Friendship and Psychotherapy: Reflections on Friendship's Therapeutic Power

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INTRODUCTION

I am honored to be here today and glad for the opportunity to return to my roots in philosophy and education, having over the last few years begun a new chapter in my life, training and working now as a psychotherapist. I offer here the perspective of a newcomer to that art. Prior to embarking on this second career I was a member of the faculty at St. John's College in Annapolis for 14 years. Now I am working with a small private company that provides voluntary residential treatment to young adults suffering from issues ranging from mood disorders such as

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anxiety, depression, and bipolar to Autism spectrum disorder, personality disorders, and substance abuse.

I want to consider here some ways in which the *therapeutic alliance* can leverage the powers of friendship to help patients heal and grow.[1] Generally speaking, friendships have a therapeutic aspect in the sense that they involve caring for, ministering to, being of service—root meanings of the Greek word *therapeia.* In the world of therapy, some approaches make more use of the alliance itself than others. My own approach is psychodynamic and interpersonal; thus, it bears a closer resemblance to friendship than do cognitive, behavioral, and solution-focused approaches in which the therapist mainly plays the roles of facilitator and teacher. In any event, whatever a therapist's theoretical orientation may be, the research is unequivocal: a good therapeutic alliance is the single greatest contributor to a patient's change and growth.[2]

Let us begin exploring this topic of how the therapeutic alliance gains from friendship's powers by putting that alliance in cosmic perspective. I start with the Aristotelian principle that being is heterogeneous, which means, briefly, that there are no primary constituent elements to which beings can be reduced. In other words, all ways of being involve being-in-relation. For example, a stone comprises matter and form and exists through a field of potential and actual force relations. Similarly, from galactic clusters to quantum particles and everything in between, beings are interdependent. This fact is most obvious in the case of living things, which exist in and through interdependent relationships—which is the subject matter of ecology. The leading scientific account of the evolution of complex forms of life—endosymbiosis—proposes that complex beings such as the eukaryotic cell evolve from simpler entities that initially enter into a symbiotic relation that over time becomes obligatory, with the result that a new way of being originates.[3]

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[1] I use "patient" rather than "client" here because in its root sense "patient" captures that this is a kind of unequal friendship, in which one party cares for the other. "Patient" also avoids the commercial connotations of "client."

[2] For example, see R. B. Ardito & D. Rabellino, Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research.

[3] For a primer on endosymbiosis, see Lynn Margulis, *Symbiotic Planet: A New Look at Evolution*.

Closer to home, we are, as Aristotle put it, *zoon politikon,* social and political, connection-seeking cooperative animals, down into our neurons and up into the highest reaches of our spiritual nature.

With this grand view in mind, I return now to our topic and ask, how important is friendship? Aristotle begins his discussion of friendship in the *Nicomachean Ethics* by saying "no one would choose to live without friends, despite having all the rest of the good things."[4] In the realm of psychology, many agree with Karen Horney's claim that "human psychology resides in understanding the processes operating in human relationships."[5] Likewise, current research in neuroscience is revealing how deeply social our brains are.

My point here is that cosmically and locally it's all about being-in-relationship. In one way of looking at it, psychotherapy is about healing and developing our relationships through a dialectical process that helps us befriend ourselves by improving our relationships with others, and vice versa.

Whether or not we ever seek therapy, most of us find relationships challenging, as often a source of suffering as pleasure. Therapists pay attention to interpersonal and intrapersonal dynamics, and just as we seek to support the healing and growth of our patients, so friends seek to better each other and themselves through their relation. As Aristotle says of friends, "they seem to become even better people by putting the friendship to work and by straightening one another out" (1172a11ff).

Of course, psychotherapy is only one way among others of actualizing our social and individual potential. For our purposes, it offers a skillful know-how about relationships, how they come about and what obstacles get in their way. Good therapists bring science, art, and experience to bear in forging a therapeutic alliance. They make a practice of relating to their patients with an intentionality and skill that contrasts sharply with the instinctive, casual, and confused practices that characterize most of our relationships, including friendships.

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[4] 1155a. Hereafter all further references will be provided in-text. Unless otherwise noted, quoted passages follow Joe Sachs' translation of the *Nicomachean Ethics*.

[5] Horney, *New Ways in Psychoanalysis*, 34. Horney would no doubt appreciate recent titles such as Louis Cozolino's *The Neuroscience of Psychotherapy: Healing the Social Brain*.

Because the therapeutic alliance is not friendship in the usual sense, it offers a fresh perspective from which to view the virtues of friendship operating, as Aristotle has it, to amplify our power to live and act, and so be happy.[6] This agrees with what therapists hope to achieve in their work with patients.

In the first part of this lecture, I consider what goes into a therapeutic alliance—into becoming allies and friends of a sort. In the second part, I survey how the unconscious mind, by promoting survival at the expense of awareness, contributes to the difficulty in becoming friends to ourselves and others. In the third and final part, I explore the therapeutic work an established, trusted alliance makes possible.

One further prefatory remark. I have chosen not to focus here on an essential part of therapy—helping patients experience their feelings, especially the difficult ones so anxiously avoided. This topic deserves a lecture of its own. Here let it suffice to say that one of the main goals of the therapeutic alliance is to provide opportunities for patients to work with their feelings.

I.

More than our other relationships, whether with lovers, family, neighbors, colleagues, or citizens, we choose our friends. C. S. Lewis calls friendship the "least natural of loves; the least instinctive, organic, biological, gregarious and necessary."[7] I add that friendship is also the most free and philosophical of relationships.

The freedom and mutual consent that characterize friendship are also core features of the therapeutic relationship. The ethically mandated practice of informed consent that precedes therapy protects a patient's autonomy by informing them about the therapist's approach, the benefits and risks of therapy, the limits of confidentiality, and the patient or therapist's power to end the relationship if one or both find it is no longer serving its purpose. This transparency about the terms and limits of the relationship helps patients feel safe and in control, which in turn builds trust.

When I began seeing a therapist in my forties, I was a curious skeptic who thought of a therapist as—at best—someone competent to

[6] Cf. Aristotle, *Ethics*, 1155a15ff, and his wonderful and famously thorny account at 1170a13-1170b18.

[7] Lewis, *Four Loves*, 88.

support and guide self-exploration. I'd been in therapy a while (embarrassingly long for someone who wrote a book about friendship!) before I saw how much of the personal work I was doing depended not only on the therapist's powers of observation and interpretation, but also on her way of being with me.

That way of being roughly followed psychologist Carl Rogers' three principles, which are widely regarded as core competencies for therapists. Therapists strive to be *genuine*, provide *unconditional positive regard*, and show *empathy*.[8] Being genuine means letting the patient see who we are rather than adopting a persona or, as Freud originally prescribed, remaining neutral, a blank screen for the patient's projections. Having unconditional positive regard means accepting the patient as they are (which is not the same as approving their behaviors). Being empathetic means sensitively and accurately listening for and reflecting the patient's thoughts and feelings.

When a friend or therapist treats us this way, we tend to drop our guard and feel more safe and trusting. From a therapeutic perspective this supports the patient opening up and being more vulnerable—disclosing difficult thoughts, feelings, and behaviors they have hidden from others, and often from themselves. This self-revelation and the examination it permits is a potent ingredient of change.

Yet most of us have adapted to the world by developing an array of defenses that protect us from being vulnerable and thus from being hurt. While such strategies serve survival, they oppose the philosophic and therapeutic aims of knowing oneself and living authentically. Our defensive strategies likewise prevent others from knowing us, which in turn reinforces our ignorance about ourselves. For to know ourselves requires engaging with others, including in a dance of recognition such as Hegel described, and which is part of what therapy can provide.

In sum, by being open and transparent about who we are and what we intend, by emphasizing the patient's freedom, and by being toward them in a way that builds trust, therapists begin to forge an alliance with patients that in turn becomes a safe place for them to examine themselves.

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[8] Rogers, *On Becoming a Person*, 60-63.

Part of what we bring to our patient's journey is the art of being an ally, a therapeutically minded friend. Since difficulties in relationships are so often near the heart of patients' suffering, we also seek to educate patients into this art of friendship. We do this *indirectly* by modeling through our behavior the qualities of an ally that Rogers articulated. I remember being on the receiving end of this. Having spent much of my career surrounded by my tribe of critical academic types who, like me, are definitely conditional in their regard, I was the more struck by how attentive, nonjudgmental, and accepting my therapist managed to be. Astonished by how novel and good and helpful this felt, I left many a session inspired to practice the same in my relationships.

In addition to educating indirectly by modeling behavior, therapists also educate patients directly by making the therapeutic relationship itself a topic of conversation. For example, I recently said to a patient who had been chanting the mantra "I don't know" for much of the session,[9]

> Blair, would you like to hear how I am feeling right now? [Pause for reply.] I want to get to know you, but I feel shut out. I wonder if it's similar to how you've described feeling shut out by others, especially in grade school, and how you later began doing the same to others, whenever you felt they got too close. Does what's happening between us today feel similar?

Let's unpack this. I began by asking permission to share what I am thinking—taking his consent seriously and contributing to his sense of control and safety. (Patients do occasionally say "No", but it's remarkable how much resistance decreases if you ask permission first.) I then chose to focus on what was happening here-and-now in our relationship; this offers the patient practice in giving and receiving real-time feedback when emotions arise and can be worked with. Next, I recalled the patient's earlier story and connected it to the present, to see if history was repeating itself, if we had discovered one of those deep patterns, laid down early, that are influencing the patient's way of being toward others, often outside their awareness. By recollecting his earlier story, I also reassure Blair that I'm listening and remembering what he

[9] In all references to particular patients, I have changed identifying details sufficiently to protect their privacy.

has told me—a great trust builder in therapy and friendship generally. Finally, by speaking openly about my thoughts and feelings, I am modeling non-avoidance and transparency; these are uncommon qualities in most relationships, but they are the lifeblood of therapy and good friendships, whether with oneself or with others.

If it's appropriate, I may introduce the patient to a larger psychological framework. I might say to Blair:

> Are you familiar with attachment styles? The idea is that how we're treated when infants and toddlers creates a basic attachment style or schema. On the one hand, if a child is reliably comforted when they're scared or hurt, they develop a "secure" attachment style; they find it easier to feel trusting and get close to others. On the other hand, if they don't find comfort but are neglected or mistreated, they may develop an "insecure" attachment style, becoming avoidant or ambivalent/resistant; they find it harder to trust and connect with others. Our brains encode the results of these early experiences, and use them as templates that inform how we feel about and behave toward others—whether it's safe to let people get to know us. Often we're not even aware of these styles. But once we become aware of our style, we can change it.

Let's examine this bit of psychoeducation. First, showing the patient how their experience is like that of others helps normalize their experience. This is important because many patients defend against knowing themselves or being known by others because they fear that they are uniquely unlovable, that they have unacceptable weaknesses and vulnerabilities that put them beyond the human fold. Next, this education reminds us that we're animals, that part of what we have to deal with is stuff encoded early, in flesh and bones and conditioning. This fact comes as an enormous relief to those patients (and I was one) who have the distorted, ultimately neurotic notion that we are somehow responsible for everything we are. How liberating and unsettling to realize that other forces outside our control have intimately shaped how we feel, think, and behave.

This education increases patients' awareness of the ways in which early relationships have shaped their personality and view of the world. By revealing how unconsciously acquired our behavior and aspects of our personality are, this education may also increase their

compassion for themselves and for others. Following Socrates, we may say that by revealing our ignorance, such an education enables us to inquire and learn and freely choose how we will act.

Whether listening, empathizing, educating, or challenging, therapists as I'm describing them treat their patients as we treat our good friends in their hour of need, dropping our interests to be there for them. Good friendships have such moments in which we are there for our friends and don't expect any return; we accept this temporary inequality because we trust that ultimately it will be equalized through reciprocation.

But what about so-called friendships like the therapeutic alliance in which the inequality is structural? On one side, the patient gets the attention, on the other, the therapist has the authority. How can such a relationship be called friendship? Aristotle called such lopsided relationships unequal friendships. He gave as examples parent and child, teacher and student, husband and wife. (I'll add master and dog.) Since true friendships are characterized by equality and justice, the inequality built into the therapeutic alliance somehow needs to be equalized if we're to call it friendship.

The general way this is achieved among friends is by an equalizing exchange. Children, students, and dogs may offer obedience and respect in return for the skillful attention they receive. Therapists and, likewise, traditional healers such as shaman and priest may also receive these, and are supported by their community in various ways. In addition to money, these therapeutic friends also receive gratitude, the satisfaction of being helpful, and the opportunity to practice virtue. In these ways an equalizing exchange comes about. In my book I explore at length the ways (and the limits) of equalizing unequal friendships. I should add here that the conventional professional view is that therapeutic alliances ought not be friendships.[10]

Now there is a source of inequality that goes to the heart of the therapeutic enterprise and cannot be equalized in the ways I've mentioned above. Yet, if all goes well, over time the therapy itself will

[10] In professional ethics, the issue falls under the rubric of "dual relationships," which threaten to blur or undermine the boundaries that safeguard the therapeutic relationship. Sexual relationships with patients are the classic example. But in general any "non-professional interactions…should be avoided." Cf. American Counseling Association, *Code of Ethics*, 2005, A.5.

bring about equality. I have in mind the inequality between the therapist's view of the patient's issues and how these affect their relationships (including the therapeutic alliance), and the client's own view of these matters.

Consider the processes of projection and transference. One of Freud's great contributions was his exploration of these. "Projection" occurs when someone attributes to others feelings, thoughts, and motives they may find unacceptable in themselves. "Transference" occurs when a person unconsciously redirects to another person emotions that were originally felt toward someone else. For example, a patient unconsciously feels (and behaves) toward their therapist as they originally felt toward a parent. When I asked Blair whether his way of shutting me out was like how he's shut out others in his life, I was addressing his transference. Skilled therapists recognize and work with patients' projections and transference, using these as material that can be jointly examined, as I did with Blair.

But what happens when therapists don't recognize projection or transference when it is happening? In these cases, they cannot help patients become aware of what they are doing. Moreover, if I don't recognize that a patient is projecting their feelings about their authoritarian father onto me, I am more likely to react in an unskillful way, perhaps getting defensive.

We call it "countertransference" when the therapist fails to recognize what is really going on and begins reacting to the patient Countertransference is the name for the therapist's own transference and occurs when the therapist's own early and unconscious emotional responses are redirected to our patients, often in response to their transference. For example, if Blair had pushed back on my interpretation, I would want to examine whether by so interpreting his behavior, I was unjustly transferring to him my own anxiety, say about being pushed away when I've sought intimacy in the past. In general, if he triggers emotional responses in me that go unnoticed, I may respond inappropriately and risk losing his trust, not to mention reacting to him in ways that are unjust because they're not accurate responses to him. Even when the countertransference is positive—as when a therapist treats with great tenderness a young patient who reminds them of their daughter—the result is a distortion that may interfere with therapy.

The challenge for therapists, as it is for a friend serving their friend in an hour of need, is not to engage in countertransference. Otherwise, we get entangled in our own history and thus fail to see our patients clearly and, by extension, fail to offer the accurate reflection and feedback that are among the greatest gifts therapists (and friends) have to offer.

Recall that I said therapy itself is the way to equalize the inequality caused by the therapist's better view of the patient's situation. Another way of putting this is to say that a goal of therapy is for the patient and, where necessary, the therapist, to take back—to accept as their own—their redirected emotions, thoughts, behaviors, whether this be through transference or projection.

The more we become aware of what is ours, the more clearly and accurately we can see ourselves and others. Therapists, like virtuous friends, know themselves well enough that they are less likely to project their stuff onto their patients. That's the hope, anyway, and the reason that those who want to be therapists need to do their own therapeutic work. For again, therapy offers the chance to become aware of our own habits of thought, feeling, and behavior, of what tends to trigger strong emotional responses and defense mechanisms. In doing so we're following the Socratic admonition to examine and know ourselves.

An important difference between the therapeutic alliance and friendships is that friends who distort our words, accuse us unjustly, blame us for their problems, or take what's not theirs, aren't friends for long. Yet living with such injustices (temporarily, at least!) bequeathed through projection and transference is an expected part of being a therapist. What makes it tolerable is knowing oneself well enough to be able to distinguish what belongs to the patient from what belongs to ourselves.

In light of this discussion, it's clear why becoming a skilled, trustworthy ally to a patient on their personal journey involves having taken a similar journey ourselves. The therapists' authority, such as it is, comes in part from having gone there themselves, and from having learned how to get their selves out of the way, so that there's minimal countertransference along the way. Doesn't an analogous mindset characterize virtuous friends in their care for one another?

Let me conclude this discussion with a brief theoretical digression. Some philosophers and psychologists are skeptical that an

accurate reflection—doing the other justice *as other*—is even possible. They argue that transference and countertransference and projection are all there is, finally. In other words, we can't ever really know each other, or ourselves. Now if this were true, friendship as understood here would be impossible, since being just to one another would be impossible. (In the terms of Aristotle's phenomenology, transference and projection are a kind of injustice, inasmuch as our response to others doesn't accurately reflect who they are and what they deserve.) One sees here the influence of postmodernism's embrace of radical subjectivity and nihilism.

My own view is that it is possible for other human beings to see us tolerably well, and very often better than we see ourselves.[11] To defend this leads beyond my scope here, but let me mention an important consideration often missed by the skeptics. The task of seeing others clearly, and of being a good friend or good therapist, is less daunting when we recall that relationships are practices, not theories. Skeptics theorizing about radical subjectivity often forget this. Aristotle offers the appropriate correction by reminding us that we must employ the degree of precision appropriate to a subject. Thus the precision of a mathematician is not appropriate to practical matters, whether these be carpentry or friendship or therapy. My claim is that the mirror we hold up to ourselves and to others needn't be flawless to offer an informative reflection; it just needs to be "good enough." Like teachers, parents, and dog owners, therapists don't need to grasp matters perfectly, just "good enough." The human soul is flexible and resilient in the face of imperfections, especially when intentions are good.

II.

Now let's consider the contribution of the unconscious mind to patients' defense mechanisms and coping strategies, which include projection and transference. What distinguishes *psychodynamic* therapy from other therapeutic modalities is that it takes the unconscious mind seriously and sees one of its basic tasks as helping to make unconscious processes conscious. Freud's approach, for example, sought to bring unconscious parts (e.g., the id and superego) and material (e.g., defense mechanisms) into consciousness. Similarly, in Plato's dialogues we often see Socrates

[11] A view shared by Aristotle, see *Ethics,* 1170a.

in his psychodynamic mode, hunting down the often unconscious, unexamined prejudices, beliefs, and opinions of his interlocutors, and making them the focus of the inquiry. For Socrates and therapists alike, the aim is to help others become aware of the unconscious forces that inform their thoughts, feelings, and behavior.

This task of waking up would be easier if much of what we feel, think, and do weren't shaped by forces that are purposely, as it were, outside our awareness. Let's look at some examples of how and why the unconscious mind operates to keep us in the dark.

Much of our default experience of seeing clearly and choosing consciously is an illusion. Recall what I suggested to Blair, that many of his apparently spontaneous reactions to people are in fact informed by an attachment pattern that developed before he had any awareness or choice in the matter. Human beings repeatedly enact unconscious patterns of thought, feeling, and behavior. The unconscious mind of an insecurely attached child like Blair adopts a basic story based on early experience—*the world's a scary place so I better be on guard*. Then, in a novel social situation the unconscious slyly projects this old story and the accompanying feelings of anxiety and fear onto the wall of the conscious mind, which naively and falsely imagines that the content originated with it in the present.

In fact, it is an illusion that our conscious experience occurs in the present moment. As psychologist Louis Cozolino reports, "our brains react to internal and external stimuli in as little as 50 milliseconds, yet it takes more than 500 milliseconds for conscious awareness to occur. During this half-second, hidden layers of neural processing shape and organize these stimuli, trigger related networks, and select an appropriate presentation for conscious awareness."[12] That presentation is, as we saw, then projected onto the wall.

Cozolino continues,

> The consistency of many perceptual and cognitive biases across individuals reflects our shared neural organization and functioning.… Although many of our perceptual biases appear to serve us, they can also lead to the kinds of problems that often become the focus of psychotherapy.[13]

[12] Cozolino, *The Neuroscience of Psychotherapy*, 134–5.
[13] Ibid., 136.

Moreover, from an evolutionary perspective not only is there no premium on us waking up, there is even good reason for keeping us in the dark. As Cozolino notes, "natural selection has shaped conscious experience in the service of survival…. Remember—the way the brain and mind construct consciousness is dedicated to adaptation, not accuracy."[14]

In effect, the philosophic and therapeutic aim of waking up is in some ways opposed by the mind itself. Not only are many of our operating principles adopted early and largely invisible to us, and not only have natural forces conspired to value survival over enlightenment, but we also have a natural bias toward deception—of others and oneself alike. As one writer puts it, "We're natural-born liars."[15]

Deception, including self-deception, is often more adaptive than the truth—a fact known for millennia, and as true today as ever. As for self-deception, you are most likely to deceive others to your advantage if you believe your own lies. This is because those to whom we consciously lie have evolved sophisticated lie-detecting technologies of their own and may suspect us when we evade their gaze, blush, or otherwise betray ourselves non-verbally, as Thrasymachus famously did, leading the ever-observant Socrates to report: "And then I saw what I had not yet seen before—Thrasymachus blushing."[16] Similarly, lie-detecting technologies rely on measuring the difference between what you say, the lie you "tell", and what your embodied mind says through posture, gesture, eyes, skin temperature and conductivity, and complexion.

Here is an example from a recent session that illustrates how some of these points play out in practice. I was confronting a patient's behavior in the milieu. She would lash out angrily whenever a staff member or fellow resident asked her to do anything she didn't want to do. When I said she needed to change her behavior, she replied that I was, in effect, telling her that she had to "deny" her "true feelings" and pretend to be someone she was not for the sake of getting along with others: I was telling her to be "inauthentic, an impostor." For her, being

[14] Cozolino, *Why Therapy Works*, 27.

[15] David Livingstone Smith, *Why We Lie: The Evolutionary Roots of Deception and the Unconscious Mind*.

[16] Plato's *Republic*, 350d.

authentic meant identifying with her feelings in the moment and acting as they called her to. If others couldn't handle her authentic hostility, that was their problem and they should just steer clear.

In addition to exploring her feelings, we also examined some assumptions she was making. I'll note two here. First, she assumes that her thoughts and feelings *in the moment* are the truest reflection of her self. Second, she assumes that her identity and integrity (and likewise her psychic health) are independent of others and of how she is treating them, whereas we've seen that even what we regard as our very own, very personal response to others largely reflects a pattern adopted early on, ironically, in response to how others have treated us.

I asked if she was open to another perspective. I then described how emotions we have in the moment are largely unconscious and conditioned responses developed when young, how it follows that they're the most programmed, the least freely chosen, least authentic, and thus least "ours." Since we had talked about her traumatic family history, I could point out that the way she was showing up in the milieu seemed to me more a reflection of where she came from than of who she truly is or can be. This led to a more philosophical conversation that explored whether our true, authentic self is an accomplishment, rather than something immediately given. As she took this perspective to heart, she noticed that she felt less inclined to regard her feelings as authoritative. This in turn gave her more room to respond in different ways.

If only such philosophic and therapeutic insights led to immediate and lasting changes in our lives. Alas, however, insight is not enough: personal change and growth come about through practice, which the wise have always known and which is increasingly attested by science. This brings me to another takeaway about the unconscious mind, which is that our access to it is often through our body. It's no surprise that research in trauma recovery and therapy generally has been focusing more attention on the body's role in healing or changing the mind.[17]

[17] See for example Peter Levine, *Waking the Tiger: Healing Trauma*; Moshe Feldenkreis, *Body & Mature Behavior*; Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*; Gabor Maté, *When the Body Says No: Understanding the Stress-Disease Connection*, to name only a few thinkers in the field.

There's a saying in neuroscience that captures how practice joins brain, mind and body: *Neurons that fire together wire together.* But they have to fire often enough to make the new pathways as easy to travel as the old were, which is where practice comes in. Returning to our theme of friendship, neuroscience has revealed a host of dedicated social circuits in our brains that mediate how we relate with others. Therapists can now introduce patients to practices that help change the firing and wiring patterns of these circuits. [18] I add in passing the fascinating discoveries that our gut and our heart are replete with neurotransmitters, and that troubles in these systems contribute to psychological disorders. For instance, there is increasing evidence that intestinal microbes are a causal factor in Autism Spectrum Disorder.[19] Talk about embodied cognition! Truly, the heart has its reasons, and the gut its feelings.

The wonderful thing about practice is that we don't first need to persuade ourselves to think or feel differently in order to practice: we don't need to like yoga in order to begin practicing and benefiting. On the contrary, we can begin changing how we think and feel about yoga by practicing it. I call this working from the outside in: changing outward behaviors leads to inward changes of mind. Of course, we also work from the inside out, changing our minds leads to changes in behavior. Patients who develop insight and work with their feelings in session accelerate their growth by practicing outside of sessions.

Knowing all this, I encourage patients to embrace practices, in each case explaining the benefits. Here are some examples. Exercise and diet are critical to psychic health, a fact underscored by discoveries about neurotransmitters in the heart and gut. As I've been arguing here, developing social awareness and social skills also plays an essential part in our health. Mindfulness practice has taken the world of therapy by storm, as research proves its many benefits. Meditation helps us become more aware of our internal chatter, the stream of thoughts and feelings that often go unnoticed. In doing so, mindfulness helps us stop

[18] These circuits include the smart vagus, the dorsal anterior cingulate cortex, mirror neuron system, and dopamine system. Amy Banks, MD, describes these primary social circuits in *Wired to Connect*: *the surprising link between brain science and strong, healthy relationships*.

[19] See "Gut Bacteria May Play a Role in Autism" and "Gut Feelings–The 'Second Brain' in Our Gastrointestinal Systems."

identifying with them and begin working with them. Breathing practices give tools for regulating our nervous systems and thereby our moods. Gratitude practice encourages shifting away from a critical mindset—which we're more willing to do once we see how being critical often functions as an unconscious defense mechanism rather than delivering what it pretends to, an accurate perception of the world.

As for my angry patient, she's still prickly, but she's more open to practicing new behaviors, even when she doesn't "feel like it." She's learning to take her immediate thoughts and feelings less seriously. As she told me recently, "I finally get that bumpersticker: *Don't believe everything you think*." Exactly. For there's more of nature and history speaking through us than we know. It's not that we can't be free or that we can't wake up, but it doesn't just happen the way our physical maturity does. It requires conscious practice.

III.

I began this exploration of therapeutic friendship by observing that all beings are interdependent and that our flourishing depends on establishing good connections with others. In the first part, I sketched how as therapists we seek to connect with patients and some of the challenges to doing so. In the second part, I examined how unconscious processes can interfere with establishing authentic connections with oneself and with others, and how with insight and practice we can become aware of them and begin establishing new pathways of thinking, feeling, behaving, and relating.

In this final part, I want to explore further the therapeutic power of an established alliance that time and experience have shown to be emotionally safe, trustworthy, and helpful. What do time and greater intimacy make possible? This question will lead to further parallels between the therapeutic alliance and friendship.

Let's begin again with Aristotle and how he concludes his discussion of friendship:

> the friendship of good people is good, and grows as their companionship continues, and they seem to become even better people by acting together and correcting each other, for each models themselves on what they approve of in the other. (1172a11)[20]

[20] H.G. Apostle's translation.

In many respects, this describes the therapeutic alliance I have been portraying. Again, I note that my theoretical orientation as a therapist bears a closer resemblance to friendship than do many other approaches because it is relationship-oriented and psychodynamic, and because the patient has embraced working in these ways—often because their goals aren't only to change behaviors, but to examine and know themselves better and to improve their relationships.

One ingredient of a good friendship is time. This is captured in Aristotle's remark above, and he can always be relied on to state the obvious. (Perhaps my favorite example is his statement in the *Poetics* that a good dramatic work should have a beginning followed by a middle and concluded with an end.[21]) In any event, spending time together grows and deepens the alliance, for it takes time and experience to know and trust each other. With time, the relationship itself becomes a kind of third party to the therapeutic work, something that patient and therapist attend to and care for. This practice and the lessons that come from working on the alliance is something we encourage the patient to take with them into other relationships.

In contrast, while the short-term, behavior- and solution-focused models of therapy favored by the insurance industry have value, they do not leverage the relationship itself or the benefits of practice to help patients. There is not time for patients to gain awareness and also "put the friendship to work" by practicing being in relationship with someone whom they've come to trust enough to accept feedback from, someone who can help them "correct" and better themselves. Again, to make these lasting changes and corrections requires more than insight; it requires the emotional safety, sustained attention, and practice that longer-term, relationship-oriented therapy provides.

Longer-term therapy makes feedback more powerful in another respect. Research shows that, as a rule, when we're novices developing a new skill (whether it be carpentry, guitar, coding, therapy, or friendship) positive encouragement is best. For when we're novices the difficulty of learning new things makes it easy to get discouraged and give up, so

[21] *Poetics,* 1450b25ff.

what we need most is positive reinforcement that encourages us to practice and persevere.

However, once we have some skills, we're ready for constructive feedback because such feedback offers specific guidance for improving. On the one hand, telling a student, "You write well," offers an affirmation and encouragement but no direction for writing better. On the other hand, constructive and specific feedback gives them the means to improve. Likewise, early in therapy positive reinforcement is often best, for this encourages the patient to persevere in this strange, vulnerable work. As they acquire momentum and confidence, patients are often eager for constructive feedback they can trust.[22]

Just as good friends do, therapists gauge when encouragement in the form of positive feedback or more constructive feedback is indicated. We must be willing to say difficult, critical things to those we care about, for therapeutic friends of all stripes accept that the better, more human way of life is guided by a desire to awaken to reality. Positive reinforcement alone, whether in dog training, child rearing, friendship, or therapy, is not enough.[23]

I emphasize this because in fact it's harder to get constructive feedback in our extra-therapeutic relationships, which are generally biased against accurate reflection. Those who like us often pull their punches when it comes to our faults, while those who don't like us may, consciously or not, misrepresent things in order to hurt us. In addition, we often make it clear, consciously or not, that we don't want to hear what people really think, and we even avoid people whom we fear will tell us anyway. In short, it's hard to find trustworthy witnesses or guides. Here again, the value of a therapist and friend converge. For more than anyone, we call "true friends" those who respect and love us enough to tell us the truth, even when it's difficult to hear. Especially when it's difficult to hear.

Let me summarize some of the main points so far. I've suggested there is considerable overlap between the kind of therapy I'm describing and the work by which one becomes a good friend. In both cases, a

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[22] The research into this phenomenon, tellingly, was published in *Harvard Business Review*. It's valuable for leaders to know how best to cultivate their staff's skills. See Heidi Grant, "Sometimes Negative Feedback Is Best."

[23] I address this issue in more depth in my book, *Willing Dogs & Reluctant Masters: On Friendship and Dogs*.

measure of one's therapeutic power is the extent to which one can get out of one's own way in order to see the other clearly and serve their interest. This involves becoming aware of our own deep-seated patterns, defense mechanisms, and avoidance strategies, so that countertransference is minimized. Only then can we be fully present and available to others, and in doing so model what it means, as Aristotle says, to "put the friendship to work" on behalf of helping each other. Modeling openness and non-avoidance, giving and accepting feedback, acknowledging failures and lack of skillfulness, sharing with our friends our ongoing experience of the relationship, gently directing them toward where their work lies, and working with resistance as it crops up along the way; when we show up for others in these ways, we are therapeutic friends.

As my description implies, being such a therapeutic friend involves the use of authority. By "authority" in this context, I mean several things: the power to recognize and validate the patient's experience through reflective listening, to educate them about psychological processes, to guide their work, and to confront and challenge them. This authority is granted gradually in the course of a developing alliance that proves our intentions and our skill to be allies and counselors supporting *their* journey. A structural source of this authority are the facts, discussed earlier, that our friends often see us better than we see ourselves, and, specifically, that therapists have (we hope!) trained themselves to be accurate observers.

In granting such authority to others, we are allowing them to see who we really are: our motives, our hopes and fears, our strengths and weaknesses, our virtues and vices. This is much harder than it sounds, and what makes it hard is, again, the fear of making ourselves vulnerable. Note, however, that this is precisely what we do when we *obey* a friend's authority, which is to say, when we choose to listen to them: we make ourselves vulnerable, we put ourselves in a position to be helped but also to be hurt by another, as one does with friends.[24]

An important use of authority is to work with resistance. In examples I've given, I'm educating patients, challenging an old pattern of thinking and acting, urging them to try a new behavior; perhaps

[24] The meaning of "obey" stems from the Latin root, *oboedire*, which means *to heed or listen.*

giving them a push, offering constructive feedback or even negative consequences when they're stuck or tempted to move backwards. Similarly, Socrates often used his authority therapeutically to make others uncomfortable with the status quo. In the allegory of the cave, Socrates describes a moment in their journey of education where the prisoner needs a shove if they're to continue moving toward the light, instead of sinking back down into their familiar, warm, and comfortable but dark (as in *unconscious*) patterns.

Tellingly, all these ways of using authority with others can also be practiced with ourselves. In fact, a useful way of framing what brings people to therapy is to say that their friendship with themselves is disordered. It appears that there is no established authority over the parts of their own psyche. Our current language of "mental disorders" suggests the absence of an authoritative organizing principle in the psyche.

Understood in this light, a main goal of therapy is to support the patient becoming aware of the parts of themselves that are disordered and contributing to their suffering, while simultaneously helping them discover and own their authority to establish leadership and order in their own soul. By doing so, therapy helps patients become friends to themselves. Readers of Plato and Aristotle will find this talk of leadership and ordered parts of the soul familiar indeed.

In conclusion, I want to consider what such a perspective offers our account of therapeutic friendship. A contemporary model of therapy called Internal Family Systems (IFS) takes this parts-of-the-soul approach, viewing psychological disorders as an expression of disorder among the various subpersonalities that constitute our psyches.[25] On this view, there are no bad parts, just good parts stuck in bad roles. Just as our defense mechanisms develop to protect us, so too all our parts intend to serve us but in practice may work against us, just as our unconscious mind sometimes works against us. For example, our anxious part's vigilance can be lifesaving, but it's no friend if you wind up in the hospital because of a panic attack triggered by the very thought of driving in traffic.

In IFS, therapy involves first becoming aware of our parts, their interdependence and their motivations, including what has led the

[25] Psychologist Richard Schwartz developed IFS. See his seminal work, *Internal Family Systems Therapy*, or visit the aptly named website of IFS: self-leadership.org.

anxious part in this case to be over-reactive. Then, we work to reassure it that it can move into a less polarized, hysterical role and still do its job of protecting us. All our parts are trying to help us, but, as with defense mechanisms, most parts are primitive, unconscious, and aimed at survival rather than truth and happiness.

Who, or what, has the authority in this internal family system? Who has a view of the soul as a whole and thus the perspective required to inform, reassure, and, if necessary, revise the role played by that anxious part, so that it serves rather than sabotages? Who should lead in the soul? Aristotle says the good person obeys the intelligent part of themselves, which chooses what is best: "reasoned [read: conscious] acts are felt to be in the fullest sense our own acts, voluntary acts" (1169a3-20). It's just this sort of action that therapists promote by helping patients become aware of the unconscious, survival-focused forces at work in their psyches, and by encouraging practices that serve awakening and living well. The philosopher-king in the *Republic* and the charioteer in the *Phaedrus* share similar characteristics. In IFS, the analogous leading role is played by the self, specifically that higher self that founder Richard Schwartz defines through characteristics that include curiosity, clarity, calmness, compassion, courage, confidence, creativity, and not least, *connection*.

Notice that these are qualities of the awakened, conscious self, not of the instinctive, primitive, largely unconscious mind. It is this self that Socrates and the Buddha, among others, saw as having the wisdom and discernment to set us in right relation to others in the world, inside and out. If you had a friend with these qualities, wouldn't you follow their lead? What if a friend could help you awaken to these qualities in yourself and support your higher self as it establishes leadership in your psyche?

Well, in a way this is what we've been seeing all along. For ideally we guide our friends in their hour of need by leading with the best part of ourselves. We model self-leadership in the ways I've described, building rapport and forging an alliance with patients. I've emphasized how we can use the therapeutic relationship itself to help patients heal and grow, in other words, to help them become a better friend to themselves. Again, there is a dialectic between our internal and external relationships, as Aristotle points out:

> a best friend is someone who wishes good things for the sake of that person…but this belongs most of all to oneself in relation to oneself, and so too do all the rest of the things by which a friend is defined, for all things to do with friendship arise out of oneself and extend to others. (1168b3ff)

Compare this statement with how I've described helping patients become aware of their *interpersonal* dynamics, and helping them see how these are often driven by unexamined *intrapersonal* dynamics, that is, the relations among their parts. Just as we saw that insight and practice together—working simultaneously from the inside out and the outside in—foster our growth, so also does working simultaneously on our intrapersonal and interpersonal dynamics.

It is interesting to compare Aristotle's remarks here with the idea of projection. People project onto others parts of themselves that, for whatever reason, they can't accept. So it comes as no surprise that the stories we tell about our relationships with others—"She doesn't really love me"—reflect the ones we're telling about ourselves—"I'm not worthy of love"—since "all things to do with friendship arise out of oneself and extend to others."

Aristotle also says that a good person "ought to be a lover of self, since they will both profit themselves and benefit others by performing noble actions" (1169a11). We become a friend to ourselves as we begin organizing our soul's parts into a cooperative friendship.[26] Under the benevolent rule of the self, we become a friend to ourselves, and so also our relations with others improve, just as our self-friendship is improved by becoming a better friend to others. Thus a virtuous cycle is established. And thus we align ourselves with and support the cosmic order.

Finally, let me draw attention to what I expect is obvious by now: friendship in my account has a more precise and comprehensive meaning than our ordinary sense of that word. Here, as in Aristotle's

[26] The basic idea is ancient, as I've pointed out. Note also that the tripartite division of soul that Plato and Aristotle describe speaks to the different "internal" players we experience: the rational part, the spirited part, and the appetitive part. The idea runs throughout modern psychology. Its founder, Freud, distinguished the ego, id, and superego, and their inter-relations; see "The Ego and the Id." Jung wrote of traits and archetypes and the dynamics of the psyche; see *The Structure and Dynamics of the Psyche*.

account, friends are defined by their attention to what is fitting, proportional, and just, by their regard for what is noblest and best.

I'll let Socrates, one of the early and great therapists of the soul, have the last word. In Plato's dialogue *The Gorgias*, Socrates is speaking to a man with a disordered soul, the intemperate Callicles:

> Wise men say, Callicles, that heaven and earth and gods and humans are bound together by communion and friendship, orderliness, temperance, and justice, and it is for that reason they call this Whole a Cosmos, my friend, and not intemperate disorder.[27]

[27] Plato, *Gorgias*, 508a.

BIBLIOGRAPHY

American Counseling Association, *ACA Code of Ethics*, 2005.

Ardito, R. B., and D. Rabellino. "Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research." *Frontiers of Psychology*, October 18, 2011. http: //doi.org/10.3389/ fpsyg.2011.00270.

Aristotle. *Nicomachean Ethics*. Translated by Joe Sachs. Newburyport, MA: Focus Publishing/R. Pullins Company, 2002.

————. *The Nicomachean Ethics*. Translated by Hippocrates G. Apostle. Grinnell, IA: Peripatetic Press, 1984.

Banks, Amy. *Wired to Connect: The Surprising Link between Brain Science and Strong, Healthy Relationships*. New York: Tarcher/Penguin, 2015.

Borjesson, Gary. *Willing Dogs & Reluctant Masters: On Friendship and Dogs*. Philadelphia: Paul Dry Books, 2012.

Cozolino, Louis. *Why Therapy Works*. New York: Norton & Co, 2015.

Feldenkreis, Moshe. *Body & Mature Behavior*. Berkeley: Frog Books, 2005.

Freud, Sigmund. "The Ego and the Id." In vol. 10 of *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Edited and translated by J. Strachey. London: Hogarth Press, 1964.

Grant, Heidi, "Sometimes Negative Feedback Is Best" *Harvard Business Review*, January 28, 2013. https://hbr.org/2013/01/sometimes-negative-feedback-is.

Horney, Karen. *New Ways in Psychoanalysis*. New York: Norton & Co, 1939.

Jung, C.G. *Part I. The Structure and Dynamics of the Psyche.* Vol. 8 of *The Collected Works of C.G. Jung*. 2nd ed. Edited by H. Read, M. Fordham, & G. Adler. Translated by R.F.C. Hull. Princeton: Princeton University Press, 1971.

Levine, Peter. *Waking the Tiger: Healing Trauma*. Berkeley: North Atlantic Books, 1997.

Lewis, C.S. *Four Loves*. New York: Harcourt, 1988.

Margulis, Lynn. *Symbiotic Planet: A New Look at Evolution*. New York: Basic Books, 1998.

Maté, Gabor. *When the Body Says No: Understanding the Stress-Disease* Connection. New York: Wiley, 2011.

Moyer, Melinda Wenner. "Gut Bacteria May Play a Role in Autism." *Scientific American*, September 1, 2014. https://www.scientificamerican.com/article/gut-bacteria-may-play-a-role-in-autism/.

Plato. *Gorgias*. Translated by R. E. Allen. In *The Dialogues of Plato, Volume 1: Euthyphro, Apology, Crito, Meno, Gorgias, Menexenus*. Binghamton, NY: Yale University Press.

Plato. *Republic*. Translated by Allan Bloom. New York: Basic Books, 1968.

Rogers, Carl. *On Becoming a Person*. New York: Houghton Mifflin, 1995.

Schwartz, Richard. *Internal Family Systems Therapy*. New York: Guilford Press, 1995.

Smith, David Livingstone. *Why We Lie: The Evolutionary Roots of Deception and the Unconscious Mind*. New York: St. Martins, 2007.

Sonnenburg, Justin and Erica Sonnenburg. "Gut Feelings–The 'Second Brain' in Our Gastrointestinal Systems." *Scientific American*, May 1, 2015. https://www.scientificamerican.com/article/gut-feelings-the-second-brain-in-our-gastrointestinal-systems-excerpt.

Van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Penguin Books, 2014.