

Why Psychotherapists Shouldn't Be Shrinks

By Mel Schwartz

There are times when upon learning of my profession that one might utter, "Oh, so you're a shrink." My reaction to the term shrink is that I'd rather expand than shrink. Although my comment might be seen as somewhat glib, it really speaks to a major shift in psychotherapy. Traditionally, psychotherapy has been rooted in an old paradigm of reality. Its grounding has been that in the belief of objective and impartial analysis, that the therapist can best assist the patient in overcoming their struggle or repairing their dysfunction. To best serve this end the analyst became what we refer to as a shrink. In figuratively shrinking one's psyche, they might best be able to pin point the area of difficulty and minister the cure so to speak. All of this work is typically accomplished in a somewhat reductionist fashion. In other words, by reducing or shrinking we might come to clarity. The dominant theme of this belief system is based upon the work of Sir Isaac Newton. Newton reasoned that to best understand any property, we should reduce it to its smallest and most basic component. Having done so, we could then objectively come to know the truth of the matter. This approach to psychotherapy was based upon the fundamental reality of objective observation.

In the early part of the twentieth century there were startling discoveries made by quantum physicists that revealed a reality that defied our sense of logic. On the sub atomic plane we discovered that reality didn't conform to our expectations. In fact, we learned that objectivity didn't exist at all. When we studied sub atomic particles we came to see that we had intruded upon their world and had thus affected them. The very act of observation had altered their state of being. To put it in another way, the observer and the observed participate in their co-created reality.

Moreover, other insights and discoveries in the quantum world revealed that the universe is truly an undivided whole. Nothing is truly separate from anything. Yet, psychotherapists continue to be trained in the belief of objective analysis and diagnosis. The inherent suggestion here is that the psychotherapist is somehow separate from their client, objectively observing. This approach is not only rooted in a false sense of reality, it also contributes to interventions that are less healing and humanistic. Many therapists who immerse themselves in the science of diagnosis come to see the person they are working with through the filter of the diagnosis. The client tends to become the label, rather than a human being that is struggling in some manner. When we become mired in labeling of people, we constrain our healing energy.

The belief in objective observation continues as a dominant belief system some eighty years after these discoveries. The field of psychotherapy is still, to a significant extent, rooted in the duality of Freudian analysis, which casts the analyst as distinct from the analyzed. Psychotherapists are still trained to observe, diagnose and intervene. The instant the therapist shifts from an intuitive, empathic energy into one of a diagnostic clinician, they are immersed in the illusion of separateness. They falsely believe that they can observe without affecting the observed. The patient moreover tends to become the diagnosis. In the jargon of the therapist, Jane is referred to as bipolar as opposed to stating

that Jane has some features of what we have come to call bipolar disorder. Jane becomes the diagnosis. In other words, we see her through the label of the dysfunction that we have attributed to her. It is also important to note that these words and labels aren't real. They are simply terms that we have created to describe certain conditions. The symptom isn't the problem. It's there simply as a signal to us that this individual is struggling with some aspect of their life.

If you look for the depression in a person you will see a depressed person. In this circumstance you will treat their depression as you have been trained, working with the depression rather than the potential life energy of that individual. Instead, if you see them as a person who has lost their vision of life and is rooted in fear, you might well enter their life field with hope and support, working to creating and actualizing a new vision. The different possibility of therapeutic outcomes is very much dependent upon the beliefs and perspective of the treating therapist. The energy of the relationship is more fundamental to the treatment than the consideration of the analytical assessment of the difficulty.

Several years ago I was introduced to a psychiatrist from a neighboring town. He proudly told me that within minutes of meeting a new patient he had them completely diagnosed. I paused, as I considered my response. I offered to him that when I work with someone I try not to fill my head up with what I think I know about their problems, for that would only serve to preclude me from the journey that we're about to embark upon.

The more that I think I know, the less present I am to make new discoveries. Understanding that I am part of the process, inseparable from the individual that I'm working with, is essential to the energy of healing and transformation.

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