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# Editorial

From its origins in medicine, neurology and psychiatry, psychotherapy has expanded to include a large number of psychotherapeutic schools and disciplines. In New Zealand our Association has taken on the task of attempting to embrace all we can, and hold our diverse company together without coming apart at the seams.

A consistent thread, a legacy that reflects our medical origins, is our tendency to see our clients in medical terms by conferring pathology on them in order to explain their problems, issues and concerns. The issues and concerns of our clients are seen to be the expression of pathology, something was done that ought not to have been done. The client is seen as injured, damaged, traumatized or wounded. Or their issues and concerns are the expression of some deficit. Basic trust, attachment, bonding, or attunement failed to occur leaving that person deficient, incomplete or partial as a human being. In the words of the old general confession of the Anglican Church, "We have done those things which we ought not to have done and we have left undone those things which we ought to have done and there is no *health* in us miserable offenders." Whatever the veracity of a trauma/deficit model, there are two unfortunate consequences that arise as a result of embracing a pathological explanatory path for the concerns our clients present.

Firstly, such explanations are an open invitation to consider the lived life of the clients and the clients themselves as being flawed, traumatized, damaged, incomplete or lacking in some fashion. The earlier in life the trauma, wound or deficit is construed to occur, the greater the span of the flaw in the life of the client. The greater the trauma and the greater the deficit that is said to be present, the greater is the promise and seduction that 'treatment' offers.

Secondly, and more seriously, is the implied notion that there is a complete state of psychological health or wholeness of which such pathological states are an incomplete diseased or disordered expression. Being damaged, injured or deficient stands in relation to being undamaged, whole and complete, as the front and the back of the hand. You can't have one without the other. Who of us as therapist is prepared to stand for, or represent such a complete state of wholeness? We all tend to construe ourselves as wounded healers in some fashion.

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If such a state of psychological health cannot be found and carries so little practical meaning, what does this say about the notion of wounding, trauma and deficit? When the front of the hand ceases to be relevant so does the back. Pathology and treatment in relation to human conduct carries no meaning and in my view, like notions of original sin and salvation, should be abandoned by psychotherapy. I have heard it said, "One shouldn't pathologise people, especially severely traumatized clients!" Well you can't have it both ways.

What is left?

What is left is what we do. 'Therapy' can still exist without pathologising viewpoints. Here, long term work with clients will cease to be a treatment for a wound or deficit and rather become a manner of living where a whole person regularly discusses his or her concerns in a particular conversation with another to elucidate and expand that person's wellbeing and to relieve suffering.

Here 'therapy' is not a medical issue carrying consequent ideas of treatment or cure but an ethical issue, concerned with the way we live and conduct our lives with others in the community in the extraordinary and changing world in which we live.

**Dr Tony Coates**