

Chapter 2

What Are My Issues?

Have you ever had a new therapist ask you “so what brought you here” only to have your mind go blank? Even wonder why this happens? Is it that this question intimidates us? Are we worried what we’ll sound like? Is it something deeper? In this chapter of Plain Talk about Talk Therapy, we’ll explore what may be the most basic question we could be asked in talk therapy; what did we come to work on. And yes, I know, a crisis brought you here. But what kind of a crisis? What’s your “issue?” We’ll also look at whether “issues” actually exist. Do they? A clue lies in that we go blank when asked to name them. Ready to see why?

The Meanings of Words

This is a book about therapy and talking plainly. No surprise then that I frequently consult with the good doctors of the OED.

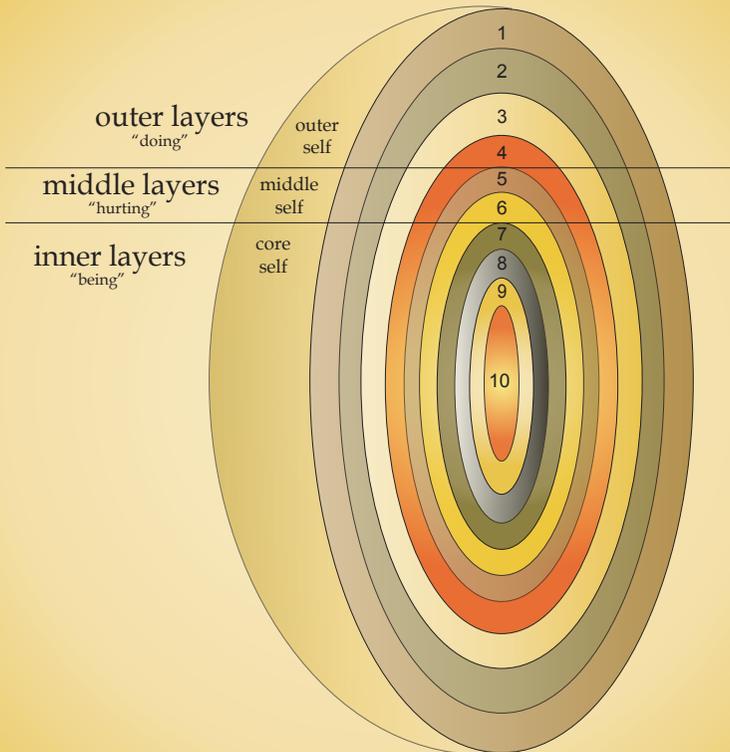
Who the heck is the OED and why consult them about what people do in talk therapy?

The OED is the word maven’s nickname for the world’s largest dictionary; The Oxford English Dictionary. Currently, in its second edition, it comprises some twenty thick blue original volumes plus three somewhat meager 300 plus page additions. The cost? Leather bound and discounted. \$6000. Or in the economical hard cover version, about \$1500. For a dictionary. Imagine!

Personality as a Ten Layered Onion

(according to Emergence Personality Theory)

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The Ten Layers Listed

- 1 - personal non existence
- 2 - punishing question, excuses, and explanations for not punishing
- 3 - time limited punishments
- 4 - eternal punishments
- 5 - symptoms
- 6 - blocks
- 7 - needs
- 8 - disconnections
- 9 - personal connections
- 10- connections to the "all"

So what do the good doctors of the OED have to say about the word, “issues,” and why consult a dictionary about talk therapy?

Why consult a dictionary? Because words are the lingua franca of talk therapy; the “coin” of the therapist’s realm. Thus like wood to carpenters and cloth to seamstresses, therapists must be expert in words and in how people use them. After all, a word may mean one thing to one person and something completely different to someone else, and this kind of situation can easily cause a therapy session to suddenly explode, at times even damaging the therapeutic relationship.

I, myself, try to avoid these kinds of mix-ups as much as possible. Thus I frequently look up words during my sessions. After all, it’s my job to be sure my clients and I are talking about the same thing as when we’re not, it can create quite a mess.

I also use the dictionary for other reasons, for one, to sharpen the focus of what we’re working on. I also use it in couples and family therapy to mediate existing misunderstandings, as well as to slow people down in sessions where the pace is too fast.

In addition, I find that when I focus the therapy on learning rather than on fixing brokenness, folks are more willing to look at themselves and feel more motivated to come back.

All this from a dictionary.

Are you beginning to see why I use one during my sessions? Believe me, it can be a heck of a good therapeutic tool, given you use it for learning and not just to prove who is right.

Can a dictionary better define talk therapy as a practice though?

Let’s start with the obvious; that the words talk therapists need to know not only include those their clients use but also the words which guide and define what they do as therapists. Including the group of words we refer to as “issues.” In fact, of all the possible groups of words a therapist need be clear about, people’s “issues” are probably in the top five.

So what does the OED have to say about the word “issues”?

Think big pages and a lot of them. This alone should tell you that this word is important. Moreover, were you to take the time to read through what is on these oversized pages, what you would eventually arrive at would probably only add to this complexity. Why? Because the root of the word *issues* appears to have little if anything to do with talk therapy per se. The root is a Latin word, “exire,” which roughly translated means “to go out.”

“To Go Out” as the Root of What We Call “Issues”

“To go out?” What the heck does the phrase “to go out” have to do with

what people do in talk therapy? More important, is this what underlies the therapist's question; "so what brought you here?"

Actually yes it is, albeit most folks, including most therapists, will probably have no clue as to why. Moreover, while most folks don't really need to know, for therapists, this is somewhat of a problem. After all, we're talking about the whole stated purpose of talk therapy.

Confused as to where this is leading? If so, you're likely in good company. To see for yourself, all you'd have to do would be to ask your therapist to name the issues you two are currently working on. In professional language.

If your therapist is like most therapists then, what you would hear would surprise you. You might even be shocked by how different what your therapist says you are working on sounds from what you believe you are working on. If so, don't worry. Few therapists can actually do this with their clients, at least not without sounding like they're spewing double talk.

In truth, this is no one's fault. We simply do not have a good set of words with which to describe what we do in therapy. At least, none which can bridge the gap between a therapist and her clients.

Then there's the idea of how the histories of the words we use in therapy affect a therapist's ability to explore the lives of the people he or she works with. After all, words like people have histories and lives. Thus it's important that people in therapy explore the lives of the words they use to describe their lives, including the words they use to refer to their "issues."

To me, these meanings are right up there in importance with the stories my clients tell me, including that when you teach your clients the deeper meanings of the words they use, you give them a better sense of who they are human beings.

Take *alcoholism*, for instance. A hundred years ago it was called "dypsomania," and here's how T. S. Arthur described it back then in his book, *Strong Drink; The Curse and the Cure* (Philadelphia, Hubbard Brothers, 1877).

Certain writers on diseases of the mind make especial allusion to that form of insanity termed DYP SOMANIA, in which a person has an unquenchable thirst for alcoholic drinks—a tendency as decidedly maniacal as that of homicidal mania; or the uncontrollable desire to burn, termed pyromania; or to steal, called kleptomania.

How important is it that we choose our words wisely, at least, the words we use to refer to our issues? For instance, what difference does it make which word we use to refer to alcoholism?

Well if drinking makes one a *maniac*, then can you imagine how people felt

about treating alcoholism back then. What if you had alcoholism back then? As opposed to having it today, wherein a lot of therapists would see you as having a *disease of the mind, body and spirit*.

Moreover, putting alcoholics in the same category as homicidal maniacs is quite a stretch don't you think? Not surprisingly the treatment of choice back then was to chain the alcoholic behind the barn or to lock him away in an attic. And this makes sense if you remember they thought they were dealing with a maniac.

The point is, the words we use to refer to our issues create an attitude toward the suffering person. As well as in part dictating the form of therapy to be used. This means we should be choosing these words wisely, including that therapists need be sure they are on the same page as their clients. Literally.

Then there's the power of suggestion and the idea that the words we use to refer to our issues often come from what current therapists tell us are real conditions. For instance, when Freud, Jung, and Janet were studying to be talk therapists, the two most common diagnoses given were neurasthenia (severe physical symptoms thought to stem from overwork) and hysteria (severe emotionalism thought to stem from unsatisfied sexual urges). Given we are talking about the Victorian Age, it's not surprisingly that it was mostly women who were diagnosed with this second condition.

As therapists began to refine their theories and treatment methods, however, hysteria as a diagnosis began to disappear, almost overnight, in fact.

Where did all these hysterical women go? For instance, did therapists cure all the sufferers?

Obviously not. In fact, according to Ellenberger, one of Charcot's pupils, Joseph Babinski, dealt the death blow to this condition as a legitimate diagnosis in a paper he presented in 1901, after which, the number of new patients *rapidly declined* (*The Discovery of the Unconscious*, 1970).

Lastly there's the idea that the words we use to name a condition create our expectations for both the symptoms and the cure. For instance, when children began getting diagnosed with Attention Deficit Disorder, hyperactivity was a mere coexisting symptom. Then this symptom became a diagnosis. Then these two diagnoses merged.

What is it currently called?

Today, children get diagnosed with Attention Deficit - Hyperactivity Disorder, *with or without hyperactivity*. Excuse me, but what the hell is ADHD without HD? AD? ADHD-HD? Sounds worse than the false claims on the menu in a roach infested dinner. In other words, it sound like a lot of bull to me.

Do we really need to be this careful with the words we use in talk therapy? When it comes to naming our issues, yes, we do. Especially when you realize that

what we come to therapy to work on is largely dictated by the words we've been exposed to, and this extends all the way to what we expect to have to cure.

Ultimately then there is much we could gain from being more discerning with regard to the words we use in and around therapy, including that talk therapists could be using these words as yet one more way in which to help people to know themselves. How? By clarifying for their clients what these words actually imply about the source of their suffering, about their lives in general, and about their course of treatment in therapy.

For instance, in the case of the word *issues*, all we need say is that this word is lay person's equivalent to the therapist's word, *diagnoses*. Moreover, because diagnoses refer to nothing tangible, at least nothing we can actually heal, there is no such thing as an "issue." In other words, issues do not exist, at least not as something we can actually sink our teeth into and heal.

Why then do therapists spend so much time asking us to talk about our issues? The truth is, when you give your suffering a name, you feel better. Plain and simple. In effect, you get a nice neat way in which to package your suffering. A name which professionals, including your therapist, approves of.

Knowing this then gives clients hope. After all, if your therapist has treated other folks with this same issue, then she must know how to cure it or at least, how to make it less painful. And this last part is true. Therapists do know how to make people feel better. Unfortunately, the real reason these lay diagnoses make people feel better is that they depersonalize our suffering. Translation. We use pseudo technical words to distance ourselves from our suffering, by clumping together groups of seemingly related symptoms under one heading.

In effect, by giving our symptoms a name, we get to be educated watchers of our suffering as opposed to actually feeling this suffering. Thus whether we refer to our suffering by a diagnosis or as an issue, when we name our suffering, we feel better. At least, initially. Unfortunately, because these words distance us from our pain, they actually decrease the chances this relief will last. How? By masking the real problem with depersonalized words like, "issues."

Now let's look at one of these *issues* and at how it could lead to real healing. Let's take for instance an issue people once talked about a whole lot more; codependency. Argh, what a mouthful of empty drivel this word turned out to be.

So does "codependency" as a condition actually exist? Not really. And to see this for yourself, watch this. Watch how this *issue* could be used to lead to a healing moment.

Moving From Issues to Healing Moments

What we're about to look at is what I call The Five Levels of Talk Therapy, beginning with the level we've been discussing; people's issues. The thing to

notice here will be how as we descend through the levels, how much more personal the therapy feels.

Talk Therapy at Level One:

I have always had issues with men who drink, but at least now I know I am a codependent.

This is the place at which a decent talk therapy begins. At a vague generalization for the person's suffering. What makes it so vague? For one thing the length of time the client references. I have *always* had? Really. You have *always* had. Still, this "*always*" is often a good place in which to begin the therapy nonetheless.

Talk Therapy at Level Two:

Even when I was a little girl, I always felt like I was the one who had to protect everyone from my father's alcoholism.

This is the place a decent talk therapy would get to next. Eventually. Over time. Carefully and respectfully. Arriving here might even be called gaining "insight," although what is being referenced here does not reach very deeply into the person's mind. Or heart. Moreover, true insights amaze the person. Level Two "insights" simply amaze the therapist.

Talk Therapy at Level Three:

When I was very small I used to get scared a lot on Sundays, when my father would drink and get angry and I would have to run to my room.

This is the place to which good talk therapists bring their clients whenever their clients ask for more.

What makes clients ask for more? Perhaps the therapy is stalled. Not moving. Perhaps the therapist is bored. Or boring. Perhaps the therapist recently grew as a person, meaning, she now has more to give. Perhaps a painful world event just shook up both the therapist and client and life has once again become precious.

Whatever the case, going to Level Three in talk therapy is always a good thing.

Talk Therapy at Level Four:

I can see a scene at the Sunday dinner table where my father was drunk and he was beating my mother.

This is the place a really good talk therapy gets to when the therapist finds the courage to provoke the client's pain. Admittedly, this provoking thing is hard to do, especially since doing it causes open hearted therapists to suffer along with their clients. Not exactly what the cold head-with-feet (all mind - no body) therapy schools tell therapists they should be doing. Nor what the heart-on-wheels (all body - no mind) therapy schools want clients to experience either. Nonetheless, this place is where real healing begins. And yes. I said, "begins."

Talk Therapy at Level Five:

I can see my fathers' eyes staring right through me and I can hear him saying, if you don't stop crying I'll beat you too.

Here the therapist has the client right on the verge of a healing moment. Right on the verge? Am I saying this is not a healing moment? Actually, yes. I am saying it's not. However, the therapist does have the client right on the verge of a healing moment though. Mere seconds away from one, in fact. Which means, if you, as the therapist, know what to do next, your client will heal this wound.

If not, then you'll stop here and your client will miss healing by an instant. What a shame. And it's so unnecessary really. Especially since it's so easy for therapists (and clients) to learn what to do in these moments. Including how to know you are at this point and how to go past it.

What would a healing moment look like then? Before we go there, I'd like to ask you to try something first. See if you can picture the five statements I've just given you in succession from one to five. Not just mentally, mind you. But visually. Picture them in your mind.

Can you do it? Can you picture someone telling you these five statements in succession, including what they look like through the client's eyes?

- *I have always had issues with men who drink, but at least now I know I am a codependent.*
- *Even when I was a little girl, I always felt like I was the one who had to protect everyone from my father's alcoholism.*
- *When I was very small I used to get scared a lot on Sundays, when my father would drink and get angry and I would have to run to my room.*
- *I can see a scene at the Sunday dinner table where my father was drunk and he was beating my mother.*
- *I can see my fathers' eyes staring right through me and I can hear him saying, if you don't stop crying I'll beat you too.*

Could you picture all five scenes? If you could, did you notice how much more the therapy became focused as you moved through the levels from the “issue” to the wounding scene?

Did you also notice how quickly the value of the “issue” disappeared? And how, as you progressed from the issue to the wounding scene, how you increasingly became able to visualize this woman’s suffering? As well as becoming more able to understand who she is?

Why ask you to picture all this? Because the heart and soul of talk therapy lies in exploring what you can picture. Moreover, healing happens only when new pictures emerge in the mind. New logic is never enough.

Know that this idea; that visualization is the *only* route to genuine healing will be one of the main themes we’ll explore in coming chapters. For now, know that simply visualizing these five statements in sequence has the power to awaken in you one of the core skills necessary to a truly powerful talk therapy; the ability to discern where the actual wound exists.

Moreover, because these kinds of personally meaningful skills have the power to expand your mind, once learned, this skill is yours forever.

Would you like be able to find, with confidence, where your wounds exist? If so, then know the first step toward acquiring this skill is to learn to see how issues differ from wounds.

As for what healing itself looks like, we’ll get there. I promise. Before we do though, we first need to take a more detailed look at how these five statements moved this client from her issue to the wounding scene.

How Talk Therapy Moves the Person into Position to Heal

Knowing how therapy moves people into position to heal requires you understand what lies beneath these five statements. And how to guide this unfolding process. With this in mind, let’s take a deeper look at this sequence. The etymology of this human story. The heartfelt journey part of the therapy.

To do this, I’ll need to introduce you to the theoretical perspective which underlies these ideas. Emergence Personality Theory. Moreover, because the story is the main focus here and not the theory, I’ll need to ask you to hold your questions for now regarding this theory and simply do your best to follow along.

I have always had issues with men who drink, but at least now I know I am a codependent.

In Emergence Personality Theory, we use several metaphors for personality.

One of them, the onion you see in this chapter's diagram, represents personality as a ten layer onion. Using this metaphor then, we call what happens in this statement moving from personality Layer One (the outer most layer of the ten nested layers of personality) to personality Layer Two (the next to outer most layer of the ten nested layers of personality).

More descriptively, we say this means the person has changed their state of being from a state of *personal non existence* (the dead brown outer layer of the onion) to a state in which *explanations, excuses, and civilized blame* dominate (one step removed from this brown dead layer). Know we'll go into these ideas in more depth in later chapters. For now, please just try to sense what this change of state would feel like.

"I don't exist."

"I have always had issues."

Big difference, yes? Still, not a very heartfelt description of the person's injury yet. Nor very personal. Even so, this second sentence does fit nicely into a therapist's chart notes. Or into a client's daily diary, which, by the way, always makes me wonder why they don't call what clients write in their diaries, "diarrhea." *I have always had issues.* Sounds like verbal diarrhea to me.

Even when I was a little girl, I always felt like I was the one who had to protect everyone from my father's alcoholism.

Here the client has moved from the technically stylized notation of a professional talk therapist's chart notes to the more emotion laden words of a vulnerable little girl. A significant improvement in the therapy, no doubt. Which by the way, Emergence Personality Theory would call moving from Layer 2 (permanent excuses and explanations) to Layer Three (temporary excuses and explanations.)

To what do we attribute this change of state to? Basically to one thing. The length of time about which we are talking has shortened again. From the woman's whole life to a part of her childhood. And not even to all of her childhood, mind you. Nor to all of her babyhood or latency age or her teenage years. We're just looking at her little girlhood now.

Amazing how this simple shift in the range of time has changed the whole story here. Can you feel it?

Can you also sense how differently you might react to hearing these two statements. In the first, a woman describes how she dates alcoholics. In the second, she describes how, as a little girl, she felt obligated to manage her father's alcoholism.

Next she narrows her focus even more.

When I was very small, I used to get scared a lot on Sundays, when father would drink and get angry and I would have to run to my room.

Now the woman has shifted her state of being into Emergence Personality Theory's Layer Seven; into the "pure symptoms" layer. Which, while it may seem to focus more on the father than on the little girl, actually more describes what the little girl saw. Her visual viewpoint. What she witnessed of her father's anger.

In addition, she's also narrowed both her chronological age and the amount of time she's referencing. From all of little girlhood to on Sundays during very little girlhood. The point? Less time. More focus. As well as more feeling.

At this point she narrows her focus to a single event.

I can see a scene at the Sunday dinner table where my father was drunk and he was beating my mother.

At this point, we're approaching the actual wounding scene. The origin of this woman's painful life pattern with alcoholic men. And while this scene may, in fact, be only an approximation of the actual wounding scene, none the less, it qualifies as that she has stepped up onto a stage on which she may experience healing. If she keeps moving forward.

We also get a pretty good insight into what her romances may have been like. Even from these few words then we can already infer that her alcoholic romances involve scary angry men who barely control their physical tempers and who threaten her. Especially at meal times. And especially on weekends.

The time frame of this narrative? Narrowed even more. Now we're looking at a small part of a single day. A single Sunday dinner scene.

What is also important to notice here is that in this scene, the client has disappeared as a girl and has become an observing narrator. A sure sign abuse was happening. She, in fact, makes no mention of herself at all, other than what we might infer if we put ourselves in her place.

Can you picture this little girl stiffly poised in silence, fearfully looking for an opening?

Finally she narrows her focus to an exact instant in time. The onset of the wounding moment.

I can see my father's eyes staring right through me and I hear him saying, if you don't stop crying, I'll beat you too.

Here the client is finally in position to heal her injury. She can see her father's eyes staring right through her head and she can hear him saying, if you don't stop crying, I'll beat you too.

This, in fact, refers to an exact moment in this single Sunday dinner scene. A few seconds long glance at best. Very focused now.

So why isn't this realization the healing moment? Simple. Healing moments always center on two things. Time flows through *and past* this startling moment and the person feels amazed. You see, one of the things which makes our psychological wounds hurt us so badly is that we stall poised on the edge of a psychological abyss. We feel stuck in a kind of emotional mid air and fully expect to fall into an abyss in the next instant.

Do we fall?

We never know.

Why?

Because the essence of being injured is that our minds go blank. Which means we never do see how these scenes ended up. We literally never witness the instants which follow our wounding moments. And this is true even if we spend years in therapy trying to review these scenes.

So when does the healing occur? It occurs in the instant following this instant. And only in this next instant. However, because the nature of being wounded includes that our minds go blank, we never realize how close we come to healing these wounds. Why? Because the shock of the empty mind prevents us from seeing what happened next.

What would this woman's healing moment look like?

Perhaps, the woman would see her father's eyes well up with tears, as he saw her scared little face and felt overwhelmed with shame. This, in fact, might have been the actual mechanism whereby she became the designated protector of her mother and siblings. Seeing the effect her scared face had on her father. Which in this kind of scene might make a little girl feel responsible. So much so, in fact, she might even become a talk therapist.

What else might she see in the healing instant? She might see her mother abruptly bark at her father to get out of the room. That he was scaring the children.

Here again, the little girl's scared face could have been the impetus for her mother's outburst. Having never consciously witnessed her mother's actions though, this woman may have been filling in the blanks, all her life, with what she logically assumed happened; that she was the only one who spoke up to her father.

What about if she *was* the only one who spoke up to her father?

Even here, visually witnessing an end to this dreadful event would perma-

nently alter her mental choices. How? By allowing her to imagine these scenes as temporary and brief, rather than permanent and never ending.

Whatever the real story turned out to be, the thing to see is the same. The idea that visually witnessing the few seconds following a startling instant completes the wounding event in the client's mind. Consciously and forever. Which means that any and all similar scenes would also heal. Including scenes which may have occurred to her later in her life.

What do we call these healing moments then, the instants in which we suddenly see the few seconds past the painful moment?

Sometimes we call them an *aha*. Sometimes, we call them a *eureka*. Spiritual folks often call them *moments of true insight*. And therapists often call them *breakthroughs*.

In Emergence Personality Theory, they are simply called what the mathematicians and physicists would call them. *Emergences*. Which in our story simply means a beautiful pattern suddenly emerges from the chaos of human suffering. A healing moment. A life changing event. An end to the person's suffering.

This Chapter's Session Notes

Yes, I know. I've probably created more questions than I've answered. Starting with that I've strongly criticized the way we commonly refer to what we work on in therapy as *issues*. In part, this is why I've advocated so strongly for the use of a dictionary during talk therapy sessions, more specifically for the following reasons:

- Words are the lingua franca of talk therapy; the "coin" of the therapist's realm. Therefore therapists should be expert in them. Using a dictionary during sessions can help.
- Words mean different things to different people and this can easily lead to explosive sessions wherein the therapeutic relationship may be damaged. Using a dictionary can minimize the chances of this happening.
- Being clear about what you're working on is essential to good talk therapy. Using a dictionary to explore the current issue can improve the focus of what you're working on.
- Used in couples and / or family therapy, a dictionary can mediate existing misunderstandings and slow the pace of too fast paced sessions.
- A dictionary can make a goal of the therapy to learn rather than to correct brokenness. This deepens people's involvement and better motivates them to keep coming back.

We then used a dictionary to explore the word *issues* and saw that we use

the pseudo technical words mainly to distance ourselves from our pain. For instance, listen to how a respected institution, the Mayo Clinic, describes the goals of talk therapy. They say talk therapy can help you to:

- Learn about the causes of your condition so you can better understand it.
- Learn how to identify and change behaviors or thoughts that adversely affect your life.
- Explore relationships and experiences.
- Find better ways to cope and solve problems.
- Learn to set realistic goals for your life.

Sounds pretty good, right? Yes, it does. However therein lies the problem. You see, all these things, while functionally possible and indeed, nice sounding, do nothing to heal people's wounds. They in fact move us away from real healing moments by distancing us from our suffering.

Why define talk therapy this way then? Perhaps because when we package people's suffering in words like issues and diagnoses, we make suffering sound quantifiable. The Mayo Clinic's functional descriptions of what we do in talk therapy certainly make talk therapy sound so. As if talk therapy could ever be such a clean, neat, scientifically logical process. It can't be. Ask anyone whose been in talk therapy. Yet were you to read the kinds of words medically minded governing bodies and insurance companies require therapists to write, you'd think therapy was this quantifiable. Or at least, could be given you practiced therapy the way they believe you should practice.

The problem, of course, with these kinds of claims is that they have more to do with *what we'd like to believe can happen* in talk therapy than *what can actually happens* in talk therapy. Can we quantify anything in human nature this succinctly? Not a chance. Not even close. We can't even predict a person's next thought with reasonable accuracy, let alone quantify people's healing.

Why then do the governing bodies of almost every medically oriented style of therapy, along with insurance companies, require this from therapists? The answer lies in the word with which we refer to these therapies, the word, "medical," the root of which is the Latin word *med* which means "to measure."

Can what we do in talk therapy be made this measurable though? For instance, shouldn't talk therapy help us to know more about what causes our conditions so we can better understand them?

Of course it should. But only if what we learn in talk therapy focuses us on learning our nature as human beings. On what I call, our natural selves, warts and all.

If not, then in the end, all we accomplish is we have more ways in which to repackage our suffering. Ways which indeed make suffering sound measurable but which therapists know are just a part of the game. The hoops we therapists must jump through so our clients can be considered for reimbursement.

Then there's the idea that most therapies waste a good deal of time exploring our motives for what we do. In truth, this is simply yet one more way in which talk therapy uses distancing to make us feel better, and distancing from our suffering only makes things worse.

Who cares why we do the things we do? Isn't it more important to heal what prevents us from acting more loving in the first place. And no, these two goals are not the same. In fact, understanding the difference between seeking to know our psychological motives and seeking to know our nature is the very foundation of becoming a loving human being.

Know I'll more than prove this claim as we progress through the book. In fact, we'll be returning to this topic many times. The truth is, we spend far too much time seeking causes for things which, in effect, are largely random.

Why do we spend so much time looking for the reasons we suffer only to return to this same suffering again and again? Our old friend, symptoms, raises its ugly head again. In other words, we focus on the suffering, not on the wound.

How about "learning how to identify and change behaviors or thoughts that adversely affect your life." Surely this is a good thing. Yes?

Vaguely, perhaps. And certainly, there is a lot of good to be had in consciously identifying where we'd like to go in life. But life goals as the focus of talk therapy? Not really. This is like trying to become happy by learning to be happy. Circular logic at its insidious best.

In truth then, we cannot even learn to predict where our next sentence will lead us let alone how what is in our minds will affect our future behavior. Fortunately, though, there is a wonderful alternative. Something at the ground level of the nature of healing.

Know the idea that we can predict our mistakes and by doing so prevent recurrences underlies some of the most vapid talk therapy done on the planet. Thus we'll return to this idea again and again throughout the book as well.

As for "exploring relationships and experiences," isn't this a wonderful thing to do? Yes. It truly is. And in fact, this is probably the heart and soul of any authentic talk therapy. Unfortunately, these talks, with few exceptions, generally avoid the most important of all relationships to talk about. At least in talk therapy. Which one? The one going on between the therapist and the client.

We'll return many times to this idea as well throughout the book.

"Find better ways to cope and solve problems?"

This one too sounds good doesn't it? Unfortunately, this jargon is one of the most useless and pejorative of all talk therapy practices. A horror story to say the least. Why? Because a healthy person does not need to have anyone tell them their choices. They can picture myriad ways to solve problems all on their own. This, in fact, is one of the best ways in which to know you are healthy. You have access, internally, not just on paper, to a vast warehouse of healthy choices. In real time. As you live life.

The thing is, no human being can do anything like this. At least, not and be themselves being personally involved. This then is another topic we'll discuss again and again. What makes doing this in an authentic way impossible. And what could we be trying to do instead.

And the "learn to set realistic goals for your life" goal? Isn't this one good?

Again, yes it is. Unfortunately, the goals most therapies set are usually cast from some cross between what society thinks and what insurance companies want to hear. Personal choices? Lost in the hide-the-symptoms shuffle. Creativity? A dark memory in the annals of personal time. In fact, talk therapy rarely addresses the idea of reality at all, except in cases wherein people are psychotic and spend time hallucinating.

We'll talk more about this idea in the final chapter wherein we discuss how reality plays out in talk therapy.

Finally, before we go, I need to address an "issue." I need to tell you what the phrase "to go out" has to do with issues. It's simple, really. In lieu of having a real way to define wounds, most talk therapy defers to what they can see. Your symptoms. Which is, after all, what is issuing forth from your painful condition.

Thus, "to go out" is what symptoms do with regard to suffering. Symptoms are what "go out of" wounds. And while they are not the wound itself, they are indeed what comes out of the wound.

So what is the actual wound?

We're getting to it.

Until the next chapter then.

I hope you are well,

Steven