



Therapy Without Commitment, Change Without Desire?

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In contemporary psychotherapeutic practice, a phenomenon is increasingly observed which, although implicit and unspoken, is highly decisive for the course and outcome of the therapeutic process: the seeking of help (a first yet essential step) without a substantive internal commitment to change. Individuals enter therapy, recount their pain (with varying degrees of accuracy and vividness), recognize the difficulties they face (subjective or objective, possibly within relational contexts as well as through self-reference), and yet simultaneously appear to maintain a deep ambivalence toward the very prospect of transformation—a strong hesitation toward the necessity of internal mobilization. The question that emerges is not merely whether therapy can “work”, but under which psychological and existential conditions change becomes feasible, and what it ultimately means for a person who genuinely wishes to change. Closely related is the extremely distorting perception that psychotherapy can operate in a “magical” manner, independently of the individual’s will, commitment, and decisive desire for change, provided only that the therapist possesses scientific competence and professional skills.

This paper attempts to explore this paradox: therapy without commitment and change without desire.

Pythagoras of Samos (6th century BC)—philosopher, mathematician, geometer, devotee of music and harmony, teacher, inspirer and founder of the Pythagorean School—recognized, with a subversive perspective, the human being’s capacity to become consciously aware of what occurs within the body and in the surrounding world, thereby freeing the individual from exclusive dependence on divine agency while introducing the notions of context and reciprocal relations.



For Pythagoras, health constitutes a functional relational state in which harmony and balance among body, soul, and the perceivable universe surrounding us play the central role (Kyrizidou, 2014).

In illness, this relationship is disrupted, and the individual becomes dysfunctional; at that point, one must re-examine connections and interdependencies and act rather than remain passive, restoring relations of equilibrium so as to heal body and soul. Healing, as attributed to Pythagoras, is a voluntary act requiring the subject's active participation and responsibility.

Human beings have a moral obligation to be—and when ill, to become—healthy through a conscious and free decision, assuming responsibility for their actions. The question arises: how much freedom does a person possess to lead and be led toward healing, and to influence the conditions in which they live and by which they are co-determined?

Viktor Frankl, neurologist, psychiatrist, and philosopher (born 1905), in *Psychotherapy and Existentialism* (1967), states that human beings are not entirely free, as they are constrained by biological, psychological, and social conditions. They are therefore finite beings with freedoms within limits. Nevertheless, they retain a powerful right: the freedom to choose their stance toward their limited freedom. They possess, in other words, the capacity to transcend the determinants of their existence. Interpretively, a person has the right to adopt a voluntary, chosen attitude that secures purpose and meaning in life.

The freedom of finite human beings entails responsibility for their choices; this is the indisputable freedom both to transcend life constraints and to remain imprisoned within them.

Asclepius, the divine healer of diseases and reliever of severe pain, defined the prerequisites of healing. In his sanctuaries, which functioned as therapeutic centers, priests prepared the “therapeutic contract” for healing both body and soul. The inscription at the central entrance of the Asclepieion of Epidaurus was decisive:

“Pure must be he who enters the fragrant temple;
Purity means to think holy thoughts”.

Interpretively, this refers to authentic (not secondary) thoughts, with a clear and singular desire to enter the temple, accepting the healing process. Prerequisites for acceptance include faith and courage on the part of the one seeking healing—faith in what is to occur, the miracle of cure; faith in the relationship with the healer; trust in the one who will guide toward healing; and courage not to falter, to overcome hesitation, and to dare transformation. One must endure the destabilization of the prior condition that defined and confined them within illness and dare to be healed.

It appears that healing, recovery, and the restoration of harmony and balance in human life have never been granted freely. They have never constituted passive processes bestowed without the subject's desire, belief, courage, assumption of responsibility for change, mastery of self, reattributing meaning to life, and ultimately healing.

Yet the question remains: **“Do you wish to be made well?”**



In the Gospel of John, we encounter the miracle of the healing of the paralytic of Bethesda by Jesus the healer. The paralytic had been ill for thirty-eight years, helpless, disabled, confined to his bed. The only place and means of healing were the pool of Bethesda, with five porticoes filled with the sick, who waited patiently for the angel of God to stir the waters, hoping—paradoxically and competitively—that whoever first entered the troubled water would be healed.

Jesus posed a question. Why? When someone has suffered from illness for so many years, is it not self-evident that they have only one desire—to recover and be freed from suffering? Why would one wish to remain confined in a suffering body and the sorrow of psychic loneliness, unable to love or be loved? Why not desire to rejoice in life under new, healthy conditions?

The answer appears not to be self-evident, nor is its interpretation univocal. Some individuals remain fixed in their suffering because it becomes the meaning of their lives. They exist through the victimization of their existence, often projecting their own deficits onto others and thus sustaining themselves through those perceived as the source of their afflicted condition.

The other is to blame; I suffer because of the other.

“Sir, I have no one to put me into the pool when the water is stirred”.

(John 5:7)

At that decisive moment, the absence of a clear answer is striking—an answer that would commit the patient to their healing. Instead, the message of “powerlessness” is offered, within which lies “the power of powerlessness”.

“I have no one...”

The suffering individual, experiencing bodily illness, psychic loneliness, and absence of sustaining relationships, has no one.

In *Hidden Psychic Beauty* (Karagiannis, 2024), child and adolescent psychiatrist and existential-systemic psychotherapist Dimitris Karagiannis argues that a person requires faith, trust, and courage to rise above the frightened, weak, troubled, dark self that confines them. Such qualities liberate them from what determined and immobilized them, revealing inner change and the assumption of responsibility for freedom. This constitutes a small miracle—or more precisely, the unveiling of the miracle always hidden within the dark core of the self: the miracle of healing.

The seemingly obvious question is followed by the seemingly scandalous and daring statement of Jesus the healer, whose gaze meets that of the paralytic:

“Rise, take up your bed, and walk”.

Believe, dare, do not wait for someone to lift you. Carry on your back your disabled, helpless self and all the past that defined you. This is the moment of liberation, of redefining terms, of becoming what one ought to be, fulfilling the unique meaning of one’s life, and committing to it (Frankl, 1987).



Therapy – Psychotherapy as a Miracle

In a free interpretation, Sartre’s “zero point” coincides with the moment one becomes conscious that one is not determined by facticity but can become—or think of becoming—what one wishes. This is the major stake of human destiny and of the freedom to live without being governed by facticity (Recalcati, 2024).

In the schematic triangle “**Therapist – Patient – Therapeutic Relationship**”, nothing pre-exists. Each role gives meaning to the other, and together they constitute the relationship created when a person’s desire to seek a therapist is followed by the therapist’s acceptance of the patient. As companions on the therapeutic path, they form a bond—a therapeutic network containing roles and processes. Threads of trust, faith, commitment, connection, safety, desire, responsibility, love, respect, impartiality, and courage intertwine and are repaired, when necessary, tirelessly ensuring the reliability and safety of therapeutic work.

What is it then that heals—is it the relationship, the word, the gaze? The word and gaze, as expressions of relationship, function as mirrors; they form a secure bond and develop the strength enabling the patient to find courage to stand upright, influence internal and external processes, become their own actions, and discover life’s meaning. This is the beauty of psychotherapy, which reveals the beauty of human existence. Even when the path is difficult, the journey of discovery becomes a lived experience. Yet it is not always so...

Legal System and Therapy

Can a person be led to therapy not voluntarily but through obligation, recommendation, coercion, fear, or self-interest? Can autonomy and freedom of choice be overridden? Sartre’s zero point is therefore the awareness that choices exist, that one can distance oneself from an automated self-operating mechanically, and be resistant to change. How can all this occur without free choice—when prerequisites are removed and another decides what is best?

Legal System

Law is a system of binding rules regulating social organization, societal functioning, and relations between individuals and the state. It is mandatory, heteronomous, externally imposed, and regulatory. It includes rules governing citizens’ behavior and is coercive; non-compliance entails sanctions. Laws apply equally to all people. Within this framework, and for the sake of social functionality, judicial and prosecutorial authorities often refer individuals to counseling or therapy in a compulsory manner.

Counseling is an interactive process between a specialist and a help-seeking individual, aiming at personal development in various domains of life and improving quality of life.



Thus, counseling also aims at change and movement—but under what conditions? Case files, court decisions, expert reports, prosecutorial orders, and documents containing extensive information constitute significant material concerning the individuals involved. Sometimes one can discern their personal history between the lines of legal documents.

Above all, however, they contain a facticity that constructs a falsely complete self that immobilizes. There is no space for movement, no desire for personal change. The desired change concerns the other; the other is the source of suffering. Individuals cannot see what the therapist perceives. The pathology and dysfunction in which they are fixed have become a way of life, like the bed of the paralytic of Bethesda.

Thus, the clear question: do you wish to change; do you wish to move? — becomes a series of conditions: if someone helped me, if the other changed, if the system were just, if... And within these conditions the therapist is added. If they have been vindicated legally, the request becomes: continue vindicating me so that you are with me. If they have been wronged by the law, the request becomes: vindicate me. If you do, you are with me; if not, you are against me. They arrive as adversaries and often remain so.

A significant factor is their relationship with their lawyer—a relationship already structured, guiding, protecting, representing, supporting, containing a contract requiring honesty and trust: my client, my counsel. It defends the client's case without requiring change or movement.

Thus, individuals experience a parallel power relationship and a double message: as your legal representative I will protect and defend you on the condition that you do not change; as your therapist, I can help and defend you on the condition that you consciously wish to change. It resembles a pseudo-deadlock. The therapist too may become trapped, feeling powerless and either reacting aggressively or assimilating into the system, losing therapeutic efficacy and risking becoming merely another judge within the justice–mental-health–family–society nexus.

Perhaps the solution lies in the therapist's transcendence through safeguarding the role itself—by neither demanding nor expecting change, because this does not lie within the therapist's choice. Change is the choice and desire of the other. The therapist's task is to illuminate the falsity of the other's supposedly complete self, where no room for movement exists. Whether the other chooses to move belongs to their own transcendence; only then does the formation of a therapeutic contract supporting the shared journey acquire meaning.

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