Engagement with Colleagues: Support, Advice, Community, or not?

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Human personality is so complex, and its problems can take so many different forms, that no one person can understand it entirely or perfectly. Hence, the need for consultation among experts. Symptoms can be misleading, resistances can be unyielding, relationships can be fraught with repeated difficulties and surprises. We therapists have to proceed, more often than we'd like, with lack of full clarity about how to act, and burdened with frustrations at the therapeutic process and with uncertainty about the outcome. We need all the help we can get.

Our colleagues, whether we know them face to face or from books or in media presentations, are our main resources for help, whenever the course of therapy does not run smooth. (Supervision, another resource, is not the same as sharing with colleagues, and is not the focus of this column.) But disclosing our difficulties to colleagues can be a challenge in itself. And then there are those social get-togethers with colleagues that are not consultative, but may still create tensions. Can one still be transparent when sharing with colleagues, and also self-respecting, when one is obviously less than 100% perfect, and a case has developed difficulties?

First, a bit of history. Psychotherapy's great pioneers, whether Freud, or Rogers, or Skinner, et al., each had discovered powerful new insights about how human beings, or at least those rooted in Western civilization, functioned when unduly stressed. As discoverers of new knowledge, they were often attacked and dismissed by the current authoritative leaders in the field. To defend themselves and their new theories, the pioneers fought back and reasserted the correctness of their insights. As they attracted followers, the followers too had to speak up in defense, mostly by repeating the ideas of their founding leaders. Inevitably, competition ensued among colleagues: "I am more true to our founder's ideas then you are; I am better than you." Such unspoken attitudes were too often a dark undercurrent in meetings with colleagues for the ostensible purpose of cooperative assistance and mutual improvement. Some followers deserted the founder's school of thought and launched their own competing variations. For years, theoretical disputes took up much of clinicians' energies. The competition for superiority became fierce at times.

Today, colleagues with different approaches to therapy are milder in their divergences, mostly "agreeing to disagree." And eclectic borrowing from other approaches is now often considered appropriate, as "integrative." We can listen to colleagues with different approaches with curiosity and respect, not animosity for their threat to our chosen Truth. We can see how hard they work to find effective ways of therapy. And we can realize that advances in our clinical understanding may come from challenging our own approach with other ideas that may not fit with our own. We can grow professionally by being exposed to differing approaches to therapy.

Yet sometimes our meetings with our 21st century colleagues may still feel as upsetting as they are helpful. We need to be able to navigate our way among our differences without getting bogged down in theoretical arguments and strong feelings. These tend to be zero-sum games with a winner and a loser – not at all helpful for professional growth.

For one thing, it is useful to remind ourselves that research has repeatedly established the existence of "common factors" that promote healing across many therapeutic approaches, regardless of their differences. The literature on common factors in therapy is vast; establishing a positive working relationship, and providing feedback on progress, are only two examples. As therapists, we all share more than we may sometimes think.

A second useful reminder, in contrast to acknowledging what we have in common, is the principle of individual differences – one of psychology's fundamentals. It is easy to agree that we all are different, both therapists and the patients/clients that we treat. In practice, it can be more difficult to accept these differences. We therapists have all sorts of differences. And some of these differences can enable the success that one therapist has with a certain type or client/patient, which another therapist would find more challenging to work with – even when both therapists follow the same school of therapy. If we are among the more challenged, we may be able to learn a better approach from a more successful colleague. (This assumes that the old competitive attitude has been modified to one of mutual respect and support.) And if we are among the more successful, we can be grateful for the complex of factors that have enabled our success: those unique and favorable persons and circumstances in our background, which in combination with inborn intelligence and aptitudes, plus our own dogged perseverance, have made it possible for some to succeed where others may need to struggle.

Most, if not all, of us struggle with at least a few of our patients/clients. When our individual strengths as therapists do not fit well with the weaknesses of our clients/patients, we have to work harder – to understand what is going on, and how to intervene more effectively. On the other hand, when we hear about the struggles of our colleagues, it can be easy to decide that we possess a better approach to a particular clinical situation. And this may be true. But we have not had our colleague's unique set of learning experiences, nor do we live with her/his unique personality, with all its various strengths and limitations. So the observations and suggestions that we may put forward, while theoretically sound, may need sensitive "tailoring" on our part to fit the unique person our colleague is. When we stand in the other person's shoes, and try to empathize with that therapist's struggles, then we can be especially helpful when we remember the common factors of therapy, and also our individual differences.

In addition, the therapists who practice in a given locality do compete with each other for new patients/clients. And some therapists do earn more than others. Such competition is a fact of professional life. But another reality is that no therapist knows it all, and no therapist is successful with every single client/patient who comes his/her way. A highly competitive attitude does not make for a good colleague, especially when we realize that all therapists have their own private struggles, as well as unique strengths. Actually, some competition is useful when it gets us to work harder to surpass

ourselves. But competitiveness is destructive when it leads to mostly critical engagement with our fellow colleagues, or an attitude of superiority.

We all need colleagues, and they should be ones we can trust with our struggles, ones who respect us and whom we respect and can sometimes learn from. It is our colleagues who understand how deeply we are engaged in this most difficult of professions. It is only with our colleagues that we can share the immense satisfaction we experience when we are able to connect with and help troubled people to have better lives.

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