Theory of infrastructure: Impact of egoism manifestation by a therapist towards a patient in psychotherapy

Yaniv Hozez[1]

1 Sigma Xi

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Abstract

This study aimed to relate three types of egoism satisfaction infrastructure in psychotherapy: a) the patient's capability to understand what the therapist says at a given moment or the condition of the patient's mental state in terms of their egoism stability, b) the self-esteem and confidence the therapist has accumulated through personal life experiences, and c) the therapist's ability to either calm their patients down temporarily when the patient is not capable of listening and applying advice effectively or advise their patients objectively, even when the patient's issue concerns their own egoism. In this article, I introduce possible scenarios in psychotherapy and analyze them for professional misconduct while also examining ethical dilemmas. Although the entire psychotherapeutic process is dedicated to the patient's welfare, the efficacy of the psychological treatment method applied, such as cognitive behavioral therapy and psychodynamics, can decrease significantly in the absence of a therapist's proper egoism satisfaction infrastructure. The current study highlights the need for therapists to find ways to neutralize their egoism for the sake of maintaining the patient's safety and confidence.

Keywords: psychotherapy; egoism; clinical psychology; ethics; philosophy.

Introduction

Two situations make it difficult for therapists to meet their patient's needs, and each involves a different insufficient infrastructure scenario:

1. The patient had a frustrating day prior to their therapy session.
2. The therapist has been through too many harsh experiences in life.

As a consequence of the former, the patient may be unable to listen to the therapist during the session. Regarding the latter, the therapist may not be capable of temporarily pacifying the patient during the session, especially when the therapist has the same issue as the patient, which stimulates the therapist's egoism, causing unreliability in their capacity to calm the patient down temporarily when the patient is unable to listen to the therapist or advise the patient objectively.

Differentiating between scenarios 1 and 2 and between their possible consequences is crucial. We must differentiate between the therapist's survival needs and their need for an egoism satisfaction infrastructure (how satisfied this therapist is in terms of egoism) that is at peace with their life circumstances and their own responsibility to provide an adequate environment for successful psychotherapeutic treatment, the primary purpose of which is to help the patient get better.

Mordecai (1991) claimed that empathic failures are a normal occurrence in human relationships and, under certain circumstances, could eventually help the patient. However, there are two major exceptions. The first is that its potential to help the patient does not justify its occurrence. One cannot justify performing a negative act by claiming that something positive might happen because of it. Furthermore, ethically, whether the therapist's intention is pure, that is, if their initial, complete goal was to help the patient at that moment, matters. The second exception is that it is not certain that empathic failures will help the patient at all because the benefit that could arise was not assured and because the same matter could re-stimulate the therapist's antagonism if their egoism satisfaction infrastructure was stimulated by it at the same moment. They will be able to discuss it with the patient only if their egoism is not stimulated.

However, because therapists (as human beings) are unlikely to criticize themselves publicly, not enough is known or addressed in empirical literature regarding the ethical and practical implications of their manifestations of egoism directed toward the patient, even in explorations of the concept of the wounded healer (Jung, 1951). This paper addresses this gap. Notably, its framework is based on several fundamental ethical principles, the most important of which emphasizes that the therapist's role is to always provide the patient with a safe place.

In light of this, I suggest a correction to the English-language proverb, "*Give someone a fish and feed them for a day; teach someone to fish and feed them for a lifetime*": to procure their own food, people must first eat and grow stronger; only when they are strong enough and thus able to learn should we teach them to fish and thereby feed them for a lifetime.

Methods

Egoism satisfaction infrastructure as a cup-like function

Egoism satisfaction infrastructure is presented as the following equation, a new formula developed by the author:

$$f(V, C, M) = \frac{C * M}{V},$$

where V is the volume of the cup (the cup's capacity to contain the amount of egoism satisfaction needed for a person to have a peaceful mind), C is the content inside the cup (how satisfied this person is in practice in terms of egoism), and M is the material from which the cup is made (how strong the character of this person is in terms of being able to contain quantities of egoism satisfaction).

If a person theoretically has a volume of 10 units of egoism satisfaction and the content of their cup is 8 units, given that the cup is made from strong material to contain it (a strength level of 0.9 out of 1, for instance), then their entire egoism satisfaction infrastructure would be equal to 0.72 out of 1. Conversely, if this person has a volume of 10 but the content of their cup is only 2.5, then even if the strength of the material the cup is made of is 1, their egoism satisfaction infrastructure would still be equal to 0.25 out of 1, and it would not satisfy their infrastructure sufficiently (these values are theoretical and are not obtained in any way). Considering this, therapists' egoism satisfaction infrastructure almost certainly would not be sufficient for them to be able to calm their patient down temporarily when the patient is unable to listen or advise them objectively regarding a matter that also concerns their own egoism.

Kohut (2009) claims that in the self-formation process, an infant has a basic need for three types of self-other relationships: mirroring, idealizing, and twinship. A person who has not had these needs met will always question their self-worth and attempt to fulfill their own shortcomings. Ultimately, they will not be able to recognize others' needs, as their own shortcomings hinder them from doing so. Moreover, Neff (2015) claims that although, statistically, our chances of being excellent are low, in Western culture the emphasis is on the individual's centrality, and we do expect ourselves to excel, even though the expectation to feel valuable is therefore unrealistic, and it is better to dare (Burns, 1999) to be "average."

However, in a society that has become extremely competitive, this condition is likely to cause mental instability. Some people become dangerous toward others if their egotism is threatened (Bushman & Baumeister, 1998). The expected desire for satisfying their infrastructures could come at another's expense. The only way for an unsatisfied infrastructure to attempt to become satisfied when stimulated is by means of its own amount of egoism satisfaction (as a one-dimensional object cannot act on its own to refill itself, and in particular when being drained simultaneously). If this amount was indeed spent, it would—by definition—become smaller, and further attempts would, therefore, fail. If the amount of egoism satisfaction in their infrastructure is full (given a strength level of 1 out of 1), it would not become smaller, not because it can act on its own to refill itself but because it does not need to refill itself (as opposed to the former state, in which it cannot act on its own to refill itself and would become smaller due to its attempts to refill itself when it does need

to refill itself).

In practice, another reason for this amount becoming smaller is egoism itself, which can be compared to nakedness. When a person is caught naked, they are ashamed and want to hide their nakedness as quickly as possible. They simultaneously feel shame knowing that someone saw them hiding it because they are aware that they have been seen naked. This is similar to a poor person who is caught panhandling. Even though they need the money, they may still be ashamed that they were panhandling in the first place.

Concerning egoism, when a person manifests egotistical behavior publicly, they may be ashamed of the act itself. Therefore, if a patient manifests egotistical behavior in front of the therapist, for instance, if this patient says, “I’m not like that” (among the most classic and unsuccessful ways of expressing and protecting egoism) or if they emphasize that they already knew something the therapist said and respond with “Yes, I know that!” then the therapist’s moral commitment would not be to respond with something such as “Okay” or “Well, okay, if you say so,” regardless of whether such statements by the patient stimulate ego or antagonism in the therapist.

This would make the patient feel as if someone saw them hiding their egotistical behavior, and they might feel shame, similar to the nakedness analogy. Likewise, when a person is missing egoism satisfaction, they may be ashamed of the state (of missing egoism satisfaction) itself.

If, for instance, in the middle of a session, the patient reads a short piece of text, willing to share it with their therapist, and the therapist then responds that they felt that they are not sophisticated enough to understand what written and that they could not understand its complexity.

In response, the therapist may tell their patient that he they are very smart. ‘Well, now you are calming me down!’, is the resulting therapist's response, being aware that he was supposed to be calming the patient down, thereby destabilizing their own well-being, ultimately leaving the patient unprotected. However, if their motives are pure and treatment-oriented, their appropriate response can be something such as ‘Thank you for your words,’ rather than blaming their patient for attempting to help.

The resulting situation can be the patient trying to bring their therapist's attention back to the meeting, thereby forcing them to try calm them down for having tried to pacify them in the first place. Regardless of whether the therapist jokes when they told the patient what was on their mind, the therapist's comments regarding their patient's response are not appropriate an unethical. A patient should feel safe and comfortable expressing any concerns they have to their therapist, whether it is a problem or something that could passively stimulate egotism toward the therapist.

In terms of the suitable reaction (the onus of which belongs to therapists rather than the patient), the best reaction (prior to which the therapist should listen to the patient and allow them to unburden their heart) in such a scenario (in which the patient's infrastructure is not sufficient to listen to the therapist) must accomplish the following three things: (1) make this patient feel that the therapist was aware that they already knew that thing, thus covering their shame regarding it; (2) do so without paying attention to them saying that they knew this before; and (3) make them feel that even though they manifested egotistical behavior, nobody saw it. An example of an appropriate reaction in such a scenario can be “Now let

me tell you even more than that.” In this unfortunate situation, if the patient had calmed their therapist down in a way that neither undermined their own self-esteem in particular nor undermined their own self-confidence in general, they would have continued to help their patient. Nevertheless, If the patient pacifies them in a way that trigger their egotism or narcissism, their willingness to help their patient would significantly diminish. They would likely pull themselves together temporarily due to formal ethical rules, with the open option of telling the patient 'Well, now you are calming me down!’

The therapist’s responsibility is to care for the patient’s well-being, not to shame them, and to ensure that the patient’s infrastructure is sufficient to listen to them. Notwithstanding, the therapist must also pay attention if their patient says, “I know/Yes, I know!” too often or too seldom. If too often, the therapist should work on the issue with the patient because this behavior in the real world could cause people to dislike, develop antagonism toward, and avoid them. Providing adequate infrastructure and not insulting this patient is also important.

Likewise, if a patient tells their therapist they are afraid of being underappreciated because someone else’s accomplishments were more impressive than theirs, the therapist must not respond with something such as, “Why do you want to be special and show off all the time? You need to work on your pride. A little modesty will not harm you (Watson, J. C., 2016).” This response can hurt the patient not merely by insulting them but also by bringing their self-esteem down further due to the manifestation of egoism being considered socially inferior.

Another example of narcissism manifested towards the patient is when the patinet suggests that the therapist and they compete against one another in a foot race, and the therapist responds with ‘You have no chance against me,’ while demonstrating a hostile facial expression. In this case, the therapist did not monitor the patient's need for their manifestation of competitiveness to be temporarily pacified, thereby leaving them insulted and unprotected. The therapist must comprehend such situations, adapting themselves to the patient's infrastructure, providing them with the comfort they needed, or alternatively, clarifying the patient that it is inappropriate for them to compete in a foot race against each other due to the treatment boundaries (Eubanks, C. F., Burckell, L. A., & Goldfried, M. R., 2018). Furthermore, it is also possible for the patient's egoism to have not yet been pacified; thus, they might try to speak with their therapist about it. In response, the therapist reacts with ‘I wish you would win against me in a running competition,’ or ‘Fine, do you want to hear that you would win?’

Even if the patient passively manifested egotism toward their therapist through competitiveness (rather than actively by acting violently or intentionally insulting them), they should not have engaged in a discussion about who was likely to win or then mocked their patient for demonstrating a weak point.

The patient deserves to have their temper softened. This should not be confused with having their egotism bolstered, which is indisputably wrong, but rather calming the patient down temporarily and stabilizing their mental state, so that they could be receptive to therapy, as per the correction of the fishing proverb. The final goal is to learn to fish and eat for a lifetime, not to be given fish endlessly, which is equivalent to bolstering a patient’s egotism. In addition, it can also be that in another session, the patient may inform this therapist that they claim a well-known politician (or another figure which the therapist admires) to be a moron.

Consequnetly, the therapist, having their egotism stimulated and triggered, may attack the patient, thus asking them what they base their argument on (saying then to the patient that they thought this politician was very intelligent). This passive manifestion of their own experience of stimulated egotism toward the patient is unethical and can hamper the therapuetic alliance (Talbot, C. et al., 2019). Furthermore, the therapist might also tell their patient that she was a human being; consequently, they may give this very fact as an excuse. However, because reason consists of two parts (goal and justification; Figure 1), the therapist cannot be excused for making a natural mistake as a human being, thereby using it an excuse to justify hurting patients' feelings. If one asks, “What is the reason the therapist make a mistake?”, “What was the therapist’s goal and justification for making a mistake and hurting the feeling of their patient?”, or “Assuming that hurting the patient's feelings was the therapist’s goal, is that goal justified?” the answer would still be “Because they made a mistake.” However, this does not answer the question, as the answer is not a goal, and therefore, the act is not legitimate. Similarly, a situation can arise in which therapists may manifest egotism, is when the patient asks them to read a text in the therapist's own billingual language, and thereafter the therapist is reading the text, they may ask the patient, ‘Well, did I pass the test?’ which can instill them in a sense that they are unsafe and that there is no (mentally) stable figure in the practice whom the patient can trust.

In addition, if the patient touches upon a sensitve point to the therapist, (for instance, if the patient asks the whether or not the therapist thinks that the patient is a poor/lucky bastard), therapists must always consider the patient’s welfare and neutralize their own unresolved problems, especially when not doing so comes at the expense of the patient’s well-being; the patient, however, has no such obligation.

In addition, especially when in a position of power relative to the patient (Zur, 2009), manifesting egotistical behavior toward them (for instance, saying to the patient, “I’m not like that” or in some cases asking them, 'You always want to be special, don’t you?’) could indicate temporary or permanent mental instability, which is prohibited for the therapist to reflect onto the patient. Further, the therapist must also not take advantage of their positional power (through boasting, condescension, teasing, or patronization).

Moreover, if the therapist wants the patient to become more modest, they should provide adequate infrastructure (or, ensuring that the patient is capable of listening and applying advice effectively) not only to calm the patient down temporarily but perhaps, more importantly, for themselves to work in efficiently. An appropriate answer would be something like, “Your achievements are still impressive enough for you to show them off.” After the patient is calmed down, the environment will be more comfortable, and the patient will be better able to successfully apply the therapist’s advice.

And yet, narcissistic traits by the patient should also not be overlooked. Seligson (1992) claims that therapists treat the narcissistic pathology of their patients with relatively great respect in a way that is expressed in condoning the behavior of narcissistic patients, as well as their own narcissistic characteristics that are revealed in their clinical work. This practice happens because therapists are empathetic to the behaviors that are also characteristic of them. Limited interpretations are therefore formed due to their feeling that it is not possible to confront a narcissistic patient since a narcissistic injury may lead to leaving the treatment.

As a result of narcissistic therapists being sensitive to the narcissist's vulnerability, they do not interpret the patient's behavior as narcissistic but emphasizes their hurt feelings. Especially when the patient experiences narcissistic injury that also concerns the therapist's own self-worth does this process become relevant.

It therefore raises serious questions about therapists' poor prioritization of ethical considerations and inadequate therapeutic interventions. This is because the ethically relevant discussion is not whether limited interpretations that are formed as a result of the inability to confront a narcissistic patient since narcissistic injury may lead to leaving the treatment will make them condone the narcissistic behavior of their patients, but whether or not therapists are allowed to condone the narcissistic behavior of their patients in the first place.

However, Seligson (1992) gave the fact that limited interpretations that are formed as a result of the inability to confront a narcissistic patient since a narcissistic injury may lead to leaving the treatment will make them condone their patients' narcissistic behavior (which can harm them in the future or their surroundings in general) as a fait accompli (which, as mentioned, is not relevant to the given issue), and this is a contradiction.

One might argue that this could lead therapists to be forced to deal with a situation that is not possible for them to successfully handle, asking how therapists can then handle such situations. However, it is the therapist's role to take care of being able to handle such situations successfully, not the patient's. According to Kahneman's (2011) theory, the cooperation between the two unique kinds of mental abilities: (1) "System 1", whose activity includes the innate mental activities with which we are all born, such as a readiness to perceive the world around us, and (2) "System 2", which represents "'the domination of the reason, which represents the mind's slower, analytical mode, where reason dominates" (claiming that emotions often take precedence over reason). That claim may be taken as an excuse for therapists hurting their patients (since, as mentioned, it is claimed by Kahneman (2011) that emotions often take precedence over reason). Notwithstanding, the therapist cannot be excused for their emotions taking precedence over reason, and thereby using it an excuse to justify their manifestation of egoism towards the patient. If one asks, "What is the reason for the therapist's emotions to take precedence over their reason?", "What was the therapist's goal and justification for the therapist's emotions taking precedence over their reason (thus hurting the patient's feelings)?", or "Assuming that hurting the patient's feelings by letting the therapist's precedence to take over their reason and common sense was their goal, is that goal justified?" the answer would still be "Because emotions often take precedence over reason." However, this does not answer the question, as the answer is even not a goal, and therefore, the act is not legitimate.

According to Boisvert, C. M., & Faust, D. (2002), mental health professions are effective in ameliorating personal distress treatment. Nonetheless, the implications and ramifications of unethical therapeutic interventions can be calamitous, not only for the patient itself, but, consequently, also to their family and their surroundings.

Patients are allowed to manifest egoism, egotism, or narcissism (by which I mean here, behaving in an arrogant way, for instance, or coming across as conceited and bragging a lot) toward the therapist passively (through competitiveness or antagonism) but not actively (by intentional insult or violence); however, the therapist must not manifest passive egoism back toward the patient.

One could claim that the therapist would prevent the patient from learning how to manage harsh experiences or if they adapted to the patient's mental state (or infrastructure). However, helping the patient by not preventing them from learning how to manage harsh experiences must be intentional; that is, the therapist must consider the good of the patient and ensure that the patient will benefit because if the therapist does not consider the patient's benefit, the benefit that could arise is neither guaranteed nor intentional. The therapist must avoid empathic failures in the first place.

One might ask why someone would manifest egotistical behavior when they know it is considered socially inferior. The answer is the same as that to why someone who is drowning would want to breathe. These needs have different origins, and the first need precedes the second, regardless of whether the result is favorable.

Therefore, it would also be impossible for a person with an insufficient egoism infrastructure to act modestly in a situation that stimulates egoism, as they would always attempt to fill that infrastructure. Furthermore, a person whose egoism infrastructure is not full is more likely to manifest egotistical behavior from a socially inferior place, in accordance with lacking egoism satisfaction. If a person manifests egotistical behavior when it arises from a socially inferior place, it implies that their egoism satisfaction infrastructure either is insufficient or was stimulated at that moment.

Given that society is competitive, most people want to be special and unique, so that their own egoism satisfaction infrastructures are peaceful. However, few individuals succeed in satisfying their egoism and achieving this peace of mind, given that Neff's (2015) suggestion points to a solution that does not necessarily exist. Rogers (1951) emphasizes the gap between the "ideal self" and the "actual self," explaining that if people expect more from themselves than what they are capable of, there will be a loss of self-worth. Further, self-image improvement will happen either by lowering the ideal self —striving for more realistic goals—or improving the current self. According to Rogers (1951), one can lower the ideal self to solve the problem (or, in terms of the cup-like function, artificially reduce the need for egoism satisfaction).

Nevertheless, if the cup's volume is large while there is not much in the cup, this person will not sufficiently satisfy their egoism infrastructure if the lowering of the ideal self is not something that actually fills the cup. Today, many coaches attempt to satisfy their patients' egoism by doing things that have no practical power to satisfy them.

An adequate egoism satisfaction infrastructure allows people to have a peaceful mind. People who lack sufficiently strong character will be unable to satisfy their infrastructures because they are not able to contain egoism satisfaction when it arises in them in both cases—if it enters their infrastructures and if it does not. Even if it does not, they will suffer from mental instability, as a result of which they will still not have egoism satisfaction in practice. Therefore, a therapist who lacks a stable egoism infrastructure will likewise not be able to calm their patient down temporarily when they need it or advise them objectively in situations that stimulate egoism, whether or not they have the required egoism satisfaction in their infrastructure.

Making an act possible and making it possible for the act to be possible are different. When one makes it possible for an act to be possible, one does not necessarily make the act possible but only makes it possible for the act to be possible. Similarly, when an act is made possible, it is not necessarily performed but only made possible. People with a sufficiently strong character will still have a stable infrastructure; however, they will not necessarily have an adequate infrastructure

because although it is possible to make the state of an adequate infrastructure possible (by having a stable infrastructure), the state itself may still not be possible.

It is critical for a person to possess a stable and sufficient egoism infrastructure. While some people deserve to satisfy their egoism, others who do not have sufficiently strong characters to contain it should not. Put differently: everyone equally deserves to be happy, but not everyone deserves to realize happiness by satisfying their egoism infrastructure. Finally, if this person has a volume of 10, and the content of their cup is 9.5, but the strength level of the material the cup is made of is only 0.2, it implies that their character is not strong enough to contain egoism satisfaction; consequently, their egoism satisfaction will eventually hamper their mental state. Although this mental state is unfortunate, the other option would still be an unsatisfied and insufficient egoism infrastructure, which could cause mental instability.

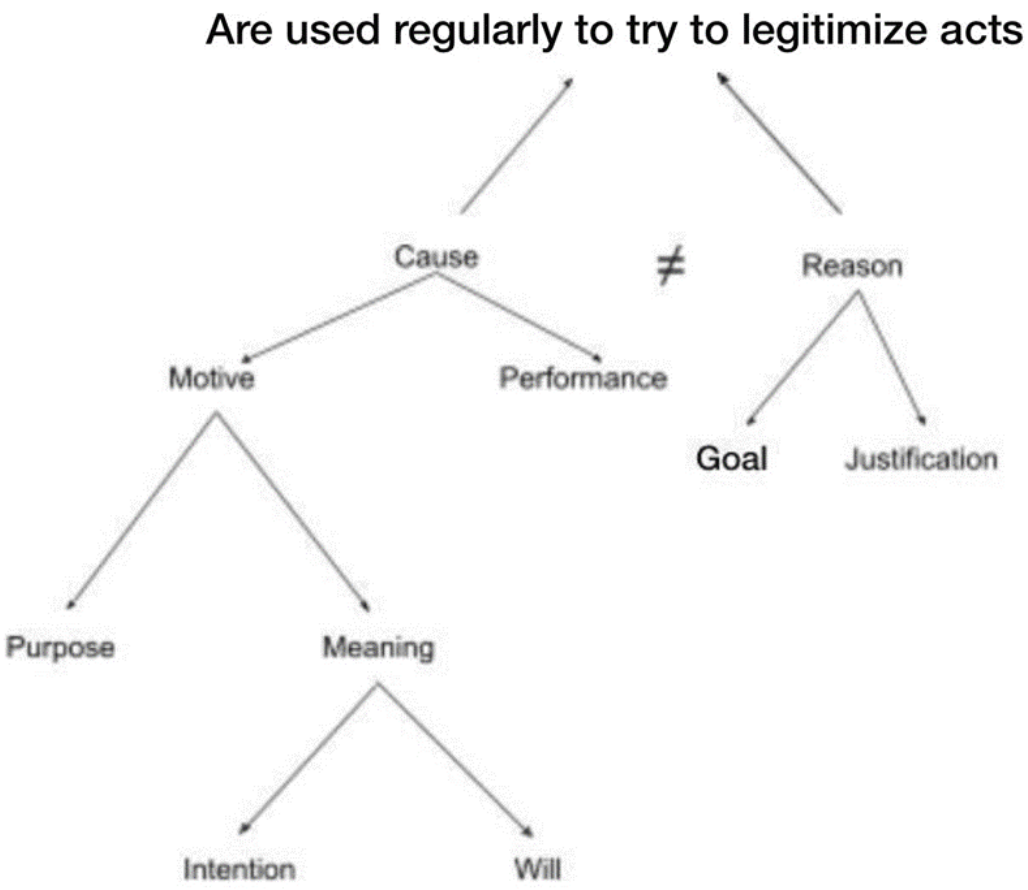

Figure 1 The difference between reason and cause through a diagram of their components.

Inverse psychological projection

Freud (1894) defined “psychological projection” as a defense mechanism in which one attributes negative aspects of their personality to others and is thus able to ignore their own flaws and problems. Its inverse form is defined as follows: when a person repeatedly (sometimes angrily) advises another person to ignore or pay no attention to either someone or

something, it is usually because the person who advises this is experiencing inverse psychological projection; that is, if this person's needs have been disregarded in the past, their experience will be reflected in their reaction to the person they advise.

However, such advice is relevant only when the type of hurt is a very specific case of banal mockery. If a mentally ill person tells somebody they are ugly, the best advice is to ignore them. However, if this person hurts someone in a way that has nothing to do with banal mockery of self-image (e.g., public humiliation, contempt, invasion of privacy, incitement, threatening behavior, discrimination, abuse, sexual or ordinary harassment, violence, annoyance) or if what was said had already hurt the other, then advising them to ignore or pay no attention to that mentally ill person disregards this damage.

This defense mechanism can be activated in a person if they have been unable to cope with similar types of hurt in their own past and have been exposed to related mental damage, if their egoism is stimulated by the same matter, or if, due to this stimulation, it is either shameful for them to acknowledge their egoism because stimulated (or vulnerable) egoism is considered socially inferior or difficult for them to contain the other's hurt feelings or bruised egoism.

Consequently, they deny the problem's existence and thus advise others to also ignore it due to their will to either stimulate (and unburden) their antagonism to others or to demonstrate their ability to rise above the same issue and "win" against it. Moreover, in contrast to classic psychological projection, in which a person attributes negative aspects of their own personality to others when they are unable to deal with these aspects (so they can ignore them), in its inverse form, a person attributes the quality that they would like to but cannot demonstrate/be able to succeed in (which relates to their ability to efficiently manage things or problems that stimulate their own egoism), so they can avoid dealing with these things or problems.

In similar scenarios, inverse psychological projection may include saying things such as "I don't care what you think (or say)/Who cares what people think (or say)," "Don't get excited by the background noise," I will not stoop to your level," "Don't let them influence you," "Don't give them the satisfaction," "Don't give them a platform," "They aren't worth it," or "What do you expect from him?" (one must distinguish between "expected to" and "predicted to" as these two possess different responsibilities). Alternatively, when discussing a television show, one may say, "Who even watches it?" and in the context of social media, "Don't feed the trolls" or "Haters gonna hate."

Moreover, individuals may reflect their own negative emotions toward people who ask them for help; for example, someone is hungry and tells their friend, and the friend, who is also hungry, says something like "Wow. You probably want a good hamburger or a tasty pizza with olives and mushrooms." The problem (hunger) remains, causing damage to the other, arguably worsening their pain because the person they asked for help could not help them (or reflected their own hunger on their already hungry friend, thereby making them hungrier).

Regarding psychotherapeutic treatment, a therapist suffering from this type of psychological projection would often find it difficult to demonstrate empathy toward patients. The problem, however, is two-dimensional, as the patient also bears the consequences. Thus, if the patient, for instance, complains about their disturbing OCD thoughts, therapists must not tell the patient to consider the thoughts as a mere issue, thus giving not legitimation to the patient's harsh experiences.

Inverse psychological projection has unfortunately become a common phenomenon in the general population today, evident in everyday situations and scenarios and social media interactions. Notably, it is more likely to appear in a person whose egoism satisfaction infrastructure is not satisfied.

Results

Calming the patient down temporarily regarding a matter that also concerns the therapist's egoism when the patient's infrastructure is insufficient to listen to the therapist or advising the patient objectively regarding a subject that also concerns the therapist's egoism is only possible if the therapist's egoism infrastructure is sufficient in terms of this specific subject or if this subject did not pose an unresolved issue for them. The therapist's own experience of egoism regarding this matter needs to be addressed first.

However, therapists are obliged to avoid the manifestation of egoism towards the patient, as their role is to be attentive to their patients' needs. Although the responsibility of avoiding egoism manifestation lies with the therapist, it may arise if the subject touches on an unresolved issue for the therapist. It may be impossible for the therapist to avoid egoism manifestation due to insufficient egoism satisfaction infrastructure; thus, one might ask why the therapists bear the guilt and how it is possible to blame someone for doing something that is impossible not to do.

The answer is that therapists are obliged to avoid egoism manifestation towards the patient because they are therapists, not because it is possible for them to avoid it. If the responsibility had arisen because it was possible for them to avoid it, then given a condition in which it is impossible for them, the responsibility would have been abdicated.

However, the responsibility to avoid egoism manifestation towards the patient does not arise because it is possible for them to do so but because they are therapists (thus, their role is always to consider their patients' welfare). Therefore, it would not be abdicated if it was impossible for them to avoid the manifestation of egoism towards the patient. Consequently, because their responsibility arises from their role, given a condition in which they are not therapists, the responsibility would be abdicated.

It is important to emphasize that the reason some therapists can calm their patients down temporarily or advise them objectively regarding a matter that also concerns their own egoism is the same reason the rest are unable to: it relates to egoism satisfaction infrastructure. Thus, the main reason that multiple treatments fail (and that many other professionals who have a great responsibility toward their customers often are unable to perform their work to the best of their abilities) is that when individuals do not meet their survival need to satisfy their egoism infrastructures, communication failures, and professional misconduct may occur when their infrastructures are stimulated.

When the therapist's egoism satisfaction infrastructure is satisfied, such that they are able to calm the patient down temporarily or advise them objectively regarding a specific matter that also concerns their own egoism, it implies that the therapist functions properly; thus, no damage will be done to the patient. Fault is only measured by actual damage and not by the reasons why there is no damage (which is the same reason why there is damage in the second possible case).

Discussion

This study sought to demonstrate how insufficient (or unstable) egoism satisfaction infrastructure can result in therapists not always being able to ignore their own issues when treating patients. This study's major conclusion is that a significant gap between therapists' ethical commitment and their behaviors in practice may primarily result from their natural weaknesses as human beings. Although studies have been conducted on how various disciplines of threatened ego and threatened egotism can negatively affect different aspects of life (Baumeister et al., 2000; Bushman & Baumeister, 1998; Leary et al., 2009), these results go beyond previous reports, showing that there are also ethical ramifications for the manifestation of egoism.

As this issue arises due to natural human tendencies and patients' rights, the solution must be for the issue to be avoided in the first place. This may raise concerns about the competence of some therapists, which can be addressed by clinical supervision or preventing therapists whose egoism infrastructures are not stable (or sufficient) enough from treating others. Future studies should address this by more thoroughly examining candidates' egoism infrastructure stability and sufficiency prior to granting them licenses. Further, studies should investigate how insufficient (and unstable) egoism infrastructures collide with professionals' willingness to fulfill their obligations, examining practical implications for patients and clients.

Limitations

This study had three major limitations. First, the study relied mainly on pure logic rather than empirical data due to the lack of relevant existing literature. Second, there were no human subjects on which to test the hypotheses presented in the study. The first limitation could be addressed in future studies by the second and vice versa, as pure logic, as well as adherence to ethical rules are valid for all scenarios, regardless of the sample size. In addition, because of the lack of empirical data (either RCT-studies or in general), there may be a need to study qualitatively what therapists do and how they do what they do; the research alternative number one is, of course an analytic approach using conversation analysis. Further, if a future study includes only a small sample (or no sample at all), it may also need to rely on pure logic, regardless of whether there is sufficient coverage in the empirical literature. Third, the situations presented in the study only describe possible (and probable) occurrences in psychotherapy; thus, this study's type is not evidence-based or cumulative research. The third limitation could be addressed by the fact that there is no need to test the occurrences' resulting arguments on human participants; these arguments only refer to what the therapist should do when they encounter such occurrences, which is derived from the therapist's ethical commitment to their patients and is, therefore, indisputable.

Conclusions

Psychotherapy has played an important role in patients' rehabilitation progress for more than three centuries, and an

indispensable part of psychotherapy is successful interpersonal interaction between therapist and patient. There are tremendous efforts today to find the ultimate treatment method. There is also an ongoing and productive debate on choosing the optimal method among the existing ones. This situation is similar to a doctor trying to find a cure for the worst disease. The medication would be useless if the patient did not have a cup to drink it from. For the doctor to offer the patient a cup, however, they must have a cup of their own in the first place.

According to Winnicott (2000), the therapist needs to be held and protected by another figure, just as a mother holding her baby should be enveloped and protected. However, this should never interrupt the therapist's stability during practice (which, obviously, must not be at the expense of the patient) because, as reason consists of two parts (goal and justification; Figure 1), the doctor cannot be excused for not giving the patient a cup.

If one asks, "What is the reason the doctor did not give the patient a cup?", "What was the doctor's goal and justification for not giving the patient a cup?", or "Assuming that not giving the patient a cup was the doctor's goal, is that goal justified?" the answer would still be "Because they did not have a cup in the first place." However, this does not answer the question, as the answer is not even a goal, and therefore, the act is not legitimate. The same is true for the therapist, who cannot use the fact that they did not meet this need as a reason.

Therefore, it appears that egoism satisfaction is not a negative thing but, rather, a necessary thing. Both the therapist and patient are able to have a peaceful mind and function properly in situations that stimulate egoism as a result of the same cause (an adequate egoism satisfaction infrastructure) but are not required to function properly for the same reason; the therapist has a therapeutic obligation to the patient (which requires sufficient infrastructure), but the patient does not have such an obligation to the therapist.

In addition, because therapists (as human beings) have egoism, it is always easier for them to adapt to the patient's infrastructure when the patient is in a socially inferior place. However, if the patient's problem is related to egoism as an issue by itself, the therapist will find it harder (and often impossible) to calm the patient down temporarily when they are unable to listen and apply advice effectively or to advise them objectively, as the egoism also concerns their own affairs.

Furthermore, it is critical for the therapist to calm the patient down with the right motive. If the therapist's own egoism is not being stimulated, the therapist can calm the patient down temporarily when the patient is unable to listen or advise the patient objectively; otherwise, the therapist will be unable to fulfill their obligation, and the patient will suffer.

Since the pure will of a therapist (as a human being) at a given moment is dependent either on the sufficiency of their egoism infrastructure regarding the matter being discussed or on whether the matter being discussed stimulates their egoism satisfaction infrastructure, and given that the will is a fundamental part of the meaning (Figure 1), it can be inferred that, in the absence or incompleteness of the will, the meaning cannot function properly, despite the existence of solid intention. Consequently, the therapist will not have a pure motive and will not be able to help the patient in a crisis.

The therapist's commitment to the patient remains, as they are obligated to overcome the problem because they are the therapist and not because they are able to overcome it. In conclusion, egoism satisfaction (if it does not come at the patient's expense) must be a means and not a goal because if it is a goal, then meeting it would be at the patient's

expense.

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