

Chapter 10

What Do All Good Therapies Have in Common?

A question I have been asked many times over the years is, “what kind of therapy do you do?” In part, what makes this hard to answer is there are so many therapies now. Why all these therapies? And is there a “special something” the good ones have in common? As it turns out, there is. More important, this “special something” can be described with a fractal. Can you imagine? A fractal for good therapy. This then is what we are about to explore, in this chapter of Plain Talk about Talk Therapy. Can you guess what the “special something” is? Let’s find out, shall we.

Getting Better Mileage Out of Your Suffering

I need to warn you right up front. I’ll be throwing a tirade somewhere in the midst of this chapter. Thus, you’ll need to do your best not to let my emotional Italian nature prevent you from seeing the good in what I’m presenting here. Especially since any and all kinds of therapists can benefit from what I’m about to show you; the Fractal for Good Therapy.

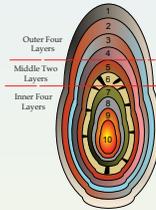
This said, in the last chapter, we discussed the idea that in order to heal in therapy, we must suffer through the healing process. Not too pleasant a thought really if you think about it.

In this chapter I’m going to show you something which can make this suffering a whole lot easier. A fractal for getting the most mileage out of the suf-



The Fractal for a Good Therapy (how Emergence Personality Theory defines therapy)

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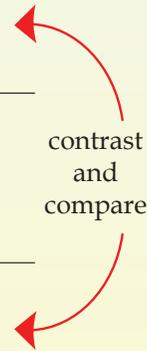
The Essence of All Good Therapies

Here, the idea is simple. All good therapies get past the Outer Four Layers; Layer 1 (personal non existence), Layer 2 (punishing questions, excuses and explanations), Layer 3 (time limited punishments), and Layer 4 (eternal punishments). They then work with Layers 5, 6, and 7, by contrasting and comparing what people can see (their symptoms) with what they logically know to be true but cannot see (their needs).

Layer 5 here are the symptoms

Layer 6 a block

Layer 7 where is the need?



A good therapy contrasts and compares the symptoms of Layer 5 with the logically missing needs of Layer 7

fering you experience in therapy. As well as some simple ways in which you can learn to utilize this fractal to focus the therapy in general. Before I do though, I first need to mention a few myths about therapy. Some of which we'll discuss in depth in later chapters.

Myth Number One: It Takes A Long Time To Heal A Wound

If we define therapy as I did in chapter one; as "*healing a person's inability to breath properly,*" then the time in which we do the actual therapy is brief. Moments only.

What makes us think it should take longer then? The idea that prior to Emergence Personality Theory, no one had empirically defined what it is we are healing let alone how these wounds occur. This is somewhat strange since we can do all this in only three sentences; [1] Wounds occur whenever we get startled while we are in a hyperaware state, [2] being startled wounds our ability to visualize a particular set of needs and [3], healing restores our ability to visually access these needs.

This is it then. The entire theoretical essence underlying all wounds and healing regardless of the symptoms. Unless, of course, the wound involves non repairable physical damage, such as the loss of a limb or an eye. Even here though, talk therapy has much to offer, beginning with the idea that there is always a psychological component to every wound, and that healing this component requires you help the person to have an aha with regard to visualizing some set of visually inaccessible needs. After which, the person will once again be able to breathe normally. And visualize their needs. In that particular arena of life, anyway.

What complicates this process is that we each, during our lifetime, incur many wounds. Most of which occur before we have adult memory making skills. In effect, this means the majority of our wounds root into our personalities like maple tree roots into the foundations of old New England homes. Tough to get them out without taking down the whole house.

So why can't you use the Block Markers I showed you in Chapter Four to heal these wounds? Actually, you can. And healing a single wound this way should take no longer than a few hours at most. Not all in one session, mind you, but cumulatively, no more than this.

At the same time, because all symptoms thread back to multiple injuries, while it need take but a few hours to heal a single wound, healing the wounds beneath things like a serious depression can take years. Which is why even the most motivated people in the best therapies can spend years there and still not be done.

Knowing these two ideas before you start a round of therapy is important

then. One, the idea that most wounds can be healed within the space of a few hours, and two, the idea that we all have many nested layers of wounds. This means, when you commit to a therapy, you commit not just to a therapist but to a life style. And while healing does indeed hurt a lot at times, healing as a way of life is a good way to live. Especially since it means you will always have more of the good in life to look forward to. True, discovering this good can feel mighty uncomfortable at times. But nowhere near as uncomfortable as avoiding this process.

Here then is my first point. Healing a single wound takes only a few hours. Healing a person takes a lifetime and then some.

Myth Number Two: Cognitive Therapy Is The Way to Go

Cognitive Therapies all make an assumption; that the wound is in your thinking. And yes, wounds do affect your thinking. However, as we'll discuss later in this chapter, we can know full well how we should be thinking and still be unable to live this way for long. We know this already anyway. We just usually choose to ignore this fact.

Why does this happen to us in the first place? Because what we think is only one part of who we are. An important part, yes, but not the whole enchilada. In other words, knowing how you should live and actually being able to live that way are very different things. And thinking is but one part of this decision process.

So am I saying there is no value in Cognitive Therapies? Absolutely not. And please do take note of what I've just said to you here. In truth, no decent therapy can ignore logical inconsistencies. If it does, for the most part, you'll cripple the therapy.

The thing is, you also need to know how and when to use cognition during the healing process. Up front, as a way to better define what people are missing, yes, it's outstanding. And difficult to do without. As a healing agent though, cognition remains impotent and misleading. Why? Because the nature of wounds themselves, meaning, the nature of what we actually heal in people is *their blocked abilities to picture their needs*. This means, since logic by design believes only in what makes sense, logic alone can never restore a person's ability to picture. Why not? Because we already know it is illogical that we do not address these needs. And you can know this for years and still not take proper care of these needs. Thus what is missing is not good logic concerning how you care for your needs. It is that you have blocked visual abilities with regard to picturing yourself taking care of these needs.

My point here? Cognitive therapies work best for identifying *what kinds of needs we have trouble visualizing*. However, since all logic is based on finding

patterns in what we *can see*, and since the essence of all wounds is that they are needs we *cannot see*, logic alone can never heal wounds. It can only find where they exist.

Myth Number Three: Behavioral Therapy Can Heal People's Wounds

In its heyday, Behavioral Therapies were the therapies of choice. And for some conditions, like physical rehab, they still hold great value. Using them to heal wounds of the mind though is like using paint to seal cracks in a boat hull. Not much real strength in stormy weather.

So is there no place for Behavioral Therapies in talk therapy? Again, I am not saying this. Why not? Because if people's behavior is so awful as to be generating an avalanche of confounding symptoms, then it's pretty hard to identify what is wrong with them. Even if you use the best of logic. In other words, if a person has too many symptoms to be able to focus in therapy, then you must first deal with these symptoms.

Case in point. Say we are talking about people caught in the undertow of something like a new divorce or a recent affair. Here, behavioral interventions are often the best place to start the therapy. In the long run, however, they are only the first step. Why? Because like cognitive therapies, behavioral therapies cannot heal what underlies these symptoms. Why not? Because they too do not address people's visually blocked needs. At least not in a direct and lasting way.

How about the combination of Cognitive and Behavioral Therapies, the current darling of insurance companies? Is this the answer? The truth. Well think about it. While this combo does generate some great sounding treatment plans, and while these treatment plans can often be understood even by untrained clerks, do two wrongies make a rightie? Naw. Why not? Because healing still requires we restore a person's blocked visual access to their needs. Period. Thus for all the things these two therapies can do well, because neither address people's visually block needs, neither can actually heal wounds. At least not purposely.

So what makes us think these therapies can heal our wounds? Mostly something one of my heroes, William James, believed in. That "acting as if" can lead to healing. And while on occasion these therapies can and do lead to healing, this healing happens more by accident than by design. Something like stumbling onto the correct answer to a math problem and not knowing how you got there.

My point? Do you want to bet your suffering on the accidental healing these kinds of therapies occasionally bring you to? I don't. At the same time, they both have much to in the way of good preliminary work.

Myth Number Four: Spiritual Healing is The Answer

Yes, I know. I just used the “S” word. Which means I’m opening up a whole horse belly full of worms here. And no. I’m not one of those arrogant heads-with-feet who believes there is no such thing as a spiritual life. Still, whomever created us gave us minds for a reason; to learn to heal whatever injures our ability to love each other.

So what is it that I am saying is a myth here?

I’m saying that while prayer, meditation, laying on of hands, and so on are wonderful adjuncts to talk therapy, these things alone are not enough. At least, not for us folks with an average level of faith.

Am I saying that Spiritual Therapies do not belong in talk therapy then? I am absolutely not saying this. However, I am saying that while I personally believe very much in the power of prayer and so on, I also believe a therapy should never rely on prayer alone. Not as a primary talk therapy anyway. Why not? Because we are all simultaneously spiritual beings and physical beings. Thus only the combination of body and spirit taken together *as one* gives us access to the true nature of our wounds.

How hard is it to do this then? Fortunately, not hard at all, as addressing these two parts of us simultaneously happens every time we visualize. More important, whenever we visualize, we gain this simultaneous access regardless of whether we believe in it or not. This access is simply built into our nature. It is the way we are designed. Good thing too. Some folks have a pretty hard time believing in things other than what they can hold in their hands. Hard evidence only for them they say. Spiritual things are too flaky to be scientific. And they are. Too flaky for science, that is.

The strange thing is, most scientific geniuses are very spiritual people. Einstein. Newton. Descartes. Stephen Hawking. To these great men, spiritual things were not flaky. They were real. Which means what exactly? Which means in order to begin to address the whole person in therapy, we need the combination of Cognitive / Behavioral / Spiritual Therapies and then some.

So is this combination the answer then? The combination of Cognitive / Behavioral / Spiritual Therapies? Not completely. You see, while all therapists wanting to be good therapists need be educated in all three, even here, a critical element is missing. What critical element? The clear and conscious ability to help people to heal their blocked visual abilities with regard to their needs. Which is where the Fractal for Good Therapy comes in. The Layer Five to Layer Seven contrast and compare.

To what am I referring? Before we look, I have one more myth to mention.

Myth Number Five: If There's No Research Behind a Therapy, It's Just Pseudoscience

[Tirade warning light on]

I have to admit, when I see someone say this stuff in print, it makes my blood boil. To what am I referring? To the idea that if the good old boys in Parrot Maker land do not see twenty years of statistically based, parrot approved research to back up a therapy, then they dismiss it as pseudoscience. Strangely, that a therapy helps people is never enough.

What I'm saying is, these proponents of the Emperor's New Clothes school of science; statistical research, require that in order to sanction a therapy, this therapy must first have a logical proof that should work or else it is bunk. Can you imagine? That it works as a therapy is not enough!

The thing is, most of these pencil necked experts couldn't actually practice therapy with a lab rat let alone with a hurting child. Which is why, I suppose, they prefer to spend their days hiding, oops, I mean "researching" human nature from the safety of their well equipped one way glass labs, all the while dismissing what we therapists out in the field have to say as unfounded. Unless of course we back it up with two hundred pages of faceless numbers and cold hard data, all of which they say is necessary in order to "protect" folks from unscrupulous therapists.

Are there unscrupulous therapists out there? A few. Yes. But is the proof for this that a therapist uses alternative or intuitive methods? No. And while I do see the good in that therapists are being asked to explain what they do, dismissing the parts of a therapy which in essence can never be explained with hard evidence is just plain wrong. Not all parts of human nature show up in linear based research.

What's wrong with linear based research anyway? Everything. Starting with the idea that trying to fit the roundness of human nature into the square hole of research numbers is like asking an oak tree to prove itself by growing a predefined set of limbs and leaves and then dismissing it as an oak tree when it can't pass this test. This is what using statistically based research data gleaned from controlled studies about human nature is like. Repeatability. Reliability. And fitting living things like human nature into facelessly dead pages of predictably repetitive data.

The sad thing is, most people accept these pronouncements of legitimacy as valid. And pronouncements that those who do not follow this regimen as pseudoscience. All this without a shred of fractally based evidence. Why the tirade? Because some of the best therapists of all time; Carl Jung and Pierre Janet to name two, *made up their therapies on the fly and only later supported what they saw with theory.*

How exactly did they do this? Simple. They looked for fractal patterns in human nature and then used what they found to better help their patients, all the while refining what they did. More important, this process took place entirely in real life situations with real live people and not just in controlled, artificially inseminated lab settings.

My point? I've gleaned the fractal pattern I'm about to present from having sat with thousands of hurting people. Literally, at this point, I have sat with thousands. And like my heroes, Jung, James, Janet, Freud, Adler and so on, I base what I am about to present on that it helps people. In real life settings. And not just in pseudo real life science lab settings.

Just imagine how much might change about therapy if what I'm presenting here is true? Can you imagine? Making understandable what great therapists like Jung and Janet did. Not just in artificially controlled research settings but in real life, face to face, talk therapy settings. And before you dismiss what I've been saying about these great men, go back and read what was written about them by their adversaries. If you do, you'll find they too were called *pseudoscientists* by the parrot makers of their times.

On the other hand, if you dig beneath those dismissive remarks, you'll also find things like that even the folks who dismissed James and Jung sent them students and clients. Jung was in fact seen as one of the best therapists of his day. And James as one of the best teachers.

My point? Yes. Make people show you that what they do really helps people. But do this in real live, case by case tests and not in pseudo therapeutic settings from behind a one way glass or worse, from behind faceless pages of numbers.

Okay. I'm done.

[Tirade warning light off].

The Fractal for Good Therapy

Now it's time to look at what I've drawn in this chapter's diagram; the Fractal for Good Therapy. What is it I've drawn this time?

Start with that I've drawn only three of the ten layers of personality; Layer 5 (symptoms), Layer 6 (visual blocks), and Layer 7 (pure needs). Why only three Layers? Because as I told you in the previous chapter, *blocked needs cause symptoms*. In other words, if something prevents you from seeing a need, you will not address it. Then, over time, you will see the result of your not having addressed this need. You will see symptoms. This means a block in Layer 6 which prevents you from seeing a need in Layer 7 will eventually lead to your having symptoms in Layer 5.

This then is what I've drawn in this diagram. It is the essence of all wounds

regardless of the type of symptoms. Oddly, while there are an infinite variety of symptoms and blocks, we can visually represent the essence of all of them by drawing what you see in just these three layers. *Needs (Layer 7) which are visually blocked (Layer 6) are causing symptoms (Layer 5).*

How can you use this knowledge to therapeutically heal these blocks in people? If you know and can use this fractal during therapy, then you can potentially do what some of the greatest therapists of all time did; you can create your own therapies on the fly. Imagine that? In other words, if you understand this fractal and how it plays out during therapy, you need not spend years memorizing other therapists' techniques. Although you can and if you do, you will benefit from these years of study. We all have much to learn from our fellows (and gals) in this respect.

Even without this study though, if you grasp this fractal, you'll be able to see options, the essence of which will be to visually contrast and compare the suffering you can see (the visible symptoms of Layer 5) with what you can logically assume would be the way the person should care for these symptoms (the missing attention these needs deserve).

Okay, now. Go slow and give me a moment to offer you an example.

Say we are talking about a person who is drinking out of control. Every night, after work, to get herself to sleep. Say she started drinking like this only during the past year, after her forty two year old husband died of lung cancer. Say also that her children, ages two and seven, have come to know to avoid asking her for anything after seven o'clock. How would you being the therapy?

Of course, as I've said, I'd use all the Cognitive / Behavioral / Spiritual techniques I know in order to first get this woman into a state wherein she could focus in therapy. Then I'd begin the real healing by addressing the needs of her children. Needs which she is no doubt logically able to see but is not currently addressing. How would this actually play out?

As I said, first you'd need to use some combination of Cognitive / Behavioral / Spiritual Therapies to get her into position to be able to do the therapy. Some of William James' "act as if." Some of Bill Wilson's Cognitive / Behavioral / Spiritual Therapy (AA). And perhaps a good dose of plain old Layer 2 "this too shall pass" philosophy. Along with a dash of spicy mother's guilt thrown in for good measure.

When all this was in place then and when you had her full attention, you'd then focus a whole session on having her try to picture what taking care of her children would look like. As she was answering then, you'd watch her eyes to make sure she was answering you visually. What I mean is, logically sound answers are never enough. In all likelihood, she could have already given you these answers even before doing the therapy.

Knowing she was visually responding would be the thing to be watching for here. Bright eyes versus flat eyes. Connected to you eyes versus looking through you eyes. And so on.

What would she likely tell you? As I've said, she'd probably easily be able to describe the things she *should* be doing. Feeding them. Bathing them. Getting them to bed. However, despite the perfectly good logic behind these answers, if she wasn't actually doing these things, *then she has not been picturing them as not being done*. In other words, if she has not been doing them, then she has been looking right past what her children look like when they don't get this care. Not on purpose, mind you. But her responsibility nonetheless.

Let's say though that you get her to do these things for her children. Does this mean she is now meeting her children's needs? Simply put; no. Her children still need her to be present while she is meeting these needs. This requires she visually connect with them. No flat eyes for her children, remember. And not just connected for instants, mind you. But solidly connected.

And if you couldn't. Then you'd use the Fractal for Good Therapy and get her to contrast and compare what she knows she should be doing with what she is actually doing. Then you've led her to visually access some good parenting skills.

How would you know she was actually capable of doing all this? She'd need to be able to picture herself doing these things right there in the therapy room in order to know she could meet these needs. Moreover, you'd probably be wise to have a whole new box of tissues ready the first time you got her to see what she wasn't seeing.

What about her own needs then? What must she be able to visually access here? Well, using the contrast and compare fractal, you'd take one of her symptoms; perhaps being overtired. Then you'd logically contrast and compare this with what she can not see; that her late night drinking is ruining her chances to get good sleep.

What then? Well, if you could get her to see how she hasn't any feelings regarding her not having met this personal need, then you could work on applying a logical wedge between her Layer 5 symptoms and her Layer 7 unmet needs. All the while trying to get her to define what it is she can and cannot see. The needs she knows about logically but cannot visually access.

Does all this sound way too over simplified? It is. And at this point, I'm doing little more than outlining the barest highlights. Still, if you could get this woman to notice her inability to visualize her need for sleep, then she would remember this need even when she was drunk.

Sound hard to believe? I understand. However, if you want to see this as true, you have but to ask any recovering alcoholic about the following. Ask

them about how consciously witnessing your own alcoholism even one time is an experience which being drunk can never again erase from memory. This, in fact, is why many AA's say, AA spoils your drinking. And it does. All because built into AA is the Fractal for Good Therapy.

What is this fractal again? First, use all your Cognitive / Behavioral / Spiritual skills to get a client to be able to focus in therapy long enough to work directly with Layers 5 (symptoms), 6 (blocks), and 7 (needs). Granted, doing this sometimes takes a good amount of skill and experience. Even here though, we'll talk more about how you can make this easier later.

Next you use your talk therapy skills to get your client to see the differences (Contrast) and similarities (Compare) between their visible Layer 5 symptoms and their logical Layer 7 needs. Why? Because the minute you get people to visually describe their unmet needs (Layer 7), they begin to see the remedy they have been looking for all along.

How then do you get them to partake of this remedy? Again, you get them to focus exclusively on consciously noticing their inability to picture these needs. As soon as they do, you will have opened the door for them on healing itself, similarly to how the folks in AA say AA ruins their drinking. How? By getting them to visually recognize the needs they have been visually unable to see. The experience, strength and hope of those already recovering.

Therapies Already Using This Fractal

Before I start, let me say this. There are a lot of good therapists out there. Good people who are practicing things behind closed doors which they were never taught in school. Or taught in school never to do.

The pseudo therapists who hide behind their sheets of lab rat numbers daily dismiss these folks as being unscientific or worse. But the thing is, people who go to those good therapists often get the non quantifiable kinds of benefits from therapy. Things like support and concern and validation. Along with what some therapists and AA already intuitively do; the benefits of the Fractal for Good Therapy.

Of course, this is happening not because these folks have been taught to use this fractal let alone the non visual nature of injury mind you. Rather it happens because they have been taught and are brave enough to do what is in their hearts.

In part, this is why I have so many therapists as heroes. The three "J's" for instance, Janet, James, and Jung. Each man challenged the pseudo therapists of his day by openly putting forth new ideas based on the real human value of sitting with people rather than on the pseudo human value of controlled research studies. And while those who know Janet might argue and say he was

pretty scientifically minded, “Dr. Pencil” as he was called in his day, was nine parts human being and only one part pencil. You have but to read the briefest of his words to see this as true.

This said, my point here is there is a lot of good therapy being done out there by therapists with all kinds of backgrounds. For instance, some therapists have on their shingles things like Behavioral, Cognitive/RET, Solution Oriented Therapy, and Reality Therapy. All very traditional and main stream practices. The pseudo therapists like these folks. These therapies have many controlled studies to back them up. And as I’ve said, they each have their good to contribute to the world of therapy.

Some folks then have shingles which list less mainstream therapies, things like Ericksonian Hypnotherapy, Gestalt, and Psychoanalytic Therapies. And while Psychoanalytic therapies were once more mainstream, today, like many things, they have fallen out of favor. Why? Because the parrot makers say they are not scientific enough. Not proven. Somehow these critics miss the good we all gain from realizing there is, after all, an unconscious. Perhaps not the unconscious Freud himself surmised. But a legitimate unconscious none the less.

What I’m saying here is, therapists need to have a grasp of these ideas. Gestalt. Freudian analysis. Flaws and all. Moreover, to dismiss these therapies as unscientific is simply foolishness and ignores the obvious good in them.

Finally, some folks’ shingles list the more out there therapies, things like NLP, EMDR, TFT, TIR and so on. Often touted by their advocates as the best treatments for trauma and those suffering from PTSD (Post Traumatic Stress Disorder), the pseudo therapists openly mock and ridicule these kinds of therapies as being quackery and worse. As unscrupulous folks simply robbing peoples’ money. The thing the pseudo therapists overlook here though is that special something the M.D.’s hate to acknowledge. The placebo affect. Thus, worst case, the placebo effect is still in play here. And best case, there is a whole lot going on in these therapies that simply defies scientific measurement.

The odd thing here is that, even with these kinds of therapies, Emergence Personality Theory, while not supporting much of the theory said to underlie these therapies, does support and explain why they work. They work because they get people past the non visual layer of *personal non existence* (Layer 1), past the three non visual layers of blame (Layer 2, 3, and 4), and into the visually oriented testable layers of symptoms, blocks, and needs (Layers 5, 6, and 7). In fact, it is here that these visually focused therapies excel, even in therapies as exotic as Past Life Regression Therapy. People heal. I’ve seen it. Scientific proof or not.

So who is already using this Fractal for Good Therapy? Intuitively? Therapists in all the schools of therapy I have just mentioned. And the more visually oriented

the therapy is, the more potent the chances this fractal will be in play.

Even in the therapies which rely mainly on logic though, such as in Cognitive - Behavioral Therapies, if the therapist is warm blooded enough, then she or he may intuitively be using this fractal without even knowing it. Case in point. My friend John Ortiz is the founder of the Asperger's Institute.

He is also one of the best teachers I've seen for therapists looking to learn how to help kids with AS and Autism. So much so in fact that I once told him he passed my test for being a good therapist. The "my kid" test. What is this test exactly? I told him that if I had a child who needed his kind of help, I'd have zero reservations about sending my child to him. In other words, I'd send my child to him in a heartbeat.

Why mention John? Because John is a traditionally trained PhD psychologist who knows very little about my theories. Not nothing mind you. We've had a few interesting talks. But nothing that would qualify him as being trained in Fractally Based Emergence Therapies. Even so, John does a lot of this stuff all on his own. Intuitively. Warmly. And wonderfully. Which is why the kids who go to him love him so.

This contrasts greatly with a man I saw lecture recently whom John told me is one of the more recognized in his field; the Autism field. He told me this man is said to be a researcher par excellence. And a man whom the pseudo therapists greatly admire.

The thing is, after having endured this man's cold statistical rants against the therapists who spend less than four whole laboratory based days statistically assessing kids for Asperger's, I doubt I'd send a goat to him. In fact, I know I wouldn't. The man couldn't summon up enough warmth to qualify as living let alone to qualify him to do therapy with children.

Why put you through yet one more of my hissy fits? Because there are a lot of good therapists out there who would risk a whole lot more if only they didn't have to worry about these condemning pseudo therapists. Including things like the Emergence Fractal for Good Therapy I've been presenting here.

Sadly, unless we adventurers step forward in large enough numbers, I'm afraid the folks we help will have to be content with us practicing what we do behind closed doors and carefully worded insurance forms.

When you think about it, this is sad really, isn't it? Therapies should be judged not on their statistical value or logical outcomes but on their pragmatic value to the suffering. Do you feel better? Good. Do you know why you feel better? Don't worry about it. And do you still feel better now two years later? Yes. Then the therapy is real despite whatever the parrot making pseudo therapists say.

My point. Please let's all work harder to bring what happens in talk therapy out into the open.

This Chapter's Session Notes

Before I close, I want to apologize for my somewhat mean spirited tirade. I know all too well these kinds of books read better when the author stays focused on the good in life. The thing is, when I set out to write this book, I promised myself I would be painfully honest. Even if the parrot making pseudo therapists condemned me for it. And we therapists who venture outside the main stream have put up with a lot of crap for talking differently or using alternative therapies. I figured I'm entitled to sling a bit back.

This said, I want you to know, I openly admit we need researchers to back up what we discover. After all, snake oil salesmen still exist, and desperate people can often be easily duped. Unfortunately, it's hard to tell the good guy researchers from the bad guys at times, and reputations can often be very deceiving.

In part, this is why I am writing this book. To make what happens in therapists' offices more accessible and quantifiable even to lay persons. Not in the linear sense, mind you, but rather, in the personal, humanistic, fractal sense of what happens. After all, personality itself is entirely fractal. Thus, if you learn these fractals for human nature, you have learned how to "ride this bike" for life.

As for what I've been speaking to you about; the Fractal for Good Therapy, have you realized yet the potential power in what I've just introduced you to? If not, please hang in there. Seeing the beauty in any fractal can take a long, long time. And require you have a lot of exposure. Especially since no one can learn a fractal logically or by memory alone.

No coincidence, on a walk today with my friend and fellow therapist Lauren, she commented on how so much of public education ruins kid's ability to learn fractally. And she is so right. Which is why I've been ranting and raving about how even in the therapy field, the parrot maker fact pukers prevail right now.

The thing is, if you don't have a picture for how therapy could be different, then it's scary to venture out blindly into an ocean filled with silver tongued critics who the world sees as the experts. Ah yes. The experts. Fast swimming, razor toothed, rip your new ideas to pieces in a minute sharks with lots of alphabet soup trailing their names.

On the other hand, given you see even only one instance of how fractal learning changes peoples' minds and hearts and you will never go back to the mental straight jacket of statistically based research and logical repetitions. Bah. Humbug. Just a lot of linear smoke and mirrors.

Does it sound like I'm pretty upset by all this? The truth? I am. I admit it. So does this mean I am blaming the parrot makers for the mess we are all in? In truth, I'm not. I say this "no" sincerely.

What about all the angry remarks I've made in this chapter then? Aren't these remarks me blaming them?

Not really. Although I do expect many people may hear my words said this way.

Why all this talk about blame? Because it turns out that blame is the wild, wild west we need to tame in order to actually learn the Fractal for Good Therapy. Why? Because if you are stuck in blame, you can never reach Layer 5. Thus you will never get to use the Fractal for Good Therapy.

This means knowing how to recognize and navigate past blame is the prerequisite to being able to use the Fractal for Good Therapy.

Finally, let me ask you. Are you certain you can recognize when someone is blaming? Did you know for instance that there are three kinds of blame; logical, time limited, and eternal? Not sure what I'm getting at. Well let me ask you. Do you know for sure if what I've written above is blaming? Yes? No? Maybe?

This then is what we'll be looking at in the next chapter. The nature of blame. What is it? Where does it come from. Why do we do it? Why do we struggle to not do it?

We'll also look at some ways a therapist can help their clients to see past blame. As well as themselves.

Do you know some good ways to get past blame? You may be surprised. Especially by some of the techniques I'm going to suggest you use to get past blame. Fire with fire. Blame with blame.

Does this sound crazy? We'll soon find out.

Until the next chapter then.

I hope you are well,

Steven

