

THE THEORY AND PRACTICE OF PSYCHOTHERAPY WITH SPECIFIC DISORDERS

THE ESSENCE OF AN EFFECTIVE THERAPEUTIC PROCESS

DR. MAX HAMMER

The Essence of an Effective Therapeutic Process

MAX HAMMER

e-Book 2015 International Psychotherapy Institute

From *The Theory and Practice of Psychotherapy With Specific Disorders* by Max Hammer, Ph.D.

Copyright © 1972 by Max Hammer, Ph.D.

All Rights Reserved

Created in the United States of America

Table of Contents

[CONCLUSIONS](#)

[REFERENCES](#)

The Essence of an Effective Therapeutic Process

In this final section I would like to summarize the basic material in this book in the form of presenting my conclusions in regard to what I feel to be the essential aspects of an effective therapeutic process. This is an extremely difficult thing to do because one's definition of an effective therapeutic process very much depends upon how one defines a successful therapeutic outcome. As the reader is probably already very much aware, there is very little consensual validation or agreement in regard to a definition of successful therapeutic outcome because there is very little agreement in regard to a definition of the essence of cure, growth or psychological health. The research literature in the field of psychotherapy is full of grandiose claims in regard to a particular approach achieving a high rate of successful therapeutic outcomes but when one looks at how they defined successful outcome, cure or growth, there is quite often a rejection of that definition by the reader to whom these terms mean something entirely different. As long as value judgments exist in regard to how one defines the nature of man, and therefore also the nature of optimal psychic functioning, there will always be disagreements in regard to the essence of an effective therapeutic process.

Thus, if we had a set of clear criteria and a sense of consensual validation in regard to the nature of cure, growth and psychological health, it would then be a relatively simple matter to set up criteria for an effective

therapeutic process. However, in spite of all of these inherent problems and difficulties I would like to share with the reader my most basic conclusions in regard to the essence of an effective therapeutic process. It is based upon my own understanding of the nature of cure, growth and psychological health, much of which the reader will find presented in the various chapters that I have written in this book, plus what I have observed as being elements in common in the therapeutic approaches of other psychotherapists who are consistently effective.

I present these basic conclusions not with the intent of having the reader believe them and accept them as an absolute truth but rather as a challenge to the reader to reflect deeply upon them and question them as well as question others who hold similar and dissimilar conclusions. In addition, ask yourself about the essence of your own growth and that of the patients you work with in psychotherapy and see if something becomes meaningful to you about the essence of psychotherapy as a result of all this inquiry and observation. In understanding that process of inquiry itself, the reader may discover something more meaningful about the essence of therapy than the intellectual conclusions he finally settles upon.

Permit me to caution the reader not to adopt a therapeutic approach just because someone presents it to you in a very persuasive manner. The reader should not take anything written in this book or any other book as the

truth, for at this point in his understanding it would only be a belief, and a belief is not a truth but a conviction without knowledge. The truth never resides in someone else's verbal communication but becomes a truth only when there is personal self-discovered knowledge. The reader should recognize that a book can give you only what the author has to tell but the learning that comes through self-discovered knowledge has no limit, because to learn through your own self-knowledge is to know how to listen, how to observe, how to hear and therefore to be in a position to learn from all of life. Therefore, as with a good poem, what is presented here is not the truth, nor is it an untruth, but only a hint of something which coaxes the reader to reach up beyond his current level of understanding and try to meet the author where his understanding is at.

CONCLUSIONS

My first conclusion is that no therapeutic process can be effective unless a therapeutic alliance is established between the therapist and the patient. No matter what it is that the therapist is offering or suggesting to the patient, if there is no openness and receptivity on the part of the patient to the therapist and the process of growth then all the therapist's efforts will be to no avail. The therapeutic alliance involves not only the patient being open and receptive to what the therapist is offering, but it also involves a commitment on the part of the patient to taking risks for growth in contrast to just utilizing

the therapeutic relationship as a means of achieving the gratification of some basic dependency needs or as a means of entering into contest with the therapist as a way of gaining a feeling of power by defeating the therapist in his attempts to be therapeutic. When there is a therapeutic alliance the patient utilizes the therapist as an ally in the voyage that he has to take through the dark and unknown muddied waters of his psyche.

The existence of the therapeutic alliance seems to be dependent upon a sense of trust that exists between the therapist and patient and the development of this sense of trust necessitates that there exist a particular kind of relationship. Part of this relationship involves the patient perceiving the therapist as a model for growth. This is not to suggest that the therapist offers up his own personality for identification but rather the patient often makes a commitment to grow as a result of his recognizing the comfort, maturity, spontaneity and creativity of the therapist and he feels intuitively that he also would like to grow beyond his own sense of constriction and conflict and possess a similar sense of internal freedom. In addition, he must perceive the therapist as being internally consistent, congruent or integrated; otherwise the inconsistencies and contradictions that he perceives will limit his capacity to trust the therapist. From the therapist's point of view he must be truly affectively involved with the patient, have warm and valuing feelings toward the patient and be able to sensitively hear the patient's subjective reality, for without this involvement and hearing, there is just too great a

sense of distance between the patient and the therapist and without that close bond, the necessary sense of trust will not exist and then neither will the therapeutic alliance. In essence then, by whatever means the therapeutic alliance is developed, it must exist if the patient is to really grow.

It also seems clear to me that if a therapeutic process is to really be effective it must enhance rather than discourage the patient's greater confrontation with rejected, fearful and painful inner and outer realities. If psychotherapy is selling anything at all, it is selling the truth. The highest form of psychotherapy known to man is the truth. Since the early days of the scriptures man has been told "know thyself," "see the truth for yourself and the truth will set you free," "to thine own self be true," and the like. In a sense the process of psychotherapy is like a surrounding wall of mirrors put up by the therapist by which the patient sees the truth of himself reflected whichever way he turns.

The essence of psychopathology must somehow lie in the avoidance of the truth of oneself, in one form or another, along with the pursuit of some kind of imaginal self or idealized image. In the very desire to become a certain something that one feels one ought to be, there is inherently a kind of internal contradiction and conflict as well as a distortion of reality because in the pursuit of what one ought to be there is also involved the process of attempting to deny and escape from the reality of what one really is already.

On the other hand, psychological health, most basically, must involve an openness to the clear perception and acceptance of reality; an awareness and acceptance of what actually is, rather than the pursuit of what ought to be. More specifically, psychological health is that process of being totally open and fully sensitively aware and accepting of one's moment-to-moment experiential reality. The essence of psychological health lies in living in that state of communion and integration with the actual moment-to-moment experiential reality, which may be referred to as the state of "Being," whereas the essence of psychopathology lies in the rejection of what is real and the living in the imaginal state of pursuing the "What ought to be," referred to as the state of "Becoming."

Psychological health is referred to as a process rather than some kind of final end state because all end states are noncreative and therefore forms of "death" because there is no continuous opportunity for renewal possible in them. Psychological health must be a condition of optimal aliveness. Life must involve continuous renewal; otherwise it ceases to be life. Therefore, psychological health can never be some kind of an end state, and any process of therapy which seeks to direct the patient toward the attainment of some kind of ideal objective or end state must be moving away from being a truly effective therapy.

It should also be clear that there should be nothing in the process of

therapy which encourages the patient to escape from painful reality such as through the use of some form of suppression, distortion, camouflaging, withdrawal or avoidance. Patients usually decide to go for psychotherapeutic assistance in the first place because they seek to escape from some kind of painful reality. This is precisely why they are pathological; therefore any process of therapy which offers the patient some form of escape from or avoidance of his problems or some other painful reality cannot really be an effective therapeutic process and is, on the contrary, really encouraging the pathological process. Psychotherapy should not involve teaching the patient new and better techniques for hiding from himself but rather must encourage a greater sense of union and integration with himself. Those approaches that encourage the continued rejection or suppression of unacceptable parts of oneself are basically involved in the heightening of conflict. Being taught to control unacceptable behavior is not the same as growth, in which there results a true liberation from the need to express such behavior. A process cannot be considered therapeutic if it heightens conflict rather than integration. Therapy should not pit one part of the self against another part. Psychic energy is a unitary system and when it is divided and turned upon itself it must, through this sense of conflict and disintegration, produce a greater sense of tension and pathology. Attempting to solve a conflict by suppressing the conscious awareness of one side of it does not eliminate tension because it does not untie the turning of energy upon itself; it only, at

best, reduces the conscious awareness of the tension.

Therefore, to be effective the process of therapy must of its own nature involve the patient in a state of integration rather than keeping him constantly outside of himself by offering him an intellectual survey of his problems through the process of presenting him with a set of intellectual explanations and theories. For the patient to end up being an integrated human being the process of therapy itself must be integrative in its nature. Thus, it is only when the patient is in a state of integration with his symptom or problem—that is, when the observer is not outside of but rather is one with the observed—that the patient is in a state of integration, from which a liberating self-understanding can occur. Therefore it is clear that insight or intellectual awareness is really the *consequence* of growth and not its antecedent *cause* as many therapists erroneously believe. There must first occur in the patient the state of integration with his own rejected painful feelings, which is the essence of growth, and *only then* is that boundary, which separates conscious from unconsciousness, produced by the ego as the observer and controller of thought, dissolved which then permits the intellectual awareness of the rejected truths to take place. The particular rejected truth presented to the patient in the form of intellectual interpretations by the therapist, in his attempt to produce that necessary state of integration and growth, is not adequate to remove the ego's separation from and control of thought which is necessary for dissolving the

separation and barrier between consciousness and unconsciousness and therefore there occurs, at best, only a kind of intellectual synthesis instead of the necessary integration produced through the direct experiential contacting of and communion with the rejected truth and all of its associated feelings. In fact, intellectual explanations only serve to prematurely put an end to the deeper inquiry into and the establishment of full contact with some rejected truth and in this way serves as a form of escape which makes it an accomplice of the pathological process. Intellectual interpretation or analysis is basically nothing more than theoretical speculation and this is not sufficient to produce integration and liberation; only the resolution of the duality between the observer and the observed accomplishes that liberating integration which yields true self-understanding.

Because psychological health involves the confronting and making contact with one's moment-to-moment experiential reality, it suggests that the process of psychotherapy itself must encourage the patient to confront and contact his moment-to-moment experiential reality. This means that the therapist should always take the patient where his moment-to-moment consciousness is and not where it ought to be. For example, the therapist should not predetermine to have the patient deal only with his past history or with some aspect of his future or even some aspect of what is referred to as the present time, such as his current job or marriage situation, because all of these are forms of escape from the patient's moment-to-moment experiential

reality.

Therefore, to teach the patient to live in the healthy process of contact with his moment-to-moment reality, the therapist has to encourage the patient to be totally attentive *only* to that which is *currently* in his free-flowing consciousness—that is, that consciousness which is unencumbered by a directing censor and deliberate thinker that is initiating and controlling the content and movement of thought. Encouraging the patient to deal with any other subject matter than this current experiential reality is encouraging the process of avoidance of reality and is therefore enhancing the pathological process. Thus, any system of therapy that has a predetermined focus of attention for the patient encourages his escape from reality. The patient has found a new means of escape from confronting himself by using the therapy process itself for that purpose even though in theory the process of psychotherapy is supposed to enhance the patient's contact with reality.

It should be pointed out that the present, as a moment in time, is not the same as the moment-to-moment experiential reality because the former is only a relative present rather than an immediate present. The fact that the patient may have had a fight with his wife or boss may not at all relate to what is in his current moment-to-moment consciousness and is therefore really of the past and not of the present even though the event may have occurred shortly before the therapy session. Whatever thoughts or feelings invade his

uncontrolled current awareness is that which has the greatest investment of psychic energy at the moment and *that* is what has to be dealt with first. That which intrudes into his awareness when the controlling thinker is absent is that which is really concerning him the most. To try to deal with anything else is bound to be fruitless because the patient will not be able to effectively concentrate on anything else. He will only be in a state of internal conflict and distraction. A state of conflict is set up when the patient's attention is pulled away from where it naturally wants to flow and made to focus on an area where little psychic energy is currently invested.

There are several systems of psychotherapy and Eastern forms of mind discipline which emphasize the therapeutic and peaceful effects of focusing the mind's attention on and the complete absorption in the here and now external reality, but they apparently do not recognize that contact with external reality is not the result of an act of the will or of deliberate effort and therefore one cannot be instructed to do it. For example, the fact that I may be in your physical presence does not necessarily mean that I am also in your psychological presence or awareness. Whether or not you attend to me is not a function so much of your conscious intention but rather is more dependent upon the degree to which psychological tension within your mind is drawing your conscious attention to its source. The mind's conscious attention is naturally drawn towards and wants to follow that path that leads to that place where psychic tension exists. Attention always naturally wants to follow

tension because tension is painful and demands recognition. This process is the means by which that which is repressed tries to free itself of its dammed up energy and drain itself into conscious awareness.

Thus any attempt to forcefully make the mind consciously attend to some reality other than where it naturally wants to flow only serves to produce a greater sense of conflict and tension and is therefore a servant of the pathological process. When there is no longer any intense internal state of conflict and tension which is demanding recognition and expression then the mind's attention is free to be in communion with whatever external reality confronts it for no internal draw will exist to distract it away from that contact. Therefore it should be clear that a full and complete contact with external reality is possible only after the tensions of repressed internal realities have been drained and resolved.

This kind of conflict situation is another example of how psychotherapy can encourage the pathological process whereas encouraging the patient to be one with his moment-to-moment experiential reality enhances the process of integration as well as contact with reality and is therefore enhancing of the process of psychological health. The patient is learning, through the process of therapy, to be more open to the truth of himself which enables him to resolve more of his own problems by himself.

This leads directly into the next major conclusion which is that an effective therapeutic process should enable the patient to leave therapy with a greater ability to resolve his own problems by himself than when he first came in, otherwise psychotherapy becomes nothing more than “patchwork.” In an effective psychotherapy process the patient learns the process of reintegration of himself—that is, he learns how to retrieve, “welcome home” and live compatibly with all aspects of his formerly unacceptable self, which he branded as a not-self. He learns basically to say to all of his moment-to-moment painful experiential realities, such as his anxiety, depression, anger, sexual feelings, guilt, etcetera, that “this too is me.” At the conclusion of therapy his capacity to face psychological pain is greater and he knows how to maintain his newfound state of integration by “never rejecting any of his own children from home,” and thus he never disintegrates himself again.

Thus, psychotherapy cannot be considered as being complete unless the patient has come to learn to value the truth of himself and learn something of the essence of being open to the truth of himself. He must personally experience the self-integrating, self-healing and liberating process of being one with his moment-to-moment experiential reality; otherwise he is sure to work himself into new and insoluble conflicts and problems and have to seek assistance again. But having learned the self-integrating process he then has received more than just the immediate profit of the resolution of the problems that he brought with him into therapy because he has also learned

the process of being able to resolve his own problems for himself in the future. *Every patient should leave therapy capable of being his own therapist.*

The real essential task of psychotherapy, therefore, is not so much the retrieving of the specific contents of consciousness which are repressed but much more it lies in helping the patient learn the process of retrieving, that is to say, the process of bridging the psychological gap or distance between the existence of some painful experiential reality and the immediate awareness of that reality, which is essentially the process of psychological integration. This is accomplished basically by helping the patient to heighten his self-sensitivity through the process of communing or being one with his own moment-to-moment experiential reality. The mind seeks to integrate and heal itself by presenting to conscious awareness that which has been rejected and repressed. Once the patient learns to quiet the deliberate thinking process and learns to be open and receptive to contacting and hearing these strivings from his own unconscious then he has learned the basic self-integrating and self-healing therapeutic process.

An effective process of therapy must also help the patient become more, rather than less, real. This means that psychotherapy must involve the patient in his own subjective or experiential reality rather than work with the enhancement of various concepts or imaginal images of himself. The goal of therapy is not to help the patient achieve his idealized image but to help him

transcend his identification with and pursuit of all concepts and images of self. First of all it must be clearly seen that it is not possible to ever actualize a concept of self. Anything that you conceptualize yourself to be is an illusion because to really be a particular thing is to be that thing absolutely, for to be it only relatively is also to be its relative opposite and therefore one is not the thing at all. Thus, if I hold myself to be intelligent, strong, kind, or whatever, I spend my life trying to absolutely affirm this thing that I believe myself to be but I can never succeed in this vain pursuit and therefore my life is always full of fear, frustration and tension. For me to truly be intelligent, for example, as a fixed characteristic, I would have to be absolutely intelligent which is impossible for that would necessitate my being omnipotent. If I am not absolutely intelligent then I am only relatively intelligent which means that I am also relatively unintelligent and therefore I cannot assert that I am that thing called intelligent. Thus it should be clear that I can never be any conceptual thing for all such traits are really relative opposites and these relative opposites can never be affirmed absolutely. All I can really ever be is an unlabeled whole which is the essence of psychological integration, unity and health. Any psychotherapeutic approach which encourages the patient to actualize some concept or ideal of himself serves to put the patient in a chronic state of frustration and fear and takes him away from the reality of that which he really is experientially, from moment to moment and therefore cannot ever really be growth producing or therapeutic. Only when the patient

is free of his identification with his various masks and personas is he in the position to really hear and become integrated with that which is most real in himself. Bergman's movie "Persona" is a classic visual illustration of this basic psychotherapeutic principle, and I highly recommend it to psychotherapists of all levels and disciplines and as an excellent device for the training of students in psychotherapy.

The therapies that conceptualize growth as a moving from a negative self-concept to a more positive self-concept fail to recognize that the positiveness of one's self-concept is only as high as one's last success. With the first real significant failure that comes along the concept is back to being negative again. A positive self-concept requires the living under the pressure of constant victories and makes a combat out of interpersonal relationships and all of life. It is not possible to have a high self-esteem without also being involved in the competition and comparison of esteeming others lower than yourself, for after all, the positiveness of your esteem is only relative to the degree to which you compare yourself favorably to the esteem of others.

The same is true for those systems which conceptualize therapy as a system for building confidence in their patients. Confidence, like a positive self-concept, is dependent upon a continuous feeling of mastery. Confidence is really nothing more than the anticipation or expectation of mastery in regard to a particular challenging situation and therefore it is relative to insecurity.

Inherent in any feeling of confidence is the basic attempt to escape from feelings of insecurity. Absolute confidence is omnipotence and because that is not possible to achieve except through illusional fantasy, which is pathological insecurity always rides the coattails of confidence. It should be clear that if the patient did not feel insecure he would not pursue confidence any more either. Thus, a system of therapy which focuses on helping the patient feel more confident is really only encouraging the patient to escape from reality—that is, the reality of his basic feelings of insecurity—and it is that which needs to be transcended and not compensated for by seeking confidence.

When one is free of his identification with any and all concepts and images, which are really all false selves, then one is free to be with what is real in oneself, which is basically one's moment-to-moment experiential reality. One is then free of the anxiety and dread that one day that which is positive will become negative and that which is confident will become insecure. Being free of all conceptual selves, one is then also free of the internal judger. Peace of mind does not come when one's achievements finally meet with the internal judger's expectations and ideals, as some therapists seem to believe, but rather when the judger itself is transcended. If the process of therapy does not in some way deal with the transcendence of the judger itself then the patient must be left with a sense of anxiety and pressure that he will not give up to his concepts and ideals of himself. Change is not real

growth or transformation but only modification, when the judger remains.

An effective therapeutic process must also enhance rather than diminish the patient's capacity to live more creatively and spontaneously, for most therapists will agree that creativity and spontaneity must be intrinsic to a person who is psychologically healthy. The transcendence of identifications with false images and concepts of self permits for more creativity and spontaneity in the patient. No real sense of spontaneity can exist if the self is fragmented into different images all competing to represent the response to a particular stimulus or challenge.

To live creatively is to live life as constant renewal, but concepts of self demand continuity and self-perpetuation which prevents any real sense of renewal. For the new to really be experienced as the new one must die to the old and the continuous. Self-concepts and images predetermine that one's response must be consistent with, in order to be confirming of, that particular concept of self and so unless the identification with all images and concepts is transcended one cannot live creatively and spontaneously. Thus, in essence then, any system of therapy that through its process encourages the patient to react to himself and to life conceptually cannot be a truly effective therapeutic process. Psychotherapy should not be antithetical to life and helping patients live more fully which requires the capacity to enter into full and complete contact with the real. However, concepts are only *symbols* of the real and only

operate to filter and prevent direct contact with the real. The word is not the fact or thing itself. The word and the symbol are really a turning away from the fact. Therefore, any system of therapy which is overly abstract, intellectual or philosophical in its process and approach to the patient and encourages the patient to approach himself and life conceptually is antithetical to life and therefore also antithetical to psychological health.

Many therapy approaches, through the use of controlling and manipulative techniques, also serve as another means of destroying the full development of creativity and spontaneity in their patients. Authority by the therapist in any form leads to impersonation and imitative behavior on the part of the patient and copying in any form is antithetical to creativity. Creativity and spontaneity reflect an inner state of freedom and any system of therapy which overly patterns and controls the patient's mind destroys the free flow of consciousness and thereby destroys the opportunity for creative and spontaneous expression. Therefore, it should be clear to the reader that no so-called therapeutic system or technique can ever really be effective in helping the patient become more creative and spontaneous because a system or a technique is a form of programming which is really the antithesis of creativity and spontaneity. A system or a technique necessitates a procedural commitment or attitudinal set on the part of the therapist which programs the interaction between himself and his patient and therefore destroys any opportunity for a sense of creativity and spontaneity to develop in the

encounter. A programmed interaction as the means or process of therapy can never lead to a creatively functioning patient as its end result.

All techniques are basically gimmicks which are used by the therapists who lack the necessary sensitivity to hear where their patient's experiential reality really is at. Feeling lost and confused in their interaction with their patients they resort to the use of some kind of technique which they feel will provide the interaction with the necessary structure and direction to make it appear as though real movement and progress were occurring. The technique provides the procedural recipe or formula which predetermines the therapist's reactions and responses to his patient which obviates the necessity for contacting and hearing the patient and therefore also makes it unnecessary for the patient to contact and integrate his own rejected and painful experiential realities and therefore can never be therapeutic.

The reader should also recognize that a truly effective therapeutic process must maximize rather than minimize the patient's opportunity to advance in terms of emotional, social and sexual maturity. Any system of therapy whose means involves treating the patient like a child cannot hope to end up with a patient who is mature. The ends in therapy cannot be separate from the means. If the therapist sets himself up as an authority and *the* one who possesses the truth then he will make all of the patient's major decisions, offer a plenitude of advice and suggestions, give the patient "homework" and

in general treat him like a child, but he cannot expect the patient to end up being mature. For the patient to end up being mature the process itself must provide for that opportunity through the patient taking more autonomous responsibility for his own functioning and self-understanding. It must encourage self-discovery and minimize instruction, explanation and dependency in all forms.

It should be clear to the reader that imitating and impersonating an adult is not the same as being one. The child who acts like an adult and the child who acts like a child are still essentially the same, because the child is still a child. Acting like an adult does not make one an adult, no matter how good the impersonating performance may be. Effective therapy is not a process that molds an “as if” but one that encourages the patient to grow and “be.” It is essential that the patient be an adult and not just act as if he were an adult. “As if” never becomes “is” through tire process of continuous repetition of playing the role, as some approaches seem to believe, any more than a violent person can terminate his violence by practicing acting as if he were not violent. He is still a violent person, acting nonviolently and eventually that which is real in him will express itself. The use of authority to cultivate imitation and impersonation at best can only produce a modification in behavior, but in the long run must be antithetical to real transformation and growth.

Thus it should be clear that there can be no real advance toward maturity without there first being some element of regression, and no process of psychotherapy can really be effective unless this occurs. Growth involves a process of regression not only in terms of going back into the unconscious depths of oneself but also in terms of going backward and contacting the early immature feelings and aspects of one's personality which have been repressed. It is only through the communing with and integrating of these immature aspects of the personality that they are freed to develop and mature with the rest of the personality.

The patient is, in some developmental ways, still like a child because he has rejected some aspect of the weak, helpless and vulnerable feeling child in himself and has devised for himself some compensatory and imaginal means of pretending to himself that he is invulnerable and secure. In his childhood the patient needed, but was never given the opportunity, to thoroughly be his natural weak, helpless and vulnerable feelings and still recognize that he would be loved, protected and made to feel secure by his parents even though he could not provide his own security. But not having had this occur he never let himself totally be that weak, helpless and vulnerable feeling child but rather rejected and repressed this aspect of himself into the cellar of his psyche and by so doing preserved its existence, unaltered, and so he remains fixated. As long as these immature feelings exist and are not resolved they pop out and manifest themselves whenever they are triggered by related

events and so he continues to remain immature no matter what kind of adult style of behavior he superimposes on the surface of these feelings.

Thus, greater maturity does not take place unless the patient first permits himself to have contact and communion with these more regressive aspects of his personality and by so doing integrate them into the rest of his developing personality thereby transcending or outgrowing them. Therefore the patient must come to recognize that he must first be weak before he can be strong. He cannot circumvent his real feelings of weakness and hope through some kind of defensive or imaginal alteration to compensate for the conscious awareness of these feelings but rather must first totally be immersed in these feelings and let himself be his weak, childish self before real maturity can occur; and then no longer feeling weak, helpless and vulnerable he will no longer need the defenses and compensatory pursuit of needing to feel strong either. However if the process of therapy encourages some form of circumvention or compensation and prevents the patient from being and integrating with that child in himself, then he continues to preserve that in himself and no real advance in maturity can really take place.

Another basic conclusion is that an effective therapeutic process should go beyond just the elimination of the negative but also ought to accentuate the positive. In other words effective psychotherapy must involve more than just symptom removal but must also involve a heightening of the patient's

capacity for experiencing his most positive feelings of joy and love. Many systems of therapy are under the mistaken notion that the positive is the immediate result of the elimination of the negative but this is not true. The arousal of joy and love is not just the immediate consequence of the elimination of one's pathological symptoms. The rapid growth of what is referred to as growth centers and centers for sensitivity training attests to the fact that many persons who are not considered pathological still are interested in growing and enhancing their capacities for experiencing intimacy, joy and love.

The greatest obstacle to the enhancement of the more positive experiential states is the ego and one's identification of self with the ego. The ego has only apparent existence and is nothing real but borrows its apparent reality from the self-defined labels with which it identifies. The ego is essentially an illusion and one's devotion to the basic ego drives for self-aggrandizement, self-protection and self-affirmation only represents an intensification of that illusion which makes the arousal of negative experiential states a much greater likelihood. Threats to the ego and its labeled attributes and frustration of its basic drives are responsible for the producing of symptoms such as anxiety, tension, hostility, depression, loneliness and the like. For example, most basically, anger occurs as a reaction to the frustration of the will and represents an assertion of the self through an exaggerated response of the will, with which it is identified, in an attempt to

deny the feeling of impotence or nonexistence of the will through its capacity to produce an influencing effect on the other. Anxiety represents the perception of the threat of possible disaffirmation of the self. Depression represents the reaction to the recognition that the self has already been disaffirmed and now feels diminished in esteem and moving in the direction of total worthlessness and nullity. Loneliness represents the feeling of loss of the principal object that was used for self-affirmation and the yearning for the return of such an object. Therefore, when reduced to its basics, it can be seen that the various negative psychological experiential states are really heightened forms of egoism. In these negative states, psychological threat to the self-defined ego has produced an intensification of self-awareness through interpreted feelings of vulnerability and the particular symptom that results represents some form of attempt to escape from the direct awareness of the feelings of vulnerability and the threat of extinction to the ego.

Transcendence of one's identification with the ego is therefore the elimination of all negative psychological states and the awakening to oneself as a new reality which, for want of a descriptive label, may be called love. Love is the antithesis of egoism. Love is the state of selflessness and desirelessness. In the state of love there is the total surrender of the sense of self-awareness which is absorbed totally in the awareness of the object of our love. Love comes into being within us as an experiential reality not when we are being loved or valued by another but rather when our own consciousness

is making contact and is in a state of communion with the experiential reality of the other person outside the boundaries of our own ego. When conscious awareness has transcended the boundaries of one's own ego and has lost itself totally in the state of communion with another person, then love becomes our natural state of being. Love cannot be volitionally self-induced for all such efforts are acts by the ego operating as the agent of those acts, but rather love is something that one *is* when one is not ego.

It is egoism that makes man live in the state of duality which separates and alienates him from his fellow man and makes him devoted to the goals of self-enhancement, self-protection and self-affirmation. These goals are inevitably frustrated, because they strive for absoluteness, and therefore one feels psychologically threatened with extinction which then results in the various negative experiential states such as fear, tension, hostility, depression and loneliness. The fear of the extinction of the psychological self underlies all of the various negative experiential states and all of man's basic psychological problems. The only respite from these negative experiential states are the periodic moments of elation which come when the ego feels itself to have been enhanced or affirmed in some way. But these relatively infrequent moments of elation are short-lived because the ego will soon again feel threatened because it is compelled to continuously put its self-defined identity on the line in the attempt to attain a feeling of absolute affirmation.

Most therapists have correctly come to recognize that the arousal of threat and symptoms are the result of the ego's need for affirmation and preservation and so they have therefore assumed that affirming, protecting and enhancing the patient's ego must be the essence of the therapeutic process. But that assumption is not valid because they have not correctly understood that ego affirmation only temporarily relieves threat to the ego and therefore symptoms of one type or another generally reoccur. Symptoms must continue to arise because the patient is still basically irrational. The patient's prime irrationality is that he is trying to make absolute that which can only be relative. He is trying to prove the absolute existence of a thing which has only apparent or conceptual existence. The ego can never really ever be permanently affirmed because it cannot be absolute and therefore by encouraging the affirmation and preservation of the ego, the therapist has only served to ultimately preserve the continuance of all the patient's negative experiential states rather than their transcendence. That transcendence can occur only with the transcendence of one's identification with the ego. Love is that transcendence.

From love flows all the positive experiential states. Life without love is joyless and it is also without beauty and the inspirational feelings which flow from it, for love is the mother of all of these offspring. Love also brings with it a deep sense of peace, for love is the full release from the tension that comes from maintaining self-defense and the striving toward some ideal of self-

aggrandizement. Psychological pain and tension is caused basically by frustrated desire and threats to the ego. Desire is egoism, for the ego feeling is absent when desire is absent. Love is egolessness and desirelessness and therefore love is peace, for love is freedom from psychological pain and tension. Egoism, on the other hand, has fear, loneliness, depression, tension and hostility as its constant companions. One feels chronically bitter and hostile because all desires and attempts to find a profound sense of joy, beauty and release from tension are constantly frustrated. Love is not open to the egoist as the means of attaining these positive feelings because to love another person makes him feel too threatened. To the egoist love connotes a sense of openness, penetrability and vulnerability of the self to being hurt or possibly destroyed. Love also connotes a surrendering of the self; a self to which he has devoted his psychological life to protect, affirm and enhance. Love is union, which involves the loss of the sense of self-awareness and loss of the feeling of separateness upon which the ego is dependent in order to maintain its individuality and integrity feeling. Without these feelings the ego fears that it will be dissolved. Therefore, love must be rejected and his life is consequently devoid of a real sense of joy, beauty and peace, and as a result, negative experiential states predominate. Thus, one must either love or be in psychological hell.

In essence, then, man is a twofold being. At one time or another in his relationships, he is either ego or love. When he is ego, he lives in the state of

becoming in which he is ambitious and is continuously and totally devoted to the goals of self-aggrandizement, self-protection and self-affirmation. In fact, *all* psychological drives are forms of egoism and are essentially reduceable to one of the basic ego drives or goals of self-aggrandizement, self-protection or self-affirmation. Because of the illusory nature of these goals and their demand for absolute fulfillment he constantly feels threatened and frustrated and the negative experiential states of loneliness, anxiety, tension, hostility, depression and inner feelings of coldness, worthlessness and ugliness are his constant experiential realities. When he is love, then he lives in the state of being in which he is content just to be an unlabeled, indivisible whole and in that state his experiential realities are marked with warmth, joy, sensitivity, beauty, inspiration, creativity and peace, and he is free from all psychopathological states.

The greater the degree of egoism, in terms of one's preoccupation with and devotion to the goals of self-affirmation, self-aggrandizement and self-protection, the greater is the severity of one's pathology. Pathological symptoms basically represent the danger signal that one is becoming too far removed from what is most essentially real in oneself. Because of the prevalence of this condition, the state of egoism and the drive to absolutely affirm the ego may be referred to as the "universal neurosis" and by the same token, the state of love may be referred to as the "universal psychotherapy" or the state of psychological health, when the labels of pathology and health are

reduced to their most basic elements.

Therefore, in essence, psychopathology, as a manifestation of the relatively exclusive living in the egoistic state, is a reflection of that person's inability to love. To eliminate the problem of the predominance of negative experiential states the patient's capacity to love is what essentially has to be enhanced. Or put in Buber's terms, one has to move from the exclusive living in I-It relationships to living in the I-Thou relationship. Essentially, the I-It relationship involves defining oneself as some labeled attribute or part and bringing only that part to a dualistic relationship in which the other is also related to as a labeled part and as an object to be experienced, manipulated and influenced as the means of affirming, protecting or enhancing the ego. In contrast, in an I-Thou relationship, one comes to the other as an unlabeled, indivisible whole and also relates to the other as being an unlabeled whole resulting in a relationship of unity and communion. Only the labeled, the part, can be experienced and manipulated, the unlabeled whole can only be communed with. It is a relationship free of egoism and selfish motive. If therapy does not help the patient to achieve this, then the patient is still operating in the realm of egoism exclusively and the negative psychological states will continue to persist in one form or another.

To be free of one's identification with the ego the patient's consciousness ultimately has to come to dis-identify from all of the concepts

and self-defined labels with which it has falsely come to identify itself and also from the various other objectifications with which one typically becomes identified, such as the body, intellect, emotions, senses, will, etcetera (as, for example, when one says, respectively, I am beautiful, I think, I feel, I see, I want, etcetera), of which the ego feels itself to be the hub and integrator, and just permit oneself to be the unlabeled, indivisible whole, the “silent witness,” the pure “subject” that one really is, identifying with no-thing objective to that “subjective consciousness.” Most patients resist relinquishing their identification with the self-defined ego because of the erroneous belief that being no-thing (that is, no labeled thing) is the same as being nothing, a void, that is to say, psychologically extinct. In truth, we are all essentially no-thing, for to be some-thing one would have to be that thing absolutely which is impossible for no one is omnipotent and therefore we are only relatively some-thing (for example, intelligent, kind, strong, beautiful, etcetera) and because we are only relatively some-thing, we are also its relative opposite and therefore are really neither. Thus, the problem of discovering one’s identity, which has become the primary focus of many contemporary therapies, is really a false issue for no one really has a unique personal identity. Any “who” or “what” with which one has identified oneself can only be relative and never absolute and thus one can never be that thing at all.

Therefore one has to come to recognize that when one discards all of one’s identifications which are objective to the most subjective subject that

one really is, then one is not psychologically extinct but rather one has become one's most essential self. A form or a labeled thing never arises out of nothing but rather arises out of its essence or stuff of which it is composed. Therefore, contrary to the fear of most persons, when form dissolves it does not dissolve into nothingness but dissolves back into the essence from which it arose, as for example, a wave arises out of and dissolves back into its essence, unformalized water. Thus, dissolution of form is not extinction but rather a return to its most basic reality. Therefore, there is no real threat of extinction of one's real self when the formalized self dissolves any more than the wave really dies, for in a real sense, it has never really existed but only had apparent existence through the label with which it has become identified, for it has never been other than its essence, unformalized water, nor will it ever be anything else but that essence. The same is true for the manifestation of the formalized personal ego and its dissolution back into its essence, pure consciousness, which may be referred to as the unformalized self or real self.

Having transcended one's identification with the ego, one has then also transcended all of the ego-related problems and negative experiential states. Strictly speaking then, there can never be a therapy for pathologies such as anxiety or depression or for any of the other negative experiential states for they all have the same root cause. There can only be a psychotherapy for the transcending of egoism. This will be the ultimate psychotherapy.

It is my conviction that a truly effective process for the removal of ego-related symptoms is really the *same* process involved in enhancing the capacity to love and in continuing growth beyond just symptom removal to the realization of one's most basic and real self. The essence of growth never involves two separate and different processes. It is my impression that those therapists who adopt a separate system for the treatment of pathological symptoms and a different system for the arousal of growth in non-symptomatic or so-called normal persons are likely to find that both processes are ineffective. It is only through the door of reality and never through the pursuit of some form of idealism that true growth takes place. It is only by being with and understanding what is, rather than denying what is, for the pursuit of the imaginal what-ought-to-be, that yields true transformation. It is my experience that when the patient is in the state of creative understanding, in which his conscious awareness and attention is not pre-committed and focused and he has become one with his moment-to-moment experiential reality that spontaneously arises to conscious awareness and permits those feelings to speak for themselves until completed, drained and understood, then he is in that basic state of openness and growth which will lead to the transcendence of symptoms, and of the ego to which they are related and will enable him to continue his growth to the eventual discovery of the highest in himself. The therapist should make this "journey" first and then he will be in the best position to know "how" to help

the patient discover the highest in himself.

Modern psychotherapy has done much to reveal the sources of conflict, but it has yet to discover methods for awakening a sense of inspiration or supplying the mind with something that makes life really worth living. This is the real challenge for psychotherapy in the future and it will likely require the birth of a new kind of therapist to meet it. Essentially the therapist will have to be psychologically healthy and one who thoroughly and personally understands the process of psychological health and growth. Each man if he really knows anything about curing, cures himself first. So the pathological man can never be an effective therapist because were he a real therapist he would have cured his own pathology first. Facilities for the training of psychotherapists need to take this factor into greater account than they have in the past. Once it is clearly recognized that psychotherapy is not a set of techniques to be applied or some kind of blueprint to follow but rather is related to the capacity to commune with and hear the patient at his deepest depths then it is likely that training of psychotherapists will achieve a new emphasis on the enhancement of the sensitivity and personal growth of the therapist. The primary data for study for the therapist in training are the depths of his own psyche.

This leads to the last and probably most basic conclusion which is that the essence of the effectiveness of any psychotherapy process depends most

of all upon the person of the therapist and his capacity to really hear his patient and because of this fact the primary concern for the field of psychotherapy should not be to objectify the most effective therapeutic system but rather the major concern should be in regard to exploring those factors that make for an effective therapist with a sensitive and consistent ability to hear his patient. Systems, as such, cannot be effective; only people can be effective. There is not the successful or unsuccessful system; there is only the successful or unsuccessful therapist. Therefore, the basic element to study is not what the therapist *does* but essentially what the therapist *is*, because observing what he does can provide no clues in regard to how he is able to hear the patient's subjective realities with such sensitivity, precision and clarity. But if one truly understands "how" the effective therapist hears, one will then also be able to understand what he does, for one will then also be an effective therapist himself.

REFERENCES

Buber, Martin: *I and Thou*. New York, Scribner's Sons, 1958.

Hammer, M.: The hopelessness of hope. *Voices: The Art and Science of Psychotherapy*. 6, (No. 3).T5-17, Winter 1970.

Hammer, M.: Quiet mind therapy. *Voices: The Art and Science of Psychotherapy*, 7 (1):52-56, Spring 1971.