

The Danger of Certainty

By Ann Woodward Hines, LMFT

I have recently had the privilege to be part of a few collaboratives sponsored by the Monterey Bay Psychological Association at Dominican Hospital. Practitioners from disciplines such as psychiatry, psychology, marriage and family therapy and social work met to talk over lunch. The variation and richness of the collective was immensely valuable. By the second meeting I attended, the willingness to be vulnerable was remarkable. A level of interpersonal trust and safety had been established quickly, which made these entirely refreshing gatherings.

Working collaboratively, across licensure delineations, is the antidote to what sometimes worries me deeply within our profession: the tendency of some practitioners to attach themselves fiercely to their own interpretations. The need to “be the one who knows best” can be quite seductive. When we think of ourselves and our ideas as so important, when we feel threatened when alternate possibilities are presented to us, we become dangerous.

Here is a case in point.

A while ago, I had an out-of-town consultation with a clinician regarding a case of a six-year-old girl I’d been working with for over a year. Fifteen minutes into the consultation, I was informed that my client was clearly a victim of sexual molestation. As I had seen other consultants on this case, and had not heard or seriously considered this before, I naturally wanted to hear more about the consultant’s firm and emphatic conclusion. She had known this child for fifteen minutes, and only through me, and yet, she was *certain*. After she explained her reasons to me, I remained *far from certain* that molestation had occurred. I still held it as a possibility only, not a given.

In my opinion, rapidly expressed certainty can be the most dangerous facet of all in any health care professional. Those physicians whom I most respect have a deep regard for the mystical complexity of the human body and its interrelationship with the psyche. Those remarkable, holistically oriented physicians always leave diagnoses open for further refinement.

The consultant’s certainty struck a chord within my own earlier memories. My younger sister had been seeing a therapist in the 1980’s. He told her that she presented like an incest victim; therefore, my father must have molested her. She had no memories, but he helped her construct them. I spent a month of my twenties thinking my father had molested my sister; tortured by this seeming *fact*. She then moved in with her therapist as his girlfriend for a year. While recovering from a psychotic episode, she told me that my father had never molested her. Needless to say it took years of therapy to undo what this therapist turned boyfriend and his implanted memories had done.

How do we become so professionally arrogant and rigid? How do we lose sight of the importance of always remaining in our beginner’s mind? Isn’t fluidity of boundaries and openness to new ideas a fundamental principle of a healthy system? It saddens me to witness how rigid some of us become in our beliefs and even in our lives, shutting down so

completely that we find ourselves utterly isolated. It seems absolutely critical to good therapeutic practice and to right living in general to remain mindful of the stonewalling effects of rigidity. Letting go of our haughtiness, of our attitude that “I know and you don’t” fosters greater harmony in our relationships in general.

When I taught a course last fall at a graduate school of professional psychology, I noticed that my students ranged from first year graduate students to very seasoned therapists taking the course for CEU’s. I decided to open with a discussion of the Buddhist concept of the beginners mind in psychotherapy. I felt the need to acknowledge how often a fresh perspective from a so-called novice can shine a new light on our thinking about a case.

Collaboration is a powerful *antidote* to entrenchment and rigidity. There’s a facet of all of us that can be intimidated by other colleagues, especially those we don’t know well yet. Initial uncertainty seems to be simply the human condition, regardless of how solid and strong our public persona appears. With an understanding of that universality, we can move rapidly through discomfort into authentic exchange with colleagues. The comfort level and sense of intimacy grow quickly. With difficult cases, or legal and ethical dilemmas, it is comforting than one doesn’t have to “go it alone.” With a support team at hand, we don’t need to be the one who “knows best.”

Jung and his colleagues, in their later lives, expressed the humility of the very wise, by calling themselves **old fools**. In my opinion, it is the true expert who can recognize the expert deep within every child and every adult rather than himself. For a true expert, there is no need to force fit clients into a theoretical interpretation. Incorporating theories that work, disregarding those that don’t, the client’s inner drive towards healing is gradually unearthed. Isn’t it an amazing gift to be the facilitator of that unfolding?

What a precious reward for our patience, compassion and perseverance.

Disclaimer: The author takes full responsibility for opinions expressed herein.

The spirit of collaboration across disciplines found in the MBPA supports and nourishes all the **wise old fools** practicing with so much experience locally.
I would like to thank Dani Beckerman, PsyD and Jennifer Athey, MD for their roles as catalysts in the recent growth of the collaborative spirit in our community.

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