PSYCHOLOGY AND CLINICAL PRACTICE

A Curious Calling: Analyzing the Unconscious Motivations for Practicing Psychotherapy

Published: December 19, 2025 | Index ID: #80

The professional landscape of psychotherapy is often viewed through the lens of clinical efficacy, evidence-based practices, and therapeutic modalities. However, a critical yet frequently overlooked dimension of the field involves the internal psychological architecture of the practitioner. In Michael B. Sussman's seminal work, **A Curious Calling: Unconscious Motivations for Practicing Psychotherapy**, the inquiry shifts from the patient to the clinician. Sussman posits that the decision to enter the mental health profession is rarely a purely altruistic or conscious choice. Instead, it is frequently driven by deep-seated **unconscious motivations**, historical wounds, and complex psychological needs that find expression through the therapeutic encounter.

Understanding these motivations is not merely an academic exercise; it is a fundamental requirement for ethical practice and the prevention of clinical burnout. This article provides an in-depth technical analysis of the unconscious drivers identified by Sussman, the theoretical frameworks supporting these concepts, and a comprehensive field guide for clinicians to navigate the inherent ambiguities of their calling.

The Theoretical Framework of the 'Wounded Healer'

The concept of the **wounded healer**serves as the cornerstone of Sussman's analysis. Rooted in Jungian archetypes and later expanded upon by psychodynamic theorists, the wounded healer suggests that an individual's own experiences of suffering, trauma, or psychological deficit serve as the primary catalyst for their desire to heal others. This mechanism operates on several technical levels:

- Reparative Impulse: The clinician attempts to repair their own past traumas by proxy, achieving a sense of resolution when they witness a patient's progress.
- Identification: The therapist identifies with the patient's suffering, creating a symbiotic resonance that can either enhance empathy or cloud clinical judgment.
- Sublimation: The transformation of potentially maladaptive impulses (such as voyeurism or a need for power) into a socially acceptable and productive professional role.

Sussman argues that the therapist is often a person who was tasked with emotional caretaking early in life—frequently within the family of origin. This 'parentified child' grows up to view their identity as inseparable from their ability to soothe and stabilize others, ultimately leading them to a career in psychotherapy.

Core Mechanics: Mapping Unconscious Motivations

Sussman's research categorizes the motivations for practicing psychotherapy into several distinct psychological domains. These are not mutually exclusive but often overlap to form a complex motivational profile for the individual clinician.

1. The Need for Relational Control and Power

Psychotherapy provides a unique social structure where the power dynamic is inherently asymmetrical. For individuals who felt powerless in their formative years, the role of the expert—the one who holds the knowledge and directs the process—can be highly seductive. This **omnipotent fantasy**allows the clinician to defend against feelings of helplessness.

2. The Search for Intimacy and Connection

For some, the therapeutic frame offers a 'safe' form of intimacy. Because the boundaries of therapy are strictly defined (time-limited, paid, and one-sided in terms of self-disclosure), it allows the clinician to experience deep emotional closeness without the risks associated with mutual, unregulated personal relationships. This is often driven by a **fear of abandonment** or a history of relational instability.

3. Voyeurism and the Curiosity of the Secret

The 'Curious Calling' of the title refers in part to the voyeuristic satisfaction derived from gaining access to the private, often hidden, lives of others. This motivation is linked to a desire for knowledge as a defense mechanism—the belief that if one understands the 'secrets' of the human psyche, one can gain mastery over their own internal chaos.

Technical Comparison: Adaptive vs. Maladaptive Motivations

It is essential to distinguish between motivations that enhance the therapeutic alliance and those that potentially subvert it. The following table provides a technical comparison of how unconscious drivers manifest in clinical practice.

Motivation Source	Adaptive Manifestation (Constructive)	Maladaptive Manifestation (Destructive)
Woundedness	Enhanced empathy and authentic resonance with patient pain.	Projective identification; using the patient to solve personal trauma.
Need for Knowledge	Commitment to lifelong learning and clinical rigor.	Intellectualization; treating the patient as a 'case' rather than a human.
Desire for Power	Firm containment and the ability to hold a strong therapeutic frame.	Authoritarianism; fostering patient dependency to feel superior.
Altruism	Genuine dedication to patient growth and societal well-being.	Compassion fatigue; self-neglect and inability to set boundaries.

The Emotional Tax: Anxiety and Ambiguity in Practice

Sussman notes that the actual practice of psychotherapy is characterized by significant **anxiety and ambiguity**. Unlike surgical procedures or engineering tasks, the outcomes in psychotherapy are often non-linear and subjective. This ambiguity triggers the clinician's unconscious insecurities. The psychological 'tax' paid by the therapist includes:

1. Isolation: The confidential nature of the work prevents the therapist from sharing the burdens of their day with their social circle.
2. Emotional Absorption: The clinician must continuously process 'toxic' affect—anger, despair, and trauma—presented by the patient.
3. Constant Self-Monitoring: The requirement to remain 'neutral' or 'objective' requires an exhausting level of cognitive and emotional regulation.

Without an awareness of their unconscious motivations, therapists are susceptible to **vicarious traumatization**, where the patient's trauma history begins to overwrite the therapist's own sense of safety and world-view.

Case Study Analysis: The 'Rescue Fantasy' in Action

Consider the case of a clinician, 'Dr. A,' whose unconscious motivation is rooted in a reparative impulse toward a depressed, emotionally unavailable parent. In practice, Dr. A displays a 'Rescue Fantasy'—an unconscious belief that they can save every patient from their suffering.

The Technical Workflow of the Failure Mode:

- Trigger: A patient presents with chronic, treatment-resistant depression.
- Unconscious Reaction: Dr. A feels a spike in anxiety, mirroring the childhood feeling of failing to 'cheer up' the parent.
- Compensatory Action: Dr. A begins extending sessions, reducing fees, and offering excessive advice (breaking the frame).
- Outcome: The patient feels overwhelmed and infantilized; the therapist suffers from burnout and resentment when the patient does not 'recover' quickly.

The Solution: Through supervision and personal therapy, Dr. A must identify the **countertransference**—the redirection of their childhood feelings toward the patient—and re-establish professional boundaries to allow the patient the autonomy to heal at their own pace.

Field Guide: Strategies for Clinician Self-Assessment

To mitigate the risks associated with unconscious motivations, Sussman and other psychodynamic scholars suggest a rigorous process of self-inquiry and professional maintenance. Practitioners should implement the following procedural steps:

I. Ongoing Personal Psychotherapy

It is widely considered a technical necessity for therapists to undergo their own therapy. This allows the clinician to explore their personal history and identify 'blind spots' that could interfere with clinical work. If a therapist is unaware of their own wounds, they are doomed to act them out with their patients.

II. Regular Clinical Supervision

Supervision provides a third-party perspective on the therapeutic dyad. A supervisor can help identify patterns of **countertransference**that the clinician may be too close to see. Supervision should focus not just on the patient's progress, but on the therapist's internal state during sessions.

III. Monitoring the 'Somatic Countertransference'

The body often registers unconscious reactions before the mind. Clinicians should be trained to monitor physiological signals during sessions, such as:

- Sudden fatigue or sleepiness (often a defense against patient aggression).
- Muscle tension or 'bracing' (indicating a need for control).
- Hyper-vigilance or increased heart rate (indicating a boundary violation).

The Sociological Dimension: The Therapist as a Moral Agent

Beyond the individual psyche, Sussman explores the role of **guilt and moral duty**. Many therapists enter the field due to a 'sense of moral duty'—an unconscious belief that they must pay a debt to society or atone for perceived failures. While this can lead to a highly dedicated work ethic, it can also result in a 'martyr complex.' In this state, the therapist views their own suffering as a badge of honor, leading to rapid attrition and diminished clinical effectiveness.

Technically, this is often a defense against **existential guilt**. By focusing entirely on the suffering of others, the clinician avoids the difficult task of confronting their own existential anxieties and the limitations of their influence on the world.

Synthesizing the Calling

Michael Sussman's *A Curious Calling* serves as a vital reminder that the 'instrument' of psychotherapy is the person of the therapist. Just as a surgeon must ensure their tools are sterile, a psychotherapist must ensure their psyche is as clear and understood as possible. The motivations that lead one to practice—compassion, a need for power, a search for intimacy, or the reparative impulse—are not inherently 'good' or 'bad.' Rather, they are forces that must be harnessed and mediated through conscious awareness.

The transition from a 'curious' clinician to a 'conscious' one involves the integration of these unconscious drivers. When a therapist acknowledges their own 'wounded healer' status, they move from a position of unconscious acting-out to one of informed empathy. This allows for a more authentic therapeutic relationship where the patient is not used as a tool for the therapist’s self-repair, but is instead supported in their own unique process of individuation.

Ultimately, the practice of psychotherapy remains one of the most emotionally taxing and intellectually demanding professions. By deconstructing the unconscious motivations identified by Sussman, clinicians can better navigate the anxieties and ambiguities of the field, ensuring that their calling remains a source of professional fulfillment and clinical excellence rather than a path toward personal depletion. The 'curiosity' that brings one to the chair must eventually be turned inward, making the therapist's own mind the first and most important subject of study.

Tags: #Psychotherapy #Unconscious Motivations #Michael B. Sussman #Clinical Psychology #Wounded Healer #Countertransference