CHAPTER 1

The Therapist's Journey

There are many healers among the indigenous people of the world who would find it utterly ridiculous that anyone would ever *choose* to become a therapist. They believe that becoming a helper or healer is a calling, but one that is fraught with danger and burdens. After all, clients come to us in pain and despair, hoping we will cure their suffering and leech away their toxic energy. They have unrealistic expectations about what is within our power to do. They are often in *very* bad moods. And they come to talk to us, in part, because they don't feel that anyone else has the patience or interest to listen to them.

And yet—and *yet*—there is no other profession that can be as fulfilling and satisfying, no other job that provides as many opportunities for continual learning and growth. Being a therapist is truly a lifelong journey, one in which we accompany others on a road toward enlightenment or peace or salvation. It is a journey into the unknown with many obstacles along the way. Like any journey, there are hardships for each pilgrim, but also many joys. We are afforded the opportunity to live myriad different lives through the relationships we have with our clients.

We are offered glimpses, even deep searches, into the questions that haunt people the most. We experience a level of intimacy with our clients that few will ever know. We are exposed to levels of drama and emotional arousal that are at once terrifying and captivating. We get to play detective and help solve mysteries that have plagued people throughout their lives. We hear stories so amazing that they make television shows and movies seem boring by comparison. We become companions to people who are on the verge of making significant changes—and we are transformed as well. We get to go to sleep at night knowing that in some way, we have made a difference in people's lives. There is almost a spiritual transcendence associated with much of the work we do.

Personal Motives for Being a Therapist

Our journey to become therapists began for most of us, not with the urge to save the world or help people, but rather to save ourselves. Many of the motives for becoming a therapist are unconscious and even beyond the reach of supervision or personal therapy that skirted over such unresolved or disguised issues (Sussman, 2007). Frequently they involve lingering struggles with early loss or unfulfilled narcissistic needs for recognition and approval (Barnett, 2007). Half of therapists polled in a large-scale survey confessed that their choice to become a therapist, as well as their subsequent professional development, was motivated largely by the resolution to work through their own problems (Orlinsky & Ronnestad, 2005). One common area frequently mentioned is the desire to understand oneself more fully and feel understood by others.

Ghent (1999) contends that therapists are masochists and gluttons for punishment. What else could possibly explain our

willingness to spend so much time exploring the darkest recesses of human experiences? Ghent asks, "What other occupation has built into it the frustration of feeling helpless, stupid, and lost as a necessary part of the work?" (p. 236). Commenting on this observation, Hamman (2001) remarked that therapists are willing to subject themselves to the trials and tribulations of their work in the search to become more authentic and real.

Another motive for becoming a therapist relates to feeling a greater sense of power and control, not only over others but yourself. One experienced clinician admitted with some reluctance that this was what clearly drew her to the profession. "After all," she said, "if you're always focusing on other people's problems, it's easy to wriggle out of focusing on your own. People think I have it all together—ha! After a while, maybe I started to believe the same thing, even if part of me knows that it isn't true. I guess what I'm saying is that being a therapist means enjoying intimacy without the loss of control that intimacy usually requires."

Besides the feeling of being in control, there are other reasons that therapists admit why they ended up in this profession (Corey & Corey, 2007; Kottler & Shepard, 2010; Norcross & Guy, 2007). We might have been inducted into caretaker roles in childhood and so are only doing what came to be (or was trained to be) natural. As was mentioned by the therapist just quoted, we can enjoy deep levels of intimacy without being hurt. We get to be voyeurs and enjoy living other lives vicariously; each week clients come in and tell us the most amazing stories. Of course we get to work on our own unresolved issues. In addition, we enjoy a degree of prestige and respect as know-it-alls who are supposed to understand the mysteries of the human condition.

Developing a Second Sight

Central to all that I will say on the interaction between therapist and client is a relatively unified view of change. This framework particularly emphasizes the power and influence of the therapist's personality as a facilitator of growth. The force and spirit of who the therapist is as a human being most dramatically stimulate change, especially the personal attitudes that we display in the relationship. Lock a person, any person, in a room alone with Sigmund Freud, Carl Rogers, Fritz Perls, Virginia Satir, Albert Ellis, or any other formidable personality, and several hours later, the client will come out different. It is not what the therapist does that is necessarily important—whether she interprets, reflects, confronts, disputes, or role-plays—but rather who she is as a person. A therapist who is vibrant, inspirational, and charismatic; who is sincere, loving, and nurturing; and who is wise, confident, and self-disciplined, will often have an impact through the sheer force and power of her essence, regardless of her theoretical allegiances.

The first and foremost element of change, then, is the therapist's presence—her excitement and enthusiasm, and the power of her personality. Rollo May (1983) speaks of presence in a different sense: the complete experiencing of the client's being—not of his symptoms or problems but of his essence. The therapist enters the relationship with clarity, openness, and serenity and comes fully prepared to encounter a soul in torment. The client comes prepared with his own expectations for a mentor, a guru, a doctor, a friend, or a wizard.

It is sometimes surprising to realize the ways that doing therapy produces an altered state of consciousness not only in our clients but also in us. When things are really moving along well,

when concentration and connection are at their peak, we may experience a kind of synesthesia, or second sight, in which a state of hyperarousal leads to greater intensity of our awareness. We are able not only to hear and see, with exquisite sensitivity, what is going on in the session and within the other person but also to transcend the ordinary senses to achieve greater clarity. This is not unlike what Keeney (2003) describes happening with the Bushman healers of the Kalahari in Namibia. They speak of being able to develop "second eyes" in which they can actually see sickness in others, as well as smell and taste it. During those times when empathy is at its peak, when we have entered the trance-like state of total immersion in the relationship and concentration in the conversation, when we can almost read the client's mind and anticipate what he will think, feel, say, and do next, there is a similar synthesis of perception.

The Power of Belief

The therapeutic elements of indigenous healing are part of every helping system. Regardless of the locale and cultural context, whether in the Amazon, the Himalayas, the Kalahari, or a large city, helping usually takes the form of instilling hope among those who feel only despair. The shaman, physician, priest, teacher, or therapist all believe strongly that what they offer to those who are suffering will bring comfort and even promote a cure. They have faith in their powers to make a difference and promote change. Just as important, they are able to persuade their clients that this is the case.

In the context of therapy, most effective systems are designed to maximize the client's expectations for a successful outcome (Fish, 1973, 1996; Frank, 1993). This optimism and hope, coupled

with the client's own positive beliefs, are considered to be among the common factors of all forms of therapy (Greenberg, Constantino, & Bruce, 2006; Miller, Hubble, & Duncan, 2007). We set this active placebo in place not only through our confidence and persuasive skills but also by the way we manage the helping environment. Diplomas, books, dress, arrangement of the room—all feed the client's expectations that this is a place of serenity and wisdom.

The specifics of what we do next—whether encouraging catharsis, self-control, or self-confrontation; whether using interpretation, reflection, or goal setting; whether focusing on thoughts, feelings, or behavior—probably elicit less client insight and action than does our belief that they will. The client has faith in us, as people of integrity and knowledge, as experts with the power to heal.

If we were merely magicians, then what use would there be to study the scientific basis of our profession, much less to train so rigorously in its methods? But of course, what we do only *appears* to be magical because of its many dimensions. I hear colleagues and read authors all the time who speak with such authority and confidence about what they do that makes a difference. They say things so casually, such as, "This was the client's problem, and this was the clear diagnosis, so this is what I did that made the difference." That has not been my experience of being a therapist at all. Certainly, I have my theories and favored explanations to account for what happens and why, but if I have learned anything about this craft over so many years of practice, it is to appreciate and honor the complexity of what we do. I think we could spend a lifetime studying a single case and still not ever get close to understanding everything that happened and why. By this time, you've already learned to

love this sort of ambiguity and complexity, or you've found other work.

In the absence of certainty about what is best, in the presence of someone who is needy and vulnerable, there is a compelling urge for us to *do* something. It has become the zeitgeist of our times to embrace evidence-based practice, empirically supported treatments, technical eclecticism, strategic interventions, structured therapeutic ordeals, behavioral management, and other forms of helping that emphasize technique, especially those that are purported to work quickly and efficiently. In many ways, we have permission to adapt our style and methods according to the client's needs and clinical situation. Lost in the rush toward technical innovation are the human dimensions of the relationships between people.

Despite our best efforts to research the phenomenon of the therapeutic relationship, to isolate operative ingredients, the fact remains that something magical and wonderful does take place when we create a certain kind of alliance with clients. This healing force is not unique to our profession; doctors, teachers, lawyers, and even hairdressers, taxi drivers, and bartenders offer some degree of comfort and aid in their relationships with clients—apart from the contracted services they provide. This healing relationship between people goes beyond mere catharsis: human beings have an intense craving, often unfulfilled, to be understood by someone else.

Cultural, Social, and Political Contexts

In many cases, therapeutic responses are also greatly influenced by the cultural, social, and political context of the client and therapist. The fact is that therapeutic approaches are no longer

applied in universal ways but are adapted according to the values and needs of those from varied socioeconomic, ethnic, racial, and religious backgrounds and of a range of gender and sexual identities. The goal of such clinical flexibility is not only to customize therapy to fit the particular needs of an increasingly diverse client population but also for practitioners to confront their own prejudices and stereotypes.

I realize that the preceding statements are so commonly and obligatorily included in every book that they have lost all meaning. It has become so politically correct to espouse the standard party line regarding diversity issues that we may fail to appreciate the real depth, complexity, and influence of the challenges we face on almost countless different levels. We are not supposed to make sweeping generalizations about groups of people, but the reality is that every practitioner understands that there are certain similarities in the ways that particular people of certain backgrounds react in therapy.

A new client walks in your door, perhaps a fifty-four-year-old Vietnamese female with a strong accent, shy smile, and averted eye contact, or maybe an African American teenager wearing sunglasses (it is nighttime) and earphones attached to an iPod. It is difficult, if not impossible, to avoid forming immediate impressions. Some of these prejudgments are based on prior experiences with clients who appear to be similar; some are based on far more personal influences, such as the values of our own families of origin or perhaps our own ethnicity.

There is a myth operating that therapeutic approaches or ingredients are essentially the same; you just fine-tune or adjust them a little for so-called diverse groups. A Vietnamese immigrant walks in? Expect deference and try to work within a family context. A young black man from the inner city comes in? Expect

a little resistance and hostility, especially to a white therapist. But these minor concessions to diversity (and that's what they are—minor, token efforts) only scratch the surface. The greater truth is that we would sometimes do better by throwing our theories out the window and meeting each person not just as a representative of his or her cultural group but as a completely unique individual with an assortment of cultural identities that include far more than ethnicity, race, and religion.

I was working with an older Vietnamese woman who was very self-conscious about her English fluency. In fact, she was difficult for me to understand, and I suspect a good part of our communication consisted of smiles and shrugs. This left me little choice but to abandon the usual ways I might work and to experiment with alternative methods that were less reliant on verbalization.

We struggled through the first few sessions as the woman's story emerged. She was a recent immigrant and a survivor of the war while a child. She was now the eldest woman in her household, which meant that she was responsible for everyone else, even though she was to remain obedient to the eldest male, who happened to be her son. There were clear lines of authority based on gender and age, and this was creating some problems both within the family and for her own dreams for a career.

The whole concept of traditional therapy was an anathema to her. Here I was, a male authority figure, trying to negotiate a relationship with her in which she was the most important party. Given her own cultural traditions, we were doomed to frustration unless I could find a way to meet her on terms that were mutually acceptable. Once we found this common ground, whatever I learned had little applicability to my next client—an angry African American woman who felt that the system I represented was giving her a hard time.

We win a few, we lose a few. Quite literally. But whatever we do, it is hardly business as usual in the sense that we can never expect to learn a way of being a therapist and think that we can operate in similar ways with an increasingly diverse client population. This is both humbling and endlessly fascinating, making it virtually impossible for us to reach a place where we can ever be certain about the therapeutic path we are taking.

Client Risk Taking in the Change Process

No matter which approach we adopt, and no matter what background our clients come from, we still operate in such a way as to motivate people to take constructive risks. When a person gives attention to unresolved issues of the past, she often must work through resistance and apprehensions. To dismantle rigid defenses, to interpret unconscious motives, to reflect on unexplored feelings, may involve pushing the client to the brink of her madness. She must confront parts of herself that have been deeply buried, and she must risk the consequences of relinquishing coping strategies that have worked fairly well until this point. There is a risk (or perhaps even a certainty) that some destabilization will occur. In order to attain real growth, the client must be willing to experience intense confusion, disorientation, and discomfort. She leaves behind an obsolete image of herself, one that was once comfortable and familiar, and she risks not liking the person she will become. She will lose a part of herself that can never be recovered. She risks all this for the possibility of a better existence, and all she has to go on is the therapist's word.

When the client seeks to modify specific goals and behaviors, the risks are even more evident. To change any single aspect of one's behavior is to set in motion a chain reaction of subsequent

aftershocks. One woman had been procrastinating for years in therapy, reluctant to take any action. As is usually the case, all her difficulties were interconnected—her dead-end job, her desire to move away from her parents, her relationships with men, and her desire to lose weight. To make a change in any one of these areas, she would risk having everything else tumble down. The idea of losing even fifteen pounds was frightening to her because it would mean that she would be more attractive, feel more confident, have demonstrated the capacity for self-control, and have proven the power to change. She just could not face the consequences of changing any part of her life because that would mean that every other part would have to change as well. It was much easier to come to therapy each week and please her therapist with good intentions, a cooperative attitude, and a wonderful capacity for generating insights that would not necessarily lead to change.

The therapist's job is to do everything in her power not just to promote self-understanding but to encourage risk taking. The client must not only reflect but act. This task is accomplished through both the quality of the therapist's interventions, designed to reduce the perceived threat and increase the willingness to experiment, and the genuine commitment to risk taking that the therapist makes in her own life. A professional who believes in the value of risk taking is one who has had varied experiences in taking calculated chances when the need arises. This courage, as it is modeled in the sessions, begets courage in the client.

Risks of the Therapist

Doing therapy is risky work indeed. We sit in a room all day long with people who spill out the most disturbing, horrifying,

tragic stories imaginable. They tell us of their abuse and suffering, their sense of hopelessness. They deliberately deceive or manipulate us. Over time, many practitioners become desensitized to human emotion, and experience an acute overdose of feeling; they learn to keep boundaries firmly in place and turn off their emotions. Even when we maintain such a guarded and cautious stance, there are times when contact with our clients penetrates us deeply—sometimes in ways we neither acknowledge or understand.

I was cross-country skiing in the woods with my wife. The sun was blazing, reflecting off the snow. We were breathing hard, enjoying the scenery and the synchronized movement of our bodies. It was an absolutely peaceful and spectacular day, requiring continual concentration to stay upright, balanced, moving along the trail. Quite suddenly, without any warning, I abruptly stopped in my tracks and started crying. Needless to say, my wife was a little surprised.

She asked me what was wrong, especially considering that a few moments earlier I had been feeling such joy. I finally blurted out the question, "Are you going to leave me?" She looked at me as if I were a raving lunatic and replied, "Of course not!" She reassured me with a hug and tried to find out what was going on. I explained that lately in my practice a number of female clients had been working on issues of freedom and independence. They felt trapped in their marriages and resented their husbands' needs for approval and dominance. After years of struggle with and resistance from their husbands, they had chosen divorce as the only solution for liberation. Again and again, I heard their words ringing in my ears: "Why is he so oblivious to what I want and what I feel? He thinks things are so great between us just because he finds me home at night. When he finally realizes how serious

I am about making changes, it will be too late. He has no idea how bad things are, and he doesn't want to know."

For weeks, the effect of hearing these words in several different keys had been accumulating, and it had begun eating away at my own illusions of security. Was I, like the husbands of my clients, on the verge of divorce while blissfully denying my problems—while enjoying an afternoon in the woods? Fortunately, my concern was unnecessary, but I felt shell-shocked from the close proximity to other people's battlefields.

Physicians take careful steps to protect themselves from the infection, disease, and suffering of their patients. Rubber gloves, surgical masks, and probing stainless steel instruments keep germs at arm's length. But sometimes there is a seepage of pain. For some practicing physicians, all barriers between themselves and their patients become eroded because they let themselves feel too much when their hands explore inside the visceral organs of their patients. Yet because they are admonished against showing any signs of "weakness" associated with emotional expression, they retreat into the stairwells or bathroom stalls to cry in private.

Throughout the process of therapy, the relationship is our main instrument of cure. Although we try to insulate ourselves, and we are successful in doing so most of the time, leaks inevitably occur. As our warmth, caring, and power radiate toward the client, facilitating the kind of trust that will lead to more open exploration and constructive risk taking, so, too, do we experience intimacy, discomfort, and countertransference reactions that permanently alter our perceptions and internal structure. The more clients talk about subjects that touch on our own unresolved issues, the more insecure and incompetent we feel about ourselves.

To take on a client, any client, is to make a tremendous commitment to that person, which in some cases could last weeks, months, or even years. For better or worse, no matter how the client behaves, we feel an obligation to be available, understanding, and compassionate. From the moment a client settles himself in the chair for the first time, we take a deep breath, knowing that what is about to occur is the beginning of a new relationship. It will have moments of special closeness and others of great hardship. The client will, at times, worship us, scorn us, abuse us, ignore us, play with us, and want to devour us. And through it all, regardless of what is going on in our own life—sickness, births, deaths, joys, disappointments—we must be there for the client, always waiting.

If we ever really considered the possible risks in getting involved with a client, we would not do so for any price. Never mind that we will catch their colds and flu—what about their pessimism, negativity, and psychopathology? One just cannot see clients week after week, listen to their stories, and dry their tears without being profoundly affected by the experience. There are risks for us that we will not recognize until years later. Images stay with us until the grave. Words creep back to haunt us. Those silent screams remain deafening.

Even now, this moment, as I write these words, I see the blur of faces crossing the page. I hear the sobs of a father whose teenage son died in his arms. I see the cascade of hair that hides the face of a young woman who spent a significant part of every one of our sessions crying copiously. I feel the shudder of revulsion when a man confessed that he enjoyed exposing himself to little girls. I relive the story of a woman whose family was murdered in front of her. I feel the helplessness, horror, and frustration flooding me all over again. These were people I saw more than a decade or

two ago, yet they still inhabit my heart and mind. They will be with me until my last breath.

What do we do with the stories we hear? How do we hold them? How do we live with them? The answer, in part, is with difficulty.

Therapist Vulnerability

Watching a therapist enter his office with nothing but a briefcase, one would never imagine that he is preparing to enter into mortal combat. Things appear quite civilized and controlled on the surface, what with the polite greetings and all. But once the action starts, the sparks that fly may leave third-degree burns. In a small room, there is nowhere to seek shelter. The therapist uses only his naked self (figuratively, of course) as the instrument of treatment, a condition that requires tremendous self-control and induces considerable vulnerability. To meet the client in a therapeutic encounter, we must leave behind some of our armor and defenses. We must go out from our centeredness as far as we dare. In our effort to be open and receptive, to participate with the client in the relationship, to venture forth as far as we are able, we risk losing our own identity along the way.

Great wracking sobs could be heard through the door, not an unusual occurrence in a psychiatric clinic, except that the client had left five minutes earlier. Only the therapist remained—alone, behind the closed door. Tears streamed down his face. He was huddled in a ball on the floor. The therapist had been conducting a particularly intense session with a man who was mourning the loss of his unborn son. As he was helping the client accept the miscarriage and find hope in the future, the therapist realized at some point that he was no longer speaking to the client but to

himself. His own girlfriend had unceremoniously decided, upon ending their relationship, to abort their baby. The therapist had long ago worked through his loss, pain, and disappointment. Yet it all came tumbling forth again as his client struggled with a similar issue. Against all restraint, all objectivity, all desire to help the client, he lost the separateness between himself and the other.

It would be senseless to complain about the side effects that stem from personal involvement. After all, many of us entered this profession in the first place because of an interest in resolving our own issues along the path of helping others. I am embarrassed to admit that although I did and do feel a commitment toward altruism, a significant part of my motivation to become a therapist came from my need to make sense of the world, to stave off my fear of mediocrity, to find acceptance, to satisfy my desire for control, to win approval and gratitude. I ask myself why I care so much about writing these words, why I continue to write books, and I laugh at the pat yet incomplete response: because I have something to say that others might find useful. But that is not the whole truth. I also desperately want to be liked, and I thrive on external validation. Finally, I want to feel good enough.

When a client comes in and struggles with these very themes (because I am looking for them, I see them everywhere), I rejoice in the opportunity to do some more work on myself. There are times, however, when I lose perspective and become so intertwined in the relationship that I must take a few steps out of range in order to untangle my own vulnerabilities from those of my client. Sometimes, when I am counseling or teaching, I stop for a moment to consider whom I am really speaking to—more than a few times I must admit that it is to myself.

The therapist is vulnerable not only to the loss of self but also to annihilation through assaults on her self-esteem. We may profess to be neutral and to have no vested interest in outcomes, but we care quite a bit about how things turn out. It is impossible to care deeply for people without caring about what they do. When clients are demanding and critical, dissatisfied with their lack of progress, or blaming us for not doing a better, faster job or for not being a miracle worker, we feel bad. When clients do not improve, or get worse, we not only feel their pain but also take it personally that they are not cooperating with our therapeutic efforts. This is in spite of our attempts to remember the golden words, "We do our part; the client must do his" or "It is ultimately up to the client to change." All of this might very well be true, but we have a lot at stake as well. We can act unconcerned when a client does not improve, shrug our shoulders and go about our business, tell ourselves we are doing all we can, then head for the beach. But others will make decisions about our competence and attack our credibility even if we do not.

The client's family members, for example, having been in the unenviable position of having to live with the client while we only see her an hour or two per week, cannot afford much patience. It is easy for us to tell them, "Give it time. This has taken a long time to develop into a problem, and it will take a while to resolve." They will thank us politely as they mutter under their breaths, "This guy doesn't know what he's doing." Then they will express their opinions to all who will listen, exasperated and exhausted. Considering that everyone knows a therapist whom he or she likes, the family's confidence will be further undermined by friends who suggest that they consult someone else who *really* knows what she is doing.

And let's not pretend that it doesn't hurt when a client abruptly quits treatment with the following farewell: "Gee, I know you've tried so hard to help me. And I agree it's probably all my fault. But since I've been seeing you, I've only gotten worse. You asked me to be patient, and I think I have been, but it doesn't seem to help. My cousin is seeing another therapist who was recommended to me. I'm going to be switching to her. Thanks for all you've done." Now not only will the other therapist find out how ineffective you have been (because she may not assume that the lack of progress was the client's fault), but soon the referral source will call wanting to know how things are going. You can make up some excuse about primitive defenses or resistance that you may even believe, and maybe the referral source will buy it, but deep, deep inside is a quiet little voice that will say, "You blew it." If such an episode occurs in the same week in which you have a few too many cancellations, you are well on our way to a major bout of self-doubt.

Of course that is only half the picture (I hope much less than half). Just as we are vulnerable to disappointment because we care so much, we are also open to the incredible joy we experience being witnesses, if not partners, to the amazing things our clients accomplish in such a short time. Every single day of our working lives we hear incredible tales of courage and accomplishment, breakthroughs that could only have occurred because of our support and intervention.

The Experience of Being a Therapist

The therapist's journey is filled with mystery and challenges. We act as models of courage and as adventurers, blazing trails that might inspire others to follow us into the unknown. One thera-

pist I spoke to, Fran, shares my fascination with the inner experience of being a therapist: "I love what it feels like, how it changes us, how it penetrates us. I see the job, or the profession, or the calling, as just being this amazing gift for those of us who are privileged enough to do this work because of these gems and things that we learn."

Fran laughs, remembering what it was like trying to describe to her children what it is she does for work. It really is quite amazing when you think about it. I have had a number of conversations with healers in other cultures, trying to explain what it is that I do in my own work. I recall one shaman from the Bushman people who literally fell off the rock he was sitting on, laughing hysterically, when I told him how I work by listening to clients, helping them sort things out and talk about what is most bothersome. The shaman called over others from his village, yelling out, "Come on over here! You gotta hear what this white dude shaman character says" (that's a rough translation). Once assembled with his friends, he urged me to repeat what I do in therapy. He was absolutely dumbfounded that I didn't bring together the whole community as witnesses to the healing. There was no dancing, shaking, chanting, or drumming in my description of psychotherapy. There was no calling to the spirits. There was no fire built for the healing ceremony (although I thought about telling him about a kid who once lit a fire in the wastebasket of my waiting room). Again the shaman grabbed his belly and everyone laughed at my expense. Finally, when he caught his breath, he asked me if I had ever helped anyone with just this talk. It gets you thinking, doesn't it?

I have never really trusted anyone who claims to understand how therapy works. I think it is far too complex. What the client brings to us in a session is so overwhelming and so full of content

and feeling that we can't hold it all. So we have to find ways to live with that—to live with all this uncertainty, all this mystery, all this ambiguity. At the same time, our clients are demanding answers and solutions, preferably in this session—if necessary they'll come back a second time, but that's about it. Part of the job of inducting someone into the role of being a good client is teaching him a little bit of patience, and teaching him how to work the process. But all the while we're saying this to our clients, we're talking to ourselves, too, about how to live with the ambiguity of our own lives, trying to make sense of what it is that we do and what we're on this planet to do.