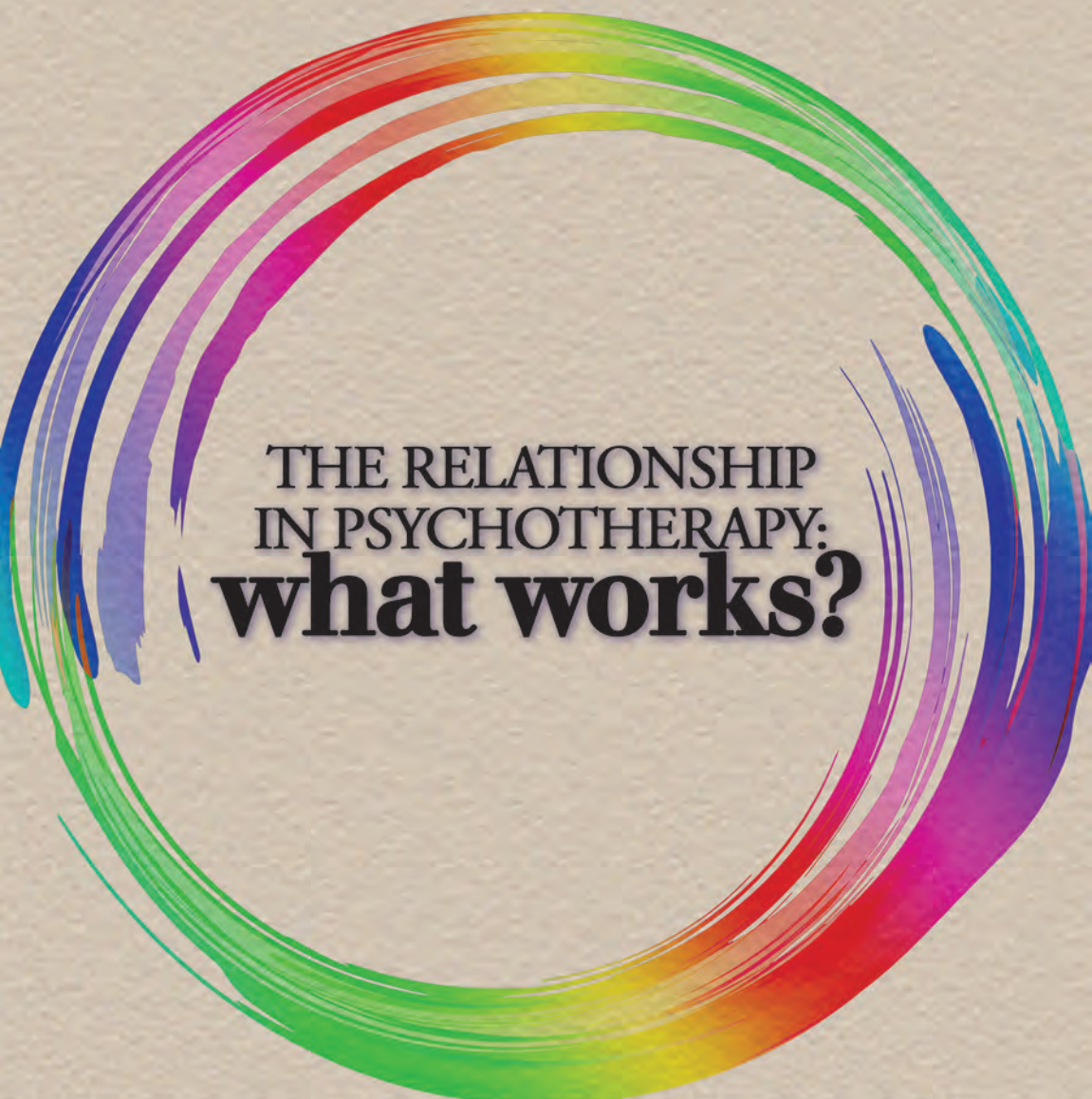


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THE ART AND SCIENCE OF PSYCHOTHERAPY



THE RELATIONSHIP
IN PSYCHOTHERAPY:
what works?

Founded in 1964 by John Warkentin, PhD, MD and Thomas Leland, MD

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Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

In my work with individuals, my main interest is focused on what is evolving between me and the patient within the time limits of our therapy sessions. I do this because I believe that whatever the patient does in other interpersonal relationships, they will also do with me.

—Jack Mulgrew

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Editorial

Bookends

THIS ENDEAVOR WAS BOOKENDED BY CANCER. I had spoken with Kristin Staroba about guest editing an issue of *Voices* several years ago, and I knew that this time I wanted to co-edit with Giuliana Reed. As she was dealing with the aftermath of her journey through breast cancer, we decided to wait a year until she was more fully recovered. When we were ready, the issue that was available to work on shared the theme of the 2017 Institute & Conference, “The Psychotherapy Relationship: What Works?” So, while we did not choose our theme, it seemed to choose us, and we jumped in.

My official training occurred at Georgia State University, where the program was grounded in the work of masters including Fritz Perls, Tom Malone, and Carl Whitaker. Malone and Whitaker were psychiatrists who taught at Emory Medical School in the early '60s and experimented with a number of creative interventions (they were rumored to bottle-feed patients). They were summarily asked to leave Emory, but they created an approach we now call experiential psychotherapy. Along with Dick Felder and John Warkentin, they served as therapists, supervisors and mentors to many therapists and Academy members in the Atlanta community. Earl Brown, Irma Lee Shepherd and Joen Fagan founded the psychology department at Georgia State around the same time, bringing gestalt therapy into the mix. The relationship between therapist and patient/client is paramount in this approach, so I embraced the idea of building an issue of *Voices* around this concept.

My relationship with Giuliana deepened as the two-year process unfolded, as did our connection with Kristin. We each gamely went out into the world recruiting

STEPHANIE EZUST earned a PhD in clinical psychology at Georgia State University. She practices in Decatur, Georgia, where she also lives, along with Bodhi the wonder dog and Lily, an elderly Siamese cat. In addition to her work, she loves dancing, walking, and reading pretty much everything she can get her hands on.

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writers, poets, and artists. We met by phone conference weekly to stay accountable, to track progress and, most importantly, to learn from Kristin's experience what was involved in creating an issue of *Voices*. We learned that just because people agree to write, it doesn't necessarily mean they will actually produce articles, and if they do, it is not always what is needed. We learned to work with authors to midwife (Giuliana's metaphor) their work—tactfully helping them to massage (my metaphor) their writing into a final version. As in any relationship, there were many aspects of what works and what doesn't in our interactions with authors, and even in our attention to how words and phrases flow. We attracted much poetry, as well as some spectacular artwork. And I like that. Relationships are multi-dimensional and deserve multimedia! I learned a lot about my own process, noticing myself feeling inadequate—as I watched how Giuliana approached the work, as I drank up Kristin's experience and wisdom—and I learned to step back from my knee-jerk devaluation of my own work. My tendencies to procrastinate and avoid my own writing, I am happy to say, have diminished, but I still tend to produce best under the threat of a deadline.

The other bookend landed in May of this year when I received a diagnosis of breast cancer as well. I discovered that fielding all the medical appointments amounted to a full-time job, which I needed to add to a full-time practice as well as my *Voices* commitment. So for the last part of this process I have taken more of a backseat as Giuliana stepped up and worked with Kristin to produce this issue. I hope you enjoy it! ▼



A Journey

ANCIENT BUDDHIST WISDOM ADVISES, “NEVER MAKE A PROMISE WHEN YOU’RE HAPPY,” yet I couldn’t help but be thrilled when Stephanie Ezust asked if I would co-edit an issue of *Voices* with her. I said yes immediately. Then, I panicked. Now, at the end of this journey, I am very happy I promised when I felt the excitement of being chosen. Particularly at the beginning, I wondered if I had a clue as to what I was doing. An enormous amount of work goes into producing a good journal: identifying contributors, soliciting articles, pleading with and coaxing reluctant writers, writing endless emails, editing and revising edits, and then editing again. And of course, the phone calls. These filled countless hours beyond our usual commitments.

Kristin Staroba was a patient midwife, cheering us on and boosting our confidence through the editorial phases while keeping us on task. When needed, she was decisive and exacting. She helped improve our edits when I was sure we were done. I found myself newly appreciating the enormous labor of our *Voices* editors, each of whom has given so much skill, time and frankly, love, to produce our journal. As I moved more deeply into the process, I frequently cringed to think how often I had taken *Voices* for granted when it appeared three times a year. And often, Kristin and others have done this job all by themselves! I bow to them.

The three of us became a little community. Together, we produced something we can hold in our hands—unlike the psychotherapy work we do, where what is most important is so frequently ineffable. It’s been gratifying. Our weekly check-ins allowed us to touch base about the events that filled our lives before getting down to work. We survived despite times when we had wildly different opinions about submissions. We played to each other’s strengths. We laughed—a lot. And we deepened our friendship. If you’re reading this and are perhaps on the fence about signing on as co-editor for a future issue, I encourage you to go for it. I’m so glad I did— ancient Buddhist wisdom notwithstanding! ▼

GIULIANA REED, LICSW, has practiced psychotherapy for over 30 years in the Washington, DC, area, with offices in Dupont Circle and Bethesda. In recent years she shifted her focus to the use of expressive arts to elicit deep and sometimes unknown material from the unconscious, as well as to resolve impasses as they arise in the clinical work. Her work is informed by Jungian theory and training, which she greatly enjoys.

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Kristin Staroba



KRISTIN STAROBA, MSW, practices in downtown Washington, DC, treating adults in individual, group, and couples psychotherapy. She hopes that, even as she works to shape *Voices*, the work also shapes her and her practice. Future issues will also feature guest-editors, and Kristin invites those deeply interested in a theme to contact her. kristin.staroba@gmail.com

What Works

THIS SUMMER ISSUE—developed by guest co-editors Stephanie Ezust and Giuliana Reed—brings stories of the therapeutic relationship from diverse perspectives. A collage joining many views—each looking at a single idea, the relationship—perhaps produces the clearest picture.

Kwame Scruggs describes how myth becomes a life-saving tool in work with urban Black youth. Micheal Dowling spans a divide in reaching a Muslim woman. Molly Donovan stretches her own understanding of what constitutes good therapy.

A foretaste of the upcoming Institute & Conference offers Lee Blackwell's interview of researcher and speaker John Norcross as well as a personal journey into attachment theory by presenter Philip Shaver.

Writers Murray Scher and Maureen Martin each examine how self-disclosure impacts treatment. Franklin Abbott shares—in poetry and prose—how intimate gifts affected him. Poetry again complements prose in Bruce Bynum's take on relationship. And Louis Lipsitz conjures a dream in which he complains to his dead analyst.

A more academic tone—in Steve Howard's look at love and Blake Edwards' use of a person-centered approach—provides fertile context for several personal vignettes or “shorts” by Giuliana Reed, Brooke Bralove, Carla Bauer, Marcia Pauly, Catherine Clemmer, and Susan Berlin.

From the archives we offer timely articles by Irma Lee Shepherd and Ray Lovett. Intervision features Bob Rosenblatt, Sharon Bernstein, Leonard Schwartzburd, Meredith Frankel, and Bruce Ellman in responses to the question, “What works?” both theoretical and trenchant.

As always, original poetry and art enhance our experience. ▼



Race and Racism

We commend you on the Race & Racism issue of *Voices* [Winter 2016, Vol. 52, No. 3]. Well done!

In addition to extending a sincere congratulations and deep appreciation to you for this most remarkable volume, we also write to take a stand against the cooptation of the term “decolonize.”

Coloniality is very seductive. Both of us were seduced by the promise of “diversity” and “cultural competence.” We spent years leading diversity and cultural competence trainings. Even the advent of trauma-informed care has not interrupted the practice of focusing on individuals and family units while excluding the environments that cause and sustain the trauma. The practice knowledge and practice of psychotherapy is powerfully influenced by oppressive ideologies such as class privilege, racism, sexism, homophobia, and transphobia.

The articles, art, and poetry in the Race & Racism issue of *Voices* are for the most part an excellent effort to raise consciousness of the pernicious impact of “coloniality” on how we engage with each other as professionals and how we engage with the people who come to us seeking healing. However, we find that the use of the term “decolonization” in “De-Colonization Therapy,” by Bonnie Cushing, to be an example of White appropriation of the labor and products of indigenous people. The concept is used without situating it in the historical context of indigenous people liberating themselves from the residuals of 450 years of colonial rule by people of European descent.

We stand with you in declaring race and racism to be products of White supremacy, however, the residuals of White supremacy that live in all of us will not be exorcised by the use of words alone. Diversity and cultural competence have taught us this. If it were as simple as using a buzzword, there would be no need for the amazing winter volume of *Voices*.

In solidarity,
Rhea Almeida and Willie Tolliver

Race and Racism

The Winter 2016 issue of *Voices*, “Race and Racism,” was stunning, almost literally so, and I’ve recommended it to friends and colleagues who are not Academy members. I have much I’d like to say about my reactions but will limit myself to a few comments.

I found myself uncomfortable with the editorial decision to capitalize both W and B when referring to “White” and “Black.” I had no problem with the capitalization of “Black,” but was jarred every time I saw the word “White” with a capital letter. I’m not sure what that means, but there it is. That was only the beginning of my discomfort as I read on, and mostly I think that was healthy discomfort. I think this issue, with the editors knowing they were addressing a mostly white (my choice not to capitalize) audience, was designed to create squirming and deep inspection of beliefs we didn’t even know we had, and I commend you for this.

Gil Bliss’s interview with Rhea Almeida and Willie Tolliver gave me the most discomfort, but not for its illumination of race issues. There was a lot of information that was instructive, but I was put off by frequent references to sources without complete identification or footnote, as if I should know who they were (for example, Martín-Baró, Fanon, Pinderhughes). It would have been really helpful to have a reference list at the end of the article, because I would like to follow up with those sources.

Xanthia Johnson’s article provoked a strong empathic rage reaction to the more-than-micro-aggressions she experienced. At the same time, I found myself searching for alternative explanations for her suite-mate’s behavior, recognizing that as my desire to minimize or discount the racism.

Reading Gloria Beller’s article broke my heart. Before I had a chance to read it, I got to sit next to her at Summer Workshop in the workshop led by Gil Bliss and Cathy Roberts. There I witnessed her experience and viscerally felt what I imagined was some of what she may have been feeling. I have often wondered how best to approach Gloria, Rosa McDaniel-Turner (who comments later in the issue), Sean LeSane, and the few others when they have had the only non-white faces at our meetings, feeling clumsy and inadequate to the task. Rosa commented on Alan Nathan’s article, and as a Jewish woman who grew up in a world of anti-Semitism, I know my own tendency to look around any room of strangers and see if I can identify at least one other Jew in the room so that I can feel safer.

Both Cathy’s and Gil’s articles were stirring. I applaud you both for the work you are now doing and for the courage to explore the intergenerational roots of the racism that pervades our culture.

I have so much more to say about this issue of *Voices*, but I know space and time are limited, so I will stop here. I thank you for creating a beautiful, unsettling, evocative issue about a subject that we as mental health professionals need to address better than we have.

Stephanie Ezust





Temenos and the Power of Myth

ONCE UPON A TIME, IN A TIME WHEN THE SUN ROSE IN THE WEST AND SETTLED IN THE EAST, in a land far, far away, more north than north, and more south than south, a countryman had a son, a boy only as big as a thumb, a boy called Thumbling. One day, on a day similar to today, the small boy asked, “Father, may I go out farming with you?” The father replied, “You are too small, a mere gust of wind could blow you away.” The boy began to cry hysterically. The father, for the sake of peace, placed the boy into his pants front-pocket and walked to the field.

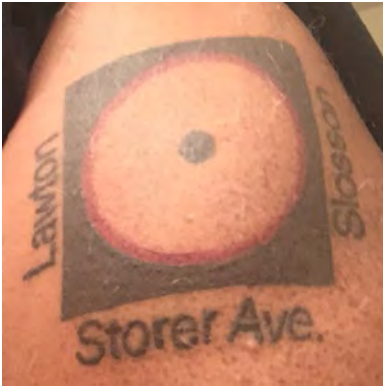
When he reached the field, the father took the boy out of his pocket and placed him in a freshly cut furrow. While he was there, a great giant came over the hill. The father, in an attempt to frighten his son into being good, asked him, “Do you see that tall monster? He is coming to get you.” The giant, having taken only two steps, was now in the furrow. Carefully, with only two fingers, he picked up little Thumbling, examined him, and without muttering a word, walked off with the farmer’s son. The father stood there in terror, unable to make a sound. His only thought was that he would never see his son again.

We will return to this myth, *The Young Giant*, after some time.

Common themes found in mythological stories are the foundational building blocks of our “alchemical process.” Relationship is the mortar that holds it all together. Mythological stories are roadmaps designed to guide us on our journey. All we need do is take the time necessary to decipher the codes.

Myth is a universal language crossing time and history. It is the language of the unconscious and a vehicle to

G. KWAME SCRUGGS, PH.D., is the founder and director of Alchemy, Inc., and has over 20 years of experience using myth in the development of urban male youth. He holds a PhD and MA in mythological studies with an emphasis in depth psychology from Pacifica Graduate Institute in Santa Barbara, California. Kwame also holds an MS in technical education with an emphasis in guidance and counseling from the University of Akron. He has conducted numerous workshops and presentations on the use of myth to engage urban youth, presenting at C.G. Jung sites of New York, Chicago, Cleveland, Washington, DC, and Philadelphia. Kwame is a recently appointed board member of the Joseph Campbell Foundation and serves on the National Advisory Committee of the Creative Youth Development National Partnership. He is also an alumnus of the National Guild for Community Arts Education Leadership Institute.
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transport urban adolescents across the bridge to meaningful adulthood. Myth is a natural, transformative process for integrating the psyche and discovering one's purpose in life.

Commentary on *The Young Giant: The Furrow*

My childhood furrow was being born Black, in a “nice” all-Black neighborhood, in Akron, Ohio. In myth, the hero often wears a mark to remind him of where he came from and to remind others who may not recognize him or her

in the future because of the extreme change in the hero's lifestyle and rank. I wear a tattoo noting my place of origin.

A graduate assistantship at the University of Akron led me to a position in the university's Upward Bound program where I counseled 6th-12th graders and attempted to maintain a relationship with students until their graduation from high school. I learned about African-based rites of passage and spirituality while volunteering in an after-school program that eventually introduced me to the work of Carl Gustav Jung, whose personal history and concepts of the collective unconscious, archetypes and synchronicity captivated me. Jung led me to the work of Joseph Campbell, mythology, and the common themes that permeate and inform all myths, no matter their origin.

Upward Bound taught me how difficult it is to get young people to talk, especially Black males. *Men and the Water of Life: Initiation and the Tempering of Men*, by Michael Meade (1993), taught me that the power of myth is unleashed by how the story is told and interpreted.

Alchemy, Inc., established in Akron, Ohio, in 2003, is a nationally recognized, award-winning, not-for-profit organization that assists in the development of urban adolescent males through the telling, discussion and analysis of mythological stories and fairy tales.

The Young Giant is one of many myths we use. Group discussion and analysis of this introductory segment of the myth may require more than two hours as each youth awakens to how his individual story carries remnants of both the story being told and the personal stories being shared by others in their group. As an African proverb teaches: Rain does not fall on one roof alone. The young men in our groups feel safe sharing their personal stories because each time we meet together as a group, our alchemists, our adult storyteller/facilitators, create a *temenos*—a sacred space—through ritual before our storytelling begins.

A *temenos* is a sacred piece of land, set apart from the profane world; a holy place; the spellbinding center of a circle; a protected space. Alchemy, Inc.'s logo, a mandala, represents our concept of *temenos*.

The square is an indication of our wish to find our way in a chaotic world by introducing direction and coordinates. The circle, with no beginning or end, represents totality, wholeness, enlightenment, human perfection, and the final union of the masculine and feminine principles, the union of opposites that make up the total personality. The point in the center represents the self, as C.G. Jung states:

...a kind of central point within the psyche, to which everything is related, by which everything is arranged, and which is itself a source of energy. The energy of the central point is manifested in an almost irresistible compulsion and urge to *become what one is*, just as every organism is driven to assume the form that is characteristic of its nature, no matter what the circumstances (1990, p. 357).

The first meeting of all new groups begins with our alchemists apologizing for our generation's failure to protect them. In myth, the hero never accomplishes his or her task alone. There is always assistance from a guide or a mentor. We convey our sincerity sometimes through tears, an abundance of humility, and deep respect for each student. We are not teachers with an aura of knowing everything. We are mentors with nothing to share until a student awakens to his desire for knowledge.

Temenos is a sacred place where everyone feels safe because secrets are shared and held in strictest confidence. An alchemist must also share his own challenges in life, so the youth see we are not without our own struggles. When we trust our youth enough to share our wounds, they feel comfortable sharing their smallness with us. It empowers them and creates oneness in the circle, replacing hierarchy with the power of relationship.

Our youth love when a teacher, counselor or administrator asks, "What goes on in that circle?" Our youth reply, "We can't share it," allowing them to rebel against authority with the support of other adults in authority.

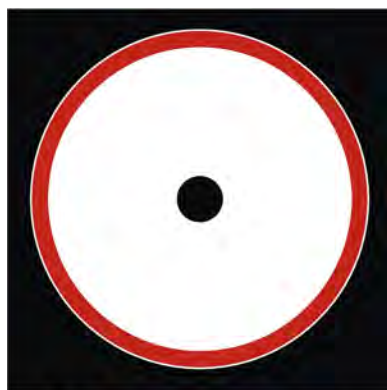
Myths are complex stories crafted for interpretation by each person who hears the story. Each myth is a warehouse of knowledge, a story told for its capacity to help us make sense of the world and to learn how to live more intensely within it. Unlike fairy-tales and folklore, which tend to have happy endings, mythical stories teach us great truths about being human. In myth, as in life, the gifts we carry for the world are often embedded in our wounds. We awaken to our gifts through the healing of those wounds.

In Temenos, we sit in a circle by age, from youngest to oldest, to provide a sense of order and safety—where the older student provides care for the younger—and to define the boundaries of a safe environment. We tell myths to the beat of an African *djembe* drum. Drumming cultivates a sense of community, collaboration, oneness, and sacred space. The rhythm of the drumbeats reduces temporal distractions and creates a shared mental state. The longer we drum, the more connected our groups become.

Our alchemists are required to memorize the myths they will tell and to understand the knowledge embedded within each story. We provide them with a script for each myth that includes:

- The myth segmented at strategic places in the story, with segment/story-specific questions designed to extract individual inspiration and insight that will engage the youth in dialogue;
- Commentary on the common themes and the major and minor topics addressed by the myth; and
- Quotes for the students to remember and record in their journals.

The scripts are not written in stone. The alchemist is trained to help our youth re-



Alchemy™



late to how the common themes in a myth may mirror an actual experience in their own lives. Their responses guide the ensuing dialogue. It is the alchemist's responsibility to ensure that each youth looks objectively at his life situations; everyone participates; all responses are heard and respected; and all secrets remain within the circle.

The first question we ask is, "What resonated with you in the myth?"

We stress, repeatedly, "There are no right or wrong answers," to avoid putting any student's pride on display with a wrong answer and to create an ongoing dialogue. Students record their responses to the alchemist's question in their personal journals. Journaling is a key program activity that aids students with writing and critical thinking skills by requiring them to delve deeply into the story's meaning and apply it to their life experiences—the suppressed and repressed memories from the trauma in their lives.

Group discussions about what resonated with them in the myth can take half an hour or longer to analyze and discuss, depending on the group's collective response to the myth's energy. By drawing on the experiences of the characters in each myth, participants are encouraged to reveal their own personal parallel stories, deepening their learning and growth by sharing their experiences with others, all in the safety of the temenos.

As participants ingest the traits of the myth's heroes, they incorporate the lessons and common themes embedded in these ancient tales into their psyche, a transformative process encouraging them to become the hero in their own stories. Common themes include: self-sacrifice; humility; perseverance; patience; asking for assistance; utilizing resources; overcoming obstacles; doing good deeds; betrayal; suffering; journeys; forgiveness; decision making; hope, courage; sorrow; passion; love; friendship; integrity.

We will revisit Alchemy, Inc., after some time. For now, we will return to *The Young Giant* and examine how myth shapes all our lives.



Commentary on *The Young Giant*: Feeling Small

Thumbling feels small. Partly because compared to others, he is small. But also he feels small because his father tells him he is small. However, despite his diminutive stature, the boy still wants to experience the world. At this point in the myth, we pause and ask the students, "In what ways do you feel small?" It is a question that forces the students to go beyond their experience to that place for which they have not had words, to look into the great silence, transcend

their experiences, and give voice to their insecurities, shortcomings, and wounds. I answer this question by stating that America made me feel small simply due to the color of my skin, which is my wound.

All humans are wounded. The wounding of the hero is a common theme in myth. It is almost always a special wound, one caused by an almost non-human feat. It is a figurative wound that all too often becomes a literal one.

A common theme in myth is the king. If the king is not well, the entire village is not well. In life, if our king—who- or whatever that is—is not well, the other parts of our life that depend on the king's wellbeing will not be well either. When our wounds act as the king in our life, we become victims of our life, not hero of our own story. James Hollis states:

The child cannot incarnate a freely expressed personality; rather, childhood experience shapes his or her role in the world. Out of the wounding of childhood, then, the adult personality is less a series of choices than a reflexive response to the early experiences and traumata of life (1993, p. 13).

Childhood trauma originates from events outside the child. Unattended, the rage turns inward, cascades down the generations, grows more complex, and creates a wasteland of the spirit where we live inauthentic lives, suppressing the impulses and desires of our own heart. Our wounds, our traumatic incidents, our passages through darkness, are all part of an archetypal story.

The color of my skin is my scar, the wound I cannot outrun. In one of my earliest childhood memories, I am sitting alone, watching a black-and-white television. I see a large group of Negroes—or Colored people as we were referred to then—peacefully marching down a street. Angry White people are on both sides of the street yelling and screaming at the Colored people. White police officers, each seeming to restrain large, vicious, snarling dogs, march toward the Colored people. The police use fire hoses to spray water on the Colored people.

I learned later that the pressure from those hoses could tear bark off trees. At the time, I assumed the people who looked like me must have felt pain. When the dogs were unleashed on the Colored people—who looked like me—I wondered, “Why are the White people doing this to all the people who look like me, who were just walking down the street?”

As a child, I could not comprehend what was happening. My parents, like most Black parents of that time, did not talk about the injustices awaiting Colored children. My only conclusion, at that age, was it must be something to do with the color of their skin. Since my skin color was the same as theirs, it made the problem mine.

In another memory, I am in our car with my parents, riding out of our all-Black neighborhood into an all-White neighborhood about seven minutes from our home. The houses and lawns are larger than ours and the neighborhood seems quieter and more peaceful, except for the graffiti message on one side of a building, “Niggers go home!” I vividly recall my sadness and the deep feeling of not being wanted or welcome.

Back then, Blacks were always portrayed in movies and on television in the role of a butler, a clown, a waiter, a slave, or a savage, but never in the role of the hero. We were always the first to die or be the punchline of a White person's joke. These early childhood experiences—a lie, handed down by society, over which I had absolutely no control—became my “I am less than” wound simply because of the color of my skin. Before we can heal children and youth, we must break the cycle of wounding and heal ourselves.

I am 59 years old, and despite many achievements—two master's degrees and almost



Not Wanted Here. 1981 by Kwame Scruggs

a third in community counseling, a PhD in mythological studies and depth psychology, the creation of a successful organization, and the subject of a full-length documentary on youth in our program—I still experience extreme anxiety about being accepted and speaking in public. I still prefer to remain hidden in the background, in “the freshly cut furrow,” where no one can see me.

Commentary on the Myth: Conversations with Our Fathers and Society

Thumbling had a dialogue with his father, who reminded him of his small stature. This scenario allows us to engage our youth in discussions about their relationships and conversations

with their fathers; 85% of our youth come from a fatherless, single-parent family. Any conversation about the father, which will be characterized by aggression and misunderstanding, if it takes place at all, allows our youth an opportunity to explore the relationships they will have when one day they become fathers.

Three of our older youth, ages 23 and 24, are fathers. While most of my contact with these young men today is through FaceBook, I see young men with their children who appear to be active, engaged fathers. I like to believe our discussions of the father/son relationship encouraged their involvement in the lives of their children.

I am fortunate. I lived in a home with both a mother and a father, as did most of the families in my Akron, Ohio, neighborhood when I was a child. My parents are strong, loving people, alive, enjoying their 67th year of marriage, and still loving and supportive. My father never told me I was small. I credit his strength and example with my being the man I am today. It was our society that played the role of the father in this myth for me. Questions we ask about this portion of the myth are: “What do you think of the brief conversation between the father and his son? Was the father’s intent good, or was it to shame his son for being too small?”

Commentary on the Myth: Crying

Thumbling’s crying created the opportunity for him to achieve his desire to go into the field with his father. We often find the hero in a myth crying and use this as an opportunity, while we are playing the drum and telling the myth, to reinforce that it is ok for boys to cry.

We stress the importance of crying as a way to let others know something is wrong. In myth, if we behave as if everything is fine when it is not, the old man just keeps on walking. However, if he witnesses the boys on the castle steps crying, he will stop and offer a solution.

When one of our young men shares his tears in the circle, they do not go to waste and are not shed in vain. We rub our tears into the head of our drums and in the future, each time we hit the drum, our tears resound throughout the room and enter the universe.

Commentary on the Myth: Walking in the Same Rhythm as Our Fathers

Ofentimes, the questions are preceded by saying, “What is said in this circle, stays in this circle.” Other questions we can ask in relation to *The Young Giant* are:

“How do you think the father’s placement of his son into his pants front-pocket will affect the boy?”

“The son is now walking in the exact same rhythm as his father—is this the way you want to walk through the world, the same way your father did or does?” For the next 30 minutes or longer we listen to their insights.

“Was it a good idea for the father to take his son with him into the field just to appease his crying?”

“Are you in a rut or a groove?”

Their profound responses—in extreme contrast to what we hear from so many parents, teachers and administrators—demonstrate these young men’s ability to think deeply and critically.

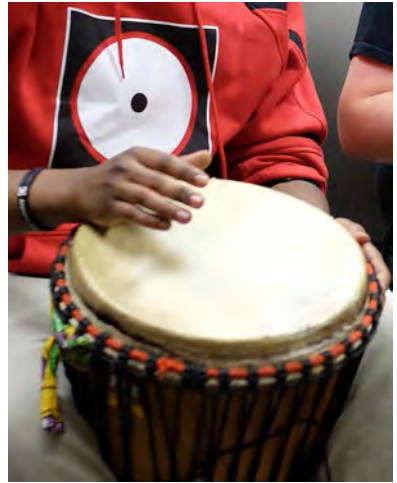
Key Concepts of Our Process

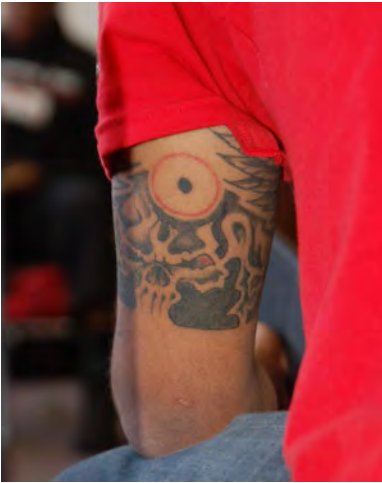
Our alchemy of psychological transformation is a developmental process that uses the discussion and interpretation of myth to assist youth in transcending the personality, moving forward to something larger than the self, and extracting the gold inherent in all youth, allowing them to become heroes within their own stories.

Alchemy, Inc.’s approach to working with urban adolescents is an amalgamation of four developmental theories based upon:

- Joseph Chilton Pearce, *Magical Child* (1980)
- The Akan System of Life-Cycle Development (Mensah, 1993)
- C. G. Jung (1990)
- Joseph Campbell and common themes in myth (Scruggs, 2009)

Generally speaking, adolescent males resist dialogue with adults. The urban Black male’s persona of toughness makes dialogue an even more daunting task, especially if it involves constructive criticism. Mythological stories create a gateway to dialogue. Using myth is ideal as a method of communication primarily because it allows one to remove





oneself from the situation, looking at the situation from above, objectively. It carries more power when used in a group setting, as comments from others forces one to rethink one's position.

Inherent in Alchemy, Inc.'s approach is the adaptation of concepts taken from the Akan system of life cycle development, an African philosophy of existence and a form of a rite of passage. Akan, which means "first," are people from Ghana in West Africa.

Recalling one's purpose in life is of primary importance in the Akan system. It is a belief that everyone comes to this earth with a purpose; each person must live in an environment that nurtures his gifts, which, when given to his

community, make the world a better place. Unfortunately, the process of birth and the harsh realities of life cause us to forget our purpose. Therefore, Alchemy, Inc.'s approach incorporates into our process of mythological storytelling Joseph Pearce's (1980) concept of our biological capacity to succeed, and C.G. Jung's (1990) concept of our capacity to self-manifest into what it is we are meant to become, no matter the circumstances.

Urban Black youth have a general psychology and socialization of their own. A major difference between Black urban and suburban youth is their general lack of exposure to anything outside their immediate neighborhood, enforced by poverty, discrimination, location, and culture. As a population, urban Black youth do not venture far from their



Core Group 1

neighborhoods. Their socialization with White people is generally in a subordinate relationship: teacher/student, coach/player, and police officer/criminal. Venturing outside their neighborhoods or engaging in an experience that is not normally considered “being Black” is uncomfortable and confusing as Black youth attempt to make meaning of the experience. Attempts to explain this can result in further alienation. At some point, a youth makes up his mind to either stay back with the herd or move forward, leaving it behind.

Underlying all this are the difficulties of family relationships—the often-absent fathers, the overwhelmed single mothers. Extra-familial problems are deficient schools, fractured communities, and negative media reporting combine to create negative perceptions of urban Black youth.

The Power of Myth

For statistical purposes, we define as a “core group” youth who are with us for seven years, a full developmental cycle, beginning in the 6th grade and continuing until graduation from high school. There is compelling scientific evidence that social and emotional development is integral to successful academic development. Our brains are hard-wired to learn in a social and emotional way; myth is ideal to assist in this learning.

We believe that by preparing youth for the vicissitudes of life through a group process based upon myth and relationship, we are inoculating them against the trauma they experience. The hero’s journey is really an apprenticeship in self-mastery and self-leadership, developing the individual skills necessary for anyone before he can effectively assume the mantle of leadership. When youth develop a sense of agency and belief in their ability to shape their own destiny, they have also, by default, developed a controlled



response to the trauma that interferes with their ability to succeed in education and in life.

More than 1,500 students have attended our program since its inception in 2004. Eighty students currently comprise our three core groups. In 2011, our Core Group 1 graduated 26 young men; 24 entered college, most with academic or sports scholarships. To date, 10 have graduated college: two have advanced degrees, one is presently in graduate school, two will graduate with bachelor's degrees this year, two are still actively continuing their education, and two are working and attending school in the evening.

This is the power of myth. ▼

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Images for this article were provided by the author.

Commentary

“There is a creative force that lives within any drummer; one that is pragmatic, yet, defies the rules of structure. This natural inclination for rhythm is alive in our heartbeats and in the cycles of nature, the planet and the daily ticking of the clock. [O]ur thoughts are focused on the beat, the groove, and the complementary efforts of all involved. We realize our part in the greater rhythm is more literal than can be defined, and this realization is what brings us back to our own self.” (<https://www.x8drums.com/blog/finding-yourself-in-a-drum-circle>)

MY WIFE, WHO IS MUSICAL, GAVE ME, WHO IS NOT, A DJEMBE DRUM SEVERAL YEARS AGO. Though I'm the therapist in the couple, she was the one who intuited that adding a musical/percussive mode of expression to my well-honed practice of verbal emotional expressions would be psychologically integrative and expansive for me. It would get me in touch with some of the tender, vulnerable parts of my soul, as music is apt to do. Furthermore, she understood djembe playing would help me overcome insecurities and male ego by requiring me, contrary to my mastery proclivity, to make mistakes and be one of the slower drumming students. Her gift was prescient; playing the djembe has been extremely fun, filled with embarrassing but not shaming miscues, and has connected me to the rhythms of the earth, other people(s), and my own psyche. It grounds me. Nowadays on Fridays after my last patient, I end the week with ritual drumming, which helps ground me and release tears of grief and exhaustion.

In DC there is a drum circle every Sunday at sundown in Meridian Park (formerly Malcolm X Park). It's quite festive with drummers, dancers, and percussionists of all ages, genders, socio-

economic status, and ethnicities—a beautiful and rare display of integration in action. One of the drum circle’s elders, an African American man, taught me that this tradition started on DC Emancipation Day, April 16, 1862, when slavery was abolished in Washington, DC, by Abraham Lincoln (three years before national emancipation). Many of the 3,000 freed slaves gathered spontaneously and euphorically at Meridian Park (a geographic high point in DC) with drums and other often makeshift percussion instruments (including their broken chains and manacles) to sing, dance, drum and celebrate freedom. Drumming in this circle is a deep honor, connecting me to the mix of other drummers and revelers in the circle and this sacred tradition.

So many aspects of this article moved me to tears and huge admiration for the author and his therapeutic work with urban Black youth. The stunningly innovative use of drumming, myth telling, and mentoring (by older kids to younger), and the author’s personal narrative of woundedness and shame, brilliantly helps these kids acknowledge, express, and work through their own woundedness and shame. Like my djembe experience, new parts of their inner world became known and shared. Participating in the drum circle expanded their consciousness and new possibilities blossomed. Their victimhood shifted toward empowerment.

For many years a high percentage of well-intended therapeutic programs for this population have had high dropout rates and poor success. In my years of working with urban male youth at camps, schools, clinics, detention homes, etc., we had moderate success utilizing activity therapies, behavior management and our personal relationships, but I always felt the group therapy fell short. I now so wish I’d known about the power of the djembe and of myth; I believe we’d have been much more effective. A main reason we failed was we rarely got the kids to express/show vulnerability, much less cry in front of other males. I recall a few times a boy did cry and rather than face his peers, he quit the program the very next day. The macho culture of this population was well ensconced, and showing softness was strictly taboo. These two techniques—myth telling, with male heroes who suffer and then prevail against all odds, and djembe, with its deep bass resonance and active slapping, pounding, beating of the drum—involve a magnificent interplay of strong manliness and vulnerable humanness... precisely the right ingredients for group therapy with these prideful boys2men. The ritual the author describes when the boys do shed tears is magnificent (I will start using it myself). When they cry he tells them to rub their tears into the animal skin drum head and then drum the tears—the pain, the sadness, the suffering—into the airwaves for, first, the circle to hold and, then, for the world to hold. I can’t imagine a more potent way to help these young men process their sadness and vulnerability. This healing process harkens back to the freed slaves on Meridian Hill drumming their deep feelings of pain, suffering and liberation out into the world and, as the author states, “never wasting a tear.”

—Nicholas Kirsch, PhD



Invisible strands
of lustrous strength
as if by magic
crossed my path,
to yours.

Did I create you?
Did you create me?
In the vibrant,
shimmering tapestry
we weave,
the first knot
no longer visible.

Who is the weaver?
At times only you
discerned
the finest of filaments.
With strong and sure hands
you knotted me to life.

Strengthened
I begin to weave fresh images,
new patterns
that arise luminous
from the shapeless darkness
of despair.

Oh, it is hard work
this apprenticeship,
this weaving,
this knotting,
unending mending task
of lost beginnings.

Already
the darkness
yields to colors,
and the fabric
we intimately create,
like courage,
is strong.



Across the Divides

LOOKING OUT INTO THE WAITING ROOM, I ASKED FOR YAMA. Two women in hijabs (Muslim headress) turned. One was younger, and introduced herself in perfectly-accented American English as Yama's niece. Tentatively, covered from head to toe in black, Yama followed the two of us into my office. Her searching face peered out from a tight-fitting veil. Yama remained quiet while her niece, also in hijab, but otherwise in everyday clothes, spoke for her. Yama stayed silent, yet watchful, until addressed directly. Her firmly knotted hands were the only other visible parts of her body.

As an Irish-born clinical psychologist, college-educated in the US and working in the South Bronx, I am used to cultural differences between myself and my clients. The clinic's clients are predominantly Latino or African American and, if born overseas, are mostly from the Caribbean, Central and South America, or Africa. Yet, this was beginning to feel like a unique challenge.

Yama's words came out in tremulous bursts as she tried to explain why she was at the clinic. In accented English, she exclaimed, "My heart is jumpy before I go to bed... I can't breathe. I haven't gone outside in two weeks." And, "I have five children and can't take care of them." She couldn't move at times and had been to the ER on a number of occasions. I listened, wondering how to create a sense of both safety and respect. But my concerns about her fragility were mitigated by the impression that her niece seemed well adjusted and not obviously distressed by her aunt's condition. With these thoughts in mind, I strove to maintain a non-intrusive attitude of caring concern, while also conveying a calm confidence that she had the strength to overcome her difficulties.

MICHAEL (MICHEÁL) DOWLING, PHD, grew up in Ireland. After high school, he traveled and worked in a variety of occupations in different countries before coming to the US. He received his BA from Rutgers University, his PhD in social psychology from Columbia University, and his Respecialization Certificate in Clinical Psychology from the Derner Institute, Adelphi University. After working in various inpatient and outpatient settings, he spent a fruitful five years at a large outpatient clinic in the South Bronx. At present, he works at Wall Street Psychologists and maintains a private practice on the Upper West Side of Manhattan. His experiences as a serial immigrant, together with his interest in the shaping forces of society, history and culture, aid in his work with individuals from diverse backgrounds.

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Gradually, over a couple of meetings, Yama's story came out. She had been in the US for 10 years and learned English from watching TV. Yama grew up Muslim in a small village in West Africa. She described her husband, from a different West African country, as hard-working and emotionally supportive. Yama wondered if her childhood fear of demons from the forest, beings she never personally saw, might have predisposed her to worry and anxiety. She often interpreted the actions of others as negative judgments on her own behavior.

I was particularly intrigued by the fact that, despite her fluent English, she had no formal education—and no idea of her actual birthdate or even the year she was born. Her assigned birthdate seemed to be about eight years older than her probable biological age. It was as if I were meeting a person from a previous century before the layers of modern living (such as Social Security numbers and birth dates) allowed people to be distinguished from one another more precisely. The challenges of our differences were becoming more apparent. Religion, gender, ethnicity, experience, and generations separated us. Would this matter? Would these differences in background be a barrier, or would they allow for a freer exchange, as we both knew that our frames of reference could not be taken for granted? Over time these factors faded in significance as our relational work deepened.

Yama's descriptions of life growing up in her small village struck a chord. In our meetings I sometimes imagined my ancestors in Ireland who lived near forests, without electricity or much education, and fearful of goblins and demons. People had lived this way for millennia. My grandfather, a small farmer with little formal education, had described his 19th-century childhood in terms similar to Yama's. I felt a deep connection to something essential that had been layered over by our modern reliance on science and technology. It was as if I had met a representative of countless past generations, and she had granted me the privilege of entry into a universal world. Yama's feelings and reactions had withstood the test of time, distance, and culture. Interestingly, she never remarked on our differences. We were two humans confronting a problem together.

We did share the experience of being immigrants (although she was not aware of this). My cultural dislocation was probably not as jarring as hers, and I didn't want to convey the false impression that our respective experiences were equivalent. It did, however, give me a window into some of her challenges. Having to adapt to different cultural norms and expectations often encourages a flexibility of perspective. Yama, I intuited, had this capacity.

I worried that she might be overly compliant in therapy, playing the role of a "good patient," and looking for direction from me as to how to act. I was also concerned that, preoccupied as she was by her own shortcomings, she might fail to register and incorporate new experiences, especially concerning our therapeutic relationship.

Yama was anxious about getting to her appointments with me on time. By the third visit she had been coming on her own. Whenever she was late she offered multiple apologies, explaining the logistical challenge of getting her five children off to different schools. Embarrassed that she couldn't write more than her name, and then only in a childish script, she always took her daughter, or niece, with her to fill out forms and deal with bureaucracy. She had many anxieties and was particularly fearful of confrontation. Yama had disturbing dreams reflecting her fear that any perceived rupture in a relationship must mean she was at fault. She didn't like to ask others for help. Yet, with each

meeting she continued to open up, and she would confide, “I worry that people don’t like me.” As her story unfolded further, she conveyed a strong sense of responsibility, perhaps too strong, undermining her own power to act in the world. She assumed others’ anger was her fault.

We were able to openly confront her fear that I could be angry with her. I helped allay her fears of inconveniencing me as we re-examined the reasons she felt this way. In doing so, the rut of anxiety created by her beliefs and internal dialogue was exposed. Space opened up for alternative channels of explanation and understanding for those situations that were causing her distress.

Her tardiness and occasional cancellations had not resulted in retaliation (e.g. censure, displeasure, or withdrawal), and my “survival,” as someone who continued to be interested and empathic, led to a reappraisal of reality, and of her own fantasies (Winnicott, 1969; Benjamin, 1990). My reactions were unexpected, contributing to a greater flexibility in how she saw her own subjectivity and that of others. She began to recognize that others can act out of their own subjective rationale and not merely in reaction to her. This new outlook led to the understanding that if a benign world could exist independent of her actions then a less benign world could also exist independently. Gradually, Yama came to understand that her thoughts, feelings, or actions were not the primary determinants of outside reality.

She became more relaxed as our meetings progressed, more articulate, chatty and friendly. By understanding some of the origins of her anxiety and exploring heretofore unquestioned beliefs, she began to feel freer and able to exert some measure of control over her reactions. Medication also helped lower her experience of anxiety.

By the fifth visit she said she was feeling “different,” as if being more relaxed was quite unexpected. “Yes, feeling... better,” she responded to further queries from me.

I felt privileged being trusted by this Muslim, African woman, telling me not only about her anxiety, but also about difficulties with physical intimacy because of circumcision, a traditional practice in her community of origin. She feared that her teenage daughter would face social pressure to be circumcised also if she were to visit her parents, and so put off a trip to Africa until her daughter was older.

Then she didn’t come in for five months. When I called following a cancellation, she responded that she was feeling better and now more ably managing the challenges of her five children.

Eventually however, the worry brought her back. She talked more about her parents, the struggles they faced, and the children they buried. Some of her anxiety had origins in her mother’s fearfulness and her father’s high standards for treating others. As we continued the work, the more positive aspects of her sense of responsibility were coming to the fore. Authenticity was highly valued—“it has to be in your heart to do something,” she asserted, and if you make a mistake, you “ask forgiveness of the other person.” But, perceptions of mistakes or oversights no longer had the power to derail her sense of personal agency.

I believe Yama felt an equality in our relationship conveyed in part by my respect for, and recognition of, her courage in the face of multiple challenges. She, in turn, felt she could be herself with someone she first encountered as an authority figure.

Over time, Yama no longer worried as much about what others said. She valued herself more, realizing that she didn’t need any formal education to know what was import-

ant in life. She did, however, value education as a means to greater independence, and she didn't "want to sit at home all day." She was planning to study English and Arabic in school. She needed to read and write in English to get a job. She wanted to earn her own money to give to her children. And, she didn't want her daughters to have to depend on others. Her strong sense of responsibility, which had previously contributed to her anxiety, was now being mobilized to set goals and make plans.

By her 10th visit she had become quite clear on her priorities, and didn't feel so anxious about going places by herself. Her children were doing well at school. She was learning about Islam three times a week. This was time for herself, a needed respite from feeling constantly responsible to, and for, others.

With Yama, it was as if I were looking across the generations, and what I saw was inspiring—we are essentially the same, and we have many of the same longings, experiences and reactions, despite so many external differences. Any preconceptions I had about those who are religiously orthodox, or of people with little or no formal education, were upended. To me, Yama came to represent something other than her series of identities. She was more like an ambassador for humanity.

Yama's intelligence and openness were refreshing. She remarked on her experience in therapy: "I trust you, and I usually don't trust people easily." When there was a problem, she now told herself, "It isn't always me at fault." Instead of feeling immobilized she had gained perspective, increased awareness of multiple subjectivities, and ultimately, access to her own agency.

Our connection was healing, to both of us. I felt honored to have made a connection with Yama, and to be given access to her internal world. From a woman without any formal schooling, or even a birthdate, I had learned a valuable lesson. This work is timeless. ▼

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The Abbot and the Scribe

An Allegory of Presence and Deep Healing

ONCE UPON A TIME, THERE WAS A SMALL AND, BY THE ACCOUNT OF SOME, INSIGNIFICANT MONASTERY IN A PROVINCIAL PART OF EUROPE. Given other monasteries throughout the continent at that time that were testaments to the power and grandeur of their respective abbots, to which this one did not aspire, it would have been easy to miss the import of the work carried out on its humble grounds. This monastery instead was an oasis of quiet study and contemplation, and everything there reflected the gentle humility of the man in charge, the erudite yet jovial Abbot, whose goal it was to preserve the deep wisdom traditions in an exquisite library of spiritual and metaphysical treatises. These in turn were lovingly transcribed by a somewhat younger scribe who lived on the monastery grounds. The young man had arrived, no longer a boy, and wild with a hunger that wealth, if he'd had it, could never satiate. He brought instead the eagerness and innocence of a loving heart, and quickly revealed his skill in making letters. The discerning Abbot knew immediately that the young man was not merely a tradesman, but a seeker and artist, one for whom the laborious work of making the letters, one at a time, with a skilled flourish of his quilled pen, was not a job at all, but an act of love. And so it was that the Abbot moved the not-so-young scribe's desk into his own study, where often the two would pass the hours in the sweeping silence, each tending to his own work and contemplation.

In this way they began to know each other, through the almost audible music of the quietude, as if in the vastness of emptiness and sound, and the room's alabaster walls and stained glass windows, an ethereal container of numinous light were created where each existed in the fullness of self, and in the fullness of the other. And it seemed that by this arrangement, each man reached his own inherent magnificence, in and by the presence of the other.

Daily the scribe picked flowers in the small monastery's garden, and placed these on the dark wood of the Abbot's

desk, so together they might enjoy the burst of color these brought to the translucent light that filled their workspace.

Years passed, and each aged slowly, hardly noticeably at first, of course. Yet eventually, one day, one put a hand on his low back as he rose from where he sat, not because of the long hours, but to help the ache of a less flexible spine. And the other bent forward to hold his knees as he stood, so as not to lose his balance with age. And they got older in that manner, each knowing the inexorable and imperceptible passage of time in the face of the other. That, and the growing number of leather-bound volumes that over the years slowly filled the peaceful library.

The time came, as it does in such relationships, when the apprentice must take something from the teacher and make it his own. And so one day, the scribe reached into the drawer of the Abbot's imposing desk, and took one of the Abbot's beautiful pens. Each understood the importance of this development, quietly accepting the difficult necessity of this symbolic act.

After this, the scribe would go off from time to time to offer his services to the larger monasteries on the European continent, and when he did, he returned with stories of the dangers and adventures of his travels. With these he entertained the Abbot late into the night, when their work would allow. And so together they cherished those times of spoken words as well. The Abbot in turn, because he was by nature a reflective and thoughtful man, would write about his understandings of human behavior, as over the years he lovingly observed the scribe and the other monks who lived in his small monastery, as each fulfilled his own destiny.

As the years passed, so their friendship, the Abbot's and the scribe's, came to rest in the vast and deep waters of their souls. And then each knew he had fulfilled his destiny with the other.

(for my cherished analyst)



The Vulnerability Paradox

FOR MANY OF US, VULNERABILITY CAN BE ONE OF THE MOST DIFFICULT EMOTIONS TO CULTIVATE AND TOLERATE IN OURSELVES AND OTHERS. I had an experience last week that proved to me that what Brené Brown calls the vulnerability paradox (it's the first thing I look for in you, and the last thing I want you to see in me) is not only true in our personal lives, but in our professional lives as well. As therapists, many of us have been trained to be more of a "blank slate" for patients to project all their fantasies onto. The longer I practice, the more I diverge from this theory, because I have time and time again seen how my willingness to show myself to my patients actually enhances their connection to me, and therefore to themselves.

A month ago, the man I had been dating for 18 months suddenly broke up with me, blindsiding me completely. Although I've been through a divorce, this break-up had me on my knees sobbing and broken. For many therapists, work can be a wonderful distraction from a personal crisis. Although I have experienced that over the years at times, this crisis had me crying between sessions and grasping to keep myself together. I was able to focus during sessions, but in between, the feelings of loss and abandonment came flooding back.

I had just wiped the tears from my eyes one day when I walked a 47-year-old male patient with relationship and addiction issues, whom I'd been seeing in therapy for five years. For several reasons, this particular patient knew I had gone through a divorce and that I had met my boyfriend online (I was trying to legitimize the online dating scene by sharing my own experience so he would try it). Every few months he would check in, casually asking if I was still dating the same guy and inquiring how it was going with my daughters meeting him, etc. I braced myself, wondering if today would be the session he would check in. Sure enough, about 30 minutes in, he asked about my relationship. I hadn't planned what I might say. And the moment was here. I took a deep breath and told

him that unfortunately, my relationship had unexpectedly ended several weeks before. He responded with genuine disappointment, concern, and care, asking how I was doing and how my daughters were coping.

Within a few minutes, I could no longer contain my sadness and tears welled up. As soon as my patient saw my tears, he too began to cry (having only cried a few times during the entirety of his therapy). He expressed empathy for me and compassion for my heartbreak. The next piece surprised me: my patient expressed tremendous gratitude to me for allowing him to see my pain, show him my imperfections, and help him see that even therapists struggle with rejection, loss, and grief. He said it made him trust me more, feel closer to me, and think I was an even more amazing therapist and human being. I expressed gratitude to him for his caring, and then we moved on.

The following week we circled back to the previous session to revisit what the experience had been like for him. He reiterated that he felt more deeply connected because I had allowed him to see my vulnerability. He said it was as if I knew that what he needed was for me to be transparent and that it was actually a gift to him: it helped him see that my vulnerability was just like his. I used this example to show him that in the same way he valued seeing my vulnerability, others would want to see his too. We discussed how what we had shared the previous week is what real intimacy is about, and that he too could have it if he was willing to be brave.

So, what did I learn from this experience? That vulnerability comes with an inherent paradox: what is most vulnerable and scary to us can be beautiful and brave to another person. What is embarrassing or shameful to us can be the thing that allows someone to feel closer to us. And that real connection can only occur if two people are willing to be vulnerable with each other.

I know many therapists will disagree with my self-disclosure (I did not disclose my break-up to any other patients). But I am proud of how I handled it with this particular patient. I knew he actually needed to see my vulnerability to unlock his. And I am glad I made the choice to trust myself and the patient so that we could create something meaningful together. ▼

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So these are the cards
you're dealt in
the definitive poker game.
You carefully fan them out
just in front of your chin.
It's not much of a hand -
you keep the queen of diamonds
and a ten, then ask for three more.
The three you draw don't help:
four of spades, jack of hearts and a lousy deuce.
That's the breaks. That's all you get.

But a game like this won't come along
every day. Your mind tells you to fold
or you'll lose a bundle.
Maybe you could bluff these players,
but then maybe they know you too well.
Sweat breaks out under your shirt.

In the dim, smokey light you see
the dealer's face. At first, she reminds you a lot
of your self-absorbed mother.
It's the same old game you're
always losing. Then she looks hard
and sees you and says:
"How would you like three more cards?"



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The Psychotherapy Relationship: What Works? An Interview with John C. Norcross, PhD

I have trained in multiple theories but have never been a devotee of any one of them. Each had a characteristic limitation that led me to consider other approaches. In the process, I formulated my own eclectic style. My dissertation was on the elements of group process that are related to positive and negative outcomes for group members, so identifying the elements of psychotherapy that work and don't work was and continues to be attractive to me.

When Kelly Barclay and I were putting together the program for the 2017 I&C, we wanted it to reflect the importance the Academy puts on actual practice versus theory, but we also wanted to represent the research support for an integrative-psychoanalytic psychotherapy in which the relationship is central to promoting change. John Norcross has been at the forefront of this approach for decades, and we invited him to be our keynote speaker. We wanted to understand how John was drawn to his approach and how it has affected him personally. Given the long distance between us, he and I did this interview via email.

—Lee Blackwell

Lee Blackwell: You have long advocated for a non-dogmatic approach to psychotherapy, preferring to look at the elements that make for positive or negative change. What got you started in that direction?

John Norcross: My integrative orientation dates back to my ordinal position and family of origin. I am the second of four children (all boys), and consistent with that ordinal position, I was born to both mediate and rebel. Integration mediates among theoretical orientations and rebels against any single way of practicing therapy.



Concurrently, I am a product of diverse religions and cultures. My parents hailed from different parts of the country: one from the urban Northeast and another from the rural Smoky Mountains. It was natural and easy to accommodate several religions in my extended family; for instance, I attended a Jewish nursery school and kindergarten, a Lutheran elementary school, and then a public high school. These multiple traditions flowed naturally, like a seamless mosaic.

The occupational and political positions of my parents influenced my worldview as well. My father was a labor organizer in his early years, when it was a radical—and potentially dangerous—profession, especially in the South where he met my mother. My mother was one of the first female employees of the National Park Service, an adventuresome and unconventional position in the 1950s. It was made clear to me that orthodoxy, dogma, and business were not to be trusted.

These integrative propensities were crystallized by formal training in the transtheoretical tradition and subsequently strengthened by friendships in the integration movement. Professional identity is typically traced to graduate education; however, in my case, the integrative leanings were evident in childhood and manifested as an undergrad.

My four Rutgers mentors hailed from different orientations: Andy Bondy, a staunch behaviorist; Mike Wogan, an interpersonal psychodynamicist (and a student of Hans Strupp); Winnie Lennox, a client-centered and multicultural therapist; and Arnold Lazarus, the grandfather of technical eclectic. While prizing their own orientations, they were uniformly respectful of the contributions of different traditions. All repeatedly emphasized that clinicians should learn from complementary ways of researching and conducting psychotherapy.

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I then sought graduate training at the University of Rhode Island with Jim Prochaska, who was in the process of developing the transtheoretical (stages of change) model. He had just secured his first multimillion-dollar grant and had authored *Systems of Psychotherapy: A Transtheoretical Analysis* [now in its 8th edition; 2013], one of the first integrative texts on psychotherapy.

That sealed the integrative deal. Pluralism, pragmatism, and customizing to the individual patient became leitmotifs of my career.

Blackwell: How did you come to focus on the centrality of the psychotherapy relationship?

Norcross: That's a curious question for me, since from the start I have considered and experienced psychotherapy as a relationship. To study psychotherapy is to study a special relationship. Although not the entirety of therapy, the relationship is at least its heart and soul, its message and medium.

I suspect my interest was first piqued during clinical training, when well-intended supervisors would tell me “to work” or “to focus” on the relationship, but could never articulate what specifically I should be doing beyond vaguely mumbling about empathy and the alliance. Likewise, clinical supervisors would emphasize the need to tailor or adapt therapy to the individual. But they could do little to help me conceptualize or enact such tailoring. And beyond Rogers' facilitative conditions, there was not much research guidance on the topic back in the day.

So, my interest in the therapeutic relationship was born initially out of my training frustration and subsequently magnified as I started seeing hundreds of patients in internship and independent practice. Which relationship qualities actually work? And, how can we personalize that relationship in ways that improve patient health and happiness?

Blackwell: What role did the psychotherapy you received as a patient play in the development of your approach to psychotherapy and to change in general?

Norcross: It played a decisive role—in both what to do and what not to do. As an undergraduate, two mentors suggested that I should prepare for my career by pursuing personal therapy. I contacted a local psychoanalytic institute, where I was assigned an analytic candidate. Our first appointment was portentous. He asked me to come into the office, where I extended my hand. He said, “This is a work relationship, not a social relationship,” and left my hand dangling. After a few unproductive and unengaging sessions, the therapist did not protest when I decided to terminate. No doubt, he considered me “resistant” or “unanalyzable”; I learned in vivo the failure to align with and engage the patient.

As a doctoral student, my personal therapy proved personally rewarding and professionally instrumental. I undertook individual therapy with a psychodynamic-integrative psychiatrist. I warmly recall his interpersonal generosity—reducing session fees, seeing me at an earlier time to accommodate my schedule—and his gentle directness. He supported my decision to decline attractive employment offers from doctoral research institutions. The fit would have proved disastrous in the long run: they were principal-

ly interested in my securing grants and continually publishing but would have largely neglected my abiding interests in teaching and practice. He helped me see and secure what I wanted: a mid-sized institution that would allow me to teach, supervise, research, edit, and practice. It was a growth experience, which I internalized and acquired a sense of potency that I communicate to my own patients.

By the way, I adore your question, not only because of its significance to me, but also to psychotherapists generally. In several of our research studies on personal therapy, we have asked a similar question: What were the “lasting lessons” of your personal treatment for conducting psychotherapy with your own patients? Across studies and countries, therapists most frequently point to the centrality of the personal relationship, warmth, and empathy. Other common answers concern the importance of transference and countertransference, the inevitable human-ness of the therapist, the need for more patience and tolerance, that psychotherapy can be effective, and change is possible, albeit gradual. Those lessons certainly converge with what I learned.

Blackwell: Do you believe that every psychotherapist should have a significant experience of being a patient? If so, why?

Norcross: Yes; it serves as an indispensable foundation. And I am hardly alone: more than 80% of mental health professionals who have received personal therapy believe that it should be strongly recommended or even required.

As to the why of your question: The goal of the therapist’s personal treatment is to alter the nature of subsequent clinical work in ways that enhance its effectiveness. The probable mechanisms of this process prove as complex and individualized as the number of psychotherapist-patients (and their therapists). But there are at least six recurring commonalities on how the therapist’s therapy may improve his or her clinical work. Sorry for getting so detailed but here’s the list:

- Improves the emotional and mental functioning of the psychotherapist, thereby making the clinicians’ life less neurotic and more gratifying.
- Provides the therapist-patient with a more complete understanding of personal dynamics and relationships, thus enabling treatment with clearer perceptions and reduced countertransference.
- Alleviates the emotional stresses and burdens inherent in the “impossible profession,” allowing us to deal more successfully with the special problems imposed by the craft.
- Serves as a profound socialization experience, establishing conviction about the effectiveness of psychotherapy and facilitating the internalization of the healer role.
- Places therapists in the role of the client, and thus increases sensitivity to and respect for the patients’ struggles.
- Offers an intensive opportunity to observe clinical methods, permitting modeling interpersonal and technical skills.
- Provides multiple paths to improving clinical work in a profession where one’s own health and wholeness is an indispensable foundation.

Blackwell: What is your experience of “therapist presence,” both as a therapist and as a patient?

Norcross: Like the Supreme Court’s early definition of pornography, you know presence when you experience it. Presence refers to being completely available and aligned in the moment—emotionally, cognitively, bodily.

In truth, I am not a fan of the term. “Presence” has been elevated to near-mythical, spiritual status in the profession with little research conducted on it and even less connection to documentable therapy outcomes. The term is too generic and nebulous for my tastes. I prefer to describe relationship qualities in terms of teachable skills and learnable behaviors. Most “presence” qualities are actually mindfulness and meditation exercises. Not mystical, not ineffable, but relational behaviors.

In addition, “presence” will necessarily differ from patient to patient. What works for one will assuredly backfire with another. Thus, I am more inclined to describe what presence feels and looks like with each patient. If I have learned anything from the research literature, it is to privilege the client’s experience, not the therapist’s.

Blackwell: Has your research changed the way you do assessment and psychotherapy? If so, how?

Norcross: You bet! On a short list of assessment practices, I have learned and relearned to gather only client information that will materially influence psychotherapy. The days of collecting tons of testing data on intelligence, psychopathology, personality, motives, and the like are gone—for good. Instead, gather data on transdiagnostic patient features that serve as research-supported markers for adapting psychotherapy to the individual patient. The meta-analytic research suggests that we routinely collect information on the patient’s stage of change, preferences, culture, reactance level, coping style, religion/spirituality, and attachment style. Adapting to the entire patient, not simply a DSM disorder, will substantially improve therapy outcome and reduce drop-outs.

In fact, adapting therapy to patient preferences—within clinical and ethical bounds—improves outcomes. Mick Cooper and I have developed the Cooper-Norcross Inventory of Preferences for this purpose, which is freely available for clinical and research use (on the Norcross website).

As well, I am convinced that we should systematically monitor patient progress. Sorry for the narcissistic insult, but the research shows that therapists frequently err in gauging client progress. Now, I administer a quick set of questions every 3 or 5 sessions to sensitively assess progress and make mid-course adjustments, as necessary.

On a short list of research-informed psychotherapy practices, I emphasize self-care of the therapist and deliberate practice, such as watching and rating therapy sessions. Experience does not necessarily bring about expertise; deliberate practice and feedback do. Of course, I focus more on the therapy relationship and have gone to briefer, intermittent episodes of psychotherapy. It’s immensely gratifying to follow patients over the 30 years of my practice. I have incorporated more self-help resources into therapy proper over the years, inspired by its effectiveness when overseen by a therapist. Finally, I’m more attuned to several crippling experiences of clients: early childhood trauma, sexual abuse, and substance abuse. They represent silent epidemics that many of us miss.

Blackwell: You have recently emphasized self-help in your work. What's that about?

Norcross: The research evidence and the clinical efficacy have convinced me of the value of integrating self-help with psychotherapy. We therapists harbor an unfortunate penchant for thinking of them as either/or instead of both/and. Both self-initiated change and therapist-facilitated change contribute to individual and systemic development.

Our research on self-help grew out of a clinical lacuna: Which self-help materials prove effective and which might we recommend to clients? Of the zillions of self-help books, websites, and programs, which are safe and efficacious? Over the past 20 years we have asked thousands of psychotherapists to rate self-help resources and have scoured the research to separate the chaff from the wheat in this huge, unregulated self-help industry. That's the impetus for our *Self-Help That Works* [2013].

One way to concretely translate our knowledge—to give psychology away, so to speak—is to integrate self-help with psychotherapy. The ways to do so are limited only by our creativity: recommending certain books to patients, musing on film portrayals, gently suggesting a relevant support group, reflecting on an autobiography, incorporating sophisticated activities into between-session experiments. I recommend meritorious self-help for life transitions not addressed in treatment, employ self-help during waiting periods and maintenance, collaborate with self-help organizations, and more.

Many life experiences are therapeutic, and as a practitioner, I particularly value the subset of experiences known as psychotherapy. But I also try to remain mindful of the extra-therapeutic lives of my clients that occupy 99% of their waking hours.

Blackwell: What is your vision of the future of psychotherapy?

Norcross: Well, I have two competing visions of its future: one vision emanates from the collective wisdom of a panel of experts, and the other vision represents my own wish list or fantasy.

Every decade or so, Jim Prochaska and I conduct a Delphi poll of psychotherapy experts about the future of psychotherapy. In the most recent study, our panel predicted mindfulness, cognitive-behavioral, integrative, and multicultural theories will increase the most. Technological, self-change, skill-building, and relationship-fostering interventions were forecast to be in the ascendancy. Prepare for even more computer apps, telephone counseling, and internet therapy. Technology and the economy seem to be the driving forces, which I find disconcerting, even frightening, in some ways.

By contrast, my vision is for an integrative, relational psychotherapy. One anchored in research evidence and incorporating cost-effective self-help, to be sure, but one that is quintessentially human in method and in message. As clinicians and clients alike, we know it deeply in our bones: It is the therapeutic relationship and interpersonal responsiveness that work.

Blackwell: Thank you for giving us a look behind the scenes of your personal journey through the jungle of psychotherapy practice, theory and research. We are looking forward to hearing your keynote and workshop at the upcoming 62nd Annual Institute and Conference in Santa Fe, NM, October 21, 2017.

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It took a series of relationships to get you into this mess, and it's going to take a relationship to get you out of it.

—Dick Felder



Attachment to Attachment Theory

Editor's note: Phillip Shaver is a plenary speaker at the October, 2017, AAP Institute & Conference in Santa Fe, New Mexico. Voices invited him to introduce himself in an informal and autobiographical way, which he hopes will allow him to be seen "as a human being, not just a statistics-mongering researcher."

BEGIN BY CONFESSING THAT I AM A RESEARCHER, NOT A CLINICIAN. Although I have been interested in psychotherapy and its grounding in research for decades, been a psychotherapy client (two years of four-days-a-week psychoanalysis), and enjoyed collaborating with clinical researchers and serving as a dissertation advisor for clinical doctoral students, my PhD is in the field of social/personality psychology. Since my role in the AAP conference is based on my and other people's work in the area of attachment theory and research, I will share here some of the personal experiences—including therapy—that led me to that rich topic area.

As an undergraduate psychology major at Wesleyan University (1962-1966), I was exposed primarily to experimental work in behavioral and cognitive psychology that was popular at the time. When I asked the professor who was teaching my "Human Learning" class about mental imagery, which I was using to earn A's on his exams, he dismissed my introspective observations as outmoded in an era of behaviorism. A few years later, the role of mental imagery in learning and problem solving was the topic of my doctoral dissertation and one of the hottest topics in the psychology of learning, thanks to the "cognitive revolution." I learned through those experiences not to automatically accept someone else's opinions about what

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is and is not scientifically important.

Despite faculty discouragement, I was also interested in psychoanalytic theory. I went to the psychology library on many occasions and read heavily in the psychoanalytic literature. I also wrote a paper for an English literature class about psychoanalytic approaches to literary criticism. One of my influences at the time was Frederick Crews, a then-psychoanalytic literary critic at UC Berkeley. Ironically, during the “Freud wars” of the 1980s and ’90s, Crews was one of the most vociferous attackers of Freud, revealing Crews to be one of those people who flip from fanaticism about one extreme position to fanaticism about the other extreme. Several years ago, when I was chairing the psychology department at UC Davis, I invited Crews to speak in a departmental colloquium. He gave a strongly anti-Freudian talk, after which I mentioned that he had influenced me and many other students in the opposite direction when I was an undergraduate, making him seem guilty of “malpractice of literary criticism.” He laughed and said, “I’ve been repenting and trying to redeem myself ever since.”

While in graduate school at the University of Michigan (1966-1970), I continued to read about psychoanalytic theory and took courses that included psychoanalytic perspectives on various topics in the social sciences. My research, however, dealt instead with some of the then-popular topics in experimental social psychology. Upon graduation I was offered a job in the psychology department at Columbia University in New York. Because there was tension in academic psychology at the time between the fields of personality and social psychology, the famous social psychologists in my department didn’t want to teach the undergraduate personality course, so they foisted it on me, the new and powerless assistant professor. I was secretly delighted to have the assignment, because it allowed me to think more deeply and broadly about personality. I included more than most people in my position would have provided about psychoanalytic theories, and students found it interesting. But I quickly discovered that many of them had been psychotherapy clients, which I had not, and a nontrivial number of them had parents or other relatives who were psychotherapists.

Partly for that reason (feeling inferior to some of my students), and partly because I was beginning to notice a repetitive and destructive pattern in my romantic relationships—always having a woman “in the wings” to whom I could flee if my primary relationship fell apart—I was intrigued when an announcement appeared in my mailbox saying that Columbia faculty members could enter psychoanalysis with a resident at the Columbia Psychoanalytic Institute on an “ability to pay basis.” Since my ability to pay was close to nonexistent (I think my salary was around \$15,000 a year), I thought this would be a wonderful opportunity to explore my personal problems while at the same time adding some depth and expertise to my personality courses.

My application was accepted on the condition that I commit to attending four therapy sessions a week for two years while serving as a final case study for my psychiatric resident psychoanalyst. At my initial interview with the analyst, whose office was on East 92nd Street, I was so nervous that twice I had to excuse myself to use the bathroom next door. Near the end of the interview the analyst asked, “Do you typically remember your dreams?” I admitted that I was overworking to such an extent that I usually got little sleep and didn’t think about anything when I woke up except getting back to work. To my surprise he said, “Well, from now on you’ll remember dreams.” After I left and hailed a cab to return to Columbia, on the opposite side of Manhattan, I kept thinking,

“What does he mean I will now start remembering my dreams?” That night I woke up with a start in the middle of the night, having just had a vivid dream in which I was a research subject in one of my own social psychology experiments, meaning that I was inside a small room with a one-way mirror, being observed by someone I couldn’t see on the other side of the mirror.

The next day I went to my first actual psychoanalytic session, lay down on the couch, and excitedly told the analyst about the dream. He said, “What do you think it means?” Believe it or not, I hadn’t had much time to think about it! He then asked, “Does it remind you of your situation here, where you’re being observed by me, feeling a little vulnerable, and can’t see me?” Bingo! That was the beginning of a two-year adventure in which the analysis often moved forward through a series of dreams. Early on I began to jot down notes when a dream occurred and then go back to sleep. Later I looked at the notes while bouncing along in a cab heading for the analyst’s office. I would enter the office, lie down on the couch, and bring out my dream notes. I prided myself on having analyzed each dream, but often the analyst would ask, for example, “Why do you think he was wearing a green hat?” And I would think, “Damn, I didn’t think much about that.” I would then say, “I don’t know—why was he wearing a green hat?” The first time this happened, the analyst said, “It won’t do you as much good if I provide the insight,” and I said, “Okay, then give me a hint.” He laughed and said, “It isn’t the first time someone in one of your dreams wore a special hat.” Bingo! I immediately saw the connection between the issue at hand and the one represented in a previous dream. From then on, the analyst warmly accepted my requests for hints.

Because one of my reasons for entering analysis was to understand why I always had a woman in the wings while engaged in a serious relationship with someone else, I was amazed one night when I had a vivid dream of being a young child walking in a park and holding hands with two adult women, one on each side. After discussing this with the analyst, I decided to call my mother (in another state) and ask her what she thought about that image. To my surprise she said, “I think it’s a memory of what actually happened. Your father and my roommate’s husband were both in the Navy, and my roommate and I took care of you in alternation when one of us was at work. On weekends we often took you for a walk in the park, each of us holding one of your hands.” That turned out to be a key insight, and although I’m reluctant to offer it as an explanation for the woman-in-the-wings problem, that pattern disappeared during the analysis and never recurred. (I’ve been with my wife for 38 years and have never had an alternative waiting in the wings.) Evidently, having two loving mothers doting on me at the same time was part of what attachment theory calls an “internal working model” of self and relationship partners based on early experiences with caregivers. (Since then I’ve conducted several kinds of studies on internal working models, including their representations in dreams.)

Although the classical psychoanalytic work was hugely important to me, there were also times when the analyst announced that he wished to step briefly outside his analytic role to speak to me person to person. This taught me something I later saw confirmed while reading Louis Breger’s fascinating 2012 book, *Psychotherapy: Lives Intersecting*. Breger, nearing retirement as a psychotherapist, contacted many of his clients from years before and asked them to answer questions about their remembered experiences of psychotherapy with him. To his surprise, he found that many remembered not what he

thought were his brilliant interpretations, but things like his helping them on with a coat at the end of a session or providing good practical advice at a crucial time. (In attachment-theory terms, these were cases of effective caregiving by someone the clients felt attached to and able to rely on. This is the way I felt about my analyst, that he cared enough to go beyond his analytic role to help me as a valuable human being.)

Fairly early in my analysis, the analyst said one day, "I'd like to step outside my role as analyst and ask you how you organize your work life. You seem to be arriving here under stress, often tired and distracted. How do you handle phone calls, office hours, and time allotment?" At the time, as a beginning assistant professor, I answered my own phone, had lines of students outside my door much of the time, had no specific office hours, and didn't feel at all in control of my work schedule. I moved from one meeting or deadline to another, never feeling caught up with my many tasks. The analyst said, "Most professional people with your work demands have a secretary or answering machine, establish very specific office hours, and maintain a planning calendar." I thought, "Wow, nobody ever told me this when I was in graduate school!" I bought an answering machine and a planning calendar and set specific office hours. I began arriving at therapy sessions in a more relaxed and thoughtful state, and sometimes walked back to the West Side through Central Park rather than hailing a cab. The park was beautiful in all seasons, but I had never noticed that beauty while zooming through, late, in a cab.

Another occasion when the analyst stepped outside his role was much more serious. One of my two younger brothers, around 28 at the time, called me and explained that he had recently had a lump removed from a testicle, and the surgeon had found cancer cells in the lump and in the cord running up to the prostate gland. My brother then went in for further surgery, to see if there were cancer cells in any lymph nodes, and there were. When I recounted all of this to my analyst he (originally trained in internal medicine) said, "I'd like to step out of role and tell you, with great sadness, he will not live for more than 8-10 months. There is, unfortunately, no good treatment for testicular carcinoma. I think we should postpone talking about what we've been discussing lately and help you think through how you want to deal with this important situation. If you continue to focus on work and your personal problems, you may let this tragedy pass and then forever regret your lack of involvement."

This brother was very important to me. Our family had moved frequently when we were children, and he and I were often the only familiar playmates for the first few months in a new place. After discussing various possibilities, I arranged to move for the summer to Minneapolis, where my brother lived and was being treated for cancer. This meant setting psychoanalysis aside for a few months and, with the analyst's permission, breaking my commitment to attend sessions with him for two uninterrupted years. It also meant neglecting my NYU graduate students while occupying a generously loaned office at the University of Minnesota and spending as much time as possible with my brother and his wife as he underwent one horrible and unsuccessful bout of chemotherapy after another. Eventually, he died, and I was present to receive his blessing.

The intense grief that followed was unlike anything I had ever experienced, and it caused me to devote several therapy sessions to grieving. I also began reading books and articles about loss and grief, including some early papers by John Bowlby, the creator of attachment theory. (The three volumes of his magnum opus are titled *Attachment* [1969], *Separation* [1973], and *Loss* [1983].) I met with my team of doctoral students

and said, “I think we should do research on loss and grief.” They wisely said, “No way! That’s your personal problem, not ours, and we don’t want to change topics in the middle of our graduate careers.” One of them, however, Carin Rubenstein, said she would be willing to study loneliness, which was somewhat related to missing and needing a relationship. I therefore became a loneliness researcher for a while, eventually publishing a book on the topic with Rubenstein.

During that time we were invited to a national meeting of researchers interested in loneliness, and one of the participants, Robert Weiss, told me about attending John Bowlby’s seminar at the Tavistock Institute in London while on sabbatical. He encouraged me to conduct research more specifically on attachment and loss in adulthood. I was by then a faculty member at the University of Denver, where one of my doctoral students, Cindy Hazan, and I published the first paper (in 1987) on “romantic love conceptualized as an attachment process.” That paper triggered an avalanche of research on “romantic attachment” as well as attachment patterns in psychotherapy relationships and leader-follower relationships. There are now thousands of published studies of adult attachment, focusing on every aspect of attachment theory and using a vast array of research methods, including unconscious priming and brain imaging. Much of that work is summarized in books I have coedited, including the *Handbook of Attachment: Theory, Research, and Clinical Applications* (now in its third edition), or coauthored, such as *Attachment in Adulthood: Structure, Dynamics, and Change* (now in its second edition).

Over the 30 years since Hazan and I published our first paper on romantic love as attachment, I have met and collaborated with some of the premier researchers in the attachment field and have had opportunities to discuss attachment with researchers, clinicians, and scholars, including the Dalai Lama. My wife—Dr. Gail Goodman, a leading expert on children’s memory and testimony about abuse—and I have combined some of our perspectives and found attachment to be an important factor in children’s memory. Looking back over the decades, I see that I have been attached to my mother, my analyst, and my wife, and also—viewing attachment theory as a “safe haven” and “secure base”—to attachment theory itself. ▼

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“We paint on a vanishing canvas.”
—Jim Carpenter, psychotherapist

Here’s a moment -
this sparkling resonance.
and suddenly
it’s gone.

The blank canvas
splattered with globs of red and black
then rubbed away by the stained rag
of confusion.

One day, I sense we are making
tiny pastel
brushstrokes -
subtle understanding words -
and suddenly it comes
together in the clarity
of a bright Impressionist moment.

Or there may be hours, exquisitely sensual:
a Renoir figure
enters the room
lies down and makes herself known
- the body accepted
in its adorable and ferocious needs.

And sometimes as the early dark
comes on, there’s a somber winter landscape
- a Brueghel canvas evolving
with dog and hunter coming out of the woods.
And we are forced to step back
and become aware
of the distant village
and the bare trees
of an entire life.

And of course, so many failed canvases,
misunderstandings,
the half-started,
the endless doodle, someone
refuses to speak,
or puts the canvas on the floor,
stomps it and forgets it.
But maybe that was for the good,
maybe we can recover,
come back together, make
the small gestures,
sessions of listening
and questioning
-the deep cobalt
of insight, stinging white of grief.

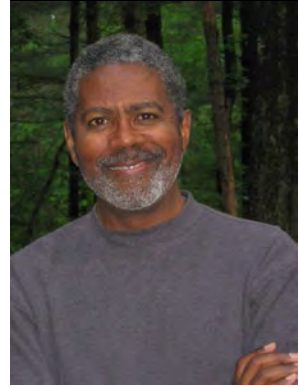
And if we paint well, the careful
underlayer may form, slowly,
colors of trust,
perhaps a glowing silence.

Then suddenly, unexpectedly,
after weeks of waiting,
you make a bold black
brushstroke -
and I follow -
- a Chinese ink drawing:
two restless, dancing spirits,
playing with destiny.

And no one will see this.
We ourselves will barely recall.
It will pass through
into our bodies,
charcoal networks of memory:
mutually created and gone,
unrecordable,
yet there
- intricate, healing, open,
puzzling, hopeful....
what's the word?



Birth of the Soul. 2017 by Barbara Sachs LPC



The Art in the Science of Psychotherapy

TOILING THE FIELDS OF PSYCHOTHERAPY FOR SEEMINGLY A THOUSAND YEARS, I HAVE WATCHED MANY OF MY TEACHERS PLANT SEEDS. I have harvested some of these crops, but truth be told, sometimes as our field grows, I realize less and less about what I thought I knew. The human mind and soul at times feel fathomless. A few of these seeds, however, have sent roots spiraling deep into my unconscious. In the brief space here I offer a few observations that, at least to me, make some sense in what is still essentially a mysterious healing encounter between people. This healing phenomenon occurs regardless of our methodology, e.g., psychodynamic, CBT, EMDR, family therapy, or even depth psychology and the primal scream. After all, we have been practicing some form of psychological healing work since our earliest days on the savannahs and in the back of the caves. No doubt we will be carrying it out in some fashion in the future as our species travels in ships between the stars. It is archetypal with us. Because the experience often occurs for me between the shifting boundary of science and the numinous or sacred, my best entry into this domain is through the doorway of poetry.

Relationship

Whether it is the transference/countertransference matrix of dynamic psychotherapy, or the sacred I-Thou relationship we rise to because it is so intimate and revealing, or even the structured relationships of effective cognitive behavioral therapies, the relationship between people is the fertile soil from which those seeds of growth, empathy, insight and awareness arise. While

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the relationship's warmth and duration can vary, it must be there to provide definition in the partnership of healing, of making whole again. Sometimes it may have a familial tone, or an expert professional feel, and at times that of coach or mentor. It is wide and engaging but *must* be there. It is a relationship of chosen others. Strangers sow little between themselves, and competing siblings rarely come up with expansive insights about the meaning of their lives. It takes energy and time to cultivate a working relationship and sometimes it is the most healing aspect of the whole enterprise. This brief poem is a healing memory rooted in my own familial unconscious that then seems to go on and open wider and wider spaces within me.

The Wheelbarrow

*My grandfather gave me rides in it,
Picked up the handles from behind and steered me,
One-wheeled,
Down the road, past those who could talk to the dead,
Past the shady walnut trees, past the cemetery for slaves
Who dreamed someday they would fly,
Be carried along like me
On a black moon, iridescent and nonlocal,
With symmetry that makes the stars
Astonished and quiet.*

Roles and the Life of Experience

Both poetry and psychotherapy reflect our relationships with events, objects or other people. When effective, they can feel hypnotic. While these relationships may be stable, they do change and evolve or devolve over time. They reflect shifting perspectives and nuances of feeling. Sometimes the poem or the relationship will offer the clinician and client the opportunity to see deeper into the changing roles and expectations of living through a wave of different experiences. Some will be relatively easy; some will challenge implicit expectations. These range from the minuscule to the mythic. In the process of moving through these roles and shifting perspectives, we are changed—the patient through a desired new set of experiences and insights, the clinician or poet in sometimes surprising and deepening revelations about himself. The poem will capture this. When it does it is almost always expansive.

The Hypnotist is a Fisherman

*The hypnotist is a fisherman.
You can tell him where to cast his line
But he won't listen. He will throw it into the dream of someone
Eating scrambled eggs, watch them deify the yolks,
Believe the hook is lost somewhere under the potatoes,
See the orange juice as blood taken from trees
That must be returned with the same gratitude a whale returns*

*Its sperm and laughter to the sea.
Many of the hypnotists secretly sleepwalk.
Many are therapists working with honorary degrees
Gotten from radio contests
And weekend retreats for the emotionally unavailable and the blind.
If I had a daughter I would send her there.
I would ask her to clean her room, take all her dolls to the sessions,
Question each one calling them out by name.
Hypnotists are comfortable standing naked in a room.
They often have guns
But they are rarely loaded.
Female hypnotists collect shadows and sterling reminders of innocence.
They gamble in the room like a lizard
Gambling its weight on a branch suspended above the pit of larger carnivores
Mouths open, hungry and thoughtless.
One wrote a book about minnows,
The long journeys they take
From the ponds, past the turtles, past the catfish, past the beer cans
Tossed at them on weekends by the strangers from New York
Hoping to get away from the telephones and money.
There is a hypnotist in my living room right now.
He is drinking wine
Pointing at the moon sinking in and out of the clouds
Like an undertaker's daughter lost walking through the swamps.*

Acceptance

Much in psychotherapy is suffused with struggle and effort; so much depends on graceful letting go and acceptance. With some of our patients we are like shamans, engaged with them in hand-to-hand combat with an enemy that emerges from their own deeper selves.

We all know this is mortal combat when it involves a suicidal patient or one going through the revolving doors of repeated institutionalization. We can feel completely deskilled by another's suffering and seeming refusal to heed our supposed insight into their struggle. The family or partner can look to us for a solution and we are confronted with our own limits, training, and even failure of empathy at times. Yet we can't run, we can't hide from the fact that we too are mortal and don't always know what to do or say. Even self-disclosure, regardless of how well timed, can be a failure. So we then trust our deepest intuition, open our hearts and in a moment of sublime ignorance and a leap of faith, come up with an image or insight or loose association that hits the mark and brings balance to a seemingly chaotic and hopeless situation. This is the poetic moment in psychotherapy. So we release our technique, and regardless of outcome, the real therapist arrives.

Ego is Prior to Us

*I pissed on a rock, then a tree in the woods,
Marking my passage through the forests of days. I had a dog once,
A red one, who ran like a burning flame across the countryside. When he was old,
Confined by his bones to the front yard, a weakened heart,
Other dogs ran up in front of him, pissed a few feet away,
Barked and ran off with a high pitched yelp
Or a slow guttural sound.
I knew then it was passed on from soul to soul
In the hominid line,
The trap door of "mine" and "I own."*

Transcendence

From the early weeks in our mother's womb, we have been growing beyond the initial seed of our selves. We have been seeing and exploring what evolution itself has secretly promised us, the transcendence of what that seed was and eventually, much later, what we thought we were or knew or experienced ourselves to be. Love and psychotherapy, like the numinous and poetry, pick up the wavefronts of this awesome unfoldment and carry it forward from the seemingly mundane confines of the clinical office. Our patients know this and we feel it ourselves when we leave the office of our own doctor. When poetry and psychotherapy are at their best, they offer this to us. This is a sublime moment. We move beyond ourselves. Healing occurs. Therapy and evolution, at least briefly, match.

The Black Halo

*She had a black halo around her head
And so I learned from this. I learned that
Time itself was a mortal being, coming and going,
Flexing itself into rooms and linen like washerwomen
In old hotels, clearing lives and events outside
The range of the mirrors and the too many elderly men
Sleeping by themselves.
If I could turn myself into money
I would exchange hands, travel, meet the distant sisters of wealthy benefactors
And speculate on the rise and fall of armies
And great economies. But that might not be enough. I would want
To trade in knowledge.
And so I would try to become like the wind
And hurl myself invisibly
Through the tallest of trees,
Make them wonder if their invisible lover wished them well*

*Or was there to deliver the pull that would hoist their roots upright,
Have them stare into the cave of death
Over weeks of dryness, months in the air suspended
Without guilt, midnight sometimes acting like a cocoon.
And then other times
I would slip out of this entirely and swim freely through the rivers
Like some ancient fish
Finally mastering all the waters and sea routes,
Poised to reach the greatest ocean of all.
I remember a painting like this
I once saw as a child. My mother stood tall beside me
And I stared deep into the diorama at the museum. Unmovable wildebeests
Stood by, near a watering hole, canine types crept in the scrub grass,
And the receding sky was a blizzard of white and multicolored birds
Screeching into the west.
I wondered how we had left those roads
And got lost out here among the automobiles, radios and aluminum rimmed glass.
Then I heard the music of a very different body
At the outer ring of the diorama's watering hole. It was a serpent,
Green as asparagus, laid out casually,
Next to one coiled up and imitating a rise upward toward
The escaping sun.
The world was visceral with souls and spirits.
Their eyes did not move but their strides implied rhythm,
Their hearts vortexes, their skin hues
Knowing all the love affairs of color, the sacred covenant the blood has
With every organ of the body.
When it works together, when the chemistry confesses
And nothing is held back
The light that is always entering and leaving the body
Recognizes itself, stumbles awake, climbs
And finds a black halo around its head. I know
All this sounds like the ramblings of a strange, kind
If slightly addled dog. Yes, I have thought of this myself.
But I cannot keep the deer from the diorama, or their small mammalian cousins
From roaming my mind, nor
Bar the birds I saw, both inside and outside the museum, from showing up
In my dreams, undisguised and speaking
A weird language I should not know but do.*

*I suppose if I had been an electron
I could have bypassed this whole confetti of faces and events,
Simply danced between the octaves,
Counting the different forms of energy and matter my friends
Having the same kinds of relationships, avoiding conflict and details.
I suppose if I had been a flower
With sexual pollen dripping down my petals and thighs
All the bees would fight to be with me
And I could be completely passive in the whole affair.
Even if I were an olive branch, my meaning completely symbolic
Between mercenaries and capitalists,
Then the entire menagerie
Would be no more than a farm stand beside a backwoods country road
That would soon vanish as a brief nightmare
Before the rising light.
Of course the Vatican is not the only one who knows
How to deal with this. Movie stars, court magistrates,
Psychiatrists who want to be novelists, each has a cure
For the halo that leaves its own head and wanders
Through the lush tropics dwelling unseen between the lives of others,
Whether casual or enmeshed. In one of my childhood fables
Told or read to me by someone
Who is now dead
A pancake escaped its maker and rolled down a hill. It got by the chickens,
It got by the neighborhood bakers,
It got by the girls in red dresses who chased it all the way to the river.
It got totally away. It rested. It grew strong.
The next day it rolled along the path of a trusting, wise looking
Older dog. They conversed. They agreed. For a ride over the river
On the sweet dog's back he would reveal all the magic
And hidden formulas that ruled the kingdoms of smell and appetite.
They rode the currents; they eschewed the fish, the eels.
On the other bank
He vanished quickly into the belly of the great beast
Who knows neither shadow nor light.*





An Unspoken Language

HAVE A RUMBLING IN MY STOMACH,” Max began as he sat down in my office for the first time. He went on to describe that the sensation would begin shortly after he awoke in the morning and last until about 6 o’clock. The evenings were essentially rumble-free. Max’s internist had checked him out physically and then had suggested he come to see me. In all his 72 years he had never been to see a therapist, but, he said, he thought it was worth a try, as he was in great distress. He also noted that he was having some unpleasant thoughts that were troubling.

After listening to his description of symptoms for a while, I proposed that we try something. This was a very uncharacteristic move for me, a psychoanalytic, relational therapist. One thing was sure—I had never before done this in the first half hour of a first session. My usual stance is one of inquiry and empathic listening, piecing things together in my mind, attempting to get a fuller picture of the patient’s life and the reasons for their coming to my office at this point in time. Max had no way of knowing this was a departure from my usual approach, and he readily agreed. I began a relaxation exercise with him, asking him to pay attention to his breathing and close his eyes if he was comfortable doing so, guiding him into a relaxed state.

When he’d settled in, I asked him to think of something I called a “resource,” which I defined as a place, a person, an animal, or anything that came to mind that led him to feel good, relaxed, and safe. He found himself a bit surprised that the first person he thought of was a rabbi whom he’d known some years ago. I asked him to tell me about the rabbi. As he spoke fondly about this person, still in a relaxed state with his eyes closed, it became

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evident that their relationship, though not central in his life, was memorable because he had felt seen, recognized, in an important way by the rabbi. It was significant because it was unusual for this man to feel so seen and known.

Max spoke about this relationship at length, as if in reverie or a different state of consciousness, and talked about how surprised he was that the rabbi had come to his mind. When he'd finished talking, opened his eyes, and come back to the present, I asked how he was feeling in his body. He reported that the rumbling was much less. His delight with this was evident (as was mine). I then talked about this in a somewhat didactic way, explaining the power of the mind to calm the body. Max, a scientist, had recently retired from a position at a think tank. Accomplished in his field, he was a cerebral man who had been quite puzzled by his symptom. He was surprised and pleased that his mind could be used to calm his physical self. We agreed to meet again.

This story emerged in the next session: Max's retirement had left him feeling a bit lost. The unpleasant thoughts he had referenced involved regrets about some professional decisions he'd made in the past. It seemed to me like a coming-to-terms with his human limits as he let go of his professional status on retirement. It had not escaped my analytic eye (nor probably yours) that the rumbling seemed to occur during what could be thought of as "office hours."

In the sessions that followed, Max talked about his efforts to engage with his wife more around his distress and his thoughts, and he reported that she had been comforting and attentive. She had also sought his input on some of her own professional projects, which he had felt good about. Max described his conscious efforts to connect with people, from casual encounters to planned meetings with colleagues. He used the relaxation exercise on his own between sessions, sometimes using his thought of "6 o'clock" as a way of calming himself. We did the relaxation exercise together only one more time, in our fourth session. At that time, his "resource" was his smiling two-year-old nephew, which gave him great comfort and pleasure.

We met for only six sessions. In the fifth session, Max said he very much enjoyed our meetings, yet, with no insurance, finances were such that he didn't feel he could continue. And his symptoms were gone. We met for one last session, to wrap up and say goodbye. He sent a note about a month after we ended, saying that my help had been invaluable and had made a great difference.

So, what happened here? How did this therapy help Max? These sessions occurred shortly after I had had some training in trauma treatment with Dan Mermin in an AAP Training Institute, where we had talked about paying attention to sensations in the body. I responded immediately to Max's description of the "rumbling" in his stomach, which was why he had come in as far as he knew. It would have been very easy to become engaged in the *why* of the rumbling, rather than in the rumbling itself. Had I done that, would he have felt heard? Maybe, maybe not. I believe it was important to his healing that I heard him and respected the way he came to me—with a bodily signal that something was amiss.

Yet, the attention to the rumbling sensation did not remain a major focus of the time we spent together. Max did report on it weekly, but we would then talk about what else had been going on—with his wife, with colleagues, with his thoughts and dreams and memories. Memories of childhood were coming back and he brought in some stories from that time, some of which were troubling, some very pleasant. In the last session, he

brought a photograph of his family when he was a curly-haired baby. And this man, so reserved, hugged me as he left.

Was this a psychodynamic/relational therapy? Why, yes, I think it was. While I was using particular skills I had learned in the trauma training, I believe that the context of the relationship was the more important healing factor. I listened, I heard, I linked some of his present feelings with stories he told me from the past. The seeing and understanding were transmitted initially in my zeroing in on the somatic symptom. This was a deep expression of understanding and empathy that words, such as “I see” or “I understand,” could not have conveyed. To paraphrase Carl Rogers, I believe I provided a relationship that Max used well for his personal growth. As you can deduce from this sketch of the work, there were many subtle and unspoken aspects to this work, as in most psychotherapy relationships.

An entire therapy, a successful one, lasting only six sessions, was an unusual experience for me. Historically, I have considered a six-session therapy a failure, as my clinical experience told me that it takes that long, and often longer, to begin to get a sense of the underlying reasons that someone has come to see me. Max has me reconsidering that assumption. While I find a longer, more engaged, depth therapy gratifying, this therapy gave me a different kind of gratification. I am reminded again by this experience that healing can happen without the kind of articulated emotional understanding many of us have come to value. I think that this was a case of intuitive responding to an unspoken need, much like the rabbi of the first session. Would I have liked to continue meeting with him and could that have been fruitful? Yes, of course. And I am not in control of that—another valuable lesson. Thank you, Max. ▼

Imagine a Kite String

Danna Faulds

Imagine a kite string, taut and strong,
the kite to which it belongs dipping
and soaring against a clear sky.

Imagine you could send all your
psychic baggage up that string,
all the lifeless, frozen, shameful
things that hold you back slithering,
crawling, or streaking upward like
lightning in reverse.

When your worst nightmares and
deepest wounds are flying with that kite,
cut the string or simply let it go.

Watch the kite drift on the wind
until it disappears from sight.
Where it goes is not your business.

Surrender is that weightless instant
when the kite no longer tugs and
the truth of you shines through.

Surrender is both the choice to
release the past and the willingness
to see yourself lit from within by
the infinite. Prepare to be surprised.



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Taking a Chance on Love: Self-Revelation in Psychotherapy

Here I go again
I hear those trumpets blow again
All aglow again
Taking a chance on love
Here I slide again
About to take that ride again
I'm starry eyed again
Taking a chance on love
—Lyrics by John Latouche and Ted Fetter, 1940

ONCE HEARD THAT, AS THERAPISTS, WE WANT TO LOVE OUR CLIENTS AS WE LOVE OUR FAMILIES, AND WE WANT TO LOVE OUR FAMILIES AS WE LOVE OUR CLIENTS. The road to that love is often paved with self-revelation as it enables us to deeply know each other. It is also risky since we may be rejected as a result of what we reveal. This is, of course, true less for the client; therapists rarely terminate a therapy because of what has been revealed, although clients may not know that. For the therapist, revealing oneself is taking a chance because it might offend, put off, overwhelm, or distance the client. I am in favor of the risk, judiciously made.

I have believed for a long time that revealing myself to clients stimulates them to be more revealing and helps speed the process of psychotherapy. My early experience as a client did not support that view, however—or perhaps it did. I saw a psychoanalytically-oriented psychologist in New York City. His consulting room was in his apartment. There was a small bench in the entryway where one would sit until he emerged from a hallway on the right to be invited into the consulting room. One morning as I waited he emerged, but instead of inviting

me in he grunted acknowledgement of my presence and proceeded past me into a hallway on my left. I noticed he was cradling a bowl and spoon in his right hand, attempting to hide it from view. I wondered if he thought I did not know he took nourishment. I learned a lot about how not to be as a therapist from him, although I had no intention of entering the trade then.

In a recent therapy I was sitting in the therapist's office when I realized he was the first therapist I had not seen in his home. I began to think of what is revealed in being in the home of one's therapist and what that means. I have seen clients in a home office for decades and rather like the intimacy of that. Clients also seem to like it. I deliberately revealed a lot of myself in the two non-home offices I have had, as I think too much hiddenness is counterproductive. My offices are anything but generic, filled with bibelots collected on journeys, my wife's needlepoint, photos of me with friends and family, as well as books I have read that are not professional literature. No client has ever objected and requested me to be a blank screen in a sterile environment. In fact, more information is frequently sought. A client once told me she felt I trusted her because I had photos of my family in the consulting room.

When individuals come for therapy they are usually anxious; it is unknown territory. They know little about the process and less about the therapist. The first session is filled with revelation on the client's part. Many come to the second session feeling over-exposed by all they revealed in the initial meeting. I believe it is normalizing and reassuring for the client to be able to garner some information about the therapist. It can be comforting to see a wedding ring, photographs, a worn Oriental rug, or a piece of airport art purchased on a vacation. These things make this stranger with whom one has shared intimate details of one's life into a more human person and that can help solidify, if not deepen, the nascent relationship. Although the transference likely begins with the initial phone call, it is influenced by what therapists show of themselves. Likewise the countertransference is influenced by both the transference and what the client reveals about self.

Nowadays it is remarkable how much revelation there is about therapists without their consent or knowledge. For instance, Googling a therapist will tell you about political contributions, home addresses, and all sorts of other information once kept private. Oddly, the therapist who saw me in his office happened to have a lot revealed when I Googled him after the therapy was over to see what was going on with him. I was given a link to a site where his wife, an interior designer, showed off their house as an example of her work. I checked it all out but got too much information: I did not really want to see his bed or toilet or dining room table. I wonder what the effect would have been had I seen all that during therapy. I think my transference to him would have been less robust because I would have had specific information rather than the projective images in my imagination.

So, the question may not be, "To reveal or not to reveal?" but rather, what is useful to reveal and how. I have wondered where the proscription against revealing came from. I assumed it was the early analysts, but then I remembered they saw people in their apartments and took them on vacation with them. I do not know if they ate meals together, but I suspect they did. Whether they swam together I do not know; they did go hiking and walking. The extent to which the therapist's private world was therefore known to the patient was enormous. And psychotherapy survived and transferences were resolved.

Clearly Freud could be a blank screen in the consulting room while a well-decorated screen outside of that room. Obviously, he believed that patients could handle all that they learned about the therapist, which convinces me I should believe that, too. He also knew that, once in the consulting room, the transference and countertransference would resume, perhaps enriched by shared experience and information.

I think it necessary to draw a distinction between what clients can learn about me from the way I dress and furnish my office—how my home or office is configured, and the bits of my history that show in my consulting and waiting rooms—and what I reveal through communicating my feelings, beliefs, and history. The former provides minimal insight into how I live my life, the latter what I am.

Whenever I have the impulse to tell something about my experience, I wait; if the inclination does not go away or comes back later, I reveal it. It is rare that a client does not thank me for doing so, as it normalizes what they have experienced or gives them another way of thinking about what is going on with them. Of course, the stage of the therapeutic relationship matters. I once revealed a story about getting an erection during a massage. I think it was to help the client deal with his shame, but it was also to expose me as fully human. This was a client I had been seeing for a while, so I felt it all right to reveal something so intimate. Years later he referenced the story and how it helped him in his own work as a therapist by giving him the freedom to reveal himself.

The level of trust and intimacy in the therapy relationship helps me have some sense of what I should or should not reveal. With some clients I let them know I am married and a father, while with others I do not. That information makes some feel comfortable and perhaps joined as they deal with the struggles of marriage and parenthood; others it makes jealous because they want me to be their exclusive father.

Self-revelation by the therapist benefits the therapy by helping clients to feel more comfortable, accepted, joined, and equal. Revealing my foibles and failures helps make it all right for them not to be perfect. If I am forgiving of my errors and failures, I model compassion and forgiveness for oneself. The therapy relationship slowly deepens as the two participants learn more about each other and accept each other and themselves. This is akin to the process of maturation each of us experiences as we age and evolve.

Self-revelation by the therapist can also damage the therapy relationship if the client is not ready for the information or prefers the therapist to be unknown or a mystery. It is incumbent on the therapist to be careful and judicious in what is revealed. Revealing too much can be overwhelming. Telling a client about one's financial difficulties as a means of explaining some lapse of attention can cause the client to worry about the therapist, switching the focus to the therapist. I never reveal any health issues my family or I might have, as that would easily make the therapy about me, not the client.

Therapists should not misuse self-revelation to work out their own issues, using the client as a sounding board or source of sympathy, support, information, or forgiveness. Self-revelation by therapists is in the service of enhancing the therapeutic relationship and the therapy, not enhancing nor aiding the therapist.

Trust, risk, self-revelation, and love judiciously promoted and used are powerful ingredients for successful therapy. ▼

You know, you are all right.
The time will come.
And you will know that
the process of becoming happy,
as all the poets are right,
never ends. And yet happiness
only comes from an awareness
of that knowledge, and acceptance
of it. We are just here.

There's nothing we can do to change
ourselves. And yet we must live
and be happy in a sad state
to prosper. There is no other way.

The Transformative Power of Being With

SHE STOMPED HER FOOT AND POINTED INSISTENTLY AT THE “FREEZER” (as I then thought it to be). I moved again, equally determined, toward the refrigerator. She stomped again, letting out an unintelligible sound, nevertheless crystal clear in its meaning: “No, there!” We were clearing the dining room at the brain-injury clubhouse, putting away leftover salad toppings to be used again the next day. It was my first day in the kitchen, just days into an internship where I was quite out of my element. Julie was part of the regular kitchen crew. A series of strokes had left her unable to speak and with limited use of one arm and an uneven gait. It was hard to gauge how well her brain worked, beyond its inability to communicate. In that moment, I couldn’t imagine why she wanted to put these toppings in the freezer. Unable to budge her, I finally decided to humor her; later, when she wasn’t looking, I would move them. But as I opened the “freezer,” I laughed out loud. For it was not a freezer after all, but a second refrigerator. I knew this—I had put a cake in here on my first day. The freezer was behind me. But somehow in that moment of standoff, *my* brain had become confused. As I now observed, groceries went into one refrigerator, leftovers into the other—and Julie knew this.

I laughed at my mistake, confessing: “I thought this was the freezer—I couldn’t understand why you wanted to put salad toppings in the freezer. I should have known that you knew what you were doing, you work here every day. I’m just starting. I know squat. I should have listened to you.”

She laughed in delight and walked over to her locker, returning with her communication device. She typed in, “So happy, Carla,” beaming at me. I felt tears in my eyes, moved that my simple honesty could mean so much to her. I drove home thinking about how important it would be for me to get out of my own way—and out of theirs—allowing these clients to use the skills they still had, without my nervous interference or discomfort with

their disabilities. It was a first glimmer of how much I would learn from them—mostly about myself.

Julie adopted me in that moment. She would beckon me to a seat beside her at lunch or come get me to fix her ponytail. She hated to use her communications device, but did so increasingly in an effort to communicate with me. Yet, true to form, she had a mind of her own: I scolded or frowned when she left the lunch table to go outside for a smoke; she shrugged and went anyway.

When the time came to choose someone to work with in individual therapy, I wished it could be her. We had this connection. And I sensed that there was something inside her that wanted, needed, to be heard. But how? She could not speak at all. Even with the device, her typing was slow, her spelling atrocious. Her communications didn't go deep. Supervisors echoed the futility, adding that she had declined such work in the past. But one finally noted, "We might as well ask her. She's joined to you at the hip." They asked. And she said yes.

So we began weekly sessions. I talked more than I'll ever talk in session again. And she typed more than she had ever done before. I asked a lot of yes-or-no questions. We played our own version of charades, both laughing at my mistakes, sometimes so far afield. We certainly didn't do deep analytic work, in any traditional sense, but there was no denying the strong attachment that operated beyond language to change us both.

I learned a sketchy history of drugs and alcohol, hard living likely contributing to her strokes. And of an abusive ex-husband and an estranged daughter, completely cut off, ignoring Julie's previous bout with breast cancer with a cold "I don't care." I heard and felt her loneliness, her wish to be in a relationship again, her deep longing to know her grandson. I witnessed bitter tears, but also her delight in small pleasures. She reveled in the attention of these one-on-one sessions, experiencing a new "voice" and feeling "heard" in ways that she had not for so many years. I continued to learn to get out of my own way, and hers, and to accept my messy imperfection. I experienced the healing power of simply "being with"—transformative on both sides. Julie didn't need this fumbling, self-conscious intern to have it all neatly figured out, to phrase the perfect interpretation, or to master the right technique. She didn't need me even to fix what was broken in her life. I just had to be there, to see her, stay present (with her and with myself), curious, and willing to be messy, to be real. It's there, in the relationship, in that connection, that transformation happens.

Ours was a hard good-bye, tears on her face and in my eyes. This first client, for such a brief tenure, remains present with every subsequent one, reminding me often of these early lessons—and in moments when I need to appreciate my own life.

As our work drew to an end, I helped her to write to her daughter: an apology for past hurts, a request for forgiveness, a testimony of changed living, and a plea to see her grandson. When my internship ended, the letter remained unanswered. It was still so when I visited some months later, but she had a new picture, of *two* grandchildren, and a beaming smile of hope on her face—shining through the tears of reunion. ▼



Person-Centered Process: The Soul of Therapeutic Change

A YOUNG MAN—LET'S CALL HIM WESLEY—wanted desperately to break free from his own arrogance, isolation, and bouts with meaninglessness. Wesley had an unremitting curiosity about his own depths. Yet during one session, I became distant and agitated. I recognized that I hardly knew him, this warm-blooded creature with an intriguing mythology. The liveliness with which he examined the significance of histories, occurrences, and distresses within the text of his own personal epic was eclipsed by my own growing repulsion for him. I wondered if others had felt this way, if anyone loved or even liked him enough to tell him. I recognized that if I withheld my own reflection from this encounter, I would be of little use and a mere Rorschach from which to affirm preexisting and self-defeating assumptions.

And so I told him. I shared my early affinity with his apparent drivenness toward self-betterment, and I described my growing gut-level disturbance at his unceasing existential calculus. I recounted that day after day, and now week after week, he had woven poetical meaning retrospectively of his long-dissolved childhood family, the trials of his teen years, and now his grand despair in failing to decipher his own destiny which he hoped would provide the key to present choices he meanwhile avoided. To what end? I felt convinced that he would find no such key.

He remained unsuspecting of his own motives in justifying what I saw as virtual inaction toward his stated aspirations—peace with himself, connection with others, and purpose in life. Here he slumped, having for weeks not shown any sign of life outside his own archeological dig into the dynamics of disconnection he had long since

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calibrated to a science. I found Wesley self-absorbed and unaware of his egotism.

Wesley had to attend frequent meetings at work, a vast supply of human beings for whom he had little regard. I suspected he spent as much time in meetings as anywhere. And so, painstakingly, I coaxed Wesley to talk me through his meetings, to share with me the aura of the hallways with their sounds of wood-soled shoes—ca-clap-ca-clap-ca-clap—reverberating off the walls, the niceties at entry. What did he feel when his counterparts looked at him? No, no—not what he thought of them! I had to continually redirect: “Wesley, surely they look at you? They say things? Glance your shoulder or hand? Question you during the meeting? In your breathing, your muscles, your posture...how or what do you feel?”

“Kind of voyeuristic, don’t you think?” Wesley guarded his discomfort and loss of control with jest. Touché. Wesley squirmed in his seat and looked irritated. Half-rolling his eyes, he countered with a proposal: “I’ll tell you what I felt if you really want to hear.” I did. “What I feel, and I feel it down in my bones, in the fibers of my being, is that they don’t give a flying you-know-what about me. They’re all just dicks in the mud.” I chuckled. “Sticks?” In the next 20 or so minutes, I met Wesley.

In *On Becoming a Person* (1961), Carl Rogers notes, “Each individual appears to be asking a double question: ‘Who am I?’ and ‘How may I become myself?’” Wesley had begun to “drop one after another of the defensive masks with which he has faced life” (p. 123). Rogers asserted, “The curious paradox is that when I accept myself as I am, then I change” (p. 17).

“I’m my own person. I’ve always had to be.” A psychologically fragile kid from an emotionally volatile home, Wesley had learned how to be a real “a-hole” (his word, not mine). He leaned forward in his seat with his nose toward the ground, and he would occasionally peer up at me, gauging my reactions to disclosures that seemed raw, honest, and cathartic. In those remaining minutes, Wesley asked me what I meant when I offered reflection and how I felt about particulars he shared, more than he ever had before.

I liked Wesley. I found him endearing and interesting. And I told him so. I think he picked up on my change, as I embraced his. I remember catching a pattern of “I’ve always wanted to’s” and “I hope one day I can’s,” collecting them on my college-ruled pages, and encouraging him toward action.

The following week, Wesley proudly handed me a movie stub. He had wanted for months to introduce himself to a colleague who attended a regular meeting with him. He pegged her as a sweet oasis in the desert, by which he meant the other people in the room. That day, having experienced himself differently, more tuned in and social, he approached her. That night, he joined her and a few others at a local cinema.

Wesley and I continued to meet for some time on a near-weekly basis. One week, he surprised me by sharing that he had begun volunteering for an urban community service organization which he continued for the time I knew him. One day, he brought in his two closest supports—his sister and brother-in-law—to meet me. He told them that I had helped him. I believe, somehow, I had.

Stirring Courage

We evaluate. That’s what we do as therapists. We ask question after question after question, and when we’re not asking questions, we’re noting answers to questions we

haven't asked. We're so curious, professionally curious. It's a trained curiosity, and, if we're not careful, a habitual curiosity, a distractive curiosity, a harmful curiosity. James Hillman (1967) warned, "Curiosity awakens curiosity in the other. He then begins to look at himself as an object, to judge himself good or bad, to find faults and place blame for these faults...to consider himself as a problem rather than to feel himself as a soul" (p. 23-24).

There is often a contradiction between the mounting diagnostic image of the client and our experience of the person before us. There is a gulf between that which is evaluated and the essence and identity, strengths and hopes of the person who comes to us. We must cultivate space to come to know the whole person. This begs the question of what the "knowing the whole person" entails.

Wesley found himself restless, having polished his belief systems and social structures, disingenuously and from a safe distance. As Wesley grew in age, he had become increasingly surrounded by people and yet increasingly unpeopled. He knew logically, even intuitively, that his life was worth much more than the success he had achieved. The irony of our modern digital ubiquity is that while friends are so effortlessly accessible, they are increasingly relationally inaccessible. There he had withered.

As I sat with Wesley—related to, became irritated at, listened with an overwhelming sense of pain and care, laughed, facilitated reflection, offered reframe, engaged in limited disclosure, challenged, gave space, sat back, leaned in, and wrestled—I began to see more fluidity and risk-taking in our give-and-take. Yet, I found myself questioning whether he could meaningfully shift this way or that, could truly change.

In C.S. Lewis's (1950) story, *The Lion, the Witch and the Wardrobe*, Aslan, the noble lion, comes to reverse the curse on Narnia. The initial sign of Aslan's activity in the land is seen in the melting of snow. Winter begins stirring backward, and there is a rise of hope and anticipation of the dawn of a new day. When clients enter therapy amidst distress, snow is so often still covering the ground. There exists some cold force keeping it "always winter and never Christmas" (p. 20).

Wesley needed to enter a change process in the midst of ambivalence about change. Openness to change came about in its time, but it was not for me to know the time, to mandate it, or even to instigate it. Wesley was free to express skepticism toward change and the possibility of change. A posture of acceptance, curiosity, and in some cases respectful confrontation toward such reluctance led Wesley into a mode of contemplation, a fundamental early stage of change.

Kierkegaard contended that our most common despair is in not choosing to be oneself. He declared, "To will to be that self which one truly is, is indeed the opposite of despair" (1941, p. 29). He analogized our anxieties as peering over a cliff—the piercing excitement that you could fall over and plummet to your death combined with the simultaneous terror in knowing that you could throw yourself—fear and dread, respectively. We live at the mercy of both that which is outside our control and of that which is within it. And so, we live either in fear or dread, or courageously in spite of them, especially in spite of what we cannot control.

The task of helping is, in part, one of empathy and its byproduct, encouragement. As courage expands, openness to change merges into willingness. Willingness is an expression of courage.

Faith, hope, or even relationship may catalyze transformation. This sort of change

demands great preparation and care and patience. It is surprising to many that when transformative changes do occur, they often come in subtle ways and bring with them simple joys.

A Person-Centered Process

Is the challenge of therapy to fix problems or to facilitate constructive engagement with the emotions and beliefs that bind and unbind them? To become increasingly flexible and resilient, clients must experience freedom within the felt pushes and pulls of powerful, self-perpetuating forces in which problems maintain themselves. If a client is to meaningfully change, transformative experience must occur. I worked diligently to create a therapeutic space for Wesley and me to face his troubles together in a way that was helpful and, ultimately, growth-inducing.

One of my graduate professors, Bill Collins, taught me that “pathology” is a dangerous and untenable categorization of a person’s experience. He contrasted “providing treatment to people” with “puzzling through a process with someone.” As an illustration, he told of one friend whose father, growing up, would never let him finish anything without taking over. His friend would, as his father asked, begin to drive in a screw, and before he could finish, his father would grab the screwdriver from him and say, “Oh, just give me that.” Those kinds of experiences, he noted, leave long-lasting impressions on a person in regard to self-worth and one’s competencies. Bill advised that we are to “help others to unpack their conclusions about who they are.”

I thought about what Bill had taught me as I saw Wesley return again and again, heavy-laden and perseverating about difficulties outside of his control, oblivious to that which was within it, and persistently breathing life into a burdensome caricature of himself. What could I offer him? The therapist has power to offer empathy, and empathy has power to re-shape experience. Once a client experiences himself feeling, thinking, or behaving differently in-session, he will experience himself differently in life. As I met with Wesley, I faced again and again my own sense of angst, my own insatiable self-reflection. Perhaps in retrospect I saw parts of myself in him. Admittedly, there may have been days or moments when those parts invigorated my own investment in Wesley’s journey, rooting him on as if his destiny was somehow tied up with my own. Was this countertransference a hindrance or a help, appropriate or unprincipled? There were times when our similarities were almost too apparent, to me. Wesley only knew that I was genuinely curious about who he was becoming and compassionately engaged to coach him into action. He was unaware that there were days I stepped away from the office after our sessions for an unplanned neighborhood walk to consider my own temperamental inclinations and social oddities. We psychotherapists must wrestle with our own identity as we wrestle with our clients. There is power in that sort of dual process. Modern systems of care might rather that we offer a manualized and measurable treatment devoid of personality and personal liability, yet ever there remains inherent in our work a personally-charged dynamic between the broken healer and the broken seeker which is, at its best, a necessary and beautiful burden of our trade.

We must be cautious of the increasing demands for “evidence” and remain wary of the peddlers of newly fashioned practices that claim to offer better help to clients and whose institutional practices nudge psychological professionals towards turf wars and a

kind of increasing intellectual hegemony in our field, rather than the sort of second-order dialogue that led us to where we are today. I'll not follow the trail further down that particular rabbit hole at this time, but suffice it to say that rote practice models prescribed by brand name treatment cadres are not the soul of therapeutic change.

A week or so after Wesley brought by his sister and brother-in-law to meet me, I came to session prepared with a short essay I had written about our time in therapy together. It spoke of a new strength I had seen in him over a period of months, of the courage he had embodied in his work with me and, increasingly, in bold decisions he made and actions he took between our appointments. I found myself shaking a bit and my voice quivering as I held back my own emotion while I read to Wesley. Then I sat silently in my own vulnerability and, frankly, feeling of awkwardness. There was a part of me that wanted Wesley to like what I had written for him and another that simply wanted him to hear it. Wesley and I decided together somewhat spontaneously that this would be his final session. His parting handshake gripped tightly, and I glimpsed a glint of newfound confidence and gratitude as we laughed and said our good-byes.

If a psychotherapist is lifeless or his technique too technical, his efforts to help may be worthless. Treatment, in this case, is a poor excuse for scientific experimentation. If a psychotherapist is not fully present as a warm, accepting, genuine, caring person, then the power center of therapy remains turned off and, for all practical purposes, ineffective. Ultimately the person-centered process is the soul of therapeutic change. ▼

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I breathe in acceptance
and breathe out fear,
making space for all
of me to be here
without judgment.
I breathe in love for
the hidden, dark,
and quaking places.
I breathe ease into
tightness and light
into the shadowy,
walled-off rooms of
the psyche where
doors were tightly
closed for so long,
and windows shuttered.
I breathe in divine
presence and let go
of any obstacles I can.
I breathe this moment
deep into the center
of my being and breathe
out everything that
isn't now. I breathe in
power, strength, courage,
and the willingness
to say yes to life,
not as I wish it to be,
but as it is, resplendent
in its silent generosity.



Staying the Course

CONFESS THAT THIS IS ONE OF THE MOST CHALLENGING CLIENT SITUATIONS I HAVE EVER WORKED WITH. While the story is painful, the main issue for me is that during the course of this couple's treatment, I was personally going through one of the most difficult times in my own life. I was very slowly and painfully coming to terms with the end of my marriage and the devastating effects on me and my son.

I met Kyron and Deliah at a weekly support group that I lead for an infertility practice in Atlanta. I had personal experience with infertility myself, and after completing treatment and moving forward, I was drawn to make this area a practice specialty. Kyron and Deliah attended the support group as a couple, and Deliah came alone as well. They are an African American couple, ages 31 and 32 respectively. They have been married for nine years and have been trying to start their family for six years. When they had been married for six months, they became the legal guardians of Leonard, Deliah's autistic four-year-old brother. This was not planned nor anticipated, but necessary in their eyes due to the conditions they found him living in.

Both Kyron and Deliah come from incredibly wounded, dysfunctional and regressed family systems. Neither has a parent or sibling available in any way to offer support and comfort. All family members are in the New York area. Kyron and Deliah are emotional orphans who were the parentified children in their families growing up. Both have detached from their families of origin and learned to function as a nuclear family system without any generational connection.

As time and unsuccessful treatment went on, they decided to come in for therapy as a couple, and Deliah

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also came individually. Her schedule allowed for this option, and she felt that she was “draining” Kyron in the couple’s sessions. They initially stated that they did not believe in therapy, but had felt compassion and support from me in the support group, so they decided to try. They had many questions and concerns about cost, weekend hours, and content in sessions. I was being tested and figured out. The demands of infertility treatment do not allow much time or emotional energy to make new friends and get involved in the community. They remained isolated and relied primarily on each other for support. They were getting burned out, so therapy seemed to be the only option left. Support group was not enough at that point. I felt honored to be included in their small and carefully structured way of functioning and hoped that I would not let them down.

At the time of their treatment, I was personally embroiled in a toxic marriage that was coming apart at the seams. I was trying to hold myself together by my sheer desire to not give up. Good old stubborn pride and a well-trained role as the adult child of an alcoholic were present as well. My ex-spouse steadfastly continued to self-destruct without any identifiable awareness of the damage to himself, me, and our young son. I could readily relate to Kyron and Deliah’s sense of mistrust, isolating behavior, and hard-nosed dedication to “make it work” no matter what the cost. As I began my own journey of acceptance, working deeper in my own therapy, I began to confront my resistance to see the truth. I worked harder in my 12-step recovery, with a sincere humility and willingness to deal with my powerlessness over my spouse and his process and my hope to singlehandedly heal the family and make the fractured marriage work. I got out of denial and bargaining and stepped into my reality. I began to let my closest friends and certain family members know how much pain I was in and how difficult my life had become. I opened my heart to let these people into my life in a helpful way. I believe that my opening up to trust others gave me the confidence to help Kyron and Deliah with their fractured sense of self. I was able to see that if I let myself down, I was more at risk to let them down.

Kyron came in as Deliah’s support person for the first six months of therapy. He deferred any needs that he might have as being “less than hers.” Deliah came in with intense grief, depression, hopelessness and anger. She watched many other support group participants struggle, achieve success, and move on. She was connected to these women/couples until they stopped coming to group as they had their babies. Deliah tried to stay in touch after these women left, but they were not in her space and were less available. Kyron was becoming more depressed as he couldn’t keep up the supportive posturing for Deliah and was depleted himself.

Around the time of our six months’ mark together and with support and suggestion from me, Deliah and Kyron changed doctors at the practice. This doctor tried a new protocol. He did not shame Deliah about her weight and was supportive about using a new medication approach. It worked! They made four viable embryos, two males and two females. They chose one that had the highest grade to start with. All embryos had been tested for genetic problems and came back without any issue, which is excellent news. They implanted one and froze the remaining embryos. They were able to achieve a pregnancy and were miraculously expecting. Over the years, Deliah had bought massive quantities of baby clothes, books and toys. She had a “hope closet” for these loving items and added to them periodically. They named her Lilly when they got the news and decorated the nursery with colors and themes related to having a daughter. I was the first

person they called when they got the confirmation of pregnancy from their doctor. They also shared their good news with their minister in New York and special friends from that church community. They received congratulations and prayers. They were delighted to make it past the first trimester, which is usually the most dangerous time. However, at 21 weeks of gestation Deliah was rushed to the hospital for excessive bleeding and prematurely delivered their daughter. Lilly lived for four hours and then died in their arms. They found out, after the fact, that Deliah had an immature cervix and could not hold a pregnancy. They were devastated. We met every week, sometimes twice.

These sessions with Deliah and Kyron were perhaps the most agonizing experience I have had with a client. They came in and told me every detail about what it was like to hold Lilly and be a family for those few hours. They showed me pictures of her in their arms. In one, Lilly had a strong hold on Kyron's finger. She was very alive for that short period of time. I was moved beyond tears to be allowed to visualize this tender family moment. I was afraid that I wouldn't be able to attend to them in this time together. I sat still and listened. My heart stayed open and constant, and I was surprised to feel strength in myself as they shared. I saw myself there with them in the hospital with Lilly and let them know I was joined in their experience. I told them that I was anxious as I anticipated having these sessions as I knew that I would feel their pain and hoped to be able to be present. They told me they trusted that I could. I felt their faith in me, and it helped me find my inner strength. I was grateful for this trust and for the spiritual experience with them and also within myself.

Kyron started to allow me to help him access his feelings, especially his rage and hurt. I asked him to come in for an individual session. He was so protective of Deliah that he was not able to let himself let go when in session together. He came in and almost immediately accessed his rage, anger, hurt and fears. He shared that when he told his co-workers about losing Lilly, he got a little support, but mostly he was avoided. It was at this time that he allowed me to help him focus on himself. He began to shift from helping others in the work setting to begin to identify and focus on his needs. He began to detach at work and decided to change his method of operating there and in his life in general. He started to develop a sense of himself, his needs and supports.

On my part as their therapist, there were many times that I felt inadequate to handle their primal pain. I met with my peer supervision group and asked for help to be able to sit with this couple. I belong to an informal mental health infertility group in Atlanta and staffed this couple in the case consultation segment of our meetings. I received feedback about my limits and boundaries about being the "only" person who understood them and was there for them. My peers gently and firmly pressed me to offer this couple other options for support. I knew I needed help as I began to dread the time they would be coming in and had to steel myself before I opened the office door. I was anxious that in telling them about my own doubts and need for direction and support, they would feel that I couldn't handle their pain. It seemed that the opposite happened. They shared that they were reassured by my doubts and worries and that I knew when and where to reach out for help for myself.

In fertility practice, the norm is to encourage the patient to "get back on the horse," so to speak. Their physician believed that the cure for their loss was to encourage them to try to get pregnant immediately afterwards. I was supportive of them taking more time to grieve but was no match for the lure of the doctor's promise that, "This time

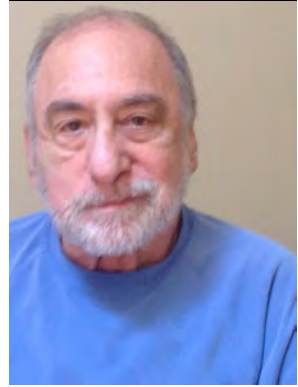
we know what the problem is and can provide extra care.” He told them that a cervical cerclage would help her carry to term. Deliah and Kyron did decide to try again and had another implantation two months after their loss. They were able to achieve a pregnancy and were about six weeks along. They had the cervical cerclage procedure and Deliah was recovering. Two weeks later, without warning, Deliah miscarried. They were inconsolable. They called me and we scheduled an immediate session. They reached out to their minister in New York to deliver the news and left him a voicemail. They did not hear from him, and when they were able to reach him after repeated attempts, he seemed distant and unavailable. Both, especially Kyron, felt abandoned and rejected.

At this point, they became willing to consider taking a break in their journey. Most infertility patients fear that stopping is synonymous with quitting. They agreed to take a break of one year. Their embryos are safely frozen and will be just as good one year from now. We talked seriously about facing their trust issues regarding the care of Leonard, and I encouraged them to practice letting go. They researched and interviewed potential caregivers for him and chose one. They listened to my homework assignments about practicing becoming a couple. Their natural marital development had stopped at the six-month mark when they decided to foster Leonard. Their infertility journey also created a barrier to becoming a viable couple. I encouraged them to take time to have dates and weekend travel plans and to focus on other interests. They were willing to attend a support group for child loss.

They continued in therapy for two more months. Kyron continued to work on building his sense of a self other than functioning as a caretaker. Deliah met a few women through her connection to the child-loss support group and made some coffee dates. They decided they were ready to live life on new terms and began to work on termination.

A significant change for Kyron is that he became willing to forgive those who had let him down, specifically the pastor he saw as a father figure. He learned to humanize the pastor’s limitations as he temporarily disappeared in the face of Kyron’s profound losses. It turned out that the pastor had suffered a child loss and had never grieved or processed his own feelings. This awareness and dialogue with the pastor allowed for some healing and a new relationship to emerge. Deliah began to see other women as supports, not as a reminder and shaming of her inability to carry a child to term. She was competitive in this way, with all women, without realizing it. The planned break allowed this couple to go back and resume unfinished marital business. We had our final session two months after their last loss.

Our agreement is that they will call me when they begin their journey to get pregnant. They know I am a phone call away and that I am not going anywhere. I think about this couple periodically. I send silent love and support with my thoughts and wishes. I know I’ll see them again and will be ready to continue on this journey of hope and courage with them. ▼



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Psychotherapy as an Act of Love

LET'S BEGIN THIS DISCUSSION WITH A FUNDAMENTAL ASSERTION: LOVE IS THE SINGLE MOST POWERFUL FORCE FOR HEALING.

I am not being merely rhetorical. Along with our needs for food, shelter and rest, the need to love and be loved is basic to our well-being. Infants deprived of love often sicken and die; those that survive are likely to be permanently damaged. There is good evidence that the damage is neurological. Love is no less decisive through the rest of our lives. There are few places where one has the opportunity to love and be loved in a safe haven. At its best, family is one of these. At its best, psychotherapy is another.

Acts of Loving

Philosophers and poets have tried to define love. No one has succeeded, for the good reason that love is not definable. Like God or childbirth or death, love is a sacred mystery.

We can, however, describe the characteristics of loving behaviors, and then see how they apply to our purposes as psychotherapists.

Loving acts have a number of attributes. These include connection, presence, acceptance, decision, responsibility and generosity. The person who acts from these attributes is creating love and bringing it to those he touches. Let's consider them one at a time.

Connection is the first requisite for loving. But connection is neither easy nor safe. Connection implies caring, and caring makes us vulnerable. When we connect with someone, we place ourselves in danger of disappointment,

injury, loss and pain. We make ourselves hostage to accident and the will of others. Caring means that life will wound us. It is no wonder that we are often reluctant to love. It can be hazardous, and sooner or later it will hurt.

Yet there is no healing until we join together with the other. In psychotherapy, this connection is the ground on which we stand; it is the fulcrum from which the lever of our personhood can cause someone else's world to move. The client can only benefit from the therapy by being fully available to it; and the client can be fully available only if the therapist is present for his fear, pain or anger. In doing therapy we are limited by what we are willing to tolerate.

The second attribute of love is *presence*. Both client and therapist must be as fully present as possible. To be shaken from his convictions by the client's truth, the therapist must be conscious. This can be frightening. It does not permit us to become stagnant or complacent. It does not permit us easy answers, and it keeps us open to unbidden insights and to change.

A client stops at the end of a thought and says, "It's so good just to talk about this!" He is not simply letting off steam. He is speaking about having someone bear witness to his experience, about not being alone. It's about seeing and being seen. It's about presence.

I was assigned responsibility for a ward of hospitalized patients. We received news that Mary's husband, a man of only 51, had died abruptly of a heart attack. It was my job to tell her. I found her and knelt on the floor with her while she wailed. In the next minute I saw the chaplain enter the room and come for us. I was discomforted; I expected platitudes and false comforts such as I had heard before. Mary, tears falling, looked up at the chaplain and asked urgent questions: "Why did this happen?" she wanted to know. Inwardly I winced again. But he surprised me. He knelt on the floor with us, took Mary's hands and said, "Mary, I don't know. But I'm so sorry, and I grieve with you." My feelings toward him rose. He and I became close friends.

Acceptance signifies the willingness to withhold judgment; this is the very heart of all loving action. Not judging means that we embrace the enormous imperfection and complexity of the other person. We welcome this person for who she is, putting no reservations or conditions on our acceptance. We make the assumption that being loved is her birthright.

When we do not accept and respect this complexity, when we do not receive the other in the intricacy of her personality, when we insist on evaluating her by our own standards, then we cannot truly love her. Her history, wisdom, and pain are ashes on the wind.

The acceptance that embodies love must be unconditional. "Unconditional" does not mean that any behavior is acceptable, nor that you may abuse me. It means that my love need not be earned—that it is freely given, despite what I'm experiencing at the moment. Perhaps the loveliest expression of this unconditional acceptance I have ever heard was spoken by my wife Arlene to our daughter as the latter was preparing to go off to college. "Marisa," she said, "nothing you could ever do could make me stop loving you." It is a familiar feeling for parents who have a child they cherish.

We commonly think of love as an emotion, an event that springs forth without further notice. In reality love is not an emotion, nor is it something that happens to us. It is an active verb. *Love is a decision, an act of will.*

Love does not arrive in a single act; it requires an ongoing series of decisions, made constantly. The person I love does something that disappoints or frustrates or angers me. Each time I must make a choice. Will I cast myself in the role of victim, or will I respond caringly? To love is to make the decision to act lovingly.

To love is to be responsible. The highest form of this is responsibility for oneself. We must be answerable for our own lives rather than blaming circumstances and other people. We must own our mistakes and lapses, and wonder what our part may be in any situation. When confession and apology are indicated, we must do so in an authentic way.

It is not given us to decide what we will or will not feel, but we are answerable for our behavior. I may be angry, even filled with murderous thoughts. I have choices. I can find other ways to manage my anger. I can walk away; I can do nothing at all; I can look for other solutions to the problem.

Responsibility allows us no excuses and we may not play victim. Life deals whatever cards it chooses, and it is up to us to play them as well as we can. We are never entirely powerless, for we can control our own responses.

And finally, *love is generous.* When we love, we are willing to give; we place high value on the good of the other person. To say this a little differently, we strive to overcome our narcissism, to transcend our natural self-absorption.

Love is usually met in turn with love for others and for oneself. Generosity interrupts cycles of self-protection, creating instead a mentality of abundance.

Love in Psychotherapy

Psychotherapy is a branch of the art of healing, not a disinterested pursuit. We conduct ourselves very much within a frame of values; this should not surprise us, for all the original healers were priests, shamans and magicians.

The client should rightfully expect to feel the presence of the therapist. In the midst of discoveries and fears, he should experience this guide walking intimately by his side, empathizing, sharing and caring.

The therapist practices acceptance. She neither judges nor blames, and encourages the client similarly to refrain from judging and blaming. Hopefully the client feels embraced in his wholeness, including those elements that he thinks to be his weaknesses and sins. The therapist may question some of the client's behavior (so he does himself, at least the destructive parts), but he can expect to feel accepted for who he is.

The therapist brings to the relationship her whole self, personal and intimate. And she remains responsible for her part of the relationship.

In generosity, there is a similarity to good parenting. One incident stands out for me particularly. I drive my kid to her volleyball game and stay to watch. Perhaps I agreed to do so because I thought I ought to, or because my wife has scolded me into doing it. I have more important things to do and I am resentful. My mind and heart are elsewhere; I am not present.

There is an alternative, if I will take it. I can choose to say, "Here I am." I can decide to give myself to the moment, to connect and to care. Everything changes now. I experience astonishment and joy over this small person, amazement about who she is. The child senses my watchfulness, my presence, and she feels valued and loved. I am engaged in a silent celebration of her existence, and she thrives.

Generosity is integral to the therapeutic endeavor. The therapist values the welfare of her client. There are certain satisfactions we may legitimately expect from our practice, but the client's wellbeing is paramount. It is the culmination of this generosity to allow him to leave us when ready, even though we take joy in his company and might prefer it to continue.

These gifts also make it possible to endure the scariness that life can bring. When we are present for someone in pain, we offer our compassion, our "feeling along with." If you have had this experience, you know how truly sustaining it is. The words that are spoken scarcely matter. When people have been with me in the moment of my pain, I have little remembered what they said. It is their gift of themselves I recall, and that has been a comfort to me. The gift of personal presence is not that it takes away the grief, but that it enables one to bear it.

All healing occurs in the crucible of loving relationships, and psychotherapy is a loving relationship designed especially to facilitate that healing. Regardless of the theories employed, or the particular processes of any given moment, *the healing always occurs in the relationship*. That is why so many different personalities and approaches are likely to succeed: the healing force may flow in many different channels.

Psychotherapy as Love

It is notable to listen to good therapists of differing orientations. They describe the things they do in diverse ways; what's more, their explanations are even more different. But when we watch them work there are striking resemblances. Among the best therapists, all act with presence, respect, consideration and compassion. Regardless of their orientation, these qualities stand out.

A friend of mine is a delightfully loving person, a Buddhist, and a vegetarian by conviction. She tells me that a remarkable number of her patients become vegetarians during their psychotherapy with her. She is quite clear that she never attempts to persuade anyone to this end. I believe that these people are manifesting the loving selves that they have discovered in the light of her compassion.

One popular teacher of therapy describes his craft in ways that sound autocratic and manipulative. He justifies this in his writings as necessary to the work. But I have seen him with families. Although it is never mentioned in his accounts, he brings tremendous warmth and empathy into the session; you can see people respond to this. His prescribed methodology, in the hands of an imitator lacking these qualities, can generate resistance or even scare people away.

In psychotherapy we hope to teach people to love themselves better. We can help people discover their loving selves only through our willingness to love them.

Sarah is a nurse at a local hospital. Despite her diagnosis of schizophrenia, she is quite high functioning. The people at work think she's a little odd, but are quite happy with her job performance.

Sarah decided she was tired of apartment living, and bought a small condominium near the hospital. Predictably, her parents, who were hyper-critical, told her it was a terrible mistake and ruthlessly criticized her new home.

In tears, she told me how degraded she felt, and how she didn't think she could keep the house. I stopped the session and suggested I follow her home. Once there I asked her

to give me the tour. I told her—honestly—that I thought it was a charming place, I was glad she was giving herself something she deserved, and I expected she would be happy living there. I can hardly tell you what that visit meant to her.

Loving people is not easy. It entails openness to our own changes; to risk, disappointment and loss. The therapist will sometimes have love returned but, like a good parent, may not depend on it or be motivated by hope of it. The therapist's satisfaction must lie primarily in the *acts* of loving. That is contained in the Dalai Lama's wonderful message: "If you want those about you to be happy, practice loving. If you want to be happy, practice loving."

Loving is by no means all there is to psychotherapy. There is observation, interpretation, clarification, teaching, use of the transference, and all the rest. Technique is vitally necessary, though proficiency by itself is not therapeutic. A good perspective was offered me in the course of my martial arts training. The early part of the training was focused almost entirely on technique. In the middle ranks other things were introduced: attitudes, perspectives, lessons in life which came through the practice of the art. Skill was still significant, but as part of a larger unity. By the time I reached the higher ranks, brown and black belts, there were new realms to enter, a kind of wisdom of motion and mind. Much of the time now, there was little conscious thought of craft. It had been subsumed into a higher occupation which was often referred to simply as "the way" (*do* or *Tao*). The parallels to the student, the graduate, and the experienced psychotherapist are exact.

The therapist may substitute for the love of family. Missy was, by upbringing, a strict Southern Baptist; Jacob was raised a New York Jew. While neither of them was particularly religious, the cultural differences were huge. One issue that emerged immediately was the behavior of Jacob's family toward Missy: they were the kind of bigots that you find in every group, and they found it appalling that their son wanted to marry this non-Jewish (i.e., inferior) person. While Jacob reacted to this with anger, Missy experienced deep shame and humiliation, feeling that she was doing something wicked.

Knowing that I'm Jewish, Missy was startled—and at first incredulous—that my attitude did not resemble that of Jacob's family; that I had no such reservations about who she was. We had to return to that theme several times before she was convinced; she checked me out carefully. Then we were able to get on with other relational couple issues.

When Jacob and Missy were married at a local synagogue by a liberal rabbi, I was invited to the wedding. I didn't stay for the reception because I didn't want to be involved with the family. But my presence at the ceremony blessed their union in a way that nothing else could have. While some people would call this a dual relationship, I considered my attendance a part of the couple's therapy.

And finally, loving parenting and loving psychotherapy is letting go, over and over again. It happens for the first time when I stop trying to get the infant to cease crying and allow her to do so because that is what she needs to do at the moment. It happens when I allow her to walk and fall down and get up and fall down again, when I see her off to pre-school, let her be away for a sleep-over, attend school graduation, and so forth. And it happens when she is grown and living her own life and I bite my tongue rather than give unasked-for advice. As with child rearing, the entire course of psychotherapy is permeated by decisions about letting go, allowing the patient to take on as much

responsibility as possible without becoming overwhelmed, letting her make her own mistakes and learn at her own pace, remaining clear that even though I know what might be good for me in her situation, she is not the same person and her answers may be very different.

Yet our thesis remains: *loving is the necessary core of all healing*. Everything else is only the suture that stops the bleeding and closes the wound. It is only the experience of loving and being loved that provides the vital force that heals.

There have always been therapists who have known this. Yet we have been reluctant to say so; we are afraid of being seen as too inexact. Usually our field wants to be considered scientific and rigorous. This has led to the use of terms such as “unconditional positive regard,” as if that provided more clarity than saying “love.” Like most euphemisms, this expression is a pale shadow of reality. True healing takes place in the medium of a tender and loving relationship. ▼

Treatment as a form of conversation... is worth having, especially if it helps us to find new things about ourselves that we didn't know we could value.

—Adam Phillips

Words as Currency

WORDS ARE THE CURRENCY OF THERAPY. I pay my therapist in words and she gives me a receipt in words. We pay each other back and forth during the hours we are together. I have feared that the words coming to me might be so expensive that I couldn't afford to take them out of the box. The connection for me comes when my therapist and I have come to the unspoken conclusion that we are confident enough in our currency that we can just talk "on credit." We aren't measuring words and ideas so carefully; we can be penny-wise and pound-foolish in our speech. Because that is where my vulnerabilities lie—in the spontaneous revelations that come out of my mouth before I've thought too much about it. My connection to my therapist grows as we fall in love with each other and spend madly.

When I am first in love, I spend my emotional currency freely and with little apprehension. I have a bit of a thrill walking into the building where the office is.

The flow of conversation, the things we have in common, create the fabric of the relationship. And there is the moment when the feeling slips into a more intimate place, more than just liking. It's chemistry, not really a specific formula, and it seems to happen spontaneously. I become willing to share my internal life.

Falling in love is being seen—how we love when the façade crumbles, yet still hang on. For my relationship to my therapist to go deeper than "in love," she has to see the bad and ugly and still (appear to) feel a bond. The blemishes complete a picture rather than precipitate a rejection of the portrait.

Falling in love is the place where smells, touch, and sounds resonate with the presence of the other. Where being in a room with that person feels safe. For example: I'm going to show you a really rare coin and you won't take it from me, but you will "ooh" and "aah" about how beautiful and special it is. I may take it out to show you again, and if you remember it, my love will only grow.

Being in love gives me a generosity of spirit. I will wait

and see how things play out, if what you said let me know you really know me. Being loved back means that I can share and not suppose a rejection. I can fall apart, and you won't take it personally.

Looking forward to sharing time, space, words. Sometimes not looking forward to sharing these things, and trusting that the sharing will be my emotional vitamin pill—good for me, make me stronger? Wanting never to put something ahead of my appointment. And we separate and I survive.

I need to hold onto the thread that someone really knows me—maybe better than my spouse or best friend. I get to try on ideas, feelings, new outcomes and see how they feel. I sway and pose metaphorically in front of my therapist/mirror and see my self reflected back. And in a week or so, if I decide that I don't like the look, I can try on something else. Being in love is trusting another person to let you know when you've hit the nail on the head, and can then throw the hammer away.

Sharing moments of common experience is part of the joy of being in love. Oh, you read that book, too? You heard that radio program? You like Brahms? It's a kind of superglue for the heart. It's the sharing and seeing the same thing—if only for that moment.

Yes, love me back and let's see where I end up.

I'm always amazed when a therapist expresses compassion to me about an event that I assumed was so particular to my life that no one else could "get it." That's the part I need to see reflected, to affirm that my experiences/emotions are universal, that I am not terminally unique. For me, the connection occurs when I feel seen by the therapist. That includes seeing where I need to be pushed and when I am not ready to try on the new garment.

Breaking through my boundaries and being willing to be seen with all my flaws, insecurities, doubts, incompetency, and fears is challenging. Yet it is exactly where my "aha" moment lies—where I drop my old story line and really see myself in a new way, where I connect to this other person. I believe that I, as a client, also share responsibility for the integrity of the therapeutic relationship: connection allows disclosure of who we are. ▼



The Relationship: A Dialogue with Memories

IT WAS VERY FOGGY AND COOL WHEN I ARRIVED. I kept expecting the atmosphere to clear. As I walked along what seemed like a beach, I was surprised that I heard absolutely nothing. After a while, the quiet was unsettling. Then after what might have been 50 minutes or so (just guessing but my sense of the length of a therapy hour had grown pretty acute), I heard a sound: “So, it’s you.” The words of a man whose voice was vaguely familiar.

Then he seemed to step out of the fog and I beheld my analyst, the first psychotherapist I had seen, way back in the ’60s. I had engaged in a treatment with him that had transformed my life.

“So, it’s you,” he repeated.

“Yes, it’s me,” I replied belligerently. “Were you expecting a different patient, Dr. Fraud, uh, Freed?” Frankly, having died was troubling enough, but having died and being faced with this blundering dogmatist first thing, was a bit much.

“No. I know you want to talk to me. I died too soon for you to know what you wanted to say. I hope you can understand now that you’ve been a psychotherapist yourself, why I did what I did—though of course, you haven’t done any real analyses, have you?”

I didn’t answer that question with its sneering undertone. Instead I began my attack: “You certainly did plenty of them, didn’t you? And how many were successful?”

“Well,” he began, “that depends entirely on what you mean by successful, doesn’t it?”

Of course, this was pretty obvious and I decided to let him continue, confident he would indict himself.

“Yes. Why don’t you start with mine?”

LOU LIPSITZ, MSW, says, “I have been a psychotherapist since about 1990. I’m improving. I work with more men than most therapists. Also very interested in life transitions since I have had several myself—notably, from teaching political science to becoming an LCSW. I’ve been writing poetry since college and publishing as well. Please check out my website: loulipsitzpoetry.com In response to a naive seeker of therapy, Freud once said: ‘If it can’t do any harm, it can’t do any good.’”

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He coughed. Maybe the fog was getting to him.

“Come on, I want to hear your version. I’m sure you have a version, don’t you? An analytic explanation.”

It took him a few moments to respond. “Well, since you are insisting...really I hate to go over that messy analysis, if it can be called that.”

“Go ahead, be brave,” I taunted him. “Perhaps it fails to fit into any neat category you have available.”

“You just were not a suitable candidate for such depth. In the end, it did you more harm than good.”

“And that was all predetermined, was it? But you failed to see that. I wonder why.”

“I believe it was you who chose to do analysis, not me. I just gave you an objective estimate of the potential costs if you did not choose that direction.”

That was true, I recalled. About three or four months into three-times-a-week therapy, he had brought up the option. Basically, he’d invited me to use the couch.

I’d questioned this option since I knew next to nothing about therapy and absolutely nothing about psychoanalysis. I had read *Civilization & Its Discontents* in college, and all I distinctly remembered was a footnote that I looked up. Freud mentioned a story by John Galsworthy titled “The Apple Tree,” and said about it something like, “It shows how civilization interferes in a natural [or was it ‘instinctual’?] love between two human beings.” I then went and read the story and sad to say, in those days, that story often came to mind because it seemed I had done what the protagonist had done and allowed my inhibitions and fears to stop me from finding such a natural love. A natural love? Did I even know what that meant? Perhaps “nature” had been driven out of us, or anyway, out of me. That footnote made me very favorably disposed toward Freud’s work, and therefore psychoanalysis, though I knew zero about it. Maybe, I wondered if analysis could help me find my capacity for natural love.

“Ok, I remember that. I did make that choice, in my utter ignorance and hope to find someone to give me guidance. You certainly gave the impression that you were standing right up there close to God in your omniscience.”

He frowned. “I never gave that impression. How could I?”

“Oh, yes you did,” I went on. “I recall exactly what you said about the risk I would run if I did not do an analysis.”

“What was that?”

“Think about it. I bet it was the same malarkey you sold to other naive clients. You kept your schedule pretty full, didn’t you?”

Our conversation stopped for a moment. I was remembering with sadness exactly how naive I had been in those days and how deeply I wished to trust Dr. Freed (a great name for an analyst, I must say).

After a while, he said: “Yes, I recall. I told you that without analysis you would have a 50% chance of depression in middle age.”

That was almost accurate. He had said 30%. Regardless, out of what hat had he pulled that figure? But I recall being super impressed with such clinical acumen. Omniscience, indeed. He not only knew me better than I knew myself, but could predict my future, with probabilities no less. I was 29 years old at the time. Now, 60 years later, with 30 years of my own clinical experience, that sense of certainty appalled me.

“How could you state such a figure with such exactness? Aren’t you embarrassed that

you posed as a fortuneteller?”

He laughed derisively. “Do you remember taking the MMPI? That—and your first few months as a patient—were all the data I needed.”

I just shook my head and growled. What a naive fool I’d been. This guy still failed to grasp how he’d presented himself.

I took a deep breath, which apparently was a help even in the afterlife. “Fred, you never answered my original question.” I had never dared to address him by his first name through all those years of analysis. I wonder if Freud ever encouraged any of his patients to address him as “Siggy.” I mean, if he could loan his patients money, and let his dog run in and out of his consultation room, maybe “Siggy” would fit.

“What question was that?”

“Your success rate.”

“Oh, yes, but what is success exactly? Perhaps we could agree it is a more-or-less thorough working through of the patient’s transference issues, no?”

“No.”

“What then?”

“It is the development of a generous, loving and honest relationship between therapist and patient.”

He took a step closer. “Are you kidding? Do you realize what that would require?”

I realized we were getting off track yet again. “Your success rate, by your own standard?”

“At least 50%.”

“Is that based on an exact count, or a vague estimate from memory?” He didn’t like that one, I could tell. “You really don’t know do you? A little less omniscient these days?”

“Well, Lou,” he responded dryly, “how are your successes?”

I laughed. My own examination of my work was more in terms of generating trust. On that score, my work was generally good with some notable failures, especially with some borderlines and people traumatized in early childhood. I had my limitations, some of which I never entirely learned to overcome.

“You know what,” I said right into his face, “you’re still the defensive limited dogmatic jerk you were when I had the misfortune to give you my trust without your needing to earn it. So needy was I.”

“Go ahead,” he responded, “I know you need to get this out of your system before you can move on.”

So condescending!

“You remember telling me I had to give up that woman I had started to have an affair with?”

“I do. Yes, I admitted to you it had been a mistake.”

“Not a mistake. It was unforgivable. You ruined two lives with your know-it-all attitude. ‘Mistake’ doesn’t come close to acknowledging what happened. And admitting that mistake came years later. I distinctly remember your saying ‘WE made a mistake.’ We? No, YOU made the mistake, based on nothing but some analytic dogma you learned in school. It took you years to even notice the disaster that followed. I tried through sheer effort to be a good patient to make up for your flaws and tunnel vision. Of course, I failed, but not before seeing so much damage done. For you, the analysis required nothing of you but your omniscience and various damaging, condescending interpretations.”

“Are you done?”

“Not quite. The most dumbfounding thing is that you never realized I was raised by my grandparents, not my biological parents. To you, it’s all the same. Oedipus, Oedipus, Oedipus. That’s where it all begins and ends.” He frowned. I was trampling on sacred ground.

“Why didn’t you tell me?” he asked, as if somehow it was asking too much for him to have made this inquiry himself. In five years, he had never grasped it. It took just one year with another therapist to uncover this deeply significant fact that had shaped my entire life. He acted shocked. Perhaps he actually was, so blinkered had been his perspective.

“You were too busy making money to do any thinking, weren’t you? You didn’t have the capacity to forage for yourself when your formulas failed to work out. Too easy to blame the patient—not analyzable, too crippled in one way or another. Never a question of your own limitations.”

He looked a bit contrite. “It’s true. I was very busy in those days. My office hours were always full. I had no energy to think about patients outside of the office. But note, I had eight years of my own analyses—four with a man and four with a woman. Most of my clients loved and appreciated me. They were grateful for the suffering I helped them overcome.”

“Congratulations,” I said, “a moment of honesty at last. Nice house you had on the lake. The empire Freud built.”

“And did you get nothing of value from our work? Let me remind you, that woman I made a mistake about...she proved extremely unstable didn’t she? Your marriage would have been a trip to hell.”

“That’s not the point, Fred. The point is that you acted so all-knowing which meant that I was devoid of knowledge. I had to trust you and distrust myself. Is that therapeutic do you think?”

“Yes, I recall telling you that you had turned the therapy into a religion.”

“Yes, and I recall replying that that is what happens when the therapist makes believe he’s God.”

“But let me repeat my question. Did you get nothing of value from our work? You became a therapist yourself. That must mean something.”

I was silent. This was difficult to think about. Yes, I thought, of course it did. But what exactly? I started with an anxiety disorder and OCD symptoms. I had become depressed in middle age despite the analysis. No doubt I did discover the existence and extent and power of the unconscious. But our relationship, despite a promising start, became a continuing source of struggle and confusion. A deep sense of regret came over me.

“How much time do we have?” I asked.

He laughed. “Well, at least 50 minutes. In this place, insurance covers whatever happens but it’s good to have an end point.”

“Ok,” I said. “Thanks to you, I changed my career, became a therapist, and did years of work on myself to truly heal. Perhaps if you had not been so limited by your training, it would have been 5 years instead of 20.”

“But did you enjoy your work as a therapist?”

“Every minute I swore I would never do to anyone what you had done to me.”

“You really do hate my guts. It’s not just transference.”

I tried to summon some of my better self. “I have at times hated your guts, but I know, in your own way, you tried. It would have been better if you had spent some time outside of the office thinking and getting consults about the clients you were having problems with, such as me.”

He smiled. “I’m glad you have become more demanding. I have to confess that in the later stages of my career, seeing fewer patients, I started to worry about them all the time. I was even perhaps obsessed. So, possibly, you are onto a truth about me.”

I had a sudden flash of insight. “So the son can criticize the father after all, without being accused of wanting to kill him.”

“Well, doesn’t that depend on the father? Freud kind of neglected that side of the story.”

“And, I would add, on the mother as well.”

“Oh, yes,” he added, smiling knowingly. “I certainly remember your mother, even after all these years.”

“I believe you’re thinking of my grandmother.”



Daring to Care

THIS IS A STORY ABOUT A CLIENT I MET WITH SOON AFTER THE 2017 AMERICAN ACADEMY OF PSYCHOTHERAPISTS SUMMER WORKSHOP. AAP has a community listerv, and shortly after the workshop was over it was flurried with discussions about experiences from the conference. I'd been participating in a discussion about AAP "family groups" prior to the session with my client. Family groups are small process groups of AAP members that are leaderless and ongoing. Many meet at Summer Workshop and often in the winter as well. Some people have been in their groups for a few decades, while others have not been invited to join in any. They are not regulated. Each group decides if and when it wants to invite new members and whom to invite. Some keep their membership private, even secret, while others readily reveal who belongs. People had been discussing their thoughts and feelings around inclusion and exclusion from the family groups. The listserv discussion had me fully primed and tuned in to my client's experiences in a way that I hadn't been previously.

This client is in his late 20s and has had severe depression with occasional psychosis. He has struggled over the years with unsuccessful attempts at college and working. His mother is helping him apply for disability. I've seen him for about two years, finding our work at times painful because of how little he brings both verbally and energetically to our sessions. His apathy runs very deep. I sometimes dread our work because it's a struggle to fill the hour. This day was different.

He walked in a little late, yawning, with hair disheveled and clothes rumpled. He did his usual: He stared out my window and responded to my questions with, "I don't know," and "I don't care." As is often the case in our sessions, we sat in pockets of silence as he yawned and hummed. I found myself again asking the question in my head, "Why does he come?" I reminded myself as I always do that he had never stuck with a therapist in the past. I had told him up front that his time was his to use however he wanted. There were no expectations. We could talk

about movies, music, or whatever he wanted. He told me once, "It's nice to have someone to talk to even if I don't have anything to say."

I glanced at the clock on the wall behind his head. Only 10 minutes had passed. I tilted my head to the right and asked, "When is the last time you can remember caring about anything?" He shifted his body around and sighed loudly. We sat quietly for about a minute. "When I was a kid, my mom owned a daycare. I remember being glad to be alive. I had friends my age. We would play in the woods a lot." I felt his energy shifting. The tone in his voice had more variation. He spoke about exciting adventures he went on with his friends. I said, "Connection. Belonging." He was quiet and seemed to be lost in his memories. He sat back and looked out my window again and said, "But then my parents got divorced and me and my mom moved. I was at a new school." He put his head down and paused for a beat. "I wasn't cool."

The ongoing discussion on the AAP listserv about inclusion and exclusion from family groups floated into my thoughts. I could hear the words of those who had posted about their painful feelings of not being asked to join. He quickly sat back and slammed the heels of his hands into his eyes, wiping away tears he dared not shed. He was 14 and in a new place with new people. His family broke apart. He lost his connection to his community, his friends, and his family as he'd known it. He struggled to share words about his experiences at 14. I gently spoke about how painful it is to feel rejected. "I wasn't as mature. They..." I added, "...passed you." "Yeah." He then grabbed the front of his shirt to wipe his eyes. To cover the pain, he'd convinced himself he didn't care. This trend continued into college where he found himself without a group of friends, failing out of his classes, and ultimately having a psychotic break. After that, he never found a place to belong. He still feels like an outsider, not fitting into the American values of success because he is unable to work. I again thought of the family group discussion. Many had expressed feeling that family groups were the core of truly belonging in AAP.

Having tears is a vulnerability he allows me to see only very rarely. He lifted his head but kept his gaze towards the floor. Wringing his hands he said, "So maybe I'm so apathetic and don't feel anything because I won't commit to caring." We then spoke about how caring means saying yes to pain because rejection and abandonment are a part of being human. We also spoke about the beauty of connection and belonging that can come when we open our hearts and care.

I decided to tell him about the AAP family groups. I explained how for me it brought me back to elementary school. I was the smallest kid in class and was always picked last for the kickball team. I remember how painful it was to watch my friends on either side of me get chosen. As we shared this experience, he sat up and even laughed a little, joining with me in the awkward discomfort. I also spoke about it taking me back to high school and being selected for honor society. The assembly was in front of the entire school. I remember what a rush it was to feel the tap on my shoulder to indicate that I was in. He was looking at me now, more engaged. He was connected to me. We shared experiences of rejection and belonging. I normalized the basic human need to belong and highlighted how the lack of belonging can evoke deep hurt for all sorts of people at any age...even therapists.

He looked out my window again. He said, "I haven't cared in so long. I don't know what caring even looks like." I smiled. "You cared today. The desire to belong and feel connected mattered to you today. You let me see you. You let me know your pain. You

allowed yourself to belong with me. This is where it starts.”

I felt grateful to have had the backdrop of the family group discussion fresh in my mind. It allowed me to join with him and normalize the need for belonging, the pain that comes from exclusion, and the joy that comes from connection. I left the office that day full of energy. It was such a gift to see my client come alive through connection. Through the sharing of experiences of wanting to belong, we awakened a caring in him that had been dormant since he was 14. ▼

The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed.

—Carl Jung



Gifts in Psychotherapy

This article is a tribute to members of the Atlanta psychotherapy community that birthed me as a psychotherapist. The author talks about three therapists who were important to him, and in particular about Earl Brown and Irma Lee Shepherd, two of the psychologists (along with Joen Fagen) who started Georgia State University's psychology department in the 1960s. They trained many generations of psychotherapists. The psychology department's graduate psychotherapy program specialized in gestalt and experiential psychotherapy, both of which place the relationship between therapist and client at their center, so it is fitting that we would include this article in this issue. Both Irma Lee and Earl served as presidents of the Academy—Irma from 1974 to 1976 and Earl from 1984 to 1986—and true to Irma Lee's name, they shepherded many therapists into the Academy.

—Stephanie Ezust

Lantern

*what is to give light
must endure burning*

— Victor Frankl

how is a psychotherapist
like a geisha?

we sit about the same
distance from our clients

we often drink
tea with them

FRANKLIN ABBOTT, MSW. Abbott's latest project is a double CD of selected poems and new songs called *Don't Go Back to Sleep*. He is author of two books of poetry and editor of three anthologies on men and masculinity. He founded the Atlanta Queer Literary Festival and serves as its program director. A graduate of the University of Georgia School of Social Work, he has been in private practice in Atlanta for almost 40 years.

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we tell them
amusing stories

we listen
to their boasts
and their travails

we vie
with each other
for attention

beautiful kimonos
beautiful gardens

we sit about the same
distance from our clients
close enough
for our auras
to overlap
exchanging
electricity
leaving
as afterglow
a lantern
to light
the way
home

MY POEM “LANTERN” WAS DEDICATED TO MY CLINICAL SUPERVISOR IN GRADUATE SCHOOL, LAURA LEVINE. Laura was the first real therapist I ever met, and I think she both respected and enjoyed my innocence. She allowed me to join her clinical seminar my first semester in social work school. One of her first gifts to me was to reject an essay I wrote about a time when I needed and asked for help. Laura wanted to help us develop empathy about how hard it is to ask. The first essay I wrote was superficial. She handed it back to me. “You can do better than that,” was her comment. It was a lesson in authenticity. She took a risk based on her intuition and pushed me to go deeper—what a great gift to someone just beginning to figure out the strange and wondrous path of being a psychotherapist.

Laura gave me many gifts in the forms of insight and encouragement. When I asked “what if,” she had a pithy answer: What if I forget something important a client tells me in a session? Laura said, “If it’s that important, they will tell you again.” What if I did something to hurt a client? Laura said, “They’re tougher than you think.” One of her favorite things to do after a supervision session, that was often more a therapy session, was to walk me to the elevator. Laura was of small stature. She had gray hair and penetrating green eyes. She would bid me farewell as I stood in the elevator and as the doors closed say something cryptic that I would have no chance to respond to as the elevator carried me three floors down to the lobby.

A decade after I finished graduate school, I edited my first book. I sent Laura a copy. She wrote a thank-you letter and gave me one final gift, one I treasure above all the others. She praised me for writing the book and told me I was “a mensch.” I am not Jewish but I knew the word and I knew it was never used lightly. Laura was telling me I had come into my power and not just in a way that gave me mastery over my craft, but made a place for me in the world. A few years later Laura was stricken with Alzheimer’s and the elevator door was closed forever.

Earl Brown, Earl Brown

Earl Brown
Earl Brown
spied a penny
on the ground
slowly bowed
to pick it up
slowly rose
with shining eyes
and offered me
his copper prize

that was his last gift
his first, a pewter medallion
embossed with the image
of a Japanese temple
under the Emperor’s
chrysanthemum seal
on a blond wood plaque
a memento from the shrine
to the Japanese war dead

why did Earl
who had served
as General MacArthur’s bodyguard
his youngest bodyguard
visit the Arlington
of his enemies?
was he thinking
of the admonition
to the troops
of another general
- Patton -
that it was not their duty
to die for their country
but to help the other side
die for theirs?

when he wasn’t guarding
the American Viceroy
Earl learned to meditate

in the nearby Buddhist temples
he told me this
he did not say
he prayed
in nearby Shinto shrines
but surely
as he visited
the war shrine
he walked through
persimmon hued torii gates
past ember eyed
temple guardians
sword and spear aloft
in perpetual scowling
readiness

you see to enter
you must pass by
your own worst fears

the altar before you
is so simple
it is only a mirror
that shows you
your own face

before you approach
take off your shoes
wash your hands
lower your eyes
drop your pride
open your heart

let your last
breath
go

let your last
breath
go

Earl Brown
Early Brown
spied a penny
on the ground
slowly bowed
to pick it up
slowly rose
with shining eyes
and offered me
his copper prize

My first therapist was Earl Brown. I write about Earl and two of his gifts in my poem. I don't know how I had the luck to start therapy with a master. I had moved to Atlanta to do an internship and was marooned here. My West Coast dreams were cut short by falling in love and beginning the adventure of community. I knew that to be a good therapist I would need to do my own therapy. My friend Ilene Schroeder suggested Earl. I hadn't heard of him and didn't know anything about him. I knew I had father issues and needed to be in therapy with a man. I didn't know that Earl was a mensch and a master of his craft. Like Laura, Earl enjoyed my naiveté. He was always perfectly attired and absolutely on time, things that I was not. Earl was patient. A budding therapist can be a boring client. Earl was strategic. Like an old cat with one eye open, he knew when to pounce. One of his first pounces was when I used self-deprecating language. Earl flared up and said he would not join me in my description of myself. Mostly we had good conversation that always pulled me deeper. Earl was also willing and able to sit still and look at me. When I didn't know what to say or wouldn't say what I need to say, Earl just sat and maintained eye contact, simultaneously reassuring me and dissolving my defenses. There were times when Earl would speak, and even though he was always articulate, I could not understand what he was saying. My defenses were in overdrive. There were even times when I couldn't fully see him though he was absolutely visible. When my terror subsided, Earl was there and I always got a hug in parting. I could always call if I needed him and he would make a space for me to set an extra appointment.

Earl also gave me things. I think he recognized that I did not get to develop object constancy when I was a child. His gifts were always spontaneous and given in a way that surprised and delighted my inner child. He gave me a magnifying glass and a pencil sharpener. He gave me a silver letter opener that looked like a sword. He gave me a book of fairy tales and another book of poetry. He gave me a golden pin of two fairies kissing. He gave me a thousand dollars and told me to use it on a creative project. Just making this list brings tears to my eyes. Every gift he gave me recognized something about me that I struggled with, whether it was my creativity, my need to see more deeply, my need to open up communication, my fairy self, my need to express myself in the bigger world. Simple gifts given on-time and on-target. Gifts I still use. Gifts I will one day pass on.

Earl gave me even more. He became my supervisor. As a young therapist I needed not just therapy but professional mentoring. Earl took me on and created a group for me, Ilene Schroeder and Russ Brooker, that lasted decades. Others joined us for a time but the four of us met until we ran out of clinical juice and then we took each other to lunch, always someplace nice, with Earl setting the standard. Earl also invited me into his therapy group with Irma Lee Shepherd, where I stayed and learned lesson upon lesson. I met Martha Lou Brock in that group, and she and I did two long-term therapy groups based on our experiences with Irma and Earl. It is hard to share a beloved client with another therapist. Earl shared me with Irma. And Irma gave me many gifts of insight and grace. I remember one experience where I worked on an issue in group that reduced me to tears. I needed to sit with Earl. Or so I thought. As I was moving toward him, Irma called out to me. She said I always went to Earl and asked if I would risk coming to her instead. I did, and Earl let me go. Irma's gift to me was her compassionate presence, which I absorbed. When I need to call upon a love that is greater than my own ability, I remember Irma.

So in the language of a child, Laura was my nanny and Earl and Irma were my parents who raised me. Martha Lou, Ilene and Russ were among my siblings, and I grew up a second time. Implicit in what I am saying is that each of these people gave me the gift of time and presence. We were with each other and saw each other and supported each other. We became part of each other's therapeutic DNA. We pass on to others what was passed on to us. Not every client or supervisee becomes a beloved part of our heart. Some pass through briefly and hopefully get the help or solace they need to navigate one of life's challenges. Others form a bond, a deep connection that is a two-way gift. I once asked Earl what made a good therapist. Without hesitation he answered "good clients." Those of us who know this, who were fortunate enough to have been mentored by masters, are now entrusted with something sacred and ineffable to pass on. In an age of alphabet therapies and countless certifications, we are often overlooked or undervalued. We have, in a sense, become an underground river. You can't always see us but when we bubble up in sweet springs our water is clear, refreshing and an invitation to a wiser world.

Losing Irma Lee

a gestalt poem

her brown eyes were confusing
she was so much water
she was aquamarine amniotic
you could be a tadpole swimming
inside her grace
when you looked into her eyes
the earth looked back at you
when she closed her eyes at last
you cried and fell down
on the earth
that held you
gently
like she did
when you knew you
had to let go
and didn't want to
completely



Editor's note: These poems are copyrighted by the author and used here with permission.

THIS ARTICLE IS A CELEBRATION BY THE AUTHOR OF THE MANY GIFTS HE RECEIVED FROM HIS SUPERVISORY AND THERAPEUTIC MENTORS, ESPECIALLY EARL BROWN AND IRMA LEE SHEPHERD. He honors each with a poem. He artfully describes some of the relational moments that had an impact on him in becoming a healthier person and a better therapist. Three stand out for me. His supervisor Laura Levine and him parting at the elevator with her cryptic remarks. The manner in which Earl sat with him in the therapy hour. Irma Lee inviting him in a therapy group session to get support from her instead of looking to his surrogate father, Earl. His description of these various moments takes you inside these relationships, and you get a sense of why they were and are so treasured. Being invited by Earl to participate in various supervisory and therapy groups was also experienced as a rich and rewarding gift. In addition to all the rest, Earl evidently gave the author many extraordinary and tangible gifts that came to have great meaning. For all of these relational and material gifts the author expresses a deep sense of gratitude.

I knew both Earl and Irma Lee, not as well nor with the kind of connections as the author, but I valued their friendship and respected their ability as therapists. I always looked forward to seeing them at Academy meetings. When I first came into the Academy, they were two of the prominent therapists and teachers who caused me to feel like a dwarf entering a land of giants. Gladly, I grew through those projections with them and others, learning more fully who they were and coming to appreciate myself more. They were among my great teachers in the Academy. So when the author paints this picture of his times with them, I feel glad they are getting this recognition, that those who knew them can be reminded and those who didn't might get a glimpse of two who were great among us.

—Grover Criswell, MDiv

THIS ARTICLE BROUGHT TEARS TO MY EYES AS NO OTHER HAS AS I THOUGHT ABOUT MY DEEP GRATITUDE TO MY OWN FORMER THERAPISTS AND SUPERVISORS, WHO GAVE INCREDIBLE GIFTS TO ME. But I was also struck by how the article raises ethical and risk-management issues.

For starters, the subject matter of the article—therapists giving gifts to patients—has largely been taboo since Freud wrote that giving one of his patients a set of his complete works led to the patient's dreaming drying up and interfered with the patient's transference analysis. As Zur (2015) points out, psychotherapists are still reluctant to talk about giving gifts to patients out of concern that this might be viewed as a boundary crossing or even worse, an ethical violation.

The gifts this author speaks about receiving in his therapy are largely the offerings of good psychotherapy: insight, encouragement, validation, authentic and compassionate presence, and appropriate physical touch. The material gifts he mentions—a magnifying glass, pencil sharpener, letter opener, pin and books—are modest and clearly fall within the ethical guidelines of a boundary crossing that is in the service of fostering the therapy and therapeutic relationship. But, how does one understand from an ethical perspective the therapist giving the author a gift of “a thousand dollars to work on a creative project”?

My guess is that most readers of this article had a similar uncomfortable feeling in their gut, as I did, reading about this extravagant gift. A similar feeling was triggered for me when I read about the author's having multiple relationships, either sequentially or simultaneously, with his therapist; e.g., being in individual therapy, group supervision, and group therapy with this same therapist and having social dinners with him. Most professional codes of ethics recognize that, with the exception of exploitive business or sexual relationships that are boundary violations and unethical, boundary crossings in psychotherapy are to be regarded as contextual and not necessarily unethical. What that means is that boundary crossings such as gift-giving or multiple relationships are to be evaluated within the context that they occur. For example, we need

to consider client factors such as presenting problem, age, gender, personality, culture; setting factors such as location and culture; therapy factors such as type, frequency, intensity, length, and quality of the therapeutic relationship; and therapist factors such as age, gender, training, and therapeutic orientation. In this example, the therapist's orientation is very important as gift-giving and dual relationships are more common and acceptable as a practice in humanistic, experiential, and gestalt therapies. These approaches, which place the therapy relationship at its center, emphasize the importance of congruent or authentic relationships.

The author clearly feels an abundance of gratitude that the gifts he received, whether modest or extravagant, were healing and furthered his growth personally and as a psychotherapist. From a risk management perspective, one might question whether this same pattern of gift-giving or dual relationships would have the same effect on therapy outcome if treatment were provided by a less experienced therapist working with a more challenging patient or any other combination of contextual factors. In this regard, one would be well advised to document any boundary crossings in the patient's case record as evidence that it follows from a sound clinical rationale and has been processed thoroughly by the therapist and patient.

—Marilyn Schwartz, PhD

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Intimacy in Psychotherapy ¹

DO NOT BELIEVE I HAVE TO MAKE A CASE FOR THE IMPORTANCE OF INTIMACY OR CLOSENESS IN HUMAN EXPERIENCE, since history fully attests to the drive for human consciousness and awareness to be shared and communicated. The quality, nature, styles, procedures, and problems of relationships have been described in diaries, journals, novels, poetry, drama, and, of late, in scientific investigations and case studies. Certainly, many of the problems which bring people to seek psychotherapy are those which have to do with failure to achieve closeness with others, fear of intimacy, lack of skill in making contact, or knowing how to support or maintain satisfying relationships.

A person does not develop if validation of his perceptions and experience by caring persons is absent. One's knowledge of self remains unfocused and uncomfortable, one's view of others and the world distorted, and one's skills for living diminished when one is denied intimate contact in infancy and childhood.

Many of the theorists of psychotherapy emphasize the importance of intimacy. Freud spoke of the goals of human development and of psychoanalysis as being able *to work* and *to love*. Eric Berne specified the goals of Transactional Analysis as autonomy, intimacy, and spontaneity. Perls described one of the goals of Gestalt therapy as "I and Thou—Here and Now," another as differentiation and integration of the person, and skill in contacting others in healthy confluence. My own goals for myself and in my work as a therapist parallel these: intimacy with oneself and the skill to be intimate with others. I am certainly speaking of loving here and have no quarrel with the guideline to abundant living in Jesus' dictum "Love thy Neighbor as Thyself." It makes sense to me that the basic nature of reality is energy which has as its major characteristics *consciousness* and *unity*, and that we contact this reality most fully in our moments of open, unguarded loving. (Berne suggested that one was very fortunate if one experienced ten minutes of genuine intimacy in a lifetime.)

Intimacy comes from the Latin word meaning *within*. To me, intimacy means to be open and unguarded in the

1 Based on a presentation for a symposium on Intimacy in Psychotherapy, American Psychological Association, San Francisco, California, August 1977.

From the Archives

Spring, 1979

Irma Lee Shepherd



IRMA LEE SHEPHERD, PHD: I continue to practice psychotherapy and to teach at Georgia State University. I enjoy having really fine graduate students of psychotherapy and using everything that comes up in life to keep revealing to me my growing edge.

deeper aspects of my person. The process of being intimate involves knowing or seeking to know. I believe all human beings yearn to know and to be known and that these processes are interactive, and mutually facilitative of deeper levels of personal knowledge. In intimacy what is revealed and shared is that which is deeply personal, basic, most important, experienced almost as the core of being or soul, that which may often have had to be defended from others and even hidden from oneself. To risk closeness with another is to risk remembering old pain from violations of trust and openness in early development, and evoke the early non-verbal conditionings that don't respond easily to cognitive formulas. This may account, in part, for the commonly observed symptoms and crises in adolescents and young adults as they pursue and establish intimate relationships. That which is anticipated as being satisfying instead evokes anxiety and depression and may lead to the felt need for psychotherapy.

Thus, the psychotherapy experience may become a potential laboratory where the person may learn how s/he blocks himself or herself from being intimate, and begin to develop skills for being close. The therapist becomes the teaching partner in this endeavor.

What are some of the therapist behaviors that we might describe as evoking intimacy or facilitating the patient's increased knowledge of self and his or her responses to another? I might interject here that the limits placed around the therapy situation—the boundaries of time, place, confidentiality, and protection—provide the necessary sanctuary for what is a delicate process. The limits provide protection from intrusion and distraction and allow for concentration and focusing. Also, the therapist's own self-knowledge and skill in centering and clarity about his or her own limits are essential.

Some of the behaviors that may invite a closer sharing of one's self include eye contact, talking or listening, and touching and holding. Paying attention to another by steady contact with eyes is one of our earliest ways of relating ourselves to others and the world, and perhaps the most basic way we have of letting someone know we are listening and communicating presence. The looking and seeing must not be too intrusive or too intense. The other side of this is the willingness to be seen and regarded, undefended. Sometimes, patients have to be taught to risk seeing and being seen, to learn to trust their eyes again, thus reducing the power of images in the head which get easily substituted for reality. Eyes have been called the "mirrors of the soul." Indeed, they are very sensitive indicators of our feelings and our fears, and as such, often say much more than words.

However, words are important too, to clarify experience and disclose the self with increasingly refined shades of meaning. Through selective shared disclosures, we deepen our sense of self and feel less alone in the universe. Much can be taught in therapy about risking with words and moving towards strength through tenderness for oneself and another as words and feelings are united in integrated expression.

Touching and holding, when not forced, driven, or contrived, but following the therapist's genuine response to the patient, may also be powerful in the process of restoring whole personness. In my experience, holding and comforting often precipitates grieving and then facilitates the ending process of grief. Physical contact may sometimes be the only vehicle for releasing bound energy that was once feeling which was powerfully held back and frozen. Learning to reach out, reach for, touch, and find another person there who is not avoiding or controlling or exploiting or punishing is important in restoring

confidence in very natural ways of contacting and engaging. I also include here spontaneous expressions, such as hugs of joy and affection, and pride and congratulations which may have been absent and sorely yearned for in the patient's past. Affection invites affection, attention invites attention. These experiences and skills become part of the patient's new way of being, and can be generalized into relationships in the world. This is, of course, the aim.

The major caution here is that the therapist be clear about his or her own needs and motives. If the therapist is afraid of intimacy, avoids it, or is deprived of close relationships in his or her own life, then difficulties will surely follow. If the therapist is afraid to accept loving and feels unworthy, then he or she may well recapitulate the patient's experience of trying to love parents who felt unworthy or afraid and who pushed him or her away. When the therapist becomes aware of anxiety, confusion, or obsessions about patients in this process, he or she can seek supervision, consultation, or therapy to help clarify personal and therapeutic options.

Patients may well test the limits in intimate contact, particularly in touching and holding, attempting to get the therapist to help them avoid deeper issues by asking for nurturing or comforting when these are not relevant. In these instances, the therapist needs to be clear, able to differentiate between manipulation and genuine affect, and to maintain the commitment to one's own authenticity.

Of the ways by which intimacy with oneself or others can be avoided, one of the most common is going through any of the behaviors of intimacy without contact, and there is one more about which I want to be very clear. Talking, looking, and touching can be sexually oriented and provocative, and in a culture that often frantically and compulsively presses toward easy sexual release, these behaviors may have no other goal. Individuals may very successfully avoid relationships through quick and early and excessive sex. The anxiety of possible closeness or avoidance of pain in therapy may be experienced as sexual tension by patient or therapist. I believe that it is the therapist's responsibility to deal with this issue openly as with any therapeutic issue and not to act it out with the patient. The therapist may very well need to support the patient's permission to be sexual in the world, but cannot be the agent of experience without therapy disappearing. Such behavior closely parallels incest, and is just as confusing to the patient if not more so. This, in my opinion, represents a breach of contract, unless possibly for those therapists who make their intentions clear in their initial contracts.

Intimacy in or out of therapy cannot be expected, forced, or contrived. All one can bring is openness, unguardedness, and a willingness to wait for those connections with the deeper self and the depth of another person to bless us with this happening. ▼

The Dance, the Photograph, the Art That Is Psychotherapy

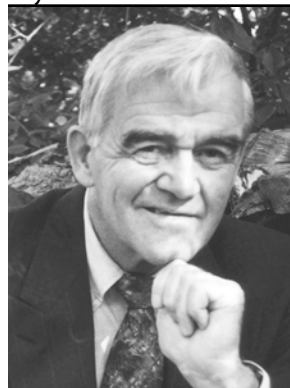
I AM A PHOTOGRAPHER AND A PSYCHOTHERAPIST. As a photographer teaching therapists to take pictures, I help them slow down. Often we see something that touches us, moves us in some way, and we want to capture it. So we pick up our camera and rush to take a picture. The problem is that we are holding the emotional image in our brains when we go to take the shot, and we are often disappointed in the results. The gift is to slow down, breathe. Then pick up the camera and really stop and look through the lens, look at what you are seeing through that lens, not just what sits in your mind's eye...then you can take the picture.

Therapy is similar. A person comes into our office and we see a picture of him or her, we are moved in one way or another, or even not moved at all which is of course something too. We need to make sure we slow down enough to look through the lens of our eyes and ears and be with what is there in front of us. We can change lenses to move in closer and see the fine details of what patients are sharing and the extra fine details of what they are not. Then we need to put on a wide angle lens and look to see what the broader scope of issues is. We move in and out of the frame that we put in place. In fact we have to be careful not to put too rigid a frame around patients and their issues, otherwise for sure we will end up with a bad picture, or at the very least, an inaccurate one.

My favorite kind of photo to take is close up, the tip of the flower that is sharp where the rest is unfocused. I love to see something so close and beautiful that is out of context with the rest of the image, and then pull back out and see the whole, for one without the other is nothing really. This is the way I practice therapy as well. I zero in, come close, breathe quietly and hold souls, with all the sounds and movements and stillness that come with each different person, then I breathe again and look to see the larger picture, the bigger parts, the great whole. ▼

Spring, 1979

Raymond E. Lovett



RAY LOVETT was an all-state football and basketball player, a priest for 10 years, a therapist for over 40. The *LA Times*, *Washington Post* and others have featured his work. He lives, writes and consults in Manchester, Vermont.
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Fatherland

It has been over 19 years since I wrote "Fatherland." I returned again to my beloved Vermont to stay, with Hallie at my side, five years ago. I continue to take pleasure in the two full days I see patients, and this is matched with time spent writing and being published. I glory in living in the natural beauty and wildlife I am surrounded by every day. The calm that comes with feeling the love of Hallie, my sons, granddaughters, and dear friends bathes me in a warmth that both lessens my fear of my inevitable end and magnifies the moments—not all, but many.

After all anybody is as their land and air is. Anybody is as the sky is low or high, the air heavy or clean and anybody is as there is wind or no wind there. It is that which makes them and the arts they make and the work they do and the way they eat and the way they drink and the way they learn and everything.

—Gertrude Stein, *An American and France*

Attachment

HE HAS COME TO FETCH ME HOME. Arriving at the pasture-turned-ball-field, he stoops, the awkward one-legged move between barbed wire exaggerated by a chronic tentative air, a feeling that he did not fully belong anyplace, communicated in an off-balance posture. The straw hat does not help, now it tumbles to the ground. Thirty yards beyond third, he stops. I see him standing there, the head, chronically tilted left, is bent more so now and tipped slightly back, toward home. He sees me looking, raises the right hand to belt level and barely curls the index finger, straightens, curls. I raise an index finger vertical, one more minute. He leaves,

relief tinged with shame enters: I will not have to leave the field, walk home with this white-shirted, out-of-place man. He is my father.

A train whistle blows in the far distance. With the keenness of the predator, the head cocks, eyes narrow, adrenaline releases. He rises, goes to the door, opens it and listens. The nearing whistle forms the white cloud in his mind, the roaring hiss, the massive black locomotive with wheels twice as tall as any man, the smell of soft coal burning, sparks shooting from the boiler's chimney, soot, steam, showing off the power that pulls 103 cars at 80 miles per hour. Trains are magical and steam engines bring a railroad man's body close to heaven. His awe for the train informed his work as a telegrapher, was contagious, overflowed into reverence for the towns in Vermont the Rutland line served, Bennington, Manchester, Vergennes, New Haven, Charlotte, Grand Isle, North and South Hero, a respect and camaraderie for his fellow workers, bonded by the fascination of moving steel. His love of his work expanded my view of the world. Town names came to life in the romance of a visit to the depot at New Haven on a quiet Sunday afternoon, "to flag 107 out of Rutland." He would unlock the place, use that same beckoning finger, now awash with Morse code skill, conversing in whirlwind dot-dash speed, creating an excitement in my 8-year-old head that climaxed into a personal exchange with the moving train and its rotund conductor. Deciphering the rapid dot/dash sound, he would predict the moment the whistle would sound, the minute the train would arrive. As it slowed down he would raise a wooden hoop, containing what I imagined was a secret message, in code, high above his head; the engineer leaned down, grasping the hoop, then they would yell and laugh some masculine exchange, he rushing alongside the roaring engine. We would watch the train go by then, accompanied by whirling wind, the loud, clickety-clack rhythm pounding in our ears, yet we could hear the live sows squeal, the steers moo, see the world pass in the form of propane gas, grain, colossal machines strapped to a flatcar, new cars, kaleidoscope of stimulation of noise and heat and moving energy, abruptly ending with the caboose, its red lantern swinging a goodbye wave.

The magnetic, omnipotent father of boyhood disappeared in adolescence. My life became dedicated to athletics as my totally unathletic father receded in importance. Or so it seemed. The fields of Barre, Montpelier, St. Johnsbury, St. Albans are sealed in memory, made mine by the sweat and zeal of playing football and baseball, where I crossed the goal line often, and less often hit well enough to recall, though once I homered in Vergennes after they had intentionally walked Rene Blanchard to pitch to me. I had many double-digit nights on the basketball courts; once, amid the rabidly cheering partisan crowd, I made a 55-foot, two-handed set shot from the right-hand corner of the far end of the court that bounced off the board, swishing through, to beat Spaulding, and some less heroic nights. I see the former bowling alley turned basketball court in the frozen February tundra of Montpelier, the fierce fans and massively muscled farm boys in St. Johnsbury, no match for our sleight and speed. My all-out striving marked these sites, battlegrounds it seemed to me, heroic effort warming nourishing memory, more vivid than any camcorder.

I fell in love with the familiarity of the world's turning seen from my bedroom, the seasonal sun rise at an incrementally different spot each morning over the pasture trees, light changing shape, shadow, color; countless pictures resulting, stored for immediate comforting nourishment as needed when life went sour. Life was one daily pleasure after another, food that warmed and nourished, a depth of sleep, the ease of play, the calm

of the utterly known, the comforting possibility of unconditional love. These comforts were contrasted by an out-of-awareness pain caused by the absence of fatherly interaction, interest or concern.

Longing for father led me to the Eternal Father, the seminary and the priesthood and a chance to explore places and the vulnerability of others. I was appointed to run a home for 20 disturbed adolescent boys where I was parent to them all, eating, disciplining, doing homework with, urging maturity on, boys whose parents had let them down. I was rewarded for this most challenging work I ever faced by being sent to graduate school by the bishop. I directed a home for the elderly, an orphanage, helped unwed mothers, placed babies for adoption, counseled others. This special work freed me on weekends to replace vacationing and ill priests throughout the state. This filling in for weekend ministry included hearing confessions and offering Masses on Sunday. Over the years I said Mass in nearly all of the small towns in northern Vermont, allowing the intimate connection of confessor and preacher to both place and people.

But I wanted more: an intimate relationship and, almost desperately, to become a father. I fell in love, married, left the priesthood, left the state, the leaving clouded in some degree by the shame that inevitably accompanies broken vows. I carried a double burden of the uprooted, missing the idealism of the priesthood as well as the loose dirt, spring's multi-faceted greens, the fresh looks and mud season smells when the sap ran. I missed the pride in the body's response to a subzero walk: lungs tingling at inhalation, the blush of a raw wind, the healthy sinus watering of eyes and nose, the fierce walk in the cold that fosters a strong will.

The image in the apartment mirror mocked, "You there in your fancy sweater, where are your ear flaps and Dickeys? Take off that overcoat and put on your mackinaw with the red handkerchief in the pocket. Put up those shiny wingtips, put on a man's boot that enables you to step freely over this harsh earth with its sharp edges, withstand the manure of the world." Paradoxically, images of my absent, then dead, father grew as I acclimated to the citified world he never knew.

It is snowing. My father's arms, in syncopated windshield beat, wosh, wosh, wosh, wosh, his worn-down, orange straw broom through powdery snow, a path is formed, the pistoned pendulum shapes the trough, the sweeper's body layered, only eyes, nose are exposed, the nose fluid becomes a badge of valor, labor against the enemy. This sweeper measures masculinity by length of bare walk.

In fall, he rakes yellow, orange, crimson, brown leaves into semicircles, divides them into three piles, torches them with lighted newspaper, the acid smell rising, invading the entire block, inviting winter. Apples are struggled through the door, bushel baskets of Macs and Northern Spies, stored into the cellar, next to the overflowing potato bin, creating a brown/red gold mine larder for the winter.

He enters the room, carrying two brown bags, bursting with weight, he spreads a paper, gently empties his bounty, the season's first yield of strawberries, a thousand red and pocked yellow faces look at us from the table, sweet to taste, smell.

My father, the telegrapher, wrote his letters in Morse code, no adjectives, punctuation, capitalization, poetry of understatement. Reaching for the thesaurus, his sparse letters flash to mind. He was a telegrapher in his affective life also, sparseness creating hunger. His minimalist devotion had an exception: rage. His explosions came from the belly of his soul with a vehemence that he could compact into a single word or cascade

into a paragraph of invective. He was a verbal bully and I hate him for it. Paternal rage, particularly the uncontrolled, undeserved outburst impacts like a fist in the face. A child thinks it is deserved, expects it to keep happening, lives in a chronic dread, and longs for its opposite all his or her days. At most other times he was quiet, gentle. His combination of goodness and flaws, in that mystery common to paternal love, increased my longing and devotion to him and inflamed the pain of deprivation.

My sons have taught me how much I miss him. Attempting to kiss him elicited a degree of awkwardness that found me wishing for disappearance. I'd start to robot walk in his direction, reach out for his hand, bend toward his withdrawing head, as lips met cheek, chin, ear. No words. The moment over, I would draw back to attention, retreat to my place, and the comfort of distance. I kissed his cold cheek in the coffin and when he did not pull back I felt my heart stop: I will die of sadness. Greeting my son on his return from college, we embrace. As we break he full lip kisses my neck, flooding me with feeling enough to embarrass, raise a tear. I have no words, lost in the confusion of two identities: loved father and longing son.

Resolution

On the first day of my 59th year, after a six-month return to therapy to clarify thinking, after consulting friends and other therapists, after seemingly endless discussions with a much-cherished wife of 24 years, I returned to the land of my birth. I was drawn there by forces mysterious and mystical, including the brevity of life, and attachment to my father, the land, the fatherland. Before a loss can be mourned, awareness of the strength of attachment is mandatory. In many instances intellectual awareness is insufficient. Images, feelings, sensual memories, the entire armament of the affective creative life is necessary to unlock the longing and pain of loss for absent loves. Mourning for our losses and separations is necessary. Daily tears are recommended for the deep hurts. One vastly underrated attachment is to place, the physical environments we endow with affection and longing stamped with associations intimate and as peculiarly personal as the fingerprint. How much depression is due to living in a second-choice place, as over 60% of Americans say they do? How much anguish stems from longing for what we once possessed and the dream to return to it before it is too late? Like falling in love, or the pleasure of orgasm, rationality alone is insufficient in assessing attachment. In addition, there are our defenses. When the heart and the body are in different places sadness and tension result.

The decision to return was nurtured by an exaggerated sense of my courage to leave prosperity in search of a richer, though uncertain, life. When we fail to follow the convictions of earnest reflection, vitality suffers. Our patients know the degree of our authenticity. Though I recognized the self righteousness in this thinking, I could not turn it off. This comfort sustained me as did the near ecstasy of the physical beauty and the comfort of living with neighbors who speak no surplus words. Living there was also enormously disappointing, primarily because the attachment to the woman I depended on and loved was now reduced to part time, the boring climax-less telephone, weekends, so many dreaded good-byes. "Life is short, you will be long time dead," became a mantra. Attachments dueled. I stayed in Vermont for 15 months. Still in process, I am unable to fully articulate lessons learned. This much I know: I am happy I went, happy I came back, and the process is enriching. ▼

Bob Rosenblatt

The Relationship in Psychotherapy: Reflections

THE IMPORTANCE OF THE RELATIONSHIP IN PSYCHOTHERAPY IS DEFINITELY ONE OF MY FAVORITE TOPICS TO EXPOUND ON. I want to briefly examine the psychotherapist-client relationship and how it is the absolute core of the work we do. This bond in therapy is where the action, aliveness, and possibility for change ensues. Beyond its worth as a fundamental characteristic of the therapeutic process, it is the number-one curative factor. I love to tell and teach my students and supervisees of the psychotherapeutic relationship and how it is the healing medium. After my introductory comments, I have asked some other practitioners to share their thoughts about this critical component of our work.

From the very first stages of human development, as the zygote evolves into an embryo and attaches itself to the mother, the process of interrelatedness begins. Yes, the fetus is a parasite just like a newborn, but at this point, it would not survive without this initial formula for relating. Ultimately, many other styles and patterns of engaging with others, for better or worse, will be incorporated into the child's life.

I believe that the connections formed by every organism may provide the necessary nurturance and sustenance that is the quintessential component in the formation of a quality life. It is quite simply an ontological given for us all. With this core aspect of survival and development, we may extrapolate this dynamic to the nature of the therapist-client relationship.

Regardless of your therapeutic modality, the most important part of the therapy is the alliance, rapport, love,

BOB ROSENBLATT, PHD: "I have been sitting in my chair delivering individual, couples and group psychotherapy since 1974. Every day is a new adventure. I never know what I am going to learn, teach or feel in any given session. This is what keeps me coming back hour after hour — day after day. Supervision and practice consultation for other mental health practitioners in Washington, DC, and Atlanta, Georgia, make up another part of my professional life. When I am not in my office, I relish time with my family, especially my grandchildren; I enjoy traveling with my wife, golfing with friends and, now, writing about lessons learned over the years in practice."
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contempt, adoration, envy, empathy, genuineness, mutuality, and authenticity that exist in the consultation room between two human beings. The possibility of a client leading a more fulfilling and satisfying life results from experiencing a more substantive, meaningful, affirming, validating and healing relationship with another human being.

As I reflect back over more than 100,000 hours of sitting in my chair and offering up my feelings, thoughts, images, reflections, insights, and stories—in other words, doing psychotherapy—I believe that my best work always emanates from the deepest and most complete relationships that I have forged. These relationships have not always been constructed by solely walking the sunny side of the street. Being able to be attuned with the client's dark side or feeling ok in the exposure of my own shadow side have also been a key ingredient in the development of this healing relationship. The only relationship that does not work is that which has no heat or spark or vitality to it. Deep neutrality will at the end of the day have considerably less impact.

Without a quality relationship, without meaningful human connection, without significant engagement between client and therapist, no alliance for promoting change will evolve. Leverage enables the therapist to influence and impact the client's long-standing and well-learned narrative. Every client arrives at our consultation room's doorstep with a particular story based on past and present relationships. This story may establish fears of future relationships.

It is our charge to assist the client with the opportunity to articulate an alternative paradigm for his life. This new repertoire of choices or a way of being in the world provides clients with different ways of entering into meaningful, significant relationships. We offer our clients the possibility of more fulfilling relationships and ways of understanding who they are in relation to others. Through our relationship with clients, we help them experience additional ways to love, resolve conflict, express emotions, self-protect, lead with vulnerability, find their true voice, and be present with others. Our relationship with our clients holds the potential for the corrective emotional experience. Clients have the occasion to be in the room with us in ways that they never thought were possible within relationships. Our affiliation must possess a continuity and consistency of care in it. This provides our clients the backstop, safe haven, in which to try out new behaviors with us. We can encourage them to take these newly minted behaviors out into the world. The success or failure of these attempts to transfer the behaviors to the outside world are met with our caring, reassurance, and affirmation. The psychotherapeutic relationship is the sanctuary for the authorship of a new narrative. Without this refuge for so many, change, totally of the client's making, would be impossible. Quality psychotherapy creates the relationship that underwrites the possibility for growth, fulfillment and a more contented life.

What are your notions about the relationship in psychotherapy?

What is the composition of the therapeutic relationship in your office? What do you feel comfortable with? What makes you uncomfortable? What pushes you up against your boundaries of relatedness? What is the significance of the connection with your clients? Read as a number of other therapists share their feelings and thoughts on this critical topic. *Share the craft!*

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Emergence Revisited

When I was six, my family moved from suburban Wilmington, Delaware, to more countrified Rehoboth Beach. Two memories of that year at Lewes Elementary stand out.

In my second-grade classroom window, a praying mantis case was miraculously discovered. After a month of observation it hatched, releasing hundreds of miniature invaders to join our class. The experience was like having snow fall inside the building. Our teacher's unflappable joy helped us embrace this as a wondrous gift of nature. I don't recall anyone shrieking in fear or trying to trample the vulnerable newborns. In this teachable moment she created a spirit of awe and respect for the tiny living creatures. I could not wait to tell everyone about bearing witness to this most extraordinary event. I felt like an explorer in a new world, like I had planted a flag on the moon (although space travel would not happen until I was in seventh grade).

Unfortunately this was also the year of my original sin, meaning I behaved in a way that got me what I wanted but that I knew in my heart was wrong. One of my classmates looked like the Sunbeam Bread girl from billboard advertisements I had seen along the highway. She had shiny thick blonde braids that were fastened with beautiful matching pink barrettes. I sat directly behind her coveting them, for in my family they would be deemed a frivolous bauble. One day she left them sitting on the edge of her desk. Seizing the moment, I pocketed them. When she returned to discover them missing, I quickly volunteered to help in the search, all the while my heart pounding away in my chest. She began crying and I felt guilty but held tight to my stolen treasure. I took them home and hid them from my parents where they would remain unworn and undiscovered. This adventure I would share with no one until in therapy at age 34, when I discovered a different meaning of buried treasure.

This became a defining moment. I was no longer draped in the bliss of childhood innocence. God's eyes were on me, a bad girl on the highway to hell, unworthy of a place in heaven, an aberration in the family. According to my childhood understanding of Bible verses present daily in my Pentecostal upbringing, I had acted against the Ten Commandments. What if my grandmother found out? On one hand she was, to quote Stevie Wonder, "the sunshine of my life," because she provided a critical supplement of heartfelt tenderness toward me and a zest for life that was not evident in my immediate family. But in addition she seemed the earthly embodiment of God, a kind and giving woman, highly respected and sought out by our congregation for her ability to speak in tongues and translate the God-sent messages. When would the truth of my now-tainted character be unveiled? Surely God would tell her, and I would lose her, my saving grace. I judged myself unworthy of her love.

For redemption I devised the strategy of striving to please her and others and of not asking for what I wanted or needed. In this way I thought perhaps I could work off my wrongdoing. When my non-Christian desires surfaced I began to keep a secret life. I

worked diligently on casting an external wholesome image while an internal shadow of shame nipped at my heels. No longer operating with faith that God was smiling down on me because I said my bedtime prayers—“Now I lay me down to sleep, I pray the Lord my soul to keep...”—I wasn’t sure where my soul would end up. In whom do I now trust? I would lay awake at night and rationalize, if God created me, he also made me curious, questioning, adventuresome, angry, hungry, sexual, and more. I felt confused, scared, and afloat in uncertainty. I bumped along in life wavering between two different ways of being in the world. Sometimes I was cheerful and successful and enjoyed golden-child status in my family. At other times I was lonely and fearful and felt unworthy of adoration and belonging.

At age 31, divorced and working on a master’s in social work, I re-entered psychotherapy with a warm and caring therapist. I described to her the feeling of living like I was driving full-speed with the emergency brake on. I was carrying a lot of drag and in despair. Slowly as I gained trust, I confessed about my underground behaviors, the many times I had deceived those people who were close to me and had trusted me. She did not seem fazed by my confession, so I half-jokingly advised her to keep a close eye on me because I could trick people into liking me and that furthermore I was possibly an undiagnosed sociopath. Seemingly unconcerned, she asked me to say more about that. Body-heaving sobs erupted and I recounted the never-shared secret of my shameful fall from grace. She waited; her face held no judgment. When I calmed enough to listen, she quietly reminded me that I was only six years old. Then she reframed my untellable crime as the behavior of a hungry child who figured out a way to feed herself in the absence of her parents’ ability to validate her hunger.

After that session I was opened to a different self-evaluation and reminded of the same spirited little girl who found such delight in the unexpected emergence of the praying mantis. What had happened to that adventurous part of me that embraced the mystery of life unfolding? Discovering the poet Mary Oliver, I found my energy revived in her words:

You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert, repenting.
You only have to let the soft animal of your body
love what it loves.

—from Mary Oliver’s “Wild Geese,” 1986

A healing balm of compassion washed over me and I was released to rediscover the buried treasure within.

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The Three Relationships of Individual Depth Psychotherapy

AS WITH ANY RELATIONSHIP BETWEEN TWO PEOPLE, IN INDIVIDUAL PSYCHOTHERAPY THERE ARE THREE RELATIONSHIPS INVOLVED, ONE INTERPERSONAL AND TWO INTRAPERSONAL. Obviously there is the one between therapist and patient. Less obviously there is the relationship people have with themselves. It is within this complex dynamic, the shifting, seldom static interactions between and within each individual where the core, the essence of the process we call psychotherapy lives—where it grows or is stillborn.

As I see it, a psychotherapist can work with either one or both of two fundamental goals. If it's to be both, it will be sequentially, starting with the supportive role; once the patient has stabilized and elects to continue, work begins on structural characterological goals. This view allows for an evolution from being mostly supportive to facilitating intrapersonal transformation, that is, character change. The goal of providing support without structural change is to enable the patient to go on with less pain and self-destructive behavior, perhaps even avoiding personality collapse. The structural goal of character change involves finding means to an ongoing, more meaningful life experience, one that enables an experience of having a variety of real choices and therefore a greater sense of freedom. Probably most of us have done both kinds, but the one that is most deeply meaningful to me personally is the one involving fundamental character changes. Both involve an interpersonal relationship. The approach seeking fundamental change requires a more intensive intrapersonal effort by both patient and therapist.

This requires authenticity by the therapist as a necessary component of a therapeutic relationship that can facilitate structural change within the patient. As Helmuth Kaiser (1965), a model for me, pointed out, all that is needed for therapy to occur is for two people to meet regularly with at least one of them committed to relating in a non-duplicitous way.

I was trained in a program that employed a Freudian theory of personality, a theory about the structure and process of the psyche. It employed a somewhat Rogerian/psychoanalytic approach to treatment from which I created an unapologetically eclectic approach, sometimes even utilizing behavioral techniques that I once regarded as heresy. When asked what kind of therapy I practice, I offer “Schwartzburdian” if there seems to be room for humor in the situation.

The final leg of the training approach was the value system underlying the work. In our case it was existential, a view of human existence that I explicitly favored from my background in philosophy. The notions of freedom and responsibility are central to growth in psychotherapy, and I deeply agree with this value. I also hold that, as perhaps the central goal of the psychotherapy relationship is to increase patients' ability to fully own the relationships they have with themselves, the intrapersonal relationship and its content is the ground upon which the opportunities to make true aware choices arise.

In any situation, the more choices people have that are experienced as real and possible, the more freedom they have. In statistics there is a definition of freedom that is

the only concept from that unloved discipline I've found that directly informs what goes on in psychotherapy. It is "degrees of freedom," a variable that affects the power of a statistical analysis. The number of independent ways by which a dynamic system can move without violating any constraint imposed on it is called the number of degrees of freedom. The number of degrees of freedom is the number of values in the final calculation of a statistic that are free to vary.

In this formulation the concept of character is central. It refers to the kind of primary defense mechanisms that have developmentally emerged and become integrated in a person's psyche, and very importantly, affects what may be called a person's "relationship style." When their characters function well for them, people tend not to enter our offices. Defenses, by their nature, are mostly constraining; even in people who lack restraint and act out, there are important freedoms not available to them. When patients come to us authentically, they come when their character formation has resulted in more pain than the anxiety experienced in coming for help. Tolerance of the humiliation of seeking help for and acknowledging the ways they have lost control of their own interpersonal navigation systems takes courage or desperation or both.

Interpersonal relationships can be seen as importantly involved in one's intrapersonal relationship with oneself. A person's character was formed in the context of developmentally central interpersonal relationships, usually primarily involving parental figures. Thus, the psychotherapy relationship is entered into for the purpose of setting straight the troubled intrapersonal relationship formed in a context of early interpersonal relationships. It takes a different kind of relationship to bring about healing.

Psychotherapy is the only fairly widely available approach to personal transformation apart from spiritual/religious transformations where someone is intrapersonally involved in a relationship with a partner of a global nature. In our culture, psychotherapy is the primary relationship where transforming change occurs. It is in this context of another interpersonal relationship that such corrective experiences can take place. It has the nature of a transformational relationship that facilitates and enhances the ability of the person who has come for help to enter into a more authentic relationship with himself. The only way I know to facilitate this change is to use the various creative means possible to bring about increased true freedom of the individual to make choices based on fully owned/aware motives. That is of central importance in our work as psychotherapists and requires both patient and therapist to focus on the patient's intrapersonal relationship. There are many potential pitfalls in the journey toward freedom that the two people forming a unit of three relationships have created—a journey that the patient usually enters into without a clear idea of what it's all about. This places a profound responsibility on the psychotherapist for the care and nurturance of relationships with patients to facilitate the authenticity of patients' relationships with themselves.

There is a highly credible body of research into what is called psychodynamic (I prefer the concept of "depth") psychotherapy establishing that it is perhaps the most effective approach. (See the AAP Research Reference Library on the AAP website for numerous studies.)

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Solivagant

IT WAS NOT AN ORDINARY DAY. My analyst greeted me as mundanely as she had for the previous five years. The musty carpet, neatly piled issues of *The New Yorker*, and fuzzy fluorescent lighting welcomed me with the regularity that I longed for. Her boundaries were impeccable and I craved the structure, imagining that I would devour it in my disorganization. As I assumed position, I began to feel sick. I lay on my side, hesitating to be fully supine. Unwilling to make eye contact, I asked if I could sit up. The next 20 minutes were an eternity. I thought that I was really going crazy this time. I wanted to see her. I needed to see her. Today was unusual. I could not tolerate talking about the rules of engagement and the importance of adhering to them. She promised that this tenacity would provide the most accurate picture of my mind and its nuances and defenses. Did she hear me? I hadn't been able to reach my father until two hours ago. He had been in the train tunnel without cellular service. He walked underground from lower Manhattan to Jersey City. He was alive! She scratched and scratched at my itch so severely that I bled. I left the once familiar office with grief, confusion and a sense of betrayal. I could not return for weeks.

What worked for me in this psychotherapeutic relationship? Not that.

I do believe in the importance of the rules and regularity. Boundaries are always a crucial element in patient-therapist interaction. They set a structure for the relationship, providing a consistent, reliable, predictable, knowable frame for a process that remains somewhat mysterious. While they usually kept me feeling safe, I could not help but feel that my analyst's boundaries on September 11th were far too impeccable. Her adherence to the rules missed my mark and added to feelings of chaos and deep sadness.

She always treated me with respect. I received a deep intellectual awareness about myself from her insight, cogent observations, advice, and analysis. Her silences gave me the freedom to let go and push myself, learning about the organization of my thoughts and what I did to ward off my anxiety or depression. I know that all of this made a difference to me, providing a structured framework for how I thought about myself and others, but it is not what I took with me after our work.

I left with the experience of a limited relationship with her after six lengthy years. I do have gratitude and deep respect for her. The support I received and insight I gained are invaluable. However, what was most impactful for me was the lack of direct personal experience. From an intellectual standpoint, I understood that she had an investment in me. I did not doubt that she cared or understood my character at its core. However, over time my cravings and wishes were interpreted and examined without the use of dimension in our important dyad.

My analyst could not let me know about her feelings directly on that day or others. In this pantomime, I longed and lingered. I let her know about my mistrust of the process and my mistrust of her, but she did not meet me. I often felt shamed and needy in my wish for more mutuality.

In a therapeutic relationship that works, the client does not just have an awareness about the therapist having a feeling, but experiences and often gives voice to those feelings via the reciprocal relationship. To put it simply, the healing happens in the relationship. On that awful day, I needed to feel more important than the rules. I needed to be grounded by confirmation that I was not a lone traveler in the mess. It was not an ordinary day.

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What Works (and What Doesn't)

EXPLANATIONS. VALIDATION. INTENSIONS. UNDERSTANDING. INSIGHT. These therapeutic linchpins, while sensible and sometimes useful, don't always advance the psychotherapeutic process; in fact, they often thwart it.

I think the primary task of characterologically-based (or personality-change) psychotherapy is to interrupt automated emotional habits (typically adopted in early life) and replace them with more age-appropriate, functional ones. Newly adaptive emotional responses not only alleviate personal suffering, but also help individuals escape the prison of their childhood.

To achieve this time-intensive and significant undertaking, I have found three elements to be essential: 1) repeated interruption of maladaptive emotional structures, primarily with non-linear interventions; 2) consistent emotional contact; and 3) regular use of my person (and feelings) therapeutically. All three require focused attention to the unspoken emotional subtext of the therapeutic conversation.

Through loving and struggling with my 97-year-old therapist, theorist Zolton Gross, these beliefs emerged. His work, ideas and writings profoundly influenced my relational approach to psychotherapy as well as the essence of this article. He was deeply influenced by the 19th century theologian Martin Buber. Both appreciated that dyadic dialogue operates on two levels simultaneously: content/text/intentionality function at the same time as process/subtext/personal presentations. "I-Thou" communications that engage with the latter are the most powerful and effective ways to fundamentally change problematic personality structures and relieve psychological suffering.

Disrupting Habituated Emotional Structures

From early on, we learn to navigate the emotional terrain of our environment. These emotional responses, functional at the time, become reinforced through constant repetition. But what was useful as a child is often limiting or ineffective as an adult, particularly in primary relationships. Unfortunately, familiarity—not pleasure or intention—drives the calcification of emotional patterns. Deconstructing troublesome or outdated ingrained habits is the primary task of psychotherapy.

The unconventional nature of the therapeutic relationship begins this process by

invalidating expectations of intimacy. Without judgment or assumptions of reciprocity, the therapist listens to and respects those with whom he or she works—hallmarks of meaningful therapy indeed, but vastly different from most loving relationships.

But more is needed to dislodge decades of automated emotional patterns. Over time, I find responding to clients' non-intentional presentations (well-rehearsed patterns of behavior that communicate non-verbal, emotional messages), rather than the content of their communications, to be effective in disrupting entrenched responses. Listening for subtext and responding to process interrupts habituated explanations and emotional habits so more adaptive ones can emerge.

Six months into therapy, a young man continued to complain about the confusion of his life. Bright, attractive, socially skilled, and above all nice, he recently left the East Coast (and classic psychoanalytic treatment) to pursue a career in Hollywood. But professional and relationship dissatisfaction continued to plague him despite an abundance of personal resources.

His therapist responded to his grievances by commenting on the loneliness of his childhood. The young man dutifully nodded in agreement behind a dull glaze of indifference. "You're doing it again," the therapist lamented. "I could just strangle you." "Go ahead," the young man retorted with fraudulent dispassion, knowing full well the limits of therapeutic conduct. The 72-year-old therapist stood up, walked over to his therapeutic companion, straddled his lap and choked him with great affection.

Responding to this challenge with unexpected absurdity and genuine delight, the therapist interrupted the young man's automated efforts to keep people at a distance by imposing impossible demands (therapists cannot strangle their clients). At the same time, he rescued him from loneliness with an invitation for contact that could not be ignored.

Making Contact

Contact is made when sufficient validation exists for both members of the dyad and each remains emotionally relevant to the other. In most social communication, content is focal while the emotional underpinnings of the dyad remain in the background (I-It). Reason and logic dominate these exchanges and contact is typically ignored.

But relational therapy offers a unique opportunity to make contact explicit by addressing the emotionality between the parties and articulating feelings and experiences in the moment (I-Thou). These conversations, often nonlinear and non-rational, arouse the client, giving him much needed practice developing emotional skills.

The therapist inquired about the young man's reactions to him and his playful provocation without explaining his actions or motivations. Rather, he attended to his therapeutic partner's emotional experience with curiosity. With great difficulty, the young man began to speak of a confusing constellation of feelings. This in turn began a rich exploration of a well worn, but painful practice of hiding behind a seemingly protective shield of distance, impossible demands, predictable disappointments and niceness.

Direct focus on the here-and-now dynamics brought into sharper focus the pain of his childhood. With greater emotional awareness and skill, the young man could experience how detaching while remaining socially appropriate contributed to his relational and professional malaise.

The Therapist's Person (and Feelings)

The therapist's person is a critical instrument in the disruption of entrenched characterological structures. To respond creatively and usefully to underlying emotional messages, one must be very skillful with one's own emotionality, knowing what one is feeling in the moment and how to use this information in service of the client.

Gratification or validation of the therapist interferes with this task. Avoiding all personal positive feedback is impossible; but less is better. The more freely a therapist can operate (i.e., use his or her person) without requiring affirmation, the easier it is to discern and interrupt subtle, ingrained positions and withstand the sometimes intense reactions that follow.

Twenty-five years later, I still remember that preposterous exchange in vivid detail. I imagine Zoltan feeling bored and frustrated with me. Rather than getting angry or critical, he harnessed his feelings with ingenuity and therapeutic relevance without requiring personal validation in return. He challenged my young, delusional belief that staying safe meant staying distant. In the moments and decades that followed, he ensured there was plenty of space for my anger, criticism, hurt, envy, and suspicion.

Zoltan taught me that often, the most useful response is the opposite of what is being asked. When I tell him covertly to go away, he comes closer. When I manipulatively present myself to arouse pity, he feigns sympathy. He emotionally reminds me that I no longer need to hide.

Conclusion

These ideas are only beliefs, only ways for me to make sense of vast amounts of information I observe and experience. These beliefs enable me to function professionally (and personally) with a modicum of comfort. But they are not THE TRUTH and I'm constantly reminded that I don't really KNOW what works. But grieving the impending loss of a beloved, profoundly influential therapist and mentor leaves me with this indisputable fact: our therapeutic relationship worked. ▼



Self Soul Portrait. 2015 by Giuliana Reed

**Deadline for submission:
January 15, 2018**

Direct questions and
submissions to the editor,
Kristin Staroba
kristin.staroba@gmail.com
or to the guest editors.

See Submission
Guidelines on the AAP
website:
www.aapweb.com.

Spring 2018

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IS TECHNOLOGY THREATENING THE INTIMACY, HEALING POWER AND VALUE OF THERAPY, or can it be used in service of the therapeutic process and the patient-therapist relationship? What are our personal and professional biases, judgments, comfort levels and attitudes about technology? As new technologies flood our lives, psychotherapy faces a host of questions. This issue of *Voices* will explore the leading edge of practice in the digital age.

Can we develop intimacy via technology rather than “in the room”? What is lost seeing someone on video chat? What is gained? In your work, are boundaries changed or challenged?

How much do you know about patients’ online identities and behavior? Is this important? How do therapist online identities and information impact a therapy? Is “blank slate” psychotherapy possible in a world of increasing social media and online disclosure, intentional and unintentional? Does it matter?

Are technology-based relationships “real”? We think here of relationships that exist only online such as through virtual reality, video games, or Twitter “friends” who have never “met” face to face. How do these patient experiences show up in the work? How do clients—or you—experience on-line versus in-person community?

How does technology impact therapist training, education and professional identity? Does it have ethical implications?

How must therapists and therapy change to adapt to new technology and communication? Do you love or detest the increasing incorporation of technology into our work? Do you foster it—or find your patients are dragging you along?

How does therapist marketing online impact therapy? How can online tools be used in therapy? How might younger generations approach psychotherapy in ways that are affected by access to technology?

Guest editors Eileen Dombo, Lisa Kays, and Rosemary Moulton welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography on the theme of the intersection of technology and psychotherapy. We invite your personal reflections, clinical experiences, and exploration of areas of “not knowing” that emerge when reflecting on these questions. ▼

SILENCE: that which is unspoken, unaddressed, avoided, ignored, left unconscious, and otherwise erased from ourselves, our patients, and our work together. Also, what may be held, embodied, or shared without sound or words. This issue of *Voices* will explore the nature of silence in psychotherapy.

In your work, what do you side-step—sexuality, spiritual beliefs, addiction, issues you haven't yet worked out yourself? When the previously unspoken comes to light, what transpires between you and clients?

If quiet is wrapped in shame, what are the threads of that fabric? What is your experience as you unravel yours? Your patient's? What are the sources of silencing directives or rules? How does it go when we break those rules?

How have you used or experienced silence beneficially? Can silence bring relief and restoration?

The Summer 2018 issue will include articles related to the 2018 Institute & Conference theme, "Sounds of Silence: Working the Edges of the Unspoken" (see the AAP website for details), as well as a focus on the relationship of sexuality and spirituality. The editors welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography. ▼

***Deadline for submission:
April 15, 2018***

Direct questions and submissions to the editor, Kristin Staroba kristin.staroba@gmail.com or to the guest editor.

See Submission Guidelines on the AAP website:

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Summer 2018

Guest editor:

Elizabeth Field
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Each issue has a central theme as described in the call for papers. Manuscripts that fit this theme are given priority. Final decision about acceptance must wait until all articles for a particular issue have been reviewed. Articles that do not fit into any particular theme are reviewed and held for inclusion in future issues on a space available basis.

Articles. See a recent issue of *Voices* for general style. Manuscripts should be double-spaced in 12 point type and no longer than 4,000 words (about 16 to 18 pages). Do not include the author's name in the manuscript, as all submissions receive masked review by two or more members of the Editorial Review Board. Keep references to a minimum and follow the style of the *Publication Manual of the American Psychological Association, 5th ed.*

Submit via email, attaching the manuscript as a Word document file. Send it to Kristin Staroba (kristin.staroba@gmail.com). Put "Voices" in the email's subject line, and in the message include the author's name, title and degree, postal address, daytime phone number, manuscript title, and word count. Please indicate for which issue of *Voices* the manuscript is intended.

If a manuscript is accepted, the author will be asked to provide a short autobiographical sketch (75 words or less) and a photograph that complies with technical quality standards outlined in a PDF which will be sent to you.

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Poetry. We welcome poetry of high quality relevant to the theme of a particular issue or the general field of psychotherapy. Short poems are published most often.

Book and Film Reviews. Reviews should be about 500 to 750 words, twice that if you wish to expand the material into a mini-article.

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- Courage to risk and willingness to change
- Balancing confrontation and compassion
- Commitment to authenticity with responsibility
- Honoring the individual and the community

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- At least one year of full-time post graduate clinical experience (or the equivalent in part-time experience) for doctoral level applicants, at least two years for others.
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