness underscored for me a key component in therapy that is so often ignored, namely, compassion. Compassion and mindfulness are not new 21<sup>st</sup> century inventions that have been devised by psychologists as techniques or models of intervention. They belong to a way of life, a system of being, and they are firmly rooted in ancient Buddhist and other teachings. They are embodiments that emanate from all that we are when relating to ourselves, and to others.

Compassion encompasses empathy, consideration and kindness, and being mindful includes being watchful, aware and careful. When combined, there is a pronounced sense of treading caringly and carefully. If the endless line of a circle has compassion, care and holding etched upon it throughout its length, then we have an inner (ourselves) and an outer (the therapeutic situation) container within which we can start to negotiate.

To be sitting in a room with someone who is in pain transcends psychological models and

theories. The issue is neither the model nor the volume of evidence amassed to congratulate or berate a theoretical approach. It is the realness of who we are and how we communicate this. Research and models are unquestionably necessary, but for the purposes of this discussion, let it be put to one side.

The integrity of the interaction is the cornerstone of the encounter, and it is this that brings about an opportunity for shifts and repairs to start their process. If we cannot know, and sit with, our own pain and distress, then how can we convey with any real integrity that we understand the struggles within life? Therapeutic interactions are a labyrinth of conscious and unconscious manoeuvrings and negotiations. It is the possibility of the level of intensity that might be reached that sometimes makes us want to get up and run. It would be kinder and more truthful if we did just that at the first hint of it, rather than stay sitting in a protected and cut-off manner that only serves to reinforce aspects of the patient's past experiences. People who feel loved, secure and firm-footed in the world don't usually pursue therapy or some form of professional intervention.

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*(1) This article is a description of my personal views, many of which have been influenced by the reading of other authors. In as much as is ever possible, it is an original piece of work. I have purposefully written it without any references or other forms of evidence-based research, as there are no terms that are sufficiently esoteric that they cannot easily be traced back to their originators, whose insights I fully acknowledge and respect. My only claim to plagiarism is that others have come before me, and I have synthesised their readings with my own feelings, thoughts and experiences.*

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As clinical psychologists, therapeutic interactions involve conveying to patients that whatever they reveal to us we can listen to with compassion. When people have been battered and bruised as children they inevitably have been deprived of a trustworthy, safe and holding environment. It is this very thing that becomes the quintessential component of the therapeutic relationship for it is the experiencing of it, frequently for the first time, that can allow people to risk reflecting upon themselves. Although this may sound embarrassingly obvious, the point of saying it is because we know it in our heads but not always in our hearts. It is only by getting out of our heads and into our hearts that we can really connect with someone else, particularly with someone who is in pain. We sometimes forget that some do not know what such an experience is, and when they get to know it, it has the potential to be reparative. However, it can also be extremely painful for it evokes anger and grief for what one never had.

I am of the opinion that pain comes before rage, and that rage is a symptom of the pain rather than it being the starting point when need or desire is thwarted. As a therapist, it takes courage to genuinely stay with the turmoil and intensity of feeling when injured individuals scream out in agony through tears, silence or anger. For me, it is compassion that can provide the resilience to listen, and to know of how they have lashed out at others or themselves in ways that are sometimes unimaginable. This gives them the opportunity to experience something that is frequently unfamiliar, unknown, and very frightening.

There is a reparative power in compassion: compassion cannot do it all, but it can undoubtedly till the soil for the next harvest. It is about being listened to, with a kindness and openness of heart, whilst telling the horrors and highlights of one's life. When we can convey some unspoken awareness and knowledge of how tough and terrifying it is to be alive at times, and how overwhelming and isolating life can be, only then can we open up all possibilities.

In this world of evidence-based rhetoric, it is easy to forget that our work as psychologists is not

only about techniques, it is about us as people, and that is a big responsibility to acknowledge and take on. We are often so focused on the doing rather than on the listening, not to the words, but to the person. It is about being present and alive to whatever comes our way, for whatever it is. Our willingness to explore or deaden our own experiences will influence how we function as therapists. I meet a stranger and have a response to him or her regarding issues such as integrity, attitude and warmth, so why shouldn't my clients? We are all instinctual beings who react and respond to our environments, and it is no different when two people come together in a professional setting.

We all need to make sense of what has often seemed senseless in our lives, and it is hard to make sense of others' experiences if we haven't made sense of our own. If we know about the well of human feelings, the madness, the shame, the joy and the disruptions, then we can be alive to, and for, our clients. But, we cannot be alive if we don't have a functioning heart. It is not about how clever or slick we are. It's about other peoples' lives, about our integrity, and about our humanness. It's about feeling and having a connection with a person in pain, for better and for worse. We need to be there in the room, not just physically, but in the relationship and in the process.

There is so much competition and vying for status in the world of psychological interventions at present that the notion of listening and talking, rather than doing or utilising a specific model, has almost become anathema in the very profession that purports to be specialists in the human condition.

Where have our hearts gone? Speaking of heart, of compassion, of holding or despairing appears to be in the process of being surgically removed from our professional language. It is as if they are malignant and malicious words with no evidence-based research to justify their continued existence. Perhaps the over-emphasis on evidence, on the financially pleasing quick-fix drive and obsession from politicians and from within our profession, is turning us into figures

replaying the damaging scenarios that most of our patients have experienced in their lives. This for me is a tragedy, for if psychologists are willing to participate in this ego-driven and political removal, then we are guilty of a crime against humanity. We are consciously and voluntarily exterminating the very qualities and ingredients that brought us to this work and that compel us to continue with it. If we are to be so numbed, threat-driven and heartless, what atmosphere and message is being brought into, and created within, the clinical interaction? The room may only contain four walls, two chairs and a couple of people, but every feeling, thought and experience within those walls will lend its history to that very moment.

We need to fight for what we believe is right, and to fight for the right things to be done. Where is our integrity if we do not, where are our hearts, our beliefs, and our compassion? Doing what is right is part of our moral and ethical code, not a practice code, but an individual's code of being. We are there to do no harm, yet we become oppressive when we violate our professional standards and purpose. Are we honest with our patients? Often not. We pathologise their struggles but not our own professional, or personal, ones. We tell them that they can be helped in 6 or 12 sessions and when this doesn't occur they may blame themselves, or worse, we blame them for not responding to treatment. Once again, we are the perpetrators of the cycle

of interpersonal mistrust and abuse that they have already suffered, and are now being subjected to by the caring profession.

It's not a privilege to feel pain, but it is a very particular experience to be with someone who is expressing it. We have a responsibility as psychologists, and we need to take it seriously if we are going to do this work. People feel pain because somewhere along the line they have been seen as commodities, and it is our duty to not repeat this experience either through our claims or our work. Perhaps coupled with the financial pressure is that of our egos. Anyone can do the job, how it is done is up to us. On the one hand, practitioners often feel constrained and frustrated by the organisational and managerial context, and by the pressure to comply with targets and guidelines. On the other hand, we also have a choice as to how we go about our jobs: do we explore ourselves, do we live by our code of being or do we split the human core from the policies? It is up to us as to how we use the power that we do have.

I do not believe we can turn rocks into rivers, or trees into streams. We cannot change the fundamentals of who we are, therefore, I cannot be who I am not. However, if I am honest with myself about who I am and why I do what I do, then I can maintain my integrity both personally and professionally.