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The Impossible Profession — Part 1

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The first in a three-part series of blog posts for Psychotherapy Excellence exploring why psychotherapy is genuinely an 'impossible profession' — not as a criticism but as a recognition that the therapeutic endeavour necessarily puts the therapist in an impossible position from which no technique or model can fully extract them.

KEY THEMES

— Why psychotherapy is genuinely an 'impossible profession'
— The therapist as both wounded and healer
— The impossibility inherent in the therapeutic position
— What makes the enactment inevitable
— Living with the paradox rather than resolving it

An Impossible Position

Freud called psychoanalysis one of the 'impossible professions', alongside government and the education of children. He meant something specific by this: that there is an inherent impossibility in the task itself, such that it can never be fully accomplished. However hard the practitioner works, however skilled they become, the fundamental problem never goes away.

I want to explore what this might mean for contemporary psychotherapy — and specifically why, far from being a counsel of despair, the recognition of the profession's impossibility may be one of the most liberating insights available to practitioners.

The therapeutic position requires the therapist to be simultaneously genuinely present as a vulnerable human being and professionally responsible as a skilled practitioner. These demands pull in opposite directions. The more genuinely present the therapist is, the more they are affected by the client's pain — and the less they can maintain the objectivity which professional responsibility requires. The more professional and boundaried they are, the less genuinely present they can be.

The Therapist as Both Wounded and Healer

The archetype of the 'wounded healer' — drawn from the myth of Chiron, the centaur who was himself incurably wounded but who healed others — captures something essential about the therapeutic position. The therapist is not a healthy person helping an unhealthy one; they are a fellow sufferer who has found a way to use their own woundedness in the service of another's healing.

But this means that the therapeutic work necessarily constellates the therapist's own wounds. There is no way of taking a therapeutic position without triggering one's own history — without the client's wounding activating something in the therapist's own wounding. This is not a failure of the therapeutic frame; it is an inherent consequence of the fact that the therapist is a person, not a technique.

This is where the profession becomes genuinely 'impossible': the therapist is simultaneously asked to be maximally present to the client's pain (which requires lowering their defences and allowing the wound to be felt), and to remain professionally functional (which requires maintaining some degree of distance from their own wound).

Living with the Impossibility

The response to the impossibility of the therapeutic profession is not to pretend it does not exist, or to imagine that better training or more therapy or stricter boundaries will eventually resolve it. It is to learn to live within the impossibility — to find a way of inhabiting the paradox rather than trying to escape it.

This is what I mean by sustainability: not the elimination of stress and difficulty, but the development of a resilience and a capacity for self-care which allows the therapist to continue working effectively even in the face of the inevitable difficulties of the work. And it is what I mean by the 'habitual position': the characteristic way the therapist has found of inhabiting the impossible position — which both enables the work and constitutes its primary shadow.

In subsequent parts of this series, I will explore what supports this kind of sustainability, and what the most common obstacles to it are.

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