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# VOICES

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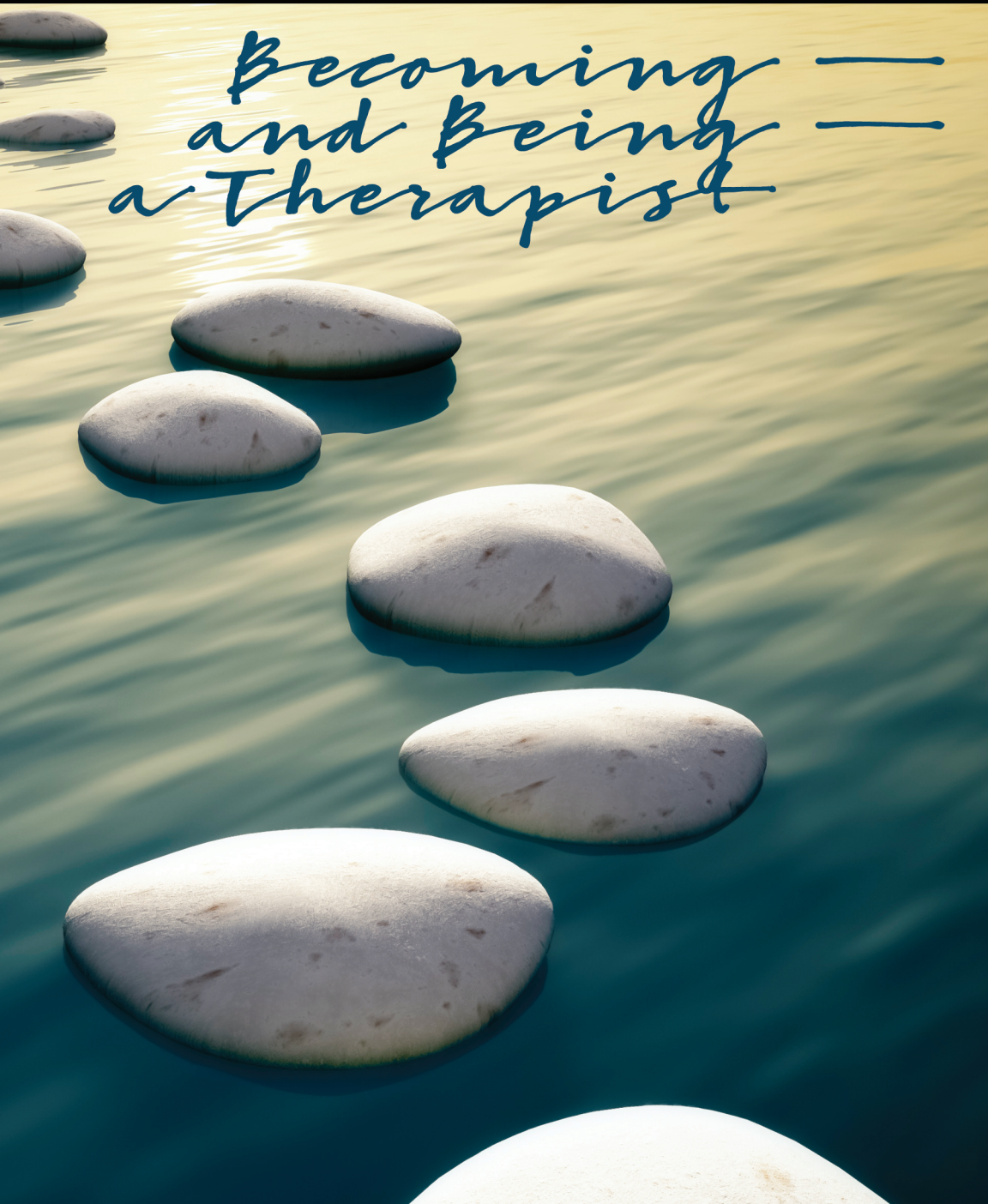
## Becoming — and Being — a Therapist



*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

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I get to spend my days with people who are talking about what is most important to them, and they're talking as deeply as they know how.

—Lex Baer

Journal of the American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

**Becoming—and Being—a Therapist** Spring 2020: Volume 56, Number 1

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Carla Bauer

*Editorial*

## Sitting in the Psychotherapist's Chair

Our theme, *Becoming—and Being—a Therapist,* explores how and why we came to sit in the psychotherapist's chair and what it has meant to do so. Some were drawn by a therapeutic relationship or experience. For others, it was an attempt to heal a wound in self, family, or other. Perhaps the pull was in the intrigue of mystery or curiosity about the working of the brain or psyche. Some of us were primed from early ages for this path, while others came to it later, after some life-changing event. All of us have a story. And all have an answer to the often heard questions, "How can you sit all day and listen to other people's woes? Don't you get bored?"

In addition to looking at what about the practice of psychotherapy calls the therapist, our theme also explores how the landscape of psychotherapy has changed over our professional lifespans—what has been gained or lost. Authors consider how they have changed as practitioners over time—as well as how the practice has changed the person of the therapist.

One thread reflected in my own path to the psychotherapist's chair is that of seemingly trying to become yesteryear's therapist: coming to the field as a second (or third) career and trying to become a longer-term, psychodynamic, psychoanalytically-oriented therapist in a short-term, cognitive-behavioral, and evidence-based landscape. I wasn't sure I was going to be conferred my social work degree after constantly uttering the unpopular "four-letter words" that were my goals: psychodynamic, psychoanalytic, and private practice! Adding relational didn't seem to make me any less the square peg.

But the deeper theme of my journey is that of coming full circle in my professional identity. In addition to those

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typical "How can you?" questions from those who can't imagine anyone choosing this work, I frequently encounter the reactions of people from past chapters of my professional story who wonder, "You're doing *what?* How can you do *that?*" From them, these are questions about skills and credentials rather than boredom, as the work I'm doing is such a departure from earlier career training. This puzzlement is shared across the sectors of my professional history. I started my career journey preparing to work in the church, until eventually I realized that my engagement with the church was more about belonging than about faith, my interest in theology more philosophical than creedal. In a knee-jerk effort to unchurch my resume, I went from seminary to business school, subsequently landing in a banking career. It was successful enough, but unfulfilling, as it really didn't reflect my interests or feel like an identity: I just never cared deeply enough about "the deal." When the annual reorganization and downsizing caught up with me some 17 years later, I recognized my chance to do something different. But what? Paying attention to where the energy was in my life at the time – in my own therapy and other personal growth activities following a post-divorce life transition – I recognized that I wanted to be a part of such meaningful work. So I followed that lead back to school and to a psychotherapist's chair of my own.

Now I straddle both fields: working part-time in banking to keep the bills paid while I build my private practice. Friends and colleagues from either sector are baffled by the other, just as those from my earlier church era were puzzled to later encounter me as a banker: "You're doing *what?*" But becoming a therapist feels like coming full circle: back to working with people, their struggles, and how they make meaning in their lives, minus the earlier religious focus. Exploring how clients form meaning, or suffer because of those imposed (whether by self or other), doesn't get boring! The psychotherapist's chair holds for me the meaning my earlier career lacked: It unites interests and identity. I only wish I'd come to it sooner.

In this issue, authors offer their stories of becoming and being a therapist: the events that led them down this path, the experiences that have highlighted the professional journey, and what gives it meaning. Some offer early or mid-career reflections, while others look back on the choice as they leave their chairs. As you read these stories, consider your own: What brought you to this path? What keeps you in your chair or lures you from it? How has being a psychotherapist changed your life—changed you? Would you do it again?

David Doane starts us off with a retrospective of the influences on his path, from mother to many of the pioneers of the Academy, and of how his time in the psychotherapist's chair has shaped him. Tarpley Long shares her journey from the stage to the therapy chair, exploring parallels between the skills and characteristic of acting and practicing therapy. Sally Donaldson tells how an accident became a life-changing wake-up call, leading her to the psychotherapist's chair. Linda Buchanan shares how early priming for the role of mediator evolved into her specialty niche in working with ambivalence and resistance. Marilyn Schwartz and Tim Kochems bring different insider-outsider perspectives. Schwartz gives an entertaining yet poignant account of idiosyncratic personal characteristics at the heart of her practice that seem to run counter to the typical profile of the successful therapist; Grover Criswell's commentary on the article's resonance with him suggests that maybe she isn't such an outlier after all. Kochem focuses less on how he became a therapist and more on what it's been like to be one while feeling al-

ways somewhat outside the profession, marching to a different drum. Kathryn Van der Heiden muses about her trajectory toward the psychotherapy chair, letting the seemingly random pieces of the puzzle come into awareness and fit together into a picture.

Brita Reed describes her career transition from physical health care to psychological, with their parallel, though different, ways of holding in service of healing. Stephanie Ezust tells how the dual pulls of women's empowerment and love of story brought her to and hold her in her chair. Anne Wild-Rocheleau and Melanie Eisner share poignant vignettes illustrating the powerful influences of their own therapists in leading them to their chairs. Similar influences are echoed by many of our authors and resonate strongly with me, as they will with many readers; many of us came to our chairs through our own experience on the couch. May Benatar and Pamela Torraco reflect over professional lifespans after long and rewarding careers, considering what brought them to the work and how it has shaped them personally. In keeping with our theme, our Intervision segment features Bob Rosenblatt, Dave Dayton, Damon Blank, and Ali Jost sharing their own paths to the psychotherapist's chair. New poems from Dan Mermin, Neal Whitman, and Lewis Lipsitz round out our theme.

In book reviews, Dairlyn Chelette offers an enthusiastic appraisal of Lori Gottlieb's best-selling *Maybe You Should Talk to Someone,* in which the author gives a rich account of her parallel therapy experience from both the therapist's chair and the couch. I second Dairlyn's endorsement of this fabulous book. Pamela Finnerty introduces us to Tammy Nelson's *When You're the One Who Cheats,* a handbook helpful for those who find themselves in that position as well as for therapists who work with them.

As a special feature, we are delighted to harken back to a prior theme with Justin Hecht's plenary address from the Academy's 2019 Institute & Conference: *The Ghost in You: Psychotherapy and the Art of Grieving.* This is unexpectedly timely, as we are all grieving the various losses—lives, jobs, milestones, routines, and more—associated with pandemic. While most of this issue was written prior to shutdown, some pieces written or revised amidst the early stage of it address the experience of being a therapist in these challenging and unprecedented times, foreshadowing our Winter 2020 theme, *Psychotherapy Amidst Pandemic.* Share your experience, won't you? (See Call for Papers in back of this issue.)

I thank all of our authors for sharing their voices with us. If you read something in this issue that resonates, let the author know; keep voices connecting.

David S Doane

David S. Doane, PhD, is a psychologist in private practice who has functioned primarily as a psychotherapist to individuals, couples, families, and groups in Toledo, Ohio, for the past 4 decades. In his experience, being a psychotherapist doesn't come with a graduate degree but is an ongoing process of becoming. During the same period of time, his two other major ongoing investments have been becoming a husband and dad. Becoming never ends.
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## Becoming a Psychotherapist—It Was Mother's Doing

Carl Whitaker once said that all our important decisions are made for us before we are born—by our mothers (personal communication, 1973-1993). His comment has triggered much reflection for me. My mother was a religious woman who was particularly happy when talking to the parish priest. In addition, she would periodically take an afternoon to travel to the state hospital not far from where we lived in Cleveland, and she would come home pleased and happy. I learned much later in life that she went there to visit her father's psychiatrically hospitalized brother—a family secret. Perhaps my mother's happiness in those two circumstances begat my decision to become a psychotherapist, a minister to the soul and mental health.

Initially intending to become a priest, I began college as a philosophy major at Duquesne University. Duquesne was known for its existential philosophy program, and existentialism consumed me. As my interest in the priesthood waned, I became concerned as to what I would ever do with a degree in philosophy. As a junior, feeling lost and unhappy, I went to the university psychological services center, where I was assigned to a psychologist. This therapist helped, aside from and maybe including my developing a crush on her, and the experience changed the course of my life. I decided I wanted to become and do what she did, which seemed to be a practical application of existential philosophy. So I proceeded down the path toward becoming a psychologist in order to be a psychotherapist. I learned that psychotherapy literally means soul healing, that is, discovering and expressing one's unique essence, getting one's stuff together, becoming whole, which I wanted more of for myself and for others.

The transition to graduate school was very difficult as I discovered that all psychology is definitely not existential psychology. That was painful learning. I was in an experimental cognitive behaviorally oriented clinical program and was literally mocked for my existential philosophical orientation. When I spoke in one class, the clinical professor would say, "Let's hear from the philosopher." Lost and unhappy again, or still, I resumed psychotherapy. My primary therapist in those first years of graduate school was Dr. Jim Guinan, a lively, warm, fun, and creative therapist, and beloved member of the American Academy of Psychotherapists (AAP), and I got much from him.

In my next phase of graduate training, at Kent State University, I received therapy from a Gestalt therapist. Though more structured in his way, he was another source and provocateur of my becoming more of me. Having easy access to the Gestalt Institute of Cleveland, I participated in programs with Laura Perls, Isadore From, Joseph Zinker, Erving and Miriam Polster, Marjorie Creelman, and others whose names have slipped into the past.

Around 1970, the Gestalt Institute brought in a guest presenter, Dr. Carl Whitaker, who fascinated me from the first time he spoke. His opening words were something to the effect of "I'm an old whore and want to share with you some of my experiences" (personal communication, 1970). He left town after that magical experience, but I would remember him and make it a point to reconnect with him in later years. During those years of the late '60s and early '70s, I had the opportunity to be in workshops with Fritz Perls, Bill Schutz, Sidney Jourard, Jean Houston, Virginia Satir, Albert Ellis, Al Pesso, and others, and I learned from each of them.

I completed my PhD in 1976, at the same time that Drs. Jim Guinan and David Hathaway, another psychologist psychotherapist, were leaving the Counseling Center at Bowling Green State University. They welcomed me to join them in the practice they were starting, which began many years of learning from and with them. We were frequently consulting in one another's sessions, doing co-therapy, and co-leading groups. It was a style and method that made for good alive psychotherapy. Patients got a lot out of it, and it provided us therapists valuable learning based on shared clinical experience. Some professional colleagues were critical—we assumed they didn't understand. We also led a supervision group for and with other therapists. Jim, Dave, and I had times of being patient to and therapist for one another, which certainly provided benefits and problems. Overall, those were very rich years in my development as a psychotherapist. After sharing a practice with Jim Guinan until 1995, I was in practice with other therapists for the next 15 years. Since then I've been a solo practitioner, often feeling fueled by experiences and memories of those golden earlier years that I often miss.

In the late 1970s, Jim and I brought Drs. John Warkentin and Liz Valerius to our practice in Toledo to sit in on sessions, offer consultation, and simply spend time with us. It was a valuable experience, followed by my going to Atlanta several times to sit in on appointments with John and participate in workshops at Cloudland, his retreat center in northern Georgia. Also in the late 1970s and until his debilitating strokes in the early 1990s, I sought out Carl Whitaker and attended many of his workshops, which sometimes early on included Drs. David Keith and Gus Napier. I made several pilgrimages to Madison, Wisconsin, to sit in on sessions with Carl. His sessions were always open to guest therapists, and he was generous with his time. In addition, Carl came to Toledo to do workshops, and our group basked in private time with him. At some point, my wife

and I were in a couples group with Carl and his wife, Muriel, another rich experience. Participating in monthly phone supervision with Carl for 6 or 8 years was the best supervision of my career. I'm definitely proud and grateful to be very influenced by Carl Whitaker.

Another significant learning venue for me has been AAP. I participated in my first summer workshop in 1979 and have been to many since. I have been guided, confronted, supported, criticized, taught, and nourished by many outstanding therapists there and by my AAP "family group," which has been an ongoing therapy and support group for nearly 40 years. The Academy has held and shaped me more than it knows.

It's now 43 years that I have been a psychotherapist in private practice. I have been asked many times how I can stand listening to so many people's problems. Just this week, a lady worded it as, "How can you listen to the stories of so many miserable people?" I've responded in many ways to such questions, including, "Sometimes I wonder myself," or "I listen mostly to my internal responses as people are talking," or "I enjoy wandering around in people's lives," or "I always learn a lot for me." What the skeptical inquirers don't grasp and what has kept me in the therapist chair all these years is my insatiable need for the honest and in-depth relating that occurs in some sessions, which is healing for me as well as for the other. As for whether I get bored, my responses have included, "Sometimes, and I try to do something about it." I might say, "What are you doing to me? I'm starting to get bored and am having a hard time paying attention."

In comparing psychotherapy as I knew it in the 1960s and 1970s to today, I see many differences. Freudian analysis, with the distant therapist whose focus was on the past and the intrapsychic, was very much in decline, and the involved therapist with increasing focus on the present and the interpersonal was gaining prominence. Client-centered therapy was strong, Gestalt, family, rational emotive, and cognitive behavioral therapies were growing, and a multitude of other approaches were around, including transactional analysis, encounter groups, primal scream, rebirthing, and varieties of psychodrama and body work.

In the 1960s and 1970s, there was far less regulation and much more innovation, experimentation, and creativity. Now manualized psychotherapy is increasing, along with a demand to do evidence-based procedures. Then, psychotherapy was more feeling and experience oriented, and now psychotherapy is more cognitive and behaviorally focused. Then, there was more focus on intrapsychic reality, and now there is more external real life problem solving. Then, psychotherapy was often meant to challenge and shake up a dysfunctional pattern to provoke change, while psychotherapy today is more often advice and education. Utilizing books to read and discuss, even doing workbooks in sessions, is a thing of today, never of yesteryear. Psychotherapy then was more countercultural, with emphasis on becoming and being yourself, while now there is more emphasis on helping people to be how they are supposed to be. That is largely what psychopharmaceuticals are about, and today they dominate the mental health world and much of our society. Psychotherapy years ago seemed separate from psychopharmaceutical use, and now psychotherapy is often a back-seat adjunct to it.

In the big picture, my orientation has always been humanistic. My introduction to psychotherapy was an existential and Gestalt approach, and over the years I also became very systems oriented. I like to think the evolution has been recursive, with new learning incorporating the old, toward my becoming a here-and-now, systems oriented, experien-

tial and relational psychotherapist.

Psychotherapy is about relating, but it's a certain kind of relating, not just any, that is therapeutic. Therapeutic relating is personal and intimate, not social. It gets below the surface of what's being presented. It pays close attention, hearing and responding to what is being said explicitly as well as implicitly. It's what Theodor Reik (1948) referred to as listening with the third ear, and it's relating in a way that connects. Therapeutic relating is honest, direct, sometimes challenging, and often invasive.

Upon first meeting, a new patient called me "David." When we got to my office, I told him I wondered about him calling me by my first name. He quickly apologized and asked if he should call me "Doctor." I told him I didn't know what he should call me, but I wondered whether how he addressed me meant he didn't respect doctors, or he called everyone by their first name, or first name use was his way of putting us on the same level, or whether there was some other reason. He quickly began telling me about his long history of not feeling respected, and we were into something important to him. Leading with what I was experiencing, noticing, and feeling turned out to be fruitful. Another important learning for me was that caring about is very different than taking care of. Caring about doesn't involve taking responsibility for or trying to manage the other's feelings, while taking care of does both. Caring is the container for psychotherapy, while taking care of gets in the way of psychotherapy. Whitaker (personal communication) would say psychotherapy included anesthesia and incision, just as surgery does: the anesthetic in psychotherapy being the therapist's caring, the incision being the therapist's intervention, and both therapist and surgeon always being careful to keep the anesthetic ahead of the knife. I became firmly process-focused rather than outcome-focused, not trying to make something go where I thought it should go. I used to work hard to make something happen but gradually learned to do much more being and very little trying. I relaxed, learning to follow my nose and intuition and go with my experience, including more listening for and allowing of the non sequitur, non-logical response in me.

I value the occasions when I kindly break away from normal reasonable polite conversation. I became better at playfulness in my expressing, not to the extent of child psychiatrist Donald Winnicott (1971), who stated that all psychotherapy is play, but enjoying playful moments. I learned to parallel play, another gift from Whitaker (1992), learning to express my experience, fantasies, and thoughts alongside what the patient is saying, which seems to have great therapeutic value—and it's energizing for me. Therapy for me came to include my expressing thoughts and feedback that are usually not said, which often leads into personal areas the patient has never before talked about. I learned that people appreciate the truth, at least most people, eventually, particularly when it's said with care and said calmly. My biggest regrets are times I've not expressed what I was feeling, be it my impatience, irritation, or tension, in a caring and calm way. In a first appointment with a couple who were married 11 years and had four children, the wife, who was in the midst of chemo treatment for cancer and obviously very sick, said she had just found out that her husband was not only having an affair but had had several over the years. They both blamed her (the wife) for the affairs, due to her inattentiveness to him. I didn't agree with either of them. I was short and harsh with him and his explanations, and they never returned. I failed them, and years later I still regret that.

I became comfortable responding to questions about medicine by telling people to talk to their medical doctor about drugs, sometimes informing them that medicine

literally means that which heals and the only medicine I do is psychotherapy. I don't elaborate about that with patients, but it's clear to me that psychotropics often teach a person to not trust their experience and are disempowering, while psychotherapy is an experience in which people learn to trust their experience and to re-empower.

I became clear that I was in sessions primarily for me, for my growth, which seemed to make me more helpful to patients. What has kept me in this line of work all these years is the learning and growth I gain and the satisfaction I receive in witnessing the growth that some patients achieve. I get paid as I grow and participate in others' growth. Psychotherapy provides intimacy in interaction and relationship that I seldom get elsewhere and I would deeply miss if I were not a psychotherapist. How can work be any better?

It is interesting to consider how my being a therapist and my being a person are related. My being a therapist affects me and is part of me throughout my living, but there is a difference between me as therapist and me the person. At my deepest level is the bare real me, which is most present in relationship with my wife. I'm not consciously in any role with her. I'm in some role and less fully me in every other relationship, including in my role as psychotherapist, as personal and intimate as it sometimes is. I see being a psychotherapist in the same frame as being a parent. There is a natural generation gap between me and my children, and there is a psychological generation gap between me as psychotherapist and the patient, a gap that we both agree to for the purpose of psychotherapy. As close as I am with my children, I'm still in the role of parent, and as close as I am with patients, I'm in the role of therapist. I of course use my personhood in being a parent and a psychotherapist, but I'm still in role. Even with my grown children some vestiges of parent role continue. I don't know how to get out of that, and I think both I and my children want it like that. Likewise with patients, some vestiges of psychotherapist role always remain, which is okay and how we want it.

My work as a psychotherapist has benefited me as a person. It's made me wiser in dealing with myself and with relationships. As a psychotherapist, I'm not just going through the motions of doing a job; I'm engaged in an activity that is meaningful for me. I've become more accepting, understanding, compassionate, and open over the years. I've learned to look across the room and see me. I don't value the doctor-patient difference in terms of academic or credential difference, but I do value my knowing more about living healthily, and I'm happy to share what I know as I can.

Carl was right about mother deciding that I would be a psychotherapist. Neither she nor I knew what she was doing, or I was doing, but her unconscious affecting mine played a major role in my becoming a psychotherapist. It's one of the things for which I am grateful to her. And I'm enormously grateful to the many teachers I've had along the way, some of them called therapists and many of them called patients. No doubt I would do it again. ▼

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Tarpley Long

Tarpley Long, LCSW-C, had a 43-year career as an alcohol and drug counselor, psychotherapist, and psychoanalyst. She received her MSW from Catholic University and graduated from the Washington Psychoanalytic Institute. Her early career focused on treating children of alcoholic parents. A founding member of the National Association for Children of Addicts, she published more than 50 articles and conference papers in the field of addiction. She continues to serve as a teaching analyst at the Washington Baltimore Center for Psychoanalysis.
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# **Actor to Therapist:** A Shift from Doing to Being

From the time I was 7 years old, I wanted to be an actor. My parents were part of a repertory community theater. I loved watching them in rehearsals and in the dressing rooms getting into costume and having their make-up applied. I was dazzled as I watched them transform into other people on the stage. I remember once sitting with my father (who had been cast as a policeman in an upcoming play) on a bench across from a police station as he studied the posture of policemen: how they cradled a billy club, adjusted their hats, interacted physically with each other. Although becoming a psychotherapist was not on my radar at the time, I was from an early age observant of people and understood that how they dressed, walked, sat, gestured, and spoke reflected something about their inner world. Starting at age 10, I began to audition and get castings for myself. Once, in high school, my father and I were cast together in a two character, one act play, a murder mystery called *Heat Lightning*. I still have a copy of the playbill, and it is one of my happiest memories. There was no doubt in my mind: I was going to be a professional actor. Now retired after 45 years of practice as a psychotherapist and psychoanalyst, looking back I can see how my early training as an actor informed my work as a clinician. Actor Charles Chaplin (1921) wrote that what it takes to be a good actor is "a simple, direct, 'child soul,' a heart that has been taught the lesson of human sympathy, and the incisive analytical brain of the psychologist" (Weaver, 1985, p. 356). One might say the same for what it takes to be a good therapist.

I came of age in the 1950s, in a stable, supportive, loving, and civic-minded family. Shortly after my birth, my

father was sent overseas to World War II and was away for 3 years. My mother and I waited out those years with her parents, who had a small farm in the Midwest. With the men away at war and being the only grandchild of both sets of grandparents, as well as the only niece of my aunts, I was cherished. I created elaborate spool doll families and villages, played games with my aunts, was read to and taught to read, had a dog named Rex, and tagged along with the adults doing farm chores: feeding the livestock, helping my grandmother plant crops, drying dishes, and hanging laundry on clotheslines outdoors. I also was exposed in a matter-of-fact way to certain realities of life that are inescapable on a farm. Animals mate. Cows and horses give birth. Chickens are beheaded. Old people who die are washed, dressed, and laid out in the living room for visitations until the coroner comes to place them in a box and drive them to the grave. What was missing from my early life was friends my own age and my father, who was talked about constantly and of whom I had many photographs. A 3- or 4-year-old cannot grasp "Daddy is away in the war." I remember creating a "daddy" spool doll who lived alone just outside the village. The family in the village knew of the daddy doll, but he was invisible to them. Being on a farm on the outskirts of town, there were no children to play with. I did not see another child (except in picture books) until I was 5, when we moved to the town where my father opened a business and I was enrolled in Miss Sadie's Play School. Meeting children my size and age made me so happy! I wanted to know all about them: what they were thinking, how they were feeling, what interested them, how they saw the world. Ever since then, my curiosity about people has been abiding.

An early reader, I started school as a second grader. I completed the high school curriculum in 11th grade so took courses at a local junior college before transferring to a private university. At the end of my first year away at college, my 48-year-old father died unexpectedly following a surgical procedure. After graduating the next year at age 20, I auditioned for and was hired as a jazz singer for a band in New Orleans. Three months into the launch of my stage career, my 44-year-old mother was diagnosed with colon cancer. Her response to my father's sudden death had been to pursue a PhD in political science. Upon learning her diagnosis, she sent my brothers, who were 10 and 11 years old, to live with her sister. She asked me to join the army because she was worried I would not be able to support myself in the event of her death. Joining the army as an officer was a long process then. To while away the months, I entered the MFA drama program at the university where my mother was also enrolled.

My mother recovered (she lived to age 98). In graduate school I met a man who was waiting to receive an appointment in the Department of State Foreign Service. He received the appointment, we left our graduate programs, married (just short of my 22nd birthday), and left for Cairo. This was followed by tours in Aden, Port Said, and Bogota, then 6 months of Indonesian language training prior to leaving for Djakarta on September 8, 1968. Living in other cultures for 6 years was a happy, enriching time. In Cairo there were no English speaking theater companies, but I spent many days at the cinema watching films from all over the world, spoken mostly in languages incomprehensible to me, like Urdu, Farsi, and Lithuanian, and subtitled in Arabic, which I could not read. I understood the story through the characters' behaviors and paying close attention to their PPI, a theater term meaning pitch, pace, and intensity. It is the vocal technique that conveys character and emotion through the way words are spoken. (In psychoanalytic training I was introduced to Paul Gray's (1994) "Close Process

Monitoring," which, like PPI, pays attention to the meaning of changes in the patient's voice.) In Bogota, I had the good fortune to become part of a professional British acting company. Living in countries among people whose lives were different from mine made me determined to find a way to have a relationship with them, so I focused on what we had in common—what we felt: what made us laugh or cry or feel scared or guilty. I discovered that having a sense of humor, an appreciation of the ridiculous, is a universal phenomenon, even though not every person is in possession of one. At the time, it was U.S. policy that spouses of foreign service officers could not have paid jobs while overseas, so I volunteered in family planning clinics. Although I had had no formal training as a counselor, I believe I was somewhat understanding of and comforting to unmarried, pregnant teenagers whose families shunned them.

I had purposely waited 3 years after marriage to start a family because I was aware that I had married in the wake of my father's death and the threat of losing my mother. I believed that my husband and I loved each other deeply, so after being together a total of 4 years, we started our family. Our first daughter was born in Bogota. I was 7 months pregnant with our second daughter when we arrived in Indonesia. Three weeks after we arrived at the Djakarta posting, my 33-year-old husband became paranoid and suffered a psychotic break. I knew nothing about mental illness. All I knew was that my husband's eyes looked weird; the pupils were constricted to pinpoints. He told me that Chinese communists were living in our basement. In the evenings he walked around the house carrying a baseball bat, banging on the floor. He seemed to no longer sleep and began to drink very heavily. We had been to one embassy function where we had met people, but we did not have friends yet, so no one knew us.

I did know that my husband needed help, and so did I. After a few days of watching my husband lose his mind, I took a taxi to the Embassy and asked if there was a medical person I could speak with. I told a doctor what I was observing, and he said he would check with my husband's superior and other staff. The next day, the doctor called me and said everyone thought my husband was just fine, doing a wonderful job. The doctor suggested the problem was me, that I was anxious about leaving in 3 weeks for Singapore to deliver the baby, so maybe I needed some Valium. I felt like I was in the movie, *Gaslight*. I knew that the behavior I was witnessing was bizarre, yet when I turned for help, I was told I was making something up. No doubt I was anxious about leaving the country and leaving my daughter alone with her father in his current state of mind. A number of days later, a senior official's wife came to our house to perform her diplomatic duty of calling on newcomers, and I dragged her around to the side of the house where she could look in the window and see my husband screaming at the Chinese communists and whacking the floor with the bat. She was the Deputy Chief of Mission's wife, so the embassy doctor paid attention to her and believed what she reported seeing. He came to our house and encountered my husband in his more unguarded moments. The doctor apologized to me and commented that I was quite observant. He arranged for us to be flown to the Philippines, where my husband could receive psychiatric care in an American hospital and I could give birth. We were not allowed to take our 2-year-old daughter with us, so we had to leave her in Djakarta with an American family we did not know.

On the plane headed for Manila, my husband developed the belief he was a Civil War general and no longer recognized me as his wife. Over many months, no matter

what medications he was given, he did not relinquish this belief. After I gave birth, a Marine Guard at the Embassy in Djakarta accompanied our 2-year-old to meet us at the military hospital in Manila, and we were medically evacuated back to the United States on a military hospital flight full of wounded soldiers. An ambulance met my husband when we arrived at Andrews Air Force Base and whisked him off to a psychiatric ward. I was left to fend for myself. Fortunately, my mother had alerted a paternal aunt and uncle who lived in the area, and they took us in.

We had left the Philippines with only the clothes on our backs. It was months before our household effects, which we had only recently unpacked in Djakarta, could be repacked and shipped back to America. My uncle moved me into a furnished apartment near the hospital because the staff wanted to discharge my husband home for the weekends. I was having difficulty holding it together but believed there had to be some kind of doctor who could help me. My sleep was disrupted by terrifying dreams, my hands were so tremulous I could hardly hold a cup of coffee without spilling it, and I awoke every morning with a profound sense of dread. Meanwhile, I was a nursing mother and had a 2-year-old child in tow, not to mention a psychiatrically ill husband who the hospital inflicted on us every weekend. When I called the psychiatric ward to ask if I could get an appointment with a doctor, I was told I was interfering with my husband's treatment. In my experience, this is the way it was in the 1960s—and into the 1970s: family members of hospitalized psychiatric patients were seen as a nuisance, not as people who might also be suffering. As in Djakarta, I showed up in person at the State Department, found my way to the medical office, described my symptoms, and was given a referral to a psychiatrist. When Dr. W and I met for the first time and he heard about the last month of my life, he said, "That you would put your trust in the medical profession again is remarkable."

I did put my trust in Dr. W, and we met four times a week for 4 years. I suppose in 2020, I would be diagnosed with acute post-traumatic stress disorder (PTSD), but in 1968 the DSM-1 was only 40 pages long, and PTSD was not a diagnosis. As I recall, there were only three diagnostic categories: neurosis, personality disorder, and psychosis. I was diagnosed as having an anxiety neurosis. My husband was diagnosed with manic depression. His psychotic thinking was barely contained until early 1970 when Lithium entered the marketplace. With Lithium treatment, he returned to almost normal. I say "almost" because he never was really the same person again. Being psychotic for more than a year caused him a kind of brain damage. My husband's illness meant more than an unexpected, temporary disruption in our lives; it meant both of our lives were changed irrevocably. For my husband, it meant that his career as a foreign service officer was over because he would not be able to receive medical clearance to leave the country again. It meant I was now married to a man who was altered significantly. It also meant that I would have to go to work to help pay for the increased expense of living back in America. My BA in anthropology, partial MFA, and theater experience had not prepared me to earn a living. A return to graduate school was in order, and after being Dr. W's patient, I decided I wanted to be a psychoanalyst. This was impossible at the time because I was 32 and the cut off then for a medical school applicant was 28. But, I learned I could become a clinical social worker. Fortunately, when I was trying to figure out how to pay for graduate school, a neighbor told me about an entry level position in an alcohol treatment program.

What I knew about alcoholism was that both my husband's parents were addicted to alcohol. Given that we lived overseas, we rarely saw them. Growing up I overheard my parents talking occasionally about some person in the community "being a drinker," but I had no lived experience of this illness until our time in Djakarta when my husband went on a binge in the midst of a manic episode. After his hospitalization, he stopped drinking alcohol because he figured he might end up like his parents. At the clinic, I co-led groups for alcoholics and started a group for the spouses. The Alcohol Safety Action Programs came into being at this time, so many of the referrals to the clinic were drunk drivers who had young children who needed child care if they were to attend the program. Since I had a free hour before my evening psychotherapy groups, I was tasked with keeping the children occupied while the patients and their spouses were in rounds. I brought in poster paper and crayons to help pass the time and was astonished by the children's drawings: father shoving mother down the stairs; father brandishing a gun and yelling as kids crouched in a corner; police cars dragging away daddy as the children watched through the window, tears streaming down their faces; mother passed out on the kitchen floor. My only knowledge of young children was being a mother. I requested supervision by a child psychiatrist and spent a year developing an alcohol education group for children, aged 6-12, which I wrote up for publication.

I received my MSW in 1977, the same year my husband and I separated. I was grateful to have a full-time job, but a clinic salary would not support me and my two daughters in the family home for long. I had to aim toward solo private practice, which was 5 years into the future. As I adjusted to being a single woman, I threw myself into writing articles about my work with children of alcoholic parents. As soon as I had my license, the clinic allowed me to start a part-time practice under their auspices.

In 1983, I felt experienced enough to open my own practice. Within weeks of making this move, the federal Blue Cross/Blue Shield insurance plans slashed coverage of mental health benefits from unlimited sessions to 50 per year. Catastrophe, since I saw my patients usually twice a week. At the time, no other insurance companies reimbursed social workers. I had to scramble to find people who were willing to pay out of pocket. I blanketed employee assistance counselors in every government office and private industry in my area with offers to give a free brown bag lunch on alcoholism and the family. My publications had put me in touch with other clinicians and researchers nationally, and in 1985, I was invited to attend a meeting in California to talk about children of alcoholics, sponsored by Joan Kroc at her McDonald's ranch. There were 20 of us, and the result of the get-together was that we founded The National Association for Children of Alcoholics (NACOA). Giving ongoing free talks and being a member of NACOA was successful outreach that translated into patient referrals and resulted in a stable practice for many years.

In the mid-1980s, it began to look promising that clinical social workers might be able to obtain a waiver from the American Psychoanalytic Association to receive psychoanalytic training. I applied and was accepted as a candidate in 1988. As one of my supervisors said, "Becoming a psychoanalyst will enrich you in every way except your pocketbook." Adding psychoanalytic patients did not make me want to abandon my addiction work or the group and couples psychotherapy parts of my practice. I liked having the variety.

What psychoanalytic training offered me was new ways to engage with clinical ma-

terial. But, no matter what model of the mind I studied, I continued to be struck by the consistency of the elements of what a psychotherapist or psychoanalyst actually does in a treatment hour. And, it is surprisingly like the elements of acting. Therapy (acting) is about relationships, interaction, engagement, and interplay between people. Therapy (acting) is about listening to (portraying) vulnerable people in often extreme circumstances. Therapy (acting) is about adapting a neutral stance in order to understand a patient's (character's) point of view. Therapy (acting) is about understanding conflict and the complexity of people. Characters in plays have many conflicting sides to them. We all do. As a therapist, I felt encouraged when in the course of treatment my patient could, for example, see more to his father than just his sadism; it meant the patient's own life narrative was expanding. Therapy (acting) is not about setting one's own psychology aside to understand your patient; it is about finding another person in oneself. As the Roman playwright, Terence (165 B.C.E.) wrote, "I am a man. Nothing human is alien to me" (*Self-Tormentor*, 1.1.77). Therapy (acting) is about empathy, which is comprehension of, not simply recognition of, another's predicament. Therapy (acting) is about specificity. Nothing less than exact works in theater, from how a character moves, speaks, gestures, and dresses—down to the last button of his shirt. It is the same with therapy. A couple telling me in an initial consultation that they have "communication issues" does not really say anything. Later, if the husband says to me, "When my wife gets mad at me she slashes her arms with scissors," now, that is specific.

Occasionally, I meet a psychotherapist who has not had a day of personal psychotherapy. Having entered the field after first being a patient, I cannot imagine how I could do this work if I had not had psychotherapy and a personal analysis. Coursework and ongoing supervision contributed to my professional growth, but my personal therapy and analysis impacted me the most. Books written on becoming a therapist say that to be a good therapist, the therapist should have faced difficulties in life and gained some degree of mastery over them. I entered treatment the way my patients entered: suffering. Something awful happened or was going to happen—loss of a loved one, loss of a loved one's love, job loss, life changing injury or illness. What has to happen to restore a person to emotional well-being? Fundamentally, there has to be an increased capacity to bear intense affect—grief, disappointment, rage, narcissistic injury, guilt, shame, envy—without resorting to destructive action to ourselves or to those we love. My personal therapy and analysis enabled me to tolerate feelings which previously were unbearable, so that I, in turn, could tolerate the unbearable affects of my patients and they, in turn, could become able to tolerate these in themselves.

Being a therapist has not been a static process. With every new article or book I read about psychotherapy or psychoanalysis, I come across something I have not considered before. Even though I am retired from clinical practice, I still teach, and I notice that when I am conducting my annual review of the syllabus, even if an article is one I taught the year before, when I re-read it, different parts jump out at me other than those highlighted from a previous reading. Being a psychotherapist is understanding something about the human condition and then discovering another way to look at the same thing and then making another discovery. And then another one. When people ask me what being a psychotherapist is like, I say it is more than a profession; it is a way of being in the world. For example, when I arrive in a new country, I greet it the way I would a new patient: "without memory or desire," as Bion (1967) wrote. I simply show up and have

the country educate me about itself. Once I performed as part of a Greek Chorus. In the opening scene we recited from the playwright Sophocles (ca 144 BCE), "Numberless are the world's wonders but none more wonderful than man" (*Antigone*, 1.1). The study of human beings is an inexhaustible exercise. What a privilege to have spent my life examining myself and other people and making one discovery after another!

Given how much I loved clinical work, why did I retire? At my 70th birthday party the question came up. Any retirement plans? Nope. Not me. I was never going to retire! When I saw 75 looming, I paused. Hmmm... Do I want to go out at the top of my game? Die in my chair? Close my practice abruptly because I become ill? It is simply a fact that between the ages of 75 and 80, we all begin to look a bit worn. How about cutting back? This is what some colleagues do. But cutting back would feel to me that I was dabbling. Further, how would working part-time allow me to fully embrace my other interests? I decided to retire after my 75th birthday, reasoning that I would still have the energy to pursue extended adventure travel and perform in theater again. If I waited until serious illness forced me to close my practice, then what? Be sick and wait around to die? Now in my 80th year of life, I have some regrets about retiring when I did, seeing that my health and stamina have held up. But there was no way of knowing that would be the way things turned out.

I travel 2 or 3 months a year in the winter and head for countries that are warm. In the fall and spring, I direct a staged reading theater group that specializes in the first reading of a new work by playwrights. I audition for community theater productions and have been cast in several. I keep up my clinical license and malpractice insurance, do a bit of supervision, take many continuing education courses, edit a psychoanalytic publication, and teach one course in the fall in a psychoanalytic training program. Even retired, being a psychotherapist is still a way of life. ▼

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## Practice, Practice, Practice

Neal Whitman

> My object in living is to unite
> My avocation and my vocation
> As my two eyes make one in sight.
>
> —from Robert Frost,
> *"Two Tramps in Mud Time"*

it is understood
clinical practice is not rehearsal
we know of one therapist
who once a day
between appointments
picks up her violin
and plays for ten minutes
not to get better
but to be better
this is the same person
who signs cards for friends
home from hospital,
"Be well."

Sally Donaldson

## Therapist by Accident

My junior year in college I had what I now recognize as a breakdown. My finely crafted, multiply layered, previously successful false self shattered along with the car I totaled when I drove through a red light and T-boned a truck at 30 mph. I was lost somewhere outside of Boston on a rainy night on my way back to college from my boyfriend's apartment. I'd gone there to finish a psychology paper for a professor I admired. This professor was the first person to take my mind seriously and tell me I was smart. I desperately wanted to be worthy of his faith in me and wow him with the paper I'd worked hard on with the help of diet pills, which at the time were considered a safe enhancement to motivation. In retrospect I might well have been crashing from amphetamines when I smashed up the car.

My first thought as I sat in the back of a police car with my knees bleeding and front teeth missing was, "Now I don't have to go to Wooster." My teacher had secured for me a job for a winter non-resident term with his mentor at Clark University that was due to start in 3 weeks. I'd done a credible job of seeming excited by the prospect of studying perception, which in truth was more his interest than mine. I was embarrassed to admit how much I dreaded living on my own in Wooster, Massachusetts, for 2 months.

When I handed in the paper, my teacher recognized the accident for what it was—a cry for help. He suggested I take the next semester off and go into therapy, giving me the name of a psychiatrist in New York City. Astonished by his kindness in the face of the collapse of his star student, I was painfully aware that it was too late for him to find a replacement for the psychology department's plum job.

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I'd grown up in a WASP world where mental problems were seen as the result of faulty will power. The cure for depression was simple: "Think about someone less fortunate than you." This instruction evoked guilt and later anger at the privilege that surrounded me. If I cried over a skinned knee, I was told, "Look what you did to the ground." This technique worked like a charm in the moment. I actually stopped crying to examine what harm I'd done to the stones. The illogic of this took me years to decode. Such obfuscation and distraction foster a disassociation from feelings that can be hard to reconnect. Combined with being schooled in the art of looking good and sounding like an authority on things you may or may not know anything about, you end up with a smoothly functioning false exterior to hide behind. I'd always looked older and more competent and confident than the crying child inside with whom I was only intermittently acquainted.

I'd made a stab at getting help during my parents' divorce 3 years before the accident. My grandmother, who'd been multiply married and divorced, insisted that there was no reason for me to be upset because "many families divorce." But in my suburban Long Island world I knew of only one other child of divorce. Though we were friends we treated her family situation like a shameful disease that might be catching if we spoke about it. Isolated and alone with my distress, I asked my mother to find me "someone to talk to." The psychiatrist James Masterson saw me in consultation and recommended individual therapy with him. Terrified by the suggestion of talking twice a week to this remote, severe-looking man seated behind a large, imposing desk, I asked my father what he thought about my going into therapy. My father, who believed therapy was a sophisticated form of navel gazing, replied, "I think you're strong enough to work things out on your own." Relieved, I heard his statement as a compliment to my strength and let go of the search for a therapist.

Now the jig was up. I'd wrecked my car and been told by an authority I respected that I needed help, so much help that I had to leave college to get it. The next semester I moved to New York where I took classes at the New School and began twice a week therapy with the psychiatrist my teacher had recommended. At first I was nervous every time I entered the upper eastside office of this funny-looking older man who sat in a chair facing me and asked strangely personal questions. But soon enough I thawed under the gaze of his kind blue eyes and warm, slightly impish, smile. When he asked me how I felt, he seemed sincerely interested and accepted what came out of my mouth with delight rather than disapproval. I learned a whole new lexicon, the language of feeling, which surprised me with its range and intensity. Whereas before, I sought out sad movies to release my pent-up tears, now I could cry on my own volition without being admonished to buck up or think about the harm I'd done to someone else. My world shifted from a muted, black and white movie to a Technicolor film.

What I remember most vividly from that time is a dream I had in the second week of my first therapeutic encounter, at 21. This dream proved to be both diagnostic and prescient. In it, my father and I are being held captive by the North Vietnamese in a wooden hut guarded by several men and a young woman with a gun like the ones featured in the newsreels in 1966. We were to be executed at dawn. It was my job to rescue us, which I tried to do by forging a connection with our guards. Long into the night I asked them questions about their families, their view of America, their religion, and their hopes and dreams for their country. The more we talked, the more curious I became and the more

relaxed they were in our presence. By morning our captors no longer wanted to execute us and petitioned the powers to be to release us. But word came down from on high that we were to be shot at dawn as planned. Hearing this I understood that I could not save my father and had to concentrate on saving myself. I did this by lying face down in a rice paddy, pretending to be dead. I knew I'd succeeded when people passed by and assumed that I was just another dead body.

The central image of a girl playing dead was emblematic of who I was at the time. As a young woman, playing dead was an act of survival. I deadened myself to keep confusing, presumably dangerous feelings at bay until I could find a place to sort them out with a person strong enough to bear them with me. I was struck, then and now, at the wisdom in knowing that in order to save myself I would have to separate from my father. This would become a theme in future analysis. But what has stayed with me years later was the very real pleasure I took in asking the guards about themselves and watching us come alive to one another. Through the dream I stumbled upon the truest part of myself, my curiosity about what people are made of. It foretold a career in which my curiosity would deepen as I worked to perfect the art of asking questions.

After college I worked in a psychiatric ward, one of the first to rely on groups as primary treatment modality. As an assistant to the occupational therapist, I was expected to attend all community and family group meetings and was assigned to a patient group. Without the distance that training provides, it was hard for me to tell the difference between myself and the articulate, albeit suicidal, college dropout who had been hospitalized against his will by his parents. This confusion was not helped by the attending's joke that I was plant by the patients to spy on the staff, while the recently hospitalized Dr. X, the head of a large medical facility, was a plant by the administration to spy on the patients. Nevertheless, I flourished in the ward's churning emotional intensity. I was engaged, unafraid, and most importantly, never bored because everything, even seemingly banal comments, were infused with meanings I wanted to understand. When a patient near my own age, diagnosed with schizophrenia, told me, "Sally, you were very good in group today," I thought I just might have a future as a psychotherapist. ▼

*The Color of Ambivalence*. 2018. Kathy Carl

Linda Buchanan

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## One Therapist's Journey in Understanding Ambivalence to Change

I am a psychologist, and my professional journey began in the '80s when I was getting a master's degree in counseling. Wait a minute. Imagine that you can hear sound effects of a tape rewinding (or for those of you not old enough to remember that sound, maybe you can imagine a car breaking and going in reverse). Because I have to say that my professional journey began much earlier than my formal education. I have always been an integrative thinker. That's how my mind works. I want to see commonalities, compromise, and agreement in everything. I love thinking about how all psychological theories overlap and could conceivably be integrated into one whole. I used to fantasize about being the one who came up with the master integrative theory of psychotherapy. I bet there are a few of you nodding your heads right now.

One of my earliest memories points to this aspect of my personality. I was about 3 years old, before the time of toddler car seats, and standing up on the floorboard of the back seat with my head stuck over the front seat between my parents. They were arguing about how to pronounce the word *pecan*. My father, being from South Georgia, pronounced it with the accent on the first syllable and the second sounding the same as a tin can (PEcan). My mother, having grown up in Atlanta, pronounced the word with the accent on the second syllable and the *a* sounding like *ah* (peCAHN). As is often the case, simple arguments can spiral into larger ones, and the tension was beginning to rise in the car. After listening to them argue for a few minutes, I piped up and asked why we couldn't just say PEcahn or pCAN. This story is easier to follow when you can hear the words pronounced, but

suffice it to say, I was coming up with a compromise that borrowed from both of their preferences. Their reaction was immediate and highly gratifying in that they chuckled at my creativity and the argument ceased. I learned two things: Finding compromise or balance was very helpful, and nothing feels better than making people laugh. In that moment, my destiny to become a psychologist was sealed.

Throughout childhood, I had many more opportunities to practice my untrained attempts at caretaking. My parents did not see eye to eye on lots of issues beyond how to pronounce the word *pecan*. I eagerly became triangulated in their arguments though typically at my own expense. I would try to help them see something from the other's point of view. But since it was unpredictable whether this would be appreciated or resented, my need to help became laced with anxiety. When it helped, however, the reinforcement was very strong and rewarding. Looking back, I was doing what I now call *falling into the split*, the disconnect or chasm that exists between two people (or within a person who is ambivalent) when they are at odds. It is not a comfortable place to be, but as therapists we often find ourselves there.

Additionally, I was the oldest of three children, and at about the age of 3, my military father told my siblings I was in charge. Needless to say, I developed into a bossy little girl who thought that she was supposed to tell everyone what to do—even my same-age friends. That did not make me the most likable kid on the block. Fortunately, I began to understand my error, thanks in large part to my best friend who was an only child: She told me in no uncertain terms that I better stop telling her what to do! So I changed my behavior. However, it took years, decades even, to unwire the feeling that I was supposed to tell people what to do. Imagine how that fits in with becoming a therapist.

I was also a very sensitive child (I still can't watch bloody movies), and my level of empathy was so high that I often felt physical pain. I remember sitting in a large college classroom one day when a girl came in and sat down in the chair in front of me, looking very dejected. I felt a strong sense of pain for her. I realized that my reaction wasn't normal, and that I might be feeling even worse for her than she was for herself. I had been teetering between psychology or journalism majors, and this awareness of my own high level of empathy swayed me into declaring my major course of study and my life's work.

The first counseling (though still untrained) split that I fell into happened when I was working as a youth director in a church. I was 22 and had a bachelor's degree in psychology. A young girl in my group would talk to me about her mother, and I would be very compassionate and make statements like, "I'm so sorry that she treats you that way." This girl would then, of course, go tell her mother what I said. Her attendance started dropping off at youth group functions, and I sensed some angry stares from the mother in church services. I was too young and inexperienced to understand what was happening. In my naïve mind, I assumed that her mother would just be thankful that I was taking time to be with her daughter.

After leaving the job and going into my master's program, this situation continued to bother me, and I took the opportunity to explore it in a class exercise practicing the empty chair technique. I played myself and then switched chairs and took on the role of the mom. In this role, I started saying things such as, "When you were only 22 years of age, you judged my parenting. Do you know how insulting that is?" And, "My daughter is fairly volatile and can exaggerate; did you ever think that she might have been exaggerating to get your sympathy?" Still in her chair, I continued, "Did you ever come to me

with your concerns? Your *compassion* actually made my job as a mother more difficult."

I was flabbergasted at the things coming out of my mouth. Apparently, on some level, I may have sensed some of these things, but I hadn't been aware of it until using this technique. I had royally fallen into a split. Most teenagers don't feel understood by their parents, and this is, to a large extent, normal. And, of course, parents make mistakes (this mom wasn't very outwardly affectionate). However, my offering empathy to the daughter had not helped the situation at all. I began to realize that unless I was actually prepared to help one person separate from another, falling into a split just widens the gap and has the potential for making things worse for the people involved. This hurtful experience created in me a sensitivity for recognizing that people live in systems and are often ambivalent. Therefore, having been primed (through physiology as well as early learning) to enjoy or even crave integration, I searched for ways of applying integration in psychotherapy. But I still had so much to learn!

Even with this insight, I still was lured into attempting to tell people what to do. In graduate school, I observed that although we were taught that we shouldn't give advice, most therapists fell into it. Even the very concept of psychotherapy seemed to carry with it the idea that we know what will make people mentally healthy. I had a paradoxical desire to stay out of the middle of their dilemmas while simultaneously needing to help people change (both formed in childhood). I thought that I would just learn to give advice with finesse so that it didn't really look or feel like that's what was happening.

In my master's program, we were taught Rogerian or Carkhuffian style listening (Carkhuff, 1972). I actually had to take three courses, called Helping Skills, devoted entirely to this. I remember thinking throughout these first classes that I couldn't wait until we could take courses that would tell us how to actually bring about change in the person. I thought of these skills as just the rapport building. Once we established rapport, we could get on to the real therapy. Somewhere in the last course, it clicked. These skills went far beyond building rapport or buying time when you aren't sure what to say. They offered a unique way of empowering a client to hear themselves out loud and to access their own wisdom. For example, a Carkhuffian statement might be, "So *you feel* lonely and frustrated *because* you want to meet people, *but you can't* get over your anxiety about being judged." Or, "You *feel* torn *because* you want meaningful relationships, *but you can't* believe that people won't hurt you in the long run."

I think these courses helped me recognize that the less I appeared to be doing the work, and the more work the patient was doing, the better. This came as a huge relief on some level. The kid that had tried to help her parents improve their relationship loved this idea. The anxiety that I had felt as a child would bleed into the therapy relationship when people were stuck. It felt as if I would be blamed and held responsible for this. Learning active listening got me off the hook. I didn't have to try so hard to get people to change or take my advice. I could help them find their own answers. I love the quote attributed to Alexandra K. Trenfor, "The best teachers are those who show you where to look but don't tell you what to see" (undated internet quotations).

Just the other day, for example, a group member was talking about being afraid to fully recover from her eating disorder because she didn't want to have to feel the feelings that her eating disorder allowed her to avoid. I had an urge to remind her that numbing feelings resulted in being unable to feel positive feelings as well. I knew, though, that she had heard this many times. Instead, I responded to her, "So *you feel* afraid to recover *be-*

*cause you can't* yet believe that you can manage hurtful feelings without your eating disorder." Another one said her fear of recovery was that she wouldn't be able to give up the comfort and pleasure that she found in binge eating. I responded, "So *you feel* hesitant to recover *because you can't* yet believe that you can find other ways to comfort yourself and feel pleasure." They both looked at me as though I had just performed magic, and one said, "Wow, it's like you're in my head."

All I had done was create a 4.0 Carkhuffian statement that produced several therapeutic functions: the clients felt listened to and understood, they were able to clarify why they were stuck, and they were able to see what they needed to do to move forward. Although it was also fun that they thought I was amazing, I responded, "I just repeated your own words back to you." This enabled them to credit themselves for coming up with their own answers, and we all know that the more the client credits the change to themselves versus the therapist, the more likely the change will take hold.

This strategy of active listening helped me stay out of splits when working with individuals, but I absolutely hated doing couple's or family therapy. Each part of the couple or family naturally wanted me to take his or her side, a reenactment of what I tried doing for my parents. This was very reminiscent and uncomfortable for me. Yet my sensitive trait and my family dynamics produced in me a high level of perfectionism, so I couldn't allow myself to be content doing individual therapy only. After 4 years of working with a master's degree, I pushed myself to learn more by going back to graduate school for a doctorate. Oftentimes people ask me why I went on to get a doctorate. If truth be known, the main motivator was because it was there to be done. That's how perfectionists think.

Another significant factor which influenced my decision to go back to school was that I had coincidentally developed a specialty in treating eating disorders—if anything can ever actually be called a coincidence. I was working with a person whose support group for eating disorders was ending, and she told her peers about me. Suddenly, I had six people diagnosed with eating disorders in my practice. I hadn't known much about eating disorders except that I had heard it was a problem area that was very difficult to treat. Uh oh, trigger my inner recovering perfectionist! I began to read everything that I could about this population in an attempt to stay one week ahead of them in our sessions. They were all doing fairly well so I naively assumed that I was amazing. But here's the truth: The group that they had been a part of was actually an aftercare group in a psychiatric hospital with an eating disorder unit. They each had already had significant treatment for their disorder. Although they were still struggling and I was helpful, it wasn't quite as impressive as I thought it was. Secondly, most people with eating disorders are perfectionistic, highly sensitive, and severely ambivalent. Sound familiar? Although I hadn't had a diagnosable eating disorder, I had struggled for a time with food and body image issues. These were my peeps!

But as I continued to specialize, I recognized my limitations. I needed to learn more and to address my reluctance to do couple's and family therapy. So back to school I went. I chose a program which offered a cognate in family therapy. In these classes, I learned how family systems, like individuals, have parts with differing wants or needs. I was taught how systems that are functioning well have many distinct parts that are working together as an integrated whole, but those that are dysfunctional have splits, triangles, coalitions, and unhealthy hierarchies (a bit like my family of origin), which serve to pre-

vent the healthy functioning of each part. The skills that I learned in helping families resolve their differences and in understanding how parts function best as components of a whole further informed my work with resistant or challenging clients. Similarly, I studied Imago therapy, which taught me the skills needed to resist taking sides with one member of a couple (or as I had done as a child, trying to show them the other's point of view) and instead coach them on resolving the conflicts and ambivalence between the two parts of the couple.

Incidentally, or not really, I met my husband in graduate school and he definitely was not a perfectionist! Although he was working on his doctorate, he embodied the play hard/work hard mentality. I had the work hard part down but had never been very good at play. The saying "It's never too late to have a happy childhood" (Robbins, 1980) became real for me after meeting him. I began to learn balance between play and work. He told me that he never aimed for the highest grade in the class, which shocked me. Wasn't that everyone's motivation? His was much more adult as he taught me to learn for my own gratification rather than an external reward. I discovered that it took much less time and work to shoot for a 90 (in my program that was an A) than a 100. I set boundaries that I would never study on the weekends or after 6:00 p.m. on weekdays, with the exception of finals week, so that I could focus on enjoying life and our marriage.

With what I was learning in school and from my husband, I began to feel more grounded in the psychotherapy that I was conducting with individuals, families, and couples. I was much better able to focus on the moment rather than the outcome. I learned and developed some specific strategies for staying out of splits regardless of where they occurred, whether within a person or between persons. Upon graduation with my PhD in 1993, I founded the Atlanta Center for Eating Disorders. At the time, there were no IOP or PHP levels of care for this population, only inpatient care or lone psychotherapists. It seemed to me that most of these individuals needed something in between. The program grew to three locations before I sold it in 2017 to Walden Behavioral Care.

Over the years, working with people with more severe eating disorders, it behooved me to develop excellent skills for dealing with ambivalence. Possibly more than with any population, the very thing that makes them feel worthy of life is killing them. Most of these individuals have very deep-seated ambivalence, which must be harnessed and resolved through integration. This ambivalence often causes much disruption in interpersonal relationships, as well as resistance to change.

I have developed a career of psychotherapy, supervision, writing, and training in which I try to express the point that we shouldn't take a side when listening to our clients. We naturally want to believe what we hear, and we often don't know the specific distortions that our clients project onto their relationships. Just recently, I made the mistake of not recognizing the need to think systemically when working with one member of a couple. Mandy was married and was working on finding balance in her life, as she tended to feel like she had to be accomplishing something at all times. She made a goal to take about 30 minutes for downtime each day when she got home from work rather than jumping straight into other tasks. She was pleased with herself as she told me that she had been doing this most days for the past couple of weeks. However, a couple of days later, I received a call from her husband who was very alarmed, telling me that she was depressed and that therapy was not helping; it was making her worse! His evidence

was that she was coming home from work, going straight to the couch, and turning on the TV, a behavior that he had never witnessed in their marriage. When he mentioned these things to her, she heard it as complaints and criticism that she was taking some time for herself. They had very different perspectives on what was occurring. Plus, she was projecting her ambivalence about relaxing onto him when he expressed concern, assuming that it was criticism. Had he not reached out to me, I might have joined her in feeling frustrated with her for not supporting her attempts at self-care. Instead, he joined us for a session where we included him in our treatment goals.

I've continued to enjoy finding theories and strategies that support my love for integration. Over time, I integrated the things I had learned academically and from my clients into a theory about change and resistance to change. I became fascinated as to why people would pay good money and spend valuable time seeking change, just to resist doing what I knew would help them. Eventually, I became more fascinated with resistance than outcome, realizing that dealing with resistance is actually the meat of the therapy. This took the pressure off both me and my clients, and things improved more rapidly in most cases.

After specializing in ambivalence for 30 years, I published a book, *Pathological Ambivalence: How to be on Your Client's Side without Taking a Side* (Buchanan, 2019), to help therapists learn to stay out of power struggles and splits. It was my hope that this book would help therapists feel more grounded in the face of resistance, thus greatly increase job satisfaction. For me, it's been the culmination of the journey of dealing with my own ambivalence about my role and responsibility as a psychotherapist and the deep-seated need to help people while conversely feeling anxious about the responsibility. It's been the journey of teaching my inner child that she can be helpful without telling herself that she has to be in charge, fix things, or take a side. So go out and play! ▼

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# Finding My Superpower

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Mom, check this out. These girls were told to stand like Wonder Woman—legs apart, hands on hips, looking confident and in control—for 2 minutes before they had to go on stage to debate. And when they practiced this they began winning. Isn't that cool?"

My 13-year-old daughter and I were doing the mad dash shuffle to get out the door in time for school and work. She paused the podcast to fill me in as she threw on her puffer coat and mittens and pleaded her case for her converse rather than boots on this blustery morning. She had been an avid listener of *Invisibilia* since her teacher turned her on to it en route to the state science fair last spring. This episode, "Outside In" (Spiegel & Rosin, 2016), argued for the two-way street between psyche and behavior. Sometimes changing something on the outside—a posture, a monitoring device for the body, for example—might lead to change inside.

"That's cool!" I remarked, as I guzzled the rest of my tea, grabbed my coat and keys, held open the door for us, and hustled to the car. As we wended our way along the rural roads, taking in the farmland and the sheep similarly bundled up in their thick woolen coats, I thought more about the boost of confidence the girls' debating team received from practicing the Wonder Woman stance, insulating and protecting themselves from destabilizing self-doubt and criticism. What the episode neglected to highlight, however, was the powerful agent of the teacher's expectations that imbued her instructions to stand like the superhero: "You got this!" These were meaningful instructions she transmitted. Like a talisman, they carried in their bodies her belief in their capabilities, and they took home first prize.

My daughter and I passed these ideas back and forth. She talked about the girls being insecure, living in a country that discouraged women from leadership, taking up roles outside the house, pursuing a career, or speaking their minds. It made me think of the surge of confidence I received 30 years ago when I first went to talk with a therapist, and I said so aloud, realizing I had never shared this with my daughter before. She wanted to hear, so I told her my tale. I had just graduated from college and moved east, with no idea what I wanted. I went along with others' suggestions, hated my job, and generally felt lost. I met this guy and loved his mom. When he cut me loose, I fell apart,

and his mom recommended, Carole, a therapist that had changed her life. And so I went.

Twice a week, I lay on her couch and shared aloud what came to mind—a thought, a feeling, a dream, memory, or sensation—and she listened closely, speaking unpredictably but meaningfully—perhaps an observation, a question, or to make a connection that escaped my awareness. She was intent in her pursuit to learn about the workings of my psyche and expected me to be the same. The importance of our task imbued her instruction for me to pay attention from this supine position. So if she made some connection aloud and it rang true, I knew it because some pattern of understanding lit up inside me that I didn't have full access to before. Some desire ignited—a kind of ambition. My inner world suddenly became a more expansive mystery that I was eager to learn more about, even if it scared me.

There were many ways Carole's expectations of me mobilized my courage to learn more about myself. But one stands out as particularly special. It was the very moment I realized I would become a therapist.

Like many times before, I began the session by recounting some experience I'd had with my family, his family, or maybe some friends, and on this occasion I offhandedly described, "You know how you walk into a room and you already know what's going on with people before they open their mouths." It wasn't the first time I tossed this in, nothing remarkable I assumed, but this day, she stopped me.

"It's not the first time you've said this, Anne. That is not something people 'just do.' Tell me what you mean."

"I don't understand.... You want to hear more?" Her confrontation and question startled me.

"Yes, tell me how it goes."

And for the first time I shared with someone else what it was like for me to be with other people from the inside, reflexively picking up feelings within and between people. I registered another's experience in my body; an emotion, image, or association would take up residence that tipped me off, clued me in. A cascade of memories, recent and past, fanned out in my mind, and I jumped from one to the next, barely aware of the time. She noticed the spirited way I spoke, the absence of self-doubt, and the pleasure I felt, and she shared how I had invited her to feel a delight in the way I moved about the interior world of relationships. She shined a light on something unique to me and my mind so that I could see it too. In my own small way, her recognition of something in me and the permission to claim it made me feel like I had discovered some superpower. I knew then that I wanted to make use of it, that I wanted to become a therapist. I wasn't yet sure how I was going to get there, but I was thrilled to discover I had this resource in my possession that I could develop and that could take care of me and possibly others.

"Wonder Woman, mom! Just like the girls in the podcast story! That is super cool!"

"Oh my gosh, you're right! I guess that's why this story came to mind," I remarked, in a bit of a hushed tone, awed yet again by the unconscious. We laughed at the unexpected connection and the shared discovery—right before she swooped in for a kiss and hopped out of the car to run to class. ▼

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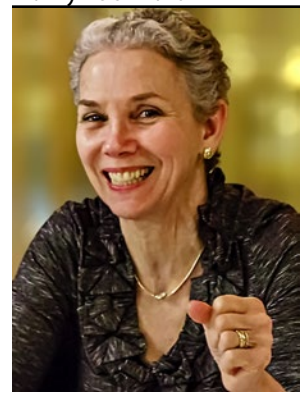
Marilyn Schwartz



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# **Outing Myself as a Therapist:** What Really Goes on Behind Closed Doors

*(Author's Note: The impetus for writing this article during the peak of the Covid-19 pandemic was my appreciating how therapist authenticity or genuineness seemed most critical in being fully present and helping our clients during this difficult time.)*

I have managed to run a successful private practice for 40+ years and have had my share of clients who have felt our work together to be life changing. As such, it may be time to tell my personal truths about how I've actually been practicing all this time, how I came to be the therapist I am, and what this might say in terms of what we have always assumed makes for a good psychotherapist.

Extensive psychotherapy research (Norcross & Lambert, 2019) has shown that a main factor at play in the success of psychotherapy is the therapist-patient alliance and that therapist characteristics contribute to this alliance. Therapist characteristics often mentioned include having good listening and communication skills and being accepting, empathic, trustworthy, self-aware, boundaried, etc. To my chagrin, rarely have I seen some of the personal characteristics that I bring to the therapy task and that have defined my work ever mentioned. This makes me wonder whether there are other therapists out there like me, call us outliers, who are flying under the radar: i.e., not publicly speaking about many of our personal traits we bring to the work because these traits are not thought of as what makes for a good psychotherapist.

After reflecting upon this, I've decided to challenge our largely traditional view of what makes for a good therapist by presenting a few of my own personal traits

that, I believe, have significantly contributed to my successful work with many patients over the years. These same idiosyncratic traits have led to my continued interest and great satisfaction in my professional life.

### Confession #1—I am a voyeur.

In my defense, I must share that I grew up in a home in which the family business was a national detective agency. From my early teens until I was about 26 years old, I worked in the business, sleuthing around trying to catch crooks and scoundrels. As you can imagine, this resulted in my developing an intense curiosity bordering on voyeurism about how people tick: why they do what they do, how their story has unfolded, and what will happen next. When a client asks me how I can sit for hours listening to them or my other clients talk, my answer is always, "How can someone not be interested in your story?"

The New Oxford American Dictionary defines voyeurism as: (a) the enjoyment from seeing the pain and distress of others, and (b) the practice of gaining sexual pleasure from watching others when they are naked or engaged in sexual activity. Now I take issue with the bad rap given to voyeurism and argue instead that we voyeuristic therapists are not taking pleasure in others' pain and sexuality; rather, we are excited to learn about the smallest details of our clients' lives and inner workings. We yearn to examine and discover the smallest steps they take toward living their lives more fully. If the work goes well, our clients may well shed a tear and say to us, "I feel truly seen by you."

### Confession #2—I grew up in a healthy family.

Now here is my next confession: I believe I was raised in a healthy and functional family! I realize that as a therapist, I am definitely an outlier in this regard. I appreciate that people often choose to become therapists because of facing challenging situations in their families of origin that prime them to know pain and to function in the role of healer. I see how being raised by neglectful, abusive, or addicted parents or experiencing childhood losses of a parent or sibling may provide early lessons on how to deal with adverse situations. Painful upbringings raise therapists with boundless understanding and empathy and abilities to teach their clients invaluable lessons from their own experience.

That said, in my situation none of these adverse family experiences played out except for having a 1950s father, who on rare occasions would get angry, blow up, and scare the living daylights out of me. But, thankfully, as evidence of the overall health of my extended family, my mother's oldest brother, Uncle Morris, would show up immediately after one of these outbursts and confront my father, leading him to make amends and get back on track. I also had the good fortune to be raised by an extremely competent, loving mother and to be further protected and cared for by my three older siblings.

I believe that it would further the reputation of our profession if therapists like me, who were lucky to have a favorable, even very positive, early family experience, would out themselves as I'm doing now. It's time we dispel the pejorative notion that all therapists are screwed up themselves because of their family histories. From years of practicing timely self-disclosure, I have come to believe that many clients have benefited from hearing about my experiences of growing up in a nurturing, healthy family. It offers

them the gift of knowing what's possible and learning how to care for themselves and raise their children to be happy and secure.

### Confession #3—I am an energizer bunny.

Well before Tesla produced electric cars and created the need for charging stations, therapists like me have been allowing clients to plug into us and acquire positive energy they've badly needed to reverse their negative emotional states and unmet needs. For some, being able to plug into my energy source has been lifesaving. Thankfully, another of my good fortunes is to have inherited what we refer to in my family as our "unbridled enthusiasm gene." The expression of this gene in my parents, my siblings, my children, and, not surprisingly, now several of my grandchildren, is an energetic force marked by an attitude of positivity and optimism. It's an enthusiasm towards living life fully.

In my work I've seen that this positive energy can be hard to contain at times, but I've learned to monitor and titrate my show of optimism in terms of what clients can take in. Like gradually introducing food to a person who's been through a period of starvation, I may slowly express optimism and positivity to a person in the throes of dealing with trauma or despair.

Psychotherapy research (Snyder & Taylor, 2000) points to the therapist's being able to provide hope to a client as an important ingredient of effective psychotherapy. In bringing this character trait or positive energy to my work, I've certainly seen the power of extending hope to clients until they could embrace this feeling themselves. I believe that my therapist exuberance also has a place in the work when a client's therapy has gone well and they've achieved more of what they've wanted in their lives. These are moments when it's fitting for me as their therapist to do a dance of great joy with them; perhaps you can envision me in this scene!

Being an involved and more active clinician who puts a lot of positive energy into my work has required me to attend to the ethical imperative of self-care. Specifically, for my clients to be able to reliably plug into me energetically, I need to take care of myself: i.e., keep my energy supplies abundant by attending to the basics of proper eating, sleeping, and exercising, setting boundaries with clients, and prioritizing self-care in my demanding life.

### Confession #4—I love to give advice.

OMG, this is a difficult crime to confess: I do love to give advice. There's no getting away from the fact that I may be hard-wired to be a practical person and problem-solver. How I became a psychologist was largely due to a moment in time when I felt the connection between my practical nature and a powerful experience of helping others.

I was working as an undergraduate research assistant on a study to address the problem of a large state mental institution for children being understaffed and unable to adequately feed the children in residence there. It was a heart-breaking situation. After months of collecting and analyzing data in our feeding study, it was clear that our behavior therapy approach with the children wasn't working. Dr. Donald Pumroy, my psychology professor, and I spent hours brainstorming ideas to address the situation. Then...Eureka! At almost the same moment, the two of us came up with the idea of

introducing weighted utensils that would right themselves if tilted, so that the children, many of whom were spastic, could better feed themselves. At that moment, I was born a psychologist, essentially finding the fit between my practical side and my wish to help people.

Obviously, I would dispute the traditional Freudian notion of the blank slate or therapist neutrality (Malcolm, 1981), a notion not particularly helpful or healing to many clients. The psychoanalytic prohibition against advice-giving was based on the idea that it would inappropriately indulge or gratify a client's needs or might interfere with a client's mourning the early absence of or loss of a parent. To that I say, au contraire! I remember the times during my own psychotherapy when my psychoanalytically oriented therapist would break from her pattern of saying little to give me a piece of advice. In response to my complaint about being overwhelmed by taking care of my then three young children, she exclaimed, "Marilyn, haven't you ever considered ordering your children's clothing from a catalog and feeding them take-out dinners?" I was outright shocked to hear this suggestion, but I now believe this was one of her best therapeutic interventions.

Because of my practical side, I have not held back during my years of practice from problem-solving with a client and giving advice when it felt appropriate. As with my example, sometimes providing clients with sensible information can help move them off a stuck place so they can get back to the deeper work. There's certainly room for both in-depth work and addressing a client's practical concerns.

Rarely have I found this approach of giving advice to foster the client's dependency on me. Rather, I believe my pragmatism has been useful in modeling for clients how to calmly analyze a problem, consider solutions, decide on the best strategy, and implement it. Also useful to clients has been my encouragement to stick with the problem-solving and to repeat the process if their first efforts weren't successful. In my view, this is an important lesson of therapy: the process of working through a problem or a problematic relationship, including difficulties around the therapist-client relationship.

## Conclusions

I've offered this confessional about some of the personal traits I bring to my work as a therapist to challenge some prevailing notions of what makes for a good therapist. The fact is that we can't escape bringing our own unique personal characteristics to our work, especially if we want to have a genuine interaction with our clients. As Carl Rogers (1950) proposed and psychotherapy research (Kolden, Wang, Austin, Chang, & Klein, 2018) has demonstrated, "therapist congruence," or genuineness, is an important factor in creating a positive therapeutic alliance and, therefore, an important factor contributing to effective therapy.

In appreciating how we bring our unique personhood to our work, there are important implications for psychotherapy training and supervision. First of all, we need to recognize the critical importance of new and early career therapists availing themselves of psychotherapy to increase their self-awareness and self-knowledge of the personal traits they bring to the work and how to best use them. Using self-knowledge to do work that best benefits clients is an important ethical consideration. Using one's true strengths to one's advantage is foundational to building a successful practice. For these reasons,

it is equally important for seasoned therapists to continue to work at increasing their self-awareness through peer supervision, personal therapy, and continued training experiences.

It's about time we welcome a greater openness of our colleagues in speaking about the unique personal traits we bring to the work, whether or not these attributes are viewed as popular and text-book therapeutic. For example, I have presented workshops on the topic of how therapists diagnosed with ADHD can use the positive aspects of their neurobiological condition (e.g., being enthusiastic, creative, interactive, dynamic, etc.) to do more effective work. In similar fashion, I would hope that my colleagues encourage supervisees to be open about their personal traits and to feel supported by us in learning how to use their unique personal selves in their work.

To conclude, it's high time our profession acknowledges and welcomes therapist outliers, like me, into the fold of what we assume makes for a good therapist. Let's face it, it is in the moment when we bring ourselves fully to the work and are fully present that our clients feel an authentic bond with us, and we can do our best work. ▼

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## *Commentary*

I HAVE TO BEGIN BY SAYING THAT I REALLY LIKE THIS ARTICLE. Spinning a tale in a new and creative way has always caught my attention. Maybe it was the intrigue of someone announcing they were about to voice heresy that immediately captured my interest. The heretics of the world have often been the truth tellers and some of my favorite people. The honesty of the author in confessing how she colored outside of the lines in her psychotherapy practice, recurrently and without apology, appealed to me. Here might be someone who would understand how I experience myself as a therapist and what seems to work for me, especially where it doesn't fit the standard protocol. Even though some of our linguistic quirks are different, we clearly belong to the same tribe.

I never thought of myself as a "voyeur." The word has always suggested to me peeping Toms or guys staring at girls in unwelcome ways. But when the author goes on to define voyeurism as "intense curiosity," I fit the description. I have entertained myself on many trips by watching the interesting quirks and behaviors of people as I wait for my next flight. As a therapist, paying attention to the details in nuance, grimace, gesture, or incongruity is often pivotal in tuning to the psychodynamic message. When first learning how to be a therapist, I would watch master therapists and marvel at their ability to hear and see those tiny indicators that would take the work to deeper places. Now having learned some of that skill, such sensitivity seems essential to any good therapy.

The author experienced her family as "healthy and functional." That is an affirmation not

often made out loud in therapeutic circles. Wonderful. But does that dull one's sensitivity to those from abusive families? Just wondering. Even those of us who didn't grow up in awful families don't have to look far to find fault. Perfect families are few and often an illusion. Mine was a 1930s father, but there was no Uncle Morris, except maybe the church. What would confuse me about my father were the contradictions between angry outbursts at home and the pious images projected in public—the hidden truths. When first in therapy, it was critically important for me to acknowledge the negatives about my family and to give voice to all of the feelings I had bottled up. Beginning my 5-year stint in Gestalt therapy, my therapist sent me to a 2-week Gestalt therapy experience. Not only did we have three Rolfing sessions, but the leaders also practiced a form of Gestalt that incorporated primal scream. After the work I did on my father, I was so hoarse that I couldn't talk for 2 days. What seemed like the demolition of those 2 weeks opened me to new ways of eventually being myself and room to be a therapist less controlled by propriety. Over the years, I have come to a more balanced view of my family, seeing both their deficits and their gifts. I learned from them that an essential part of the good life is caring for other people. My professional life has been spent looking for ways to do that better. I came to value my family, in spite of their flaws, as well-intentioned and good enough.

Without any reservation, I have never thought of myself as an "energizer bunny." In the drama of life, I have been more a lighthouse than a sailboat. No "enthusiasm genes" were passed on to me. I have had to learn to be in the moment, live life fully, tune to congruity, give expression to feelings, and celebrate life. That has meant some really hard moments looking for myself in a dark room. My struggle to climb out of some rather persistent depressive tendencies has given me sensitivity to conflicts many clients bring to therapy. Having said that, I think it is wonderful how the author celebrates that part of who she is. With some envy, I wish my task was keeping my enthusiasm in check instead of having to search for that frequency.

No, no I don't give advice, except when I do. I am like the author in wanting to help people deal with practical issues and frequently think I know the best ways for them to do that. What would you expect from the eldest son in my family? The difficulty is that dishing out our advice on the little issues may get in the way of engaging the big issues. While dependency can be important in some phases of therapy and certain disorders, there often comes the point in the therapy where the client has to work their way out of that confluence. So I am careful in giving practical advice, not wanting to contribute to avoidance or have the client compliantly do what I suggest. Glad that the author thinks her therapist's practical suggestion was helpful, I look back on some practical advice my therapist gave me that was not useful, but I did act it out to please them. Although the author believes that giving advice has not encouraged dependency, only prompted clients to be more pragmatic, it might be useful for therapists to question that assumption.

While I don't see the author as much an "outlier" as she sees herself, she certainly stirs the stew of therapist and therapy definitions. The entertainment of these professional self-perceptions is probably what drew her to the Academy.

—Grover E. Criswell, MDiv

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## Puzzle Pieces

What is the trajectory that led me to become a psychotherapist? I see layers as I ponder that question. If I could paint those layers I think the image would convey colors of earth and sky, changing landscapes from desert, to mountains, to flat plains. I would have to find a way to express wind, storms, and rain. There would be great menacing clouds and beautiful sunrises. I would want to convey attention to detail and curiosity of what the painting was trying to express: detail, awareness, silence, internalizing meaning, confusion, hurt, laughter, language, custom, body language, and tuning to new realities.

I never thought about becoming a psychotherapist. I wanted to be a doctor. I wanted to be involved in the healing process. I wanted to know what made bodies and minds ill and discomfort with living untenable. I grew up knowing how our propensity as a human race, throughout history, to fight for power, to need to prove strength, and to fixate on wars, politics, control, and being right was a disease in itself. It was and is part of the human condition. Its nature ends up creating pain and suffering in others.

We learn this striving for might over right on the playground. If we are fortunate, we have adults and teachers in our lives that help us develop a conscience and a process about discerning what is more humane, and we learn compassion. It seemed to me that in any country in which I lived and went to school, all of those conflicts and confusions existed.

I understood, even as a young child, that there was unseen sorrow in the world around me. I was taught to be observant by my wise mother, who learned it from her mother and from living through World War II. She witnessed more that she would say, but the sorrow was evident in the way her eyes would change when she spoke of it. I only realized later that part of what led me to become a therapist was rooted in these early moments of reading my mother's facial expressions. I was searching for what I now know is called attunement. She also began teaching me at a very early age how to attend to my actions and whether they helped or hurt the world, people, plants,

and animals around me. Her teachings were a roadmap to developing intuition and to trusting my own experience. My father would help me weigh the facts. My experience of the world around me was the canvas on which I painted the picture of what I felt and thought. It has served me in my own experience and in working with clients. It is not what I think that is most important. It is finding the translation for what people feel, think, and yearn for that is paramount. At best I become the catalyst for something new to consider.

I sit in my living room writing as the wind, clearly audible is coming in waves of sound. I watch the trees bend to its force, and I am reminded of the fable by La Fontaine (1688), "The Oak and the Reed." They are having an argument about which one of them will better survive a storm. If you have read the fable you know that the oak was touting that it was far stronger than the reed and would withstand any storm. The reed simply noted that though not strong and tall like the oak, it was more flexible and could bend in any wind. The reed lived and the tree was lifted up in the next storm by its roots. That was one of my favorite fables. That original book of fables was given to me by a dear friend of my parents and was my first introduction to philosophy and morality (in the best sense of that concept). Each story was a foray into the meaning of behaviors, what was compassionate versus what was selfish.

As I write, I begin to see the pieces of the puzzle that led me to become a therapist. It was a mixture of life experiences, a search for meaning in a tumultuous world, philosophy (making sense of behavior and dissecting meanings), curiosity about the world around me, and tuning in to the faces whose expressions sometimes belied what lay beneath. I was searching for connection. I was searching for explanation. I was searching for myself and curious about how I could help others search for themselves. ▼

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> Therapists need to have a long experience in personal therapy to see what it's like to be on the other side of the couch and see what they find helpful or not helpful.
>
> —Irvin D. Yalom

Brita Reed

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# My Journey from Physician to Psychotherapist

## My First Love

Therapy was not my first love. In the 1980s, I earned my medical degree from Dartmouth Medical School, spent 4 years in an OBGYN residency at Georgetown, and moved to Atlanta to begin a medical practice. Medicine was my first love.

In my first-love career, I performed Pap smears for a living. Of course, as a physician trained in obstetrics and gynecological surgery, I did other things, too. I delivered babies, for example, and removed ovarian tumors. I treated endometriosis and helped infertile women become fertile. I diagnosed breast cancer and performed hysterectomies. But most women who came to see me came for their annual Pap smears.

During a visit for a physical, I would collect a thorough history of the patient's symptoms since her last appointment with me. Then, I would measure her vital signs by holding the back of her palm in my right hand and gently touching her radial artery with my forefinger to assess pulse rate and rhythm. Next, I'd perform a breast exam to rule out a not-so-subtle cancerous growth by touching her breast to carefully palpate all parts in concentric circles extending into the axilla to check for lymphadenopathy. Percussion of her abdomen with my hand to assess the size of her liver, spleen, and other abdominal organs would follow. Finally, I'd perform a pelvic examination by touching her abdomen with my left hand and placing my right gloved hand in her vagina to assess the contour of her cervix and ascertain that her uterus and ovaries measured normally in shape, size, and consistency. And, oh yes, I did a Pap smear.

Performing a Pap smear is a routine process, and I can do it in just a few minutes. A Q-tip, a jar of formalin, and a speculum are all I need. I remember the day in my office during one routine Pap smear in the late 1990s that a nurse commented on my tendency to dialogue with patients as I placed the speculum in the vagina, located the cervix, removed squamous and columnar cells from the endocervix, and dipped them into the fixative. "How's your family doing?" I would ask. "Why did you take that promotion at work?" "Is the new job living up to your expectations?" "Are you still in love with the same person we talked about last time you were in?"

Yes, the Pap smear was interesting to me, and, of course, the results were important. But as so often happened to me as I worked as a gynecologist and cared for the physical needs of my patients, my mind would wander sinuously down a path of unspoken curiosities. I wanted to know more about the story of the woman who entrusted her health to me. I wanted to know about her love life, her joys, and her fears. What were her biggest challenges? Her most cherished triumphs? How fulfilling were her interpersonal relationships?

Since that day in the late 1990s, I have often wondered what it is about me that finds this line of questioning so compelling. Over time, I have learned that I am tenaciously drawn to a line of work that invites me fully into the lives of others and, once there, necessitates that I take an honest and mindful look around—at my patients, as well as myself. As therapists, we do this well. While medicine and science oblige the doctor to ask the question *how*, psychology and social sciences invite the therapist to ask the question *why*, an infinitely grittier line of inquiry. Questions of why spearhead the making of meaning—a process of reflecting upon, enlarging, integrating, and honoring our patients' stories. It is this permission to ask these questions, coupled with the audacious expectation of ultimately closing in on the answers, that led me to my current work in clinical psychology.

As I entered my graduate program in clinical psychology at the age of 54, I began to understand that my transition from medicine to psychotherapy, which affords me meaningful work consistent with my values and self-image, comprises more than a mere lateral shift in perspective. When I first began my studies in clinical psychology, I readily recognized how my training in medicine differed from my training as a therapist. For example, when working as a physician, I relied heavily on measurement. Physicians measure everything, don't we? Height, weight, cholesterol levels, blood sugar, urine output—the list is exhaustive. I have to admit that there are times in my current work as a therapist when I envy my physician co-workers: I often wish I could measure serotonin in a patient with depression or dopamine in a patient with mania. In my work as a physician, quantifying things through measurement made me feel competent; comparing measurements over time made me feel that I was keeping the patient safe. Ambiguity and uncertainty are the enemies. Ambiguity, lack of clarity, makes all physicians anxious.

But the main tool that I used as a physician that I missed the most was the use of touch in patient care: It was an essential part of my armamentarium, my knowledge of medicines, equipment, and techniques for treating patients' illnesses. Touch was both necessary and sufficient—or so I thought—to my ability to diagnose, treat, reassure, and connect with women in my care. After all, medicine and surgery involve hand-skills, similar to those of flying a plane or playing a video game. Touch is one of the physician's most powerful tools.

So, as I entered my doctoral program in psychology, I was flummoxed as to how I was supposed to diagnose, treat, and reassure clients without the use of touch? Were there other ways of doing these tasks that I could attempt to master? Was there knowledge about diagnosing, treating, reassuring, and connecting with patients that my medical training had failed to teach me? With each course in psychology I completed, I became more certain that my medical training had taught me precious little about the workings of the human mind. Could this knowledge of how the mind works in interpersonal relationships help me reformulate my conception of the salience of touch? With my background in medicine and basic sciences and my new-found love of psychology and social sciences, I began to place myself at a nexus of these knowledge boundaries that I found to be porous and leaky. Situating myself at this intersection created, for me, a fascinating vantage point.

## The Concept of Touch in Psychotherapy

A physician's armamentarium includes the presence of the tool of touch which is used not only to diagnose and to heal, but also to reassure patients that they are safe and well cared for in the hands of the physician. The use of touch in the practice of psychology, however, is relatively proscribed. So, who could I turn to in order to understand how to hold my clients in the absence of touch?

Like any good-enough therapist, I began at the beginning by reading Sigmund Freud. And I was excited to begin! After all, Freud was a physician and, no doubt, comfortable with the use of touch for diagnosis, healing, and reassuring. Surely he, of all people, would understand the salience of touch to the patients he cared for.

And I was correct—at least, initially. In Freud's early work, prior to development of his Oedipal theories and consistent with his understanding of ego development, Freud, along with his partner, Josef Breuer, freely employed touch during therapeutic interactions to mitigate somatic symptoms. Freud's techniques, which included stroking of the patient's head or neck in addition to the process of free association, were described in his 1895 collection of clinical observations *Studies on Hysteria*. Freud later modified his stroking technique by placing his hands on the patient's forehead, not only to facilitate the emergence of memories but also to facilitate emotional expression adjunctive to the process of talk therapy (Freud & Breuer, 1895/1974).

However, as Freud's theories turned away from the earliest phases of infant development and toward Oedipal concerns, drives, and the dynamics of transference, he abandoned the use of touch in psychotherapy (Freud, 1904). In a concerted effort to establish a respectable science of psychotherapy acceptable to Viennese society, Freud's interdiction on touch in psychotherapy reflected his understanding that any physical contact in the therapeutic dyad could be misconstrued as sexually seductive or aggressive. It could not only put into question his reputation as a respectable scientist but also jeopardize the standing of his theories of psychoanalysis as a respectable science.

I was disappointed in Freud's decision to abandon the use of touch. Undaunted, however, I turned to the reading of other physicians who utilized touch in their work. Donald Winnicott, like Freud, was no doubt comfortable with the use of touch for diagnosis, treatment, and reassurance of patients that they were in the hands of an expert. As a pediatrician and psychoanalyst, Winnicott (1989) used touch to enhance his cli-

ent's sense of safety, an intervention which he termed the mutuality of experience. According to Winnicott, this technique is modeled on the mother-infant dyad, in which "the two communicated in terms of the anatomy and physiology of live bodies" (p.258).

Energized by Winnicott's embracement of touch in his work, my reading of Harry Harlow (1958) came next. His infant macaques sealed the deal for me when they chose the terry-cloth surrogate mother with no nutritive value over the milk-laden wire-mesh, cylinder ones. For me, this reinforced the salience of touch by catapulting it as an inborn, determinant factor in the mother-infant bond and the fundamental building block of what Allan Schore (2003) calls a child's psychological birth.

## Holding Without Touching

As a psychotherapy student, I was becoming aware that my clients are hard-wired to need touch for growth and development. And, after all, what therapist does not think that growth and development are overarching goals of psychotherapy? Grounded in my belief in the salience of touch to my work as a physician and cognizant of its relative proscription in my work as a therapist, I found myself envying mothers and infants whose space between them can be breached by touch, an event that results in a cascade of biochemical processes, creating new neural networks throughout the brain and enhancing resilience and survival.

Moreover, as a practicum student in my doctoral program, I was initially annoyed and dismayed by what I perceived to be the large space between me and my client in the room. Admittedly, the distance between the client's chair and mine could not have been more than 2 or 3 feet; but for me, it was the length of a football field. In my role as physician, when diagnosing or healing, whether in the exam room or the operating room, the space between me and my patient was small and breached by touch. In my role as a psychotherapist, with its absence of touch, I perceived the space to be a chasm, a daunting Rubicon to be crossed.

Over time, my irritation with this putative chasm in the therapy room turned to curiosity, then to fascination, as I began to experience that space differently. Not only is it a place through which the therapist-client relationship is born and nurtured but also one where creativity can develop and healing can take place. Winnicott (1971) recognized the value of the space decades before me, describing it as a playground—the overlap of the therapist's and the client's play areas—and I have adopted that metaphor in my conception of the meaning of that space in my own work. It makes coming to work fun.

As I read these masters in our field of psychotherapy, my work before me became clear: If I understood how the brain is affected by touch by delving into the field of interpersonal neurobiology, then I could determine how best to connect with my clients and hold them in the absence of physical touch. Neurobiology taught me that touch is but one of the pre-verbal attachment communications, albeit an important one, utilized by the mother to create an attachment in the mother-infant dyad. There are other pre-verbal, right-brain communications central to the maternal-child dyad as well, such as unconditional positive regard, presence, attention, eye-contact, prosody, tone and pitch of voice, and attunement. All of these can be utilized to forge a secure therapeutic alliance and impact both physiological and emotional homeostasis and regulation.

These communications are unlike the fancy neocortical skill of speech; rather, these

communications belong to the older realm of the emotional mind and create regulation through the limbic resonance of being known by a caring and attentive human being. During psychological treatment, my goal to create a holding environment for my client without the use of touch begins with these same preverbal attachment communications. Indeed, I am sure that it is these preverbal attachment elements of connection, such as intonation, prosody, and synchronized rhythm, that impact stored, historical neural pathways derived from the early mother-infant dyad. According to Andrade (2005) it is the affective content of the psychotherapist's voice which originates from and is processed by the right brain, and not the semantic content which originates from and is processed by the left brain, that has an impact on a client's store of implicit memories.

Admittedly, in the course of a psychotherapy session, the verbal content is important. But the empathic therapist, from the very first point of contact, is using primarily her right brain to consciously attune to the non-verbal, moment-to-moment rhythm of the client's internal state and is fluidly modifying her own behavior to synchronize with that cadence (Schore, 2003). Advances in neuroscience suggest that the capacity to receive and to express communications is optimized when the therapist is in a state of right brain receptivity and is utilizing her right brain to attune to the right brain of the client (Schore, 2003). In this way, the foundation for the therapeutic alliance is laid—and holding, without touching, is begun. ▼

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## Therapist's Privilege

Dan Mermin

Best part of the job?
To see, hour by hour and week by week,
All the fragments of myself arrayed before me
Safely embedded in the lives of others.

Every single part
Even the most shunned and shameful

The coward
The hero
The lover
The seducer
The frozen child
The open-hearted one
The stingy one

All inviting me
Before the fire is ash
To sit down and take a cup with each other
And remember the great times we had
When we all got together
And grieve the times we were too afraid
Even to go next door and knock.

# Paying for Parking

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It's cold because it's Chicago. I drive up Lake Shore Drive to Evanston. This drive to therapy has become a ritual: in the car, alone, going north, Lake Michigan to my right. The lake, always the lake. Each moment it is different: in July, a deep turquoise, in November, grey-blue, and in February, glittering white sheets of ice, with navy cracks like veins. The car feels safe, expectant. I park at a meter outside of the building. That is part of the ritual, too, part of whatever makes this whole thing healing: the being by myself, the trip here, the placing of quarters—from the pile in my car's cup holder, into the meter—as I prepare to hop across the street to her building.

I remember it all: the dimly lit room, the black leather couch where I sit, her brown hair, her sweaters. I trust her: the lines on her face, the warmth of her eyes, and her slow, measured speech. Her words have gravity. Heavy, potent, they surge into me, become absorbed, console.

She is older than me. She sits in a chair across from me. Her desk is behind her in the right-hand corner of the room. Sometimes I bring articles for her to read, and before our next session, she reads them, generous with her time and her care. I bring my own writing to her: things I've written as a child. I implore her to tell me if they are good, wanting her to read my 7-year-old, 8-year-old, 12-year-old selves' scribblings and vaguely spiritual poetry and to be able to make a call about my 26-year-old graduate student self, who, though studying social work, still harbors the childhood dream of being a writer. But mostly I want her to see the words I've written in journals all these years, alone on the floor of my childhood bedroom. See if she understands their cryptic code, if she finds beauty in them. And, though she never says, "This is good," she carefully takes them in, every word.

Years before I showed up in her office I sought to understand culture, the human mind, and how change is created. Only later would I come to understand that this intellectual fascination with change was my wanting to shift and refigure parts of myself. My fantasy was that if I somehow managed to be different, I would be less lonely. The heart-pulsing need beneath it all was my longing for connection.

She theorizes that maybe I get stuck creatively because writing requires aloneness. When I sit down to write, the

deep loneliness inside of me gets triggered, so I avoid it.

She has charted the path that I am on. She attended the social work school that I am now attending. Consciously, though, I don't yet know the shape of the path I will take from here. I don't yet know the details—don't yet know how I will follow her.

She answers unwaveringly when I try to challenge her about the empirical evidence of change demonstrated through research on evidence-based practices that I am learning about in school. She entertains my doubts and arguments, while holding sustained faith in what she practices. This satisfies me because I know deep down that it is the richness and depth of psychodynamic therapy, the type of therapy that I am doing with her, that I need—that I crave.

She helps me see how my thoughts and dark feelings arise from a place not so evil but protective of my vulnerability. She helps me disentangle my self-blame. It transforms through a wave passing through my chest and my throat, giving way to tears as I come to self-compassion and a deep, if fleeting, understanding of my goodness in whichever moment we are in. (Later I will gather these moments together, and write them, imprint them within me: I am good.) With her I am at ease, and I speak without censoring. The humble, dim room is rich with the space for anything to come. Not cut-off by my self-consciousness, my authenticity arises. I cherish the experience of being known and accepted by her.

Years later, I channel her in my work: allowing myself space—a slowness, carefulness—in how I reach for an answer to a client's question. Like her, I honor knowing myself, being grounded, and drawing on my own emotions and experience to repair misunderstandings and misattunements.

And, years later, in my loneliest moments and times of self-blame, I still call on her. She's there, holding the best version of me for me—the one who is deeply good and worthy—until I'm ready to hold it for myself. ▼

May Benatar

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## Musings From a Long Career: Gratitude

My grandson has just read a book about children his age dealing with the death of a grandparent. It made him sad. He turned to his mother and said, "I want Bubbe and Papa to live another 30 years!" He would be 36 then, and it would be okay with him at that point. As my husband and I are now in our 70s, it seems unlikely we will be there to watch him blow out the candles at his 36th birthday party. I was amused and touched to hear this story from my daughter, but it also gave me pause. Like most people of my age, it seems impossible that we are that old. Impossible.

Even more incredible is that I have been in clinical practice for more than 45 years. The first man on the moon walked out onto the lunar surface the day I moved into my New York City apartment and prepared to begin my first job as a clinical social worker. Woodstock, the festival, was in full swing in my early years of training at a family service agency. When describing myself as a professional I sometimes subtract years because I'm afraid no one will believe it. Worse, they may believe it and decide I'm too old to be their therapist.

And so I reflect on it all: where I began and where I have journeyed. Colleagues and friends that were beginning clinicians alongside me have long since left the field. Carolyn left because she found it boring, the pace of change in her patients too plodding. Larry left because it was too depressing. The stories he bore witness to eroded his spirit. Meghan left and went to law school because she needed to make more money when she became a single mom. For Paul, it was far too isolating to sit in an office all day and not move about or interact with colleagues.

Starting out, I thought I would never make it, that my

high level of anxiety would literally kill me. I was crushed by my fear, my sense that I was not up to the task of helping other human beings address their problems. My supervisor, Jeanne, kindly acknowledged that I probably had a bit more anxiety than the average beginner. I'm quite sure I had much more. Looking back, it seems that I should have been paying my clients to put up with my ignorance and insecurity.

I remember counseling a couple in their 70s who were in a new marriage, which in and of itself was fairly absurd given my age and stage in life. When I took their history, the elderly woman began sobbing about the mother who hadn't loved her. I was bewildered. Did people in their 70s still carry the wounds of unloving mothers? It seems ridiculous today that I should have been so unsophisticated, but I was.

In that first year of practicing, I promised myself that if I wasn't less terrified by year 5, I would quit. At year 7, I renewed and extended my vow. And on and on, until finally it was alright and I had more belief in my skills than I had fears. What kept me going? I am persistent. A client once scolded me, "You are like a dog with a bone." Not necessarily an attractive quality but an apt description.

Being a clinical social worker or marriage and family therapist doesn't pay very well. The working conditions are not always pleasant. Clients are disappointed. They are angry and lash out. They fire you without notice or sometimes even explanation. You are sitting still much of the day, absorbing the pain, shame, trauma, and fury of your clients. If you work in an agency, you can be subject to crushing piles of paperwork and a remarkable lack of respect. If you work with or for insurance companies, you watch your earnings decline with every belt tightening, profit maximizing move of the company.

And then there is the weight of responsibility, or felt responsibility, for the well-being of others. There is always the possibility that you will fail. Actually you often do. There is the dire prospect that clients will harm themselves or others. But like the Sondheim (1971) song says, "I'm still here."

I've never been much good at puzzles, neither crossword puzzles, picture puzzles, nor Sudoku. You can always have the puzzle pages of my *New York Times* anytime you want. But the puzzle of a personality I find intensely engaging. Without exception, every new client is a new mystery, an original. Why this symptom and not that? What happened? Why (seek treatment) now and not before? Why did he survive and she didn't? Why did this sibling make it through an abusive childhood and the other one, not so much? Which puzzle pieces are missing? Will I ever find them? The key to the puzzle is not written in a book anywhere. There is no standard protocol, not the way I work anyhow. It's always a new task to figure it out, how to treat this particular person. What's going to work?

Then there is my fascination with the story, the narrative of a life. I spent a lot of time as a child with the "orange biographies," the popular series on great Americans. Our small town library had what seemed liked hundreds of them. I can still see the worn bright orange spines clustered on the shelf in the basement room. I can almost taste the pleasure of carrying out a stack, four to six at a time, every 2 weeks. I consumed everything from the story of Davy Crockett, to Florence Nightingale, Mary Todd Lincoln, Jane Addams, and George Washington. So was it the history that I loved so much, or the prospect of greatness? Perhaps if I read enough of them, maybe I could join their ranks? I do remember imagining myself as famous, possibly even historically renowned. This fantasy clung to me well into adulthood, I am ashamed to say. But I think it was

the story of lives lived that was equally compelling. And I'm still here, with those stories.

It is a privileged perch, that of the therapist. One gets to witness such a variety of subcultures not ordinarily glimpsed in one lifetime: what it's like being related to the mob, or to be the neglected child of great wealth, for example. I learned about the lifestyle of S & M practitioners and some of what motivated their practices. I met survivors of satanic cults. I also got a taste of growing up in Lake Woebegone, Garrison Keillor's (1974-2016) fictitious small Midwestern town, without having ever been to Minnesota. I got to talk to the voices that populate the inner world of seriously traumatized individuals.

Sometimes I have thought that my curiosity is not unlike that of the gossip. I want to know what's going on. But unlike the gossip, I can't freely spread my stories around. More importantly, the view from my perch has repeatedly awed me. I've seen people dig out of themselves qualities of determination, wisdom, and resilience, despite deprivation and suffering that could surely have done them in.

The privileged perch can be hazardous. There is no doubt that if you work with trauma, as so many of us do, your world view is darkened thereby. The tales of ritualistic abuse, trafficking of children for sex, and sadistic cruelty toward children are often hard for people to believe, even therapists. A supervisee, new to the treatment of the long-term effects of extreme trauma, once asked if I believed the tales of multiple rapes and torture that her patients and mine recalled. I really cannot, of course, offer a definitive answer in any particular case. No one can. But we did live through a century when state sanctioned murder, torture, and rape were applied on a mass scale, right? And now the trafficking and sadistic exploitation of children is on the front page of our newspapers!

Had I kept my vow and left clinical work after 5 or 7 years back in the early 70s, I wonder what would have been different. How would *I* have been different?

Has the work that I have done for decades with the adult survivors of extreme childhood abuse darkened my world view? Would I now be more able to read a novel that contains scenes of the sexual abuse of children, the marketing of child prostitutes, or the predations of pedophiles and not have to abandon a good story mid-way through? Could I hear the outrageously false and unscientific claims of the false memory syndrome proponents without going up in flames? Would I be less dysregulated by violence in movies and on TV? Maybe.

On the plus side, I discovered in the work that I did for decades with patients with dissociative identity disorder (DID, formerly known as Multiple Personality Disorder) that the notion that the mind contains multitudes, the existence of alternative selves, was somewhat intuitive for me. While the dramatic separation of "parts" is unique to extreme dissociative disorders, the existence of multiple parts of the mind applies to the rest of humanity as well. This has facilitated my work with all patients. Multiplicity is now a paradigm that predominates in my clinical work.

Here are a few things I have learned from being a therapist:

- Motivation counts more than the extent of pathology. People who desperately want to get better generally do.
- Safety also counts for a great deal. Anything one can do to help a client feel safe in your office facilitates the healing. Maybe it *is* the healing.
- Chemistry counts. *Who* you are is what counts: "The person of the therapist is the converting catalyst, not his order or credo...not his exquisitely chosen words

or denominational silences" (Lewis, Amini & Lannon, 2000, p. 187). Yes! Neuroscientists have a more exact way of stating this: It's about limbic resonance. Simply stated, psychotherapy is not so much about the rational, linear, thinking mind. It's more like music. In the best situation, the therapist hears the particular melodic essence of the individual playing softly in the background and is able to tune in and hum along, maybe even in harmony. Just this tuning in is deeply healing. How many people in your life have actually heard your melodic essence?

- Spirit often arises from the extremities of suffering. It's almost uncanny how those who have survived early and extreme trauma and make it into my office arrive with rather robust spiritual lives. Not conventionally religious, they are still believers in the transcendent and often credit their spiritual encounters with their survival. These patients have taught me a lot about spirit and spirituality. They have strengthened my own belief.

So many decades of almost continuous practice: It is hard to really comprehend that amount of time. I do comprehend, though, what a blessing it is to have been part of a profession that has brought richness and meaning to so many days of my life. I count the many gifts that I have received over the decades of this work. I am grateful. ▼

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> Oh God, why do I want to be a therapist? It is so difficult! It seems the flow of talk between two people, focused on one of them, should be the naturalest and most practiced thing in the world – a breeze. But I know enough to know it isn't. It is many hard things, like shoveling coal sometimes, sometimes like being squeezed into a small box, or floating on the surface of the ocean, or being pulled under. I have felt like I was turning into a scraggly limbed tree with only my voice box unmetamorphasized. And I have felt, occasionally, just there and resonating to the other person. But all these different kinds of feelings probably reveal how definitely I am "in training" to become a psychotherapist, and am not yet one.
>
> —Barbara Temaner Brodley, 1962

Stephanie Ezust

## Enchanted by the Stories

The Supreme Court decision commonly known as Roe v. Wade, which recently had its 47th anniversary, turned my life around. That landmark event is intertwined with the story of my initial call to this profession. I started college in the fall of 1966 at a small Midwestern school, where men and women (we were called "girls" back then) lived in separate dorms, and there were very different rules for each gender. Girls had to be in their dorms by 9 p.m. during the week and not much later on weekends. Boys were not permitted in girls' rooms, and there were lots of other oppressive rules, such as the famous "four on the floor" rule, which meant that if two people of the opposite sex were together, even under the watchful eye of the "dorm mother," all four feet had to be on the floor. I became a hippie dropout my junior year, while in school in France, abandoning my former good-girl, rule-following life and cashing in my return trip ticket to hitchhike across Europe. After spending 6 weeks living on a beach on the Greek island of Mykonos, I planned to move to northern Denmark to attend an experimental college where I wanted to teach myself Greek (I already knew Latin) and follow the literary allusions in Elliot's poem *The Wasteland*.

My parents convinced me to come home, and I reluctantly returned. I got a job as a secretary in Cambridge, Massachusetts, but soon realized that if I didn't go back and finish school I would likely be a secretary for the rest of my life. A friend was going to start school in Los Angeles, so I asked for suggestions for colleges there with good comparative literature programs. I ended up talking my way into Occidental College, where I began classes in the

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fall of 1970. There had been a sea change while I was gone. Dorms were now coed; there were basically no rules about visitation or much else. However, the infrastructure had not caught up with the mores, which I found out when I had a pregnancy scare several months later. There were no publicized ways to find out about resources in the L.A. area, but if you knew whom to ask, there was an underground information pipeline, which it turned out involved the dean of students. Luckily, I was not pregnant, but I was indignant that it was so difficult to access information. So, with five other women, I started a peer counseling service on campus. We researched information about pregnancy, birth control and abortion resources, the emerging gay liberation movement, and other local resources that might be useful to students. We began meeting with students who needed help. In the course of our research, we discovered the Feminist Women's Health Center, and the women there became our teachers and mentors. So my initiation into this profession was through the women's health movement.

I got married the following year and moved with my husband to Atlanta, where his family lived. We moved into our first apartment on election night, 1972. Nixon was in the White House, and I was living in the South. I thought it couldn't get much worse than that. I passed the first 5 months in Georgia in dark depression. Then I saw a flyer advertising a meeting of the National Organization for Women (NOW), and I went. Abortion had just been legalized, and at this meeting NOW's national chair announced that she was about to open one of the first abortion clinics in Atlanta. She hired me as a receptionist and phone counselor, and I literally helped put up the walls. I was eventually promoted to a counselor position, and the woman who took over as director of the clinic encouraged me to go back to school for a counseling degree, actually using clinic funds to help me get started.

So a deep and driving commitment to helping women was the first song I heard in the calling to our profession and the story I continued as I found my way forward. My husband's career took us to rural Washington State, where it took me a year to find work. I began by volunteering at the local health department doing birth control and abortion counseling, and through this job, I was able to find a position working at the local mental health clinic with kids and their families.

That experience awakened me to the buried world of childhood sexual abuse and incest. Another therapist at the clinic was a single mom whose daughter had been molested by a former boyfriend. She discovered a program for working with incest and sexual abuse that had been developed in California and talked our administration into funding her training. The treatment program involved working with family systems and groups: groups for the child who had been sexually abused, for the perpetrators, for the non-abusing parent, and groups for the siblings. All this in our rural county whose residents initially were sure that there was no incest but where people seemed to come out of the woodwork needing help once the program was in place. I was working with a 15-year-old who had been arrested for shoplifting, and I noticed her nails were all bitten down to the quick. A few weeks into our sessions, she haltingly told me that her stepfather had been steadily molesting her. Her stammering plea for help led me toward a lifetime of working with survivors of incest and childhood sexual abuse.

I returned to Atlanta to start the psychology program at Georgia State University, an intense program, the founders of which were also involved in the early days of the American Academy of Psychotherapists. It took me 12 years to complete this program,

years that included the loss of my marriage—my husband opposed my studying to be a therapist—and many setbacks and doubts. My own therapy, as intense as the work at school, provided support and a model for where I hoped my life would lead. About halfway through, I was encouraged to take time off from the program, told I needed to find my own power, because I was not assertive enough with the client on the demonstration tape needed for my comprehensive exam. Looking back, I think my being was steadily eroding during those first years in graduate school, until I had no clear idea of who I was or what I wanted in my life. When I left the program, I found a job at a mental health clinic, where again I worked with survivors of trauma and childhood abuse. I gradually began to rebuild my sense of self during this time. It certainly helped to be treated as a professional rather than as a lowly student.

For a long time I did not realize what led me to do this kind of work. I had survived a rape while I was in France, which I minimized, telling myself I was simply in the wrong place at the wrong time. I had vague memories of childhood sexual abuse, which I also discounted and minimized. I knew that I had grown up in a chaotic family with a mother who had undiagnosed and serious mental health issues.

After a year and a half away, I returned to graduate school, changing the focus of my research to the empowerment of women. Interestingly, when I did a literature search for the word "empowerment," the word was used only with reference to communities, not individuals, and certainly not women's empowerment. There was one dissertation, by an Atlanta feminist, on this theme (what was it about Atlanta?). So my writing became one of the first articles to appear addressing women and empowerment.

My first practice was with a group of women in what had been a feminist collective, and it was helpful to be surrounded by like-minded practitioners, even though none of us was making a lot of money. Over the years, I worked in several agencies, including a women's prison, always maintaining a private practice, until eventually coming to my current full-time practice with my co-therapist. Gus and I have now been working together and co-leading groups for almost 20 years.

The call for papers for this issue of *Voices* raised the question as to why I would keep doing this kind of work for so many years—my first counseling session was in 1976! Why would I want to sit with people who are in such pain and listen to their stories year after year? The answer, for me, lies with the word "stories." I was a literature major as an undergraduate, and I still read voraciously. I am continually curious about people's stories, wanting to understand the underlying themes, the patterns, the language they use to describe the drives that keep them doing things that may be harmful or painful. Why stories? Maybe it has to do with how much I couldn't tell my own in my family and culture.

My mother died on March 31st, 2000. The next day my father sat down with my brother and me, and we all talked. He told us that our mother had carried a secret to her death: She had gotten pregnant in high school and had given up that baby boy for adoption. She had never talked about it, which was her signature modus operandi. My father had asked her if she wanted to know what had happened to that child, and she had told him no. But she had told me not long before she died that she was afraid to die because she was sure she was going to hell. Once we learned her secret, I wondered if this was the reason. I chose this profession because I am fascinated with people's stories. People sit across from me, often with my dog Bodhi on their lap, stroking him, taking

comfort from his presence, telling me things they have never told another soul. I wish my mother had had someone who did not judge her who might have helped her to live with that secret with ease and comfort.

I'm remembering the movie *Being There* (Braunsberg, 1979), with the memorable character Chance the gardener. His famous line was "I like to watch." My line could be "I like to listen." I'm trained in body work, and I watch (as Chance perhaps did) how the body communicates along with the words that come from a person's lips and work with the person to make sense (in all senses of that word) of all of this. I find that I rarely get bored if the person is present with me. When they are not present, it is easy to drift away, but if they are fully there in the room, they call me to be there with them, and we are off on a journey of discovery.

Reviewing my first draft of this piece, I was struck by the adventures that I had as a young woman, all of which seemed to lead me to my calling as a therapist. What is equally striking, particularly as I now sit here "secloistered" in my home, as my niece has called this enforced pandemic sheltering, is that I sometimes think my life has been reduced to one curiously similar to that of Chance. I wonder if I have become a voyeur, an observer of other people's lives, with less and less living of my own. I have had no biological children, and the longest primary relationship I've had was my marriage, which lasted 9 years. My Siamese cat, Lily, will be 19 this month, and I've lived with her longer than any other being. Yet I have been passionately involved with my clients' lives. I have also been a loyal and committed friend. I went through cancer treatment 2 years ago, and my first thought when I heard the diagnosis was, "How can I do this when I don't have a partner?" With the help of one friend I set up one of those websites where people volunteer to help with care, and there were more than 100 people on that listserv. The greatest gift of that illness was the prying open of my heart so that I could receive and make use of the love offered by so many people during that journey. Coming back to my therapy practice after recovery, I found myself more solidly present in myself, clearer in my ability to be present with my clients. No more bullshit. Surviving cancer made that loud and clear. And as we sit in the middle of this pandemic, wondering what will become of us, I am even more clear that we don't have time to waste. The poet Mary Oliver asked, "What is it you plan to do with your one wild and precious life?" (1990, p. 60). In this precious journey, being present with others is what makes me feel alive. Engaging with my clients' lives through their stories sustains me and keeps me doing this work. ▼

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Tim Kochems

## Raveling the Thread of a Therapist

Tim Kochems, PhD, practices in Newton Centre, Massachusetts. He is also a very part-time spiritual director quite familiar with the Spiritual Exercises of Ignatius of Loyola. He served on the faculty of the Boston Psychoanalytic Society and Institute and for 25 years was on the clinical faculty of Harvard Medical School. He loved teaching and is now transitioning to staying more connected to friends, practicing greater gratitude, and writing (everything from poetry to theology). *tkochems@aol.com*

It is fitting and makes me smile that I found out about the theme and call for papers for this issue of *Voices* not through a fellow psychotherapist but through a poet. He sent me a copy of the issue in which his poem appeared so that I could see it published. On the page facing his poem was a call for papers. I took it seriously that it was a call. I am reluctantly answering.

"Reluctantly" because over time I have learned that psychotherapists are not my people. Often, in the past, I wished it were otherwise. I have been practicing full time as a clinical psychologist for over 40 years. I am a psychoanalyst, too; I use internal family systems theory (IFS), and I have taught advanced courses and supervised practicing professionals throughout most of those 40 years. For much of that time, I also have been in one or more of three sometimes overlapping, long-term peer-supervision groups. Still, I am not home among you. I don't think there is a harsh, critical judgment in saying that, now. In the past there may have been, in the midst of disappointment.

In contrast to judgment, difference has been present always. I hope to clarify what those differences are as this essay progresses. At this moment, I want to try to give you a sense of my feeling of difference. I have always felt respected and never shunned. In fact I felt my colleagues invested in my learning and my career. What I missed was an interest in and sharing of the meaning my training and career have had for me, how I was integrating them into my life—we might say, my subjectivity regarding my professional experiences. Over time I realized that the meaning I made of my professional experiences and how they were integrated into my life as a whole were quite different from what my colleagues did with their experiences. Perhaps an analogy to a very large family is possible here. I developed well within an adoptive family

that very generously met my basic needs. However, the family as a whole has not been interested in my subjectivity or my attempts at giving back.

At first, my own psychoanalyst couldn't understand why I would thank him for how well he treated me and why on occasion I would ask him about his own well-being. He would ask about what other feelings I was having toward him and our work. It didn't take him long, but he had to get comfortable with my gratitude and with my needing to check on how he actually was faring in his own life. I not only felt I needed to know about him in his own life if I were to risk greater emotional dependency on him, but more to the point, I could not trust someone who couldn't accept and handle my care for him. As time went on, our relationship developed into something we both would say was mutually loving.

I realize that some of you might understand or identify with me. Perhaps, if we knew each other we would be loved-selected-siblings in a chosen family. I have had a few relationships within our profession like that. There have never been enough though for me to have the feeling of belonging to the larger family of psychotherapists as mine or ours.

More importantly, from another perspective it is not about me as an individual. I may be immersed in cultural differences that so far have not found a home in the larger community. As an illustration, a western European immigrant consulted me. She felt judged by other therapists for being too involved with her children. Some of the children had combinations of learning and emotional difficulties. She made the initial appointments for one teenage child with his psychotherapist because otherwise he would miss the appointments that he himself would make. She explained this to the child's therapist. He thought they were too enmeshed and wanted each responsible for themselves. The child never made it to any of his self-made appointments, and, of course, the parent was charged. Her own therapist at that time wanted her to talk about her anger toward her children. He didn't seem interested in her love.

This woman was a doctoral level professional. She came to me specifically because she had heard of my spirituality, not my skills in psychotherapy. It took her months of testing my openness to her own best understandings of her family and her values before she shared with me her damaging experiences with our profession. There were numerous times that our profession hurt her with its tendencies to reinforce individuality over attachment, responsibility over shared interdependence, and anger or detachment over love.

So this essay is less about becoming a psychotherapist and more about what it has been like for me to be one. I said above that I was reluctantly answering the call to write. As I reflect on it, I have been answering a deeper and continual call my whole life. It seems both like a call, always inviting me forward into my life, and, looking retrospectively, like a thread that has been woven into every aspect of my life. For me, that thread has been both distinct from and inextricably intertwined with becoming and being a psychotherapist. Of course it has also been intertwined with becoming and being a person, a friend, and a husband. As a call, it has stimulated my positive motivations for writing this essay despite my reluctance and differences. In ways I hope to make clear, it calls me positively to be vulnerable and reach out—again and again. Consider this essay as my reaching out, perhaps for a broader experience of family, perhaps to explore further whether my cultural differences can find a welcoming response in the community of psychotherapists.

There is a William Stafford poem that captures how the experience of answering this deep call is true for me. I have carried a copy in my wallet from the first day I read it decades ago:

**The Way It Is**

There is a thread you follow. It goes among
things that change. But it doesn't change.
People wonder about what you are pursuing.
You have to explain the thread.
But it is hard for others to see.
While you hold it you can't get lost.
Tragedies happen; people get hurt
or die; and you suffer and get old.
Nothing you do can stop time's unfolding.
You don't ever let go of the thread. (Stafford, 1998)

Doing psychotherapy has been an expression of the thread. I accept being *identified as* a psychotherapist, but that is not my *identity*.

The thread for me is love. I first saw and grasped that thread in high school. Two books helped me identify it clearly: *Why Am I Afraid to Love* by a Jesuit priest and professional counselor (Powell, 1971) and Erich Fromm's (1956) *Art of Loving*. By the time I read those books, I was immersed in an experience of community-based love. The community was the music department of my Midwestern, suburban, Catholic, all-boys high school. It included students from each of the four class years and our teachers. Not often, but the word "love" was explicitly used numerous times to describe our community, its values, and our experiences.

The image of the thread of love leads into a narrative. I could create another narrative from how I have meaningfully held that high school experience as a guide and goal during my development.

Of course, there is a simpler storyline available. I could pull the thread of psychotherapy and say that I have always been interested in psychotherapy, even before high school. Then, when facing graduation from college, I applied to PhD programs in psychology as the most practical way of combining my three major interests: English literature, spirituality/theology, and clinical psychology. This alternative storyline is true, but woefully inadequate to my meaning and motivation. Love is my foundation; psychotherapy is one way I express love in my life.

**Love.** My experience is that the word immediately begins to shake out the thread. With that word, others' threads seem tangled and knotted with mine. I mentioned differences earlier. The two most common reactions I receive to that word within psychotherapy circles are, "Are you talking about sex?" and "What about anger and hate?" Over the years, I have developed a visceral, wary reaction to these questions. They are valid questions, but I have learned that they are most often expressions of active distancing and differencing. Perhaps these are cultural differences. Here is a perspective about each question that may capture the differences: Fundamentally, hate and anger can be held by love. Experientially, for all practical purposes, sex can be separate from love or an expression of love. In this essay I am not talking about sex.

**Difference.** I did not say uniqueness. I'll very briefly describe the main values that motivate my life and my practice of psychotherapy and lead me to a deep sense of mean-

ing. I imagine that many of you, readers and members of the American Academy of Psychotherapists, will be able to identify affirmatively with these values in your own practices. If that were the case, I definitely would be greatly affirmed. Even more so, I would feel a resonance if you were to practice these values in your lives as a whole, as well as within psychotherapy. To the extent that you can't appreciate or might even disagree with one or more of these values, or see them as separate from the rest of your life, I hope you can understand how I have felt like psychotherapists are not my family. I've narrowed the values to five: spirituality, mutuality, affirmation, de-centering, and vulnerability.

Each value is raveled with love. In straightforward ways, they all are expressions of love. More radically, they also make more space within each of us for one of the most profound experiences of love: We are affected and changed by whom we love. The people I work with profoundly change me. If you can affirm that, then you are family to me. If we are family, let's make more of an effort to let others know about us.

**Spirituality.** One could define spirituality as one's relationship to what one conceives of as ultimate. Notice the positive, relational, and prospective aspects of that definition.

So here's a simple version of my spirituality, the thread of love I've followed, the call I've been answering: Everything belongs; all are welcome.

This is an explicit way to tie what is ultimate for me (love) with my being a psychotherapist. When I practice psychotherapy I would like the whole person to feel welcomed by me. I want to help the person I am working with to welcome respectfully, get to know, and relate to more and more aspects of themselves, more and more of their parts, more and more deeply. I also want them to welcome more and more external others. The wonderful thing about this practice is that for me it is not a theory, method, or technique. It's my spirituality, my deepest value, an ethical stance, and my daily personal and interpersonal social practice.

**Mutuality.** My work and spirituality are not as simple as helping the people I work with relate to more internal parts or to more people. I also am attempting to relate more. I am interested in each person as a whole and their parts, especially the difficult ones that are protective or those they may want to avoid. In addition, I am continually attempting to stay in touch and relate to my own parts, knowing that the person I am working with is simultaneously reacting to and relating to parts of me even while trying to see me as a whole person. This is a complex, experiential, and mutual endeavor on a number of levels. I am relating to all the person's parts as I am asking the other person to do. I am also taking on that challenge for myself, relating to my own parts. Then, actually simultaneously, I try to have us attend to our interactions.

There is mutuality in this complex process of welcoming and learning about our parts and interactions. I try to acknowledge this with my clients, and they are welcome to talk with me about their experience of my effectiveness. I am curious about how others see my care and me. I am not perfect, have blind spots, and have regrets in my interactions.

The mutual aspects of what I fundamentally do as a psychotherapist are seamlessly a piece with what I am already trying to do and be in the rest of my life every day with family, friends, and strangers. I try to take responsibility for my parts interacting with others'. I try to deepen our intimacy by attempting to notice and share this complexity.

**Affirmation.** In my experience, psychoanalytic therapies tend to emphasize the individual or, in the last 20 years, the dyad of each therapist and particular patient working together. They tend to emphasize the past, what went wrong or was unhealthy that

formed longstanding patterns of difficulties. They tend to operate within a stance of suspicion about what a person says, the manifest content.

Cognitive behavioral therapies are also concerned with what is wrong, primarily with individuals. Their focus is located more in present time, but in their own way they also take a stance of suspicion: What is the irrational pattern of thinking or feeling that is problematic? Their focus is on what can be learned now that is more rational and more immediately effective.

Mindfulness approaches are not focused on the past or on what is wrong. However, mindfulness approaches tend to be focused on the individual and tend not to be affirming, nor developmentally founded.

While I find psychoanalytic, cognitive behavioral, and mindfulness approaches useful, the thread I follow leads me toward a different orientation. As I have already said, my orientation emphasizes the social and mutual. It is interested in possibilities in the present and future, more so than in the past. It has a more positive and affirming stance. It doesn't tend to focus on what is wrong or isn't working.

My thread is also developmental. Whereas the developmental focus of most major therapies is often on the past and what was not working, or in achieving a neutral, observing perspective, my developmental focus tends toward the future and what is possible, what flourishing would look like: greater relationship to oneself and others.

**De-centering.** It is a truism that relationships are so very rich and complex. There is much I don't know in particular relationships. These facts lead me not to privilege but to actively question my own perspectives. I know those perspectives are full of influential and harmfully limiting assumptions that were seamlessly enmeshed within my professional training, culture, race, gender, religion, and socio-economic status, among other variables. This leads me to question my own perspectives on my own contributions to the interactions I am having with my clients. Consistently, in line with what I wrote about affirmation, I tend to prioritize the other person's perspectives on themselves, as well as of me and of my contributions to our interactions. I value this de-centering because it inherently invites the other person to be more active in our relationship. It tends to make our relationship more mutual. It works against my limiting assumptions and prejudices.

Usually my clients then experience that we are in an interactive mutual constructive relationship, and they have an essential role in actively defining, understanding, and developing it. They also discover the importance of their understanding and constructively critiquing my role in our relationship. This is true even as I have responsibility for the essential asymmetry in our work. I maintain the focus of our work on the flourishing of the other person and the structure supporting the process toward that purpose.

**Vulnerability.** My de-centering doesn't only lead to the possibility of more mutual relationships. It leads me to be vulnerable in these mutual relationships. Vulnerable here is not meant to evoke the sense of being in danger or in a precarious position. It is being vulnerable in a radical way that I relate to loving. The four other values I mention make room for this experience of love.

Bottom line: To love someone is to be affected and changed by whom we love. One of the gifts I offer the clients I work with is that I am vulnerable to be affected and changed by them.

Probably when we think of vulnerability in mutual relationships, we think how each person could be hurt or even rejected, in aspects of themselves or as whole persons. It is true that we as therapists are vulnerable to hurt and rejection to varying degrees by

others when we reach out, show our desire for relationship, let ourselves be sensitive to them, and let them get to know us.

However, when we love someone, how I see us as most vulnerable is in making room within ourselves for the other person and their parts. We internalize them in some way. They become a part of us. When we internalize the other or even aspects of them, we are changed. We become more than what we were before the relationship. I am vulnerable and loving in the midst of making space for the other person and their parts. I am vulnerable and loving to the degree that I am open to relationships that will affect me, change me.

Of course, the corollary is that we offer ourselves to the people we work with in such a way that they are welcome to internalize and be changed by us. Yes, in my experience, the people who work with us often love us.

Many years ago I submitted a paper to psychoanalytic journals. The title was "Psychoanalysts Love," as in, they do—love. It was not titled, "Psychoanalysts' Love," as if they had their own special kind of love. I offered a detailed definition of love that was quite consistent with psychoanalytic theory and practice. At the same time, that definition was applicable to every other experience of love in analysts' lives. The paper was rejected by the journals to which I sent it. One anonymous peer reviewer wrote, "We don't love our patients." Someone else wanted a special version of love for psychoanalysts and their patients.

Although our training warned many of us against loving the people with whom we work, I think many of us do. The love we share with them is fundamentally no different than the love we have for our friends and families and that they have for us. It is human to love. To the extent that people in other professions love the people with whom they work, our love as psychotherapists is no different than the love shared, for example, by teachers or lawyers.

The most fundamental version of that definition of love is what I just shared here with you: To love is to be open to being affected and changed by whom we love. It is a gift we offer our clients. It is a gift we share with our families and friends, and that they share with us.

In conclusion, I have been deeply, positively changed through being a psychotherapist. I have taken psychotherapy in. I love it. I have tried to give back to my profession, to contribute to it. Following the thread of my values, I am reaching out once again in this essay. The most common responses to my sharing my values in psychotherapy circles are ones of suspicion and caution. These manifest in open disagreement or critical, even dismissive, questioning. While I love my work and the people with whom I work so intimately, I don't feel I fit well in the profession. Nevertheless, I have always felt doing psychotherapy is an exquisite way to hold onto and practice the thread of loving and to answer the call to fulfill the meaning of my life.

Oh, and if you recognize and follow a similar thread, join me in letting others know about it. As William Stafford so beautifully wrote, "People wonder about what you are pursuing. / You have to explain the thread. / But it is hard for others to see. / While you hold it you can't get lost" (Stafford, 1998). ▼

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Pamela Torraco

Pamela Torraco, MSW, retired 10 years ago from a practice in Southfield, Michigan. She now has time to pursue interests in music, art, Judaic studies, and travel (including a foreign adventure with each of six grandchildren). She particularly enjoys exploring her Italian heritage through serious study of the language and regular visits to Italy. In the '90s, several of Pam's articles appeared in *Voices* and elsewhere. After a long hiatus, she finds herself ready to write again.
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## On Being a Retired Psychotherapist

I liked being a psychotherapist. I like being retired.

Being a retired therapist is often rewarding and sometimes problematic.

I spent 40-odd years doing individual and group therapy, working with a dedicated group of colleagues, teaching post-graduate students, benefitting from various kinds of personal therapy, attending numerous meetings and conferences, participating in and presenting workshops, and writing about and publishing some of my experiences. These pursuits were the major focus of my adult life. Helping good people expand (why would anyone want to "shrink" others or be shrunk!) and live fuller lives was challenging, satisfying, difficult, and rewarding. My patients were some of the most courageous people I've ever known. Standing by them and offering my hand while they ventured into the often frightening territory inside themselves was a privilege and an honor. Witnessing the incredible depth and breadth of human nature and experience was sometimes scary, on occasion exhausting, often amazing, but rarely boring.

I wanted to retire long before I "had" to: to say goodbye to patients and colleagues while my work was still good, before I started missing beats and the waning of my competence became noticeable to me and to others. My plan had long been to retire while I was still healthy enough to travel and to pursue some of my many interests that had to take a back seat while I was working.

I love having more free time. My bucket list had gotten quite long, and tackling items on it has been fun. Some I've crossed off as I found them less interesting than I'd expected. Others have become part of my regular rou-

tine. Since I'd been in a people profession I knew I needed regular people contact, so I've sought out classes of all sorts where I've discovered other inquisitive retirees and teachers who truly enjoy working with older adults.

Most of the time, I don't miss working. In fact, a couple of years went by before I realized that I felt some relief. We bear a tremendous amount of responsibility when we attempt to provide competent, kind care to the tender souls who trust us. I took it in stride and hadn't realized just how much weight I had routinely taken on my shoulders until I no longer carried it.

But I miss the people—patients, colleagues, students—and the openness that is part of therapy. I spent most of my adult years surrounded by people who were—at least most of the time—sensitive, empathetic, and introspective. My colleagues (my late husband was among them) already had those qualities, and patients arrived with or developed them, or they left therapy early on. Since being retired and socializing more with non-therapy folks, my relationships sometimes feel superficial, lacking the depth to which I had become accustomed. Dating is a particular challenge! It's a difficult enough endeavor at this age, but most people of my generation have had no exposure to therapy, so many of the men I've met are either anxious because they assume I'm analyzing them or oblivious to the nuances of personality, behavior, and emotion. I sometimes feel undernourished even though I hadn't realized just how much emotional feeding my profession provided. I miss the safe atmosphere I learned to provide in sessions. I miss the welcome I found in supervision groups and the opportunity to speak freely about thoughts, feelings, and confusions without worrying that others might misunderstand and become anxious. I miss listening, accepting, sometimes commenting candidly within the confines of a respectful and safe contract.

I'm not complaining about my friends. They're good people with interesting lives with whom I can talk, laugh, cry, study, play, and reminisce. It's just that social relationships are so different from the therapy kind. They have to be. But it took retirement for me to fully appreciate that, and I'm still processing the loss I sometimes feel.

Occasionally I miss the challenge of searching for the word, the look, the tone of voice, or the interpretation that might help a struggling patient take another small step forward. So it's interesting to watch myself as I look for ways to redirect that wish. Sometimes it becomes the challenge of mastering a difficult grammatical construct in a language class, finding the just right pressure on my pencil to create the shading my drawing needs, or realizing that swimming laps is often relaxing and no longer requires hard work to get the strokes right. These small steps are slowly becoming more rewarding.

## How I Became a Therapist

I was a shy only child. My mother and her mother had been teachers, and that was a common professional choice for young women of my generation. But that career path never appealed to me. Being the focus of so many pairs of eyes all day long was absolutely frightening. So while I knew early on that I was destined for a helping profession, finding the right one took time. I rejected medicine—my shaky self-image told me I wasn't smart enough. Psychology felt too intellectual, and most of my psych professors seemed bored and detached. The hands-on, in-the-trenches, Jane Adams approach I discovered in one of my many sociology classes appealed to me. So, off went my applications to

schools of social work. I had a most enjoyable interview at the school that was my first choice. The interviewer seemed to like me and told me I would receive my acceptance letter in a few weeks. I was thrilled! When a rejection letter arrived instead, I was devastated but found the wherewithal to call her. She sounded nervous and said that she couldn't talk to me but I could talk to her supervisor.

"Well, dear," said the supervisor, "She shouldn't have told you we'd accept you. I see you have no work experience in the field. Go work and reapply in a year, and we'll probably accept you."

"But I wouldn't know what to do! I don't want to hurt anyone. I want to come to your school so you'll teach me what to do, and then I'll work in the field."

"No, dear. You'll need to have some social work experience to reapply."

So, at age 21, naive but full of good will and eager to learn, I went to my second choice school and set out to become a proud caseworker. I soon found myself in my advisor's office, trying hard to hold back tears. He calmly opened a drawer, took out a box of tissues which he placed near me, leaned back in his chair, smoked his pipe, and listened. The casework program was managed by several older, rather boring women who knew and taught ego psychology well but seemed uninterested in anything else. I was young and idealistic, excited about learning how to save some small part of the world. Any excitement those ladies might have possessed had dried up long ago. My kind advisor suggested I not give up on the field just yet and that for the second semester I explore some group work and community organization courses. It was the mid-'60s and both specialties were coming into their own. I discovered dynamic, sometimes eccentric professors and was introduced to recent literature and new ideas, all fascinating even though some were too over-the-top for me. With a mixture of fear and excitement, I changed my focus to group work and over the years found teachers, mentors, supervisors, and agency workers who challenged me to go beyond kindness and sensitivity to develop skills and ideas I didn't know I had.

My first years as an MSW were spent in hospital psychiatry, both in- and out-patient, then in a public health setting working with children and their families. I found that I wanted to be more deeply involved with people and on a longer-term basis. Having had some helpful therapy myself, I set out to find a setting that practiced individual and group therapy.

I was fortunate to find such a private practice. Our group practice supplied the support and companionship I craved. Comparing notes on diagnostic and treatment ideas helped me think more critically and creatively. In supervision groups we helped each other sort out transference and countertransference issues. We valued the possibility of bending a colleague's ear for a moment of unwinding after a particularly difficult session. As my fear of exposure lessened, I began to enjoy group sessions as much as individual hours. And working regularly with a co-therapist was of great help to me, as well as to him or her and to our group members. It was often fun as well. I've had many fine partners over the years.

The '70s and '80s were exciting times in psychotherapy, especially in group therapy. New ideas and methods were emerging at an incredible pace, some amazingly innovative and helpful, others downright crazy. I'm grateful to have been practicing psychotherapy during those years. I had the good fortune to meet and attend workshops with many of the pioneers in our field.

## Moving On

Ironically, two of the last new patients I saw in my final year in the office were women my age who had recently retired. Both were struggling with major anxiety and depression, triggered by the changes in their everyday lives and in the way they identified themselves. Helping them figure out "Who am I now?" gave me a preview of challenges I'd soon be facing myself. I'm grateful to these ladies.

I've been retired for 10 years and I seem to have timed it right. I didn't know what to expect, but I've always been an adventurer of sorts. The new adventure of retirement bears striking similarities to the adventure that was my career: It is challenging, eye-opening, scary, reassuring, touching, and fun. So far this stage of life is as good as the last one was, just a little different.

I'm hoping for a long, healthy continuation... ▼

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> We're just big messes trying to help bigger messes, and the only reason we can do it is that we've been through it before and have survived.
>
> —Elvin Semrad

## The Sessions

Lewis Lipsitz

"We paint on a vanishing canvas."
—Jim C, 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.
Or 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?

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Book Review

***Maybe You Should Talk to Someone***
by Lori Gottlieb,
Houghton Mifflin Harcourt, New York
2019, 415 pages

Have you ever had the experience of being at a casual social event with the uninitiated (non-therapists) and, after learning what you do for a living, had an inquirer ask, "So, what kind of therapy do you do?" After all these years I have yet to come up with a pithy answer. In these settings, to say that I "do" psychodynamic or experiential psychotherapy sounds too esoteric and usually evokes blank stares. How do I begin to describe in a sound bite the profound experience of being present with human beings as they reveal their rawest and most vulnerable selves? I wish I could hand the well-meaning questioners Lori Gottlieb's book and excuse myself to refill my wine glass. This woman has a remarkable gift for bringing the ineffable to life. Over the years, I have read some wonderful and beautifully written books that attempt to capture the essence of what relational psychotherapy can look and sound like. Some even attempt to offer a glimpse of what it means to be a patient in therapy, but I have never read a book that so seamlessly weaves the two together until now. Gottlieb's book *Maybe You Should Talk to Someone* moves back and forth over the thin membrane that exists between our humanity and that of our patients.

In alternating chapters, Gottlieb courageously chronicles her own psychotherapy experience following a bad romantic break-up (the presenting problem) replete with confessions of crying jags amongst a mound of wet tissues, blind spots, self-pity, blaming, and internet stalking her therapist, in short, acting like a psychotherapy patient wrestling with her demons. Ultimately, the journey, in the crucible of her therapy relationship, awakens her to recognition of an indwelling demand that life must be fair as she clings stubbornly to an outdated dream. Like a child who has been robbed of a toy, she rails against the injustice but comes to see how this way of being keeps her stuck. I know that woman. Gottlieb's willingness to expose herself in this way is a warm and welcome antidote to the projections of others, the self-imposed demands we as therapists struggle with to have our act together, and the shame we sometimes feel when the reality of our lives doesn't measure up.

In the next hour, she is the therapist, sitting across from one of her own patients. Gottlieb is a masterful story-teller who brings the reader immersively into the room. She invites us to inhabit with her the grueling experience of hanging in with the defensive insults and con-

tempt of a highly accomplished narcissistic patient until she is able to make contact with the grieving soul of a man who has experienced the unthinkable. She commits to the painful but deeply moving task of walking beside a terminally ill patient until her untimely death. We peer with her into the abyss of despair dwelling inside an older woman confronting a lifetime of regret and deprivation as she faces the final opportunity to risk letting someone love her.

Gottlieb's route to becoming a therapist is a unique and circuitous one. She began her career in the glamorous world of Hollywood, as a writer for two wildly popular Emmy award winning TV series, *Friends* and *ER*. During a routine day of shadowing a real-life emergency room physician for more lifelike script material, she realized that "there is something about the real stories I am experiencing in person that seduce me and make the imaginary ones feel thin" (p. 72). A brief segue in medical school only reinforced for her the real calling: becoming a psychotherapist. I believe it was her unusual path in bringing scripts to life on the television screen that informed her ability to bring the psychotherapy experience so vividly and compellingly to the pages of her book. Her chapter titles, not sprung from professional jargon, are fascinating teasers: "Idiots," "The Smart One or the Hot One," "Welcome to Holland," "Hold the Mayo," "Embarrassing Public Encounters," "Boyfriend's Email," and "Therapy with a Condom On," to name a few. The book is a real page turner. And while she is at it, she manages to educate the non-professional reader about psychological theory in a way that is approachable and easily understood.

Though funny, entertaining, and absorbing, Gottlieb is never glib about the weighty issues her patients bring: loss, profound grief, existential despair, loneliness, death. Her humor softens the blow and offers grace but doesn't trivialize or turn away from these subjects. She writes with conviction and regard for her patients and for all of us who do this work.

The cover of a 2018 issue of *People* magazine shows the ubiquitous face of Jennifer Anniston extolling the benefits of psychotherapy with the title article exclaiming in huge letters, "Therapy Saved My Life." (My fantasy was that she had gotten into therapy with Gottlieb. Who better to understand the fictional world of Hollywood against the reality of a person's inner life?) I must confess that I get satisfaction when known celebrities provide endorsements for the value of psychotherapy. It is always gratifying to get appealing and highly public recognition. Writing a weekly advice column for *The Atlantic* entitled "Dear Therapist" and appearing on CNN, NPR, and Good Morning America, Gottlieb has achieved a level of celebrity in her own right and is a worthy representative of our profession.

The first sentence of her book begins with, "This is a book that asks, 'How do we change?' and answers with 'In relation to others'" (Author's Note). Examining the truths and fictions we tell ourselves is not easily done in a vacuum. It is a gift that in choosing the real over the fictional along her professional journey, Gottlieb has conveyed something profound about the miraculous power of human connection. In doing so, she has provided an inviting entryway into the often misunderstood and mysterious world of psychotherapy. Life is too hard to do alone. One way or the other, we should all be talking to someone. ▼

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Book Review

***When You're the One Who Cheats: Ten Things You Need to Know***
by Tammy Nelson,
RL Publishing Corp,
Colwood, British Columbia
2019, 264 pages

Tammy Nelson's *When You're the One Who Cheats: Ten Things You Need to Know* is a wise, accessible, and comprehensive handbook for those who find themselves in the role of a cheating partner. In addition to being small and easily hidden by those who might want to read it privately, it is also a useful resource for therapists who are helping couples with navigating the territory of infidelity.

This latest contribution to a deeper and more nuanced understanding of the realm of the contemporary sexual relationship provides a step-by-step approach to guiding the cheating partner through an appraisal of and possibly deeper understanding about what they are up to and how they really got there.

The book is organized with chapters addressing various aspects of the infidelity process, numbered guides to possible motives and calls to action, and illuminating case descriptions from actual therapy patients. With her clear language and a light touch, Nelson invites the cheating partner to consider motives, hoped for outcomes, and inevitable consequences of the infidelity. For example, are they interested in sex only or further connection with the outside partner? Do they hope to continue as usual with the spouse, or is this an unconscious attempt to blow up an unhappy relationship?

Nelson cites research about dramatically increased incidences of cheating, particularly among women, who are less confined than they were in previous generations. She describes data gathered by posting two online profiles on *Ashley Madison,* a website where married people find other married people with whom to have an affair. She created one profile as a woman looking for a man and another as a man looking for a woman. She was surprised to find that most of the men wanted a connected relationship and not just sex. The women were mostly interested in sex, and they were quite direct in describing the kind of sex they were looking for. Nelson summarizes her experience:

> My takeaway from my experiment as a cheater online is that we are wrong about why men and women cheat.... This says that we cannot explain affairs by antiquated ideas, or biased beliefs about gender. [She goes on to assert that] what matters is what you can do about it. (p.47)

In this real self-help book, Nelson invites her cheating readers to sort out motivations, being as honest as possible with themselves as they consider various approaches

to understanding what they are doing and why. The book includes dialogues illustrating possible approaches to sorting through issues. For example, the reader is guided to consider whether telling the partner about the infidelity would be positive for both spouses:

> Telling your partner may lead you both to take an honest look at where you are in your lives and what you want. This forces a crisis. Sometimes crisis, although painful, leads to major personal growth. Confessing also relieves you of the burden of keeping such a heavy secret. But be careful…are you confessing to make yourself feel better despite whether this would hurt your partner? (p. 94)

She goes on to posit that though the affair might be a mistake, and confessing it could lead to the end of the marriage, that doesn't necessarily mean the cheater shouldn't tell.

These dialogues can be useful guides for therapists of a variety of persuasions in helping clients navigate the complicated process of self-discovery toward the possibility of increased ownership of their deeper motivation and agenda. In addition to the guidance through processing the infidelity, the reader is offered approaches to healing the relationship or ending the marriage.

In the introduction, Nelson shares her hopes for the reader:

> In this book I hope you will find many ways to create a life where you can be true to yourself, to your agreements, even when, in fact, you have not been true to another person. I hope that standing up for your truth can mean living in integrity and healing your relationships at the same time. (p. 29)

Nelson brings a wise and capacious voice to the understanding of the unique motivations and realities for the large number of people who make commitments they later find they no longer honor. She invites honesty and ownership and provides tools to aid in the journey to facing the truth of this complicated territory. As she states early in the book, "Telling the truth about who you are is painful. But it's the only real choice. Everything else is just fake news" (p.29). ▼

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> In the end, the patient uses the analyst's failures, often quite small ones, perhaps maneuvered by the patient… and we have to put up with being misunderstood… In the end, we succeed by failing—failing the patient's way.
>
> —DW Winnicot

Bob Rosenblatt

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." *doctor13bob@gmail.com*

## Musings: How the Heck Did I Get Into This Line of Work?

Why did I become a psychotherapist? What attracted me to navigate this path? Immediately upon pondering these questions, the initial notions that came to mind were *tikum olom* (repair of the world), influence, caring, dominance, empathy, power, connection, and a wish for intimacy. As I sit in my consultation room listening to the beginnings of a new client's narrative, I believe (as did Sherlock Holmes) that the game is afoot. I strive to unpack the mystery of the other who is before me and thus to understand myself—and potentially comprehend the human condition.

In this *Intervision*, I have asked three other psychotherapists to weigh in with their thoughts and emotional reactions to the question of what attracted them to this line of work. In lieu of the typical case study, this edition of *Intervision* presents four short stories (mine included) that will serve as a stimulus for readers to think about their own responses to this question: How did I arrive in the consultation room?

I want to share two stories and then maybe it will get a bit clearer how this question is answered for me. I guess the game is now afoot for the reader. For those that know me, this next line will not come as any surprise. I was well known in my neighborhood because I was the local paperboy. Let's return to the seventh grade: I am 12 years old, it is time for the school science fair, and I have no idea what to do for my science project. My father had built a chicken incubator for my brother. He was then able to present the developmental cycle of a chicken by opening up an egg each day and preserving the embryo for each

day of its development. My father quickly suggested that I should do the same. I was absolutely not going down that road.

So, I went to the library and searched the stacks for an idea. I was lost and dumbfounded until I found a book in the behavioral science section. I had no idea what that term even meant. I randomly opened the book and noticed a number of photographs of a monkey in a room with bananas hanging from the ceiling and crates strewn around the room. I started to read about this experiment and was amazed with the primate's ability to solve the problem. The animal stacked the crates, climbed up on them, and obtained the bananas. I wondered: How could I study problem-solving ability in human beings, my only available scientific subjects?

This was my solution: I would go to many homes in the neighborhood and tell people I was running a quick scientific experiment on problem-solving by asking them to find a hidden object. I would note demographic information on each subject: e.g., age, sex, career, and whether they had a science or humanities orientation. I would ask them to leave the room while I hid an object in their living room. I would quickly render a drawing of their living room, noting the layout of the furniture. I would then ask the subject to enter the room and search for the hidden object for 2-3 minutes. I would trace their movements onto my drawing of their living room as they searched for the hidden object. Via their movements, I would note whether they moved around the room in a methodical way or haphazardly. After collecting the data from about 400 subjects, I postulated two styles of problem-solving: organized versus inspirational. I then correlated these styles with all the demographic data and drew certain conclusions about different types of people and how these differences affected the way they solved problems. Here is the real kicker of my experiment: I never actually hid anything in their living rooms.

My science fair project was fun and fascinating and totally caught my attention as a seventh grader. It also got me first place in my school and honorable mention in the state science fair in the behavioral science division. I loved the whole event but really had no understanding of what I was leaning into at that time. Then I went to college and had my first psychology class and was totally smitten. In fact, I started out as a mathematics major but quickly switched to psychology. I never looked back. I guess the study and understanding of human beings was in my DNA.

The other story, and it has a significantly more serious tone, is that I am a child of the Holocaust. My mother was a very traumatized and chronically depressed woman. My father glorified his story of escape and immigration to America, but I think he was more scared and paranoid then I ever really knew. My older brother was serious and studious; he knew he wanted to be a medical doctor at a very early age. I think this was his approach to taking care of our parents. My efforts were more centered on being funny, lively, enthusiastic, helpful, and more present within the family system. I was constantly searching for more love, emotional connection, and family togetherness. My parents were deeply impacted by the diaspora of the Jewish people in the 20th century. Their families were either annihilated in the war or fragmented in their new homeland of America.

My exuberance and playfulness seemed to be mostly irritating and unwelcome to my parents. For me, I believe my actions were a concerted effort to make them smile, relax, and feel safe. I guess they were my first clients, with whom I was mostly unsuccessful at treating their emotional wounds.

However, I think this family dynamic carved something into my soul that I have striven for my whole life. I wanted to be a light, an example for an expansive life, an agent of joy and contentment for others. This mandate helped me to feel fulfilled, creative. It gave me purpose and meaning as I have encountered many other people suffering in the course of their lives. It also has allowed me to heal the loneliness and experience affirmation for that little boy that was so irritating to his parents. The path of the psychotherapist has been enriching, deeply meaningful, and sustaining.

These two seminal stories have created a lifetime of relationships that have been validating, substantive, and empowering. As I watch people develop greater self-awareness and assert greater control over their life choices, I am exhilarated. As I see my clients abandon the imposed curses on their lives, casting off the burdens that parents shove onto their children and embracing the blessings that are truly theirs, I feel confirmed and complete for having spent much of my life and life force in my consultation room. You see, I found my calling.

What transports you to your office every day for years and sustains your willingness to be present with your clients in your way? Why are you willing to listen to their stories, interrupt their narratives, and convey the hope that they can author a newer version of themselves? Is this your calling? Read the three other variations on this theme and then try to answer this question for yourself. *Share the Craft!*

* * *

## *Intervision—Response 1*

I'm a mid-career psychologist who has practiced psychotherapy for about 17 years. I am in private practice, offering individual, group, and couples psychotherapy. In my training, I was exposed to client-centered and existential therapies, acceptance and commitment therapy (ACT), and rational emotive behavior therapy (REBT). In the past decade, I have found a theoretical home in psychodynamic and interpersonal approaches. I don't feel inside what my younger self imagined a grownup—a professional no less—would feel like. My vision of who I would become was someone with more conviction and competence and less shame and eagerness to be liked. Still, I've managed to find some personal and professional footing in recent years, thanks to my own therapy, supervision, marriage, and professional experience. Moments of confidence, courage, and creativity have occurred with increasing frequency. I am in medias res. But unlike a movie or novel, the ending of my autobiography hasn't been written yet. There is no guarantee that the ending will be good, tragic, interesting, or even coherent, and I find that part of the adventure both liberating and terrifying.

Like so many psychologists, I chose this profession to learn the intricacies of how to fix the other. I wanted to fix my family and, more importantly, I was desperate to fix myself. I distinctly remember the moment in my third year of grad school when I realized this wasn't how it works. I was walking down a stairwell when it struck me that there were no secrets that would empower me with the capacity to fix myself or another. I started to see that my entire concept of what it meant to be fixed or broken was itself broken. I didn't know how else to think about becoming an effective psychologist but knew that it had something to do with sweat, risk-taking, and living right. The notion that I could think my way through my own angst or another's emotional distress was misguided. I started to see that healing would occur in relationships with others, not thinking by myself.

As one of my professors said on my first day of graduate school, "Insight is pre-work." So while these were great insights, the old habits and beliefs were still embedded in my muscle memory, and years later I'm still sorting through these questions. There are hiccups and regressions, and

I often pick the circuitous route, but overall I feel a little less desperate to fix myself. I expect I will keep going to my office as long as I have curiosity and an appetite to understand myself and the other.

I was taught by professors who made significant contributions to outcomes research and common factors literature. They were scientist-practitioners who did research and conducted psychotherapy, which made their research more credible. I was persuaded by their findings, which strongly suggested that a therapist's theoretical orientation, years of experience, and level of degree had no meaningful impact on psychotherapy outcomes. The message from their research was, overwhelmingly, "The quality of the therapy relationship is the best predictor of a good psychotherapy outcome." So I learned to get curious about what makes a strong therapeutic alliance.

For me, one of the most exciting and terrifying aspects of building a strong alliance with my patients involves taking risks. This means addressing what's happening in the here-and-now when I feel discomfort or confusion during a session. I'm not always sure *what* is happening, just that *something important* is happening. It's difficult to convey how much squirminess and discomfort I sometimes experience when I speak up without the confidence that what I'm about to say is going to go well. What if my words cause a rupture in the relationship? I can't take a mistake back. I just desperately want to get it right! I want to script everything out a priori, addressing all contingencies in my script. I'm learning to surrender to the moment, get centered, and trust that what's happening in my body is key to being helpful. Doing this repeatedly has led me to see that many mistakes are not only tolerable, they actually end up being helpful.

A few years ago, I briefly fell asleep in the middle of a session. It was one of those slight loss-of-control-of-my-neck head bobs. It was slight enough that I was confident my patient, who rarely made eye contact, didn't notice until he said, "Did you just fall asleep?" "No," I lied. *I would never do something like fall asleep or deceive a patient.* He resumed talking and the session ended without further discussion of what had just happened in the room.

I fessed up in our next session: "I lied to you last week. I totally fell asleep. Not only did I fall asleep, but I noticed I was yawning a lot. Did you notice that?" I was aware that even though I was not sleep-deprived, I had been yawning frequently in my sessions with this patient. I was also aware that I was not yawning in my other sessions. He was quite literally putting me to sleep by talking *at* me. It was diagnostic of the serial disconnection from others that brought him to therapy in the first place. This was the beginning of a fruitful, though awkward, conversation. It has been followed by increasingly less awkward conversations over the years as we've strengthened our working alliance. This mistake, combined with speaking honestly to it, has made a big difference in our work together.

This case vignette gets at what keeps me hooked into the process of psychotherapy. Patients and friends often ask some version of, "How can you handle listening to peoples' problems all day?" It has never occurred to me to ask this question. Why wouldn't I do this? I sometimes wonder if I get as much out of the work as my patients do. I love the pleasure of getting to know someone's character and creating a measure of normalcy for them. When they reveal themselves and I see we're not so different, I feel deeply connected. I feel inspired to live more honestly and courageously when I witness them taking risks. I have never dreaded going to work, and I feel gratitude for this. I don't imagine I'll ever stop chasing answers on how to fix myself and others, because I know that all of these other unexpected and meaningful experiences and bits of insight and growth have come in the wake of that pursuit.

— Dave Dayton, PhD

* * *

My mother wanted to have a daughter. She had chosen only a girl's name for me: Donna Sue. I knew and felt her disappointment immediately at birth. I was terrified by the dilemma of being myself. My primary task was to connect with my mother, otherwise I might die. My father, a Jewish American, was a Holocaust survivor, though never actually imprisoned in a camp. He grew up in a swirl of anti-semitism as a child and knew that his aunts, uncles, and cousins were slaughtered in Europe. He was terrified that Nazis and anti-semites were everywhere, just waiting for the next opportunity to continue the extermination of the Jews. My childhood was filled with the awareness of not being ok, not being enough; I lived in terror that there was something very wrong with who I was and fear that the enemy lurked around every corner. The combination of biology and environment conspired to fill me with anxiety, confusion, and fear. And yet, I knew there was actually something very wrong with my parents! Why was my mother so distant and cold? Why was my father so angry and paranoid? I knew this wasn't the way to parent a child and couldn't understand why my parents acted this way; I felt compelled to protect myself and three younger siblings and try to heal my family!

As a shy, lonely, anxious child, baseball became the perfect therapeutic environment. I needn't speak...simply allow my ball skills to speak for me. I was in relationships with my peers and a few adult coaches but at a distance. Throwing and catching a baseball allowed for contact in a very controlled way. I learned through repetition and practice that I could trust myself; I could count on my reflexes, speed, vision, and coordination to respond to anything that happened on the ballfield. I was valued, respected, and liked as a ballplayer. I always endeavored to bring out the best in my teammates. I was fiercely competitive, loyal, and determined to win! As a suburban kid, I was lucky—privileged to go to sleep-away camp. What a joy...away from the burdens of my family and school and free to play sports and hang out with my peers. I flourished in this camp environment, developing self-confidence, finding myself a leader among my peers, and connecting with my counselors and camp staff—what a unique freeing experience.

After many summers of camp, it was finally time to get a job. Naturally I applied to be a counselor-in-training (CIT) along with my closest friends, my camping pals, and I was accepted. I was thrilled. I was eager to ascend to a position of leadership. I couldn't wait for the traditional summer escape back to freedom, an opportunity for more sports, camaraderie, and nourishment. However, a month before the start of camp, I got a call from the camp director. He told me they had inadvertently oversubscribed their CIT program. Unfortunately, there was not a place for me. I was devastated! What would I do for summer employment now? My father reassured me that I could get a "real job" working for him at his hardware store. OMG, out of the frying pan and into the fire! Working for my angry, demanding, authoritarian father in his store in chaotic, terrifying New York City...what could be worse? I'd already spent too many school vacations and Saturdays working in his store. The thought of encountering the massive rats, the never-ending breakneck pace of NYC, the back-breaking work, and the brutality of my father's ownership was depressing. I couldn't do this for a whole summer! I don't remember how, now, but I miraculously found a job as CIT at a day camp. It wasn't what I'd planned and dreamt of, but it saved me from a tortuous summer slaving at my dad's hardware store. And so, my summer at the day camp began—a far second from first choice but still with the opportunity to play sports, swim, do arts and crafts, and meet a new group of peers. Slowly I found my way, developing relationships with the campers, my fellow counseling staff, and administration, and more importantly becoming the shortstop for the staff softball team.

One morning before catching the camp bus to work, I went to the kitchen for breakfast as usual. Shockingly, my father was still home (he always left for work at 6:30 a.m.) and my mother was up (she usually slept in). They asked me to sit because they had bad news. I was immediately terrified: What could possibly merit my dad going to work late and my mom being up early? They told me that the night before, three of my best friends, who had become CITs at the sleep-away camp, were killed in a car accident. The story was on the front page of the *Newark Star Ledger*. I was crushed. Three of my closest friends were gone. I would never have another moment with them. No more softball, basketball, listening to music, cribbage, laughter, hanging

out, telling stories, bragging back and forth—GONE. And if I had gotten the job, I would have died with them.

In spite of the horrible news, I caught the camp bus and went to work. I explained to my senior counselor what had happened. He told me to hang in and do my best, which wasn't very good. I was stunned, spending most of my day starring off into space, tearful. The next day, I had my first evaluation, done by my unit leader. He gave me a miserable evaluation, based almost entirely on his observations of me the day before. I was enraged and astounded that he hadn't paid attention to me and my work over previous days. For one of the first times in my life, I stood up for myself. I told him that his evaluation was inaccurate and unacceptable. I wanted to review it with the camp director. The unit leader was enraged by my response. I was banking on my ace-in-the-hole: The camp director was the staff softball coach. I knew I was his best player. That had to count for something. The camp director, my unit leader, and I met. It was decided that my unit leader would closely evaluate me over the next week and that we would reconvene to reconsider my evaluation. At the next meeting, my unit leader begrudgingly upgraded my performance. As the meeting was ending, the camp director asked me to stay behind for a private word. He told me that he had observed me over the past week as well. He said that I was one of the best CITs, assured me of a job as a senior counselor the next summer, and told me he respected my chutzpah for challenging my review. He said that he wanted to be a mentor/supporter for me in any and every way and that he would never throw his star shortstop under the bus. This was victory and exoneration like never before in my life! I had a secure, safe, valued, and respected place. As the summer proceeded, I realized that my mission was to help my campers, the most troubled kids in the camp, find what I had found: safety, security, respect, relief, and joy. I realized I wanted to help people. I didn't want them to suffer like I had.

My next summer back at the day camp, I became a senior counselor in charge of a group of 8-10 kids and a CIT, with the added bonus of getting supervision from the camp director on a weekly basis. At first, I thought the supervision was just an opportunity to report about the ups and downs of my campers and shoot the shit with my boss. Slowly I realized that he was encouraging me to talk about myself, my motivations, and my fears. I figured that we were becoming friends. As my director/supervisor explained, we were becoming close and more connected as a way for me to expand my personal awareness. In this way, I would grow as a man and develop as a camp counselor. He said that I should consider a career as a social worker (he was a graduate MSW from Columbia University) and encouraged me to pursue Columbia. I had another goal: I wanted to be a psychiatrist. None of that mamby-pamby social work crap...the real thing. But that's another story. My supervisor/camp director became my guiding light, encouraging me in every way. He was accepting, affirming, and non-judgmental, challenging my decision-making when it went awry and celebrating my enthusiasm and creativity. He was a pivotal force in my life, leading me to a career that is fulfilling, challenging, and energizing. I am eternally grateful for his loving, brilliant guidance. My discussions with the director led me to recognize that my horrific childhood and adolescent suffering was something I wanted no other being to know. If I could intervene in a therapeutic way, I knew that I wanted and needed to be there for the other. I had discovered my path to the therapy world.

— Damon Blank, LMFT

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Last month, I might have waxed poetic about the childhood and adult life path that led me to the psychotherapist's chair. Today, as the world sees more than 200,000 deaths (and climbing) from an unseen killer, I feel more like the teenage Ali, floating in a sea of untethered emotions and struggling to find my feet. My self-assured identities of trust, self-compassion, and belief in human resilience are clouded. I'm overwhelmed by fears for my family, country, and world; I'm unsure about my roles as mother, wife, therapist, daughter, friend, social worker, and business owner, and I'm frustrated with the constant state of discomfort and my human needs to process, slow down, connect, and find meaning—especially as life forces seem to ask that I do more.

Just like many of the clients I now sit with over a computer screen, I bounce from gratitude for all my privileges to anger and sadness at the comfortable routines I've lost, from joy with the extra time with my son to exhaustion, from love for my husband to disappointment and fantasy of another life, from relief in the psychotherapist chair to fear, fatigue, and overwhelm, and from trusting the not knowing to being undone by the inability to know or to control time, space, and experience.

In COVID-19 days, every moment reminds me of my humanity. Yet, as before, when I can reach and grasp it, the lens of the psychotherapist reminds me that my humanity is my soothsayer. "What other occupation has built into it the frustration of feeling helpless, stupid, lost as a necessary part of the work?" writes the late relational psychotherapist Dr. Emmanuel Ghent (2018, p.135).

Psychotherapy is a practice that invites us into the complex, beautiful, and ugly emotions, the hijacking survival defenses, and the wounding relational dances that color our complex humanity. As a psychotherapist, I practice living in this liminal state of confusion—bouncing back and forth from a whole mind and body state of self-assuredness and relational alchemy to hijacking fears of complete oblivion, from comfort in the relational unfolding to moments when I try to care-take or assert a control that ruptures the healing process. The reality, of course, is that it's this entire dance—not just the moments of self-assuredness and relational synergy—that heals.

While today many of us are feeling the confusion and helplessness that Ghent writes about, it's the psychotherapist stance that re-assures me that I'll be okay, that we'll be okay. The systems and routines that will change aren't that sacred. The suffering of our times—which will be massive—are held and processed through our human connections. My stance as a psychotherapist primes me to have faith through the uncertainty, to honor the messy unfolding, and to seek healing connection.

There are many factors that brought and continue to bring me to this soothsaying stance as the psychotherapist. I think of the 5-year-old girl who was called Rudolph for the bright red birth mark on my nose. The shaming from the bullying was wounding, but deepened me. When the birth mark faded, and I experienced a different sense of self who belonged, I didn't forget that little girl who had been left out.

I think of those high school days when I couldn't keep up with the Joneses and felt so much self-loathing. I switched from being class president to starting a peer support program, because connecting with the vulnerabilities of others helped me to find compassion and love for myself. The healing experience of empathy was deeply seeded in me, and I knew that it was my ultimate comfort.

My early 20s, when shame, isolation, and escape where frequent friends, ultimately guided me to the psychotherapy chair. As Julie Davies (2011) writes, "Coming to know another person requires 'finding them' in some true way within ourselves" (pg. 557). Those years of raw, messy emotions and survival defenses from traumas I tried to hide away, are the color palette I turn to when I connect with clients in their most painful moments. I know now that those emotions cannot undo me. I can commune with their pain while also holding out hope for the path towards acceptance and meaning.

I officially made the switch to becoming a psychotherapist when I hit 30. Sitting around a table of senior labor leaders, having secured myself a rivaled leadership position in the immigra-

tion reform movement, I realized I was in the wrong role. I wasn't meant to lead change from above; I was meant to foster change from within.

I still long for an escape sometimes. I drink or eat too much. I feel the ache of rejection when my husband's voice is too loud. I get angry when I'm over-tired and forget to set the boundaries I need. I feel overwhelming anxiety in certain moments when I have no control and have to ground myself and remember that I am ok. I continue to wrestle with my value to the world and to my clients: Do I need to be doing more for our suffering world?

Yet today, amidst the destabilizing clarity of pandemic, I am deeply grateful for the stabilizing stance of the psychotherapy chair. Being a psychotherapist doesn't protect me from the messiness of my humanity; it just reminds me of the process and helps me to find my feet again.

—Ali Jost, LICSW

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> After Adam and Eve ate the forbidden fruit, God came strolling through the cool of the day and asked them two questions: "Where are you?" and "What is this that you have done?" Psychotherapists . . . have been asking the same ones ever since.
>
> —Frederick Buechner

# The Ghost in You: Psychotherapy and the Art of Grieving

## Plenary Address to the American Academy of Psychotherapists

**Savannah, Georgia, October 2019**

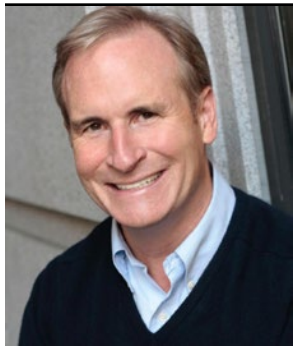
I'd like to start by acknowledging that I am not an expert in ghosts, and I'm not exactly sure I know what a ghost is. Since I was invited to present an address to the Academy, I have been letting the title work on me, and, luckily, my practice, my unconscious, the psychological literature, and my life experience have been providing me with case examples, dreams, perspectives, and losses to help me reflect on the topic.

What is a ghost? How do we understand it psychologically? Ghosts are archetypal: that is, they exist in our psyches with an autonomous power that is separate from ego control. As an archetypal force, they can be seen in similar forms throughout history and across cultures.

As a Jungian, I see ghosts as related to complexes. Jung believed that complexes are autonomous parts of the ego that take over from the ego and pull us in a particular direction. In his famous saying, "Everyone knows that we 'have complexes'—but it would be more accurate to say that complexes 'have us,'" Jung (Collected Works Volume 8, Paragraph 200) describes the autonomous power of complexes. They take over the ego, hijacking our conscious agenda and causing us to act against our identified interests. I believe that Jung is saying that a complex takes us over and directs us unconsciously into some path that may be problematic or sub-optimal in terms of our ego functioning. Complexes, like ghosts, can be positive or negative. A positive complex might be present in service of our unique personality, in service of individuation. A negative complex might bring us back to an unresolved chapter of our lives and find us regressed in the way that we address it. Complexes come to us unbidden; we don't ask for them. They frequently come about as a result of a loss of some part of ourselves: a valued relationship, an ideal that is betrayed, a disappointment that isn't processed. The complex is typically seeking resolution. I believe that a ghost, understood psychologically, has these characteristics in common with a complex.

When writing about neuroses, Jung observed, "A neurosis must be understood, ultimately, as the suffering of a

Justin Hecht



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soul that has not discovered its meaning" (CW 11, para. 497). Could the same be said of a ghost? Can we understand a ghost as a part of the soul that is suffering a loss and has not yet discovered its meaning? I believe that the answer to this question is yes. Just as a complex becomes a central focus of the work of psychoanalysis, a ghost becomes a central portion of our work of grieving.

Before we go too much further, I would like to define how I understand ghosts psychologically. I don't believe that they are supernatural phenomena, floating in the ether, incapable of being explained or understood by science. Rather, I see ghosts as the unprocessed, unmetabolized memories and experiences of the loss of someone or something precious to us. One of the ways that ghosts show up most reliably is in dreams, so I will emphasize what I believe to be "ghostly" dreams.

Ghosts have a number of characteristics as psychological phenomena. They are trying to get our attention; they are trying to call us to process more about a loss. Ghosts are encouraging us to mourn our loss and to grieve more deeply. Ghosts are mysterious and inexplicable. Although I am mostly coming at the phenomena of ghosts by understanding them as complexes and through dreams, the presence of ghosts encourages us to have a more modest and humble understanding of human psychological reality.

Ghosts may have a very negative aspect. They may force us to confront horrors that we would rather ignore. Thus we may experience ghosts as terrifying, belligerent, or implacable when they bring up what we would rather ignore or remind us of horrors in our personal or collective past. Other ghosts may be more positive; they may help us resolve the loss that we have been grieving. They may also feel ambivalent, neither positive nor negative, perhaps encouraging us to mourn more deeply.

I believe that there are many different types of ghosts that may "haunt" us as we are incomplete with our losses. The most prominent type of ghost would come as a result of the loss of a beloved person; the separation that spouses feel after one of them dies is a painful phenomenon that generates enormous demand for psychological resolution. This resolution may be aided by the visitation of the energy of the beloved, deceased spouse. In a similar way, the loss of a child or a parent, a sibling, a beloved friend, or a respected colleague, may all produce a ghost demanding recognition of the loss that was experienced.

Ghosts may also come as a symbol of the loss of an aspiration, hope, or possibility. The ego may have projected forward a great meaning into the success of a project. When and if the project fails, the sense of loss that failure entails may occasion the haunting of a ghost. A ghost may also be a warning from our conscience to cease a course of action that is morally dubious. More positively, a ghost may be a longing for self-expression from a part of ourselves that we might have neglected. A ghost may also be operating at the level of the collective, that is, of society.

Ghosts are complex and polyvalent phenomena. If we accept the idea that a ghost is *psychologically* real and takes up an emotionally meaningful psychic residence in us, then we have to accept its mystery without trying to reduce it to a facile two-dimensional cartoon. We must, instead, reckon with the ambivalence that a ghost provokes as we might both dread its message and cling to the reminders it gives us of a beloved departed being.

Our unmourned losses become the ghosts that haunt us and limit us but also perhaps facilitate our healing and inspire us. It makes sense, accordingly, to do some directed

psychological work to understand what your personal ghosts are and what they might be trying to tell you. To aid you in a meditation on the ghosts in you, I quote from Odysseus's journey. He confronts the spirit of his dead mother and in doing so expresses a powerful archetype of how we understand the ghosts that are in our lives:

> Then in my heart I wanted to embrace
> the spirit of my dead mother. She was dead,
> and I did not know how. Three times I tried,
> longing to touch her. But three times her ghost
> flew from my arms, like shadows or like dreams,
> Sharp pain pierced deeper in me as I cried,
>
> 'No, Mother! Why do you not stay for me,
> and let me hold you, even here in Hades?
> Let us wrap loving arms around each other
> and find a frigid comfort in shared tears!
> But is this really you? Or has the Queen
> sent me a phantom, to increase my grief?'
>
> She answered, 'Oh, my child! You are the most
> unlucky man alive. Persephone
> is not deceiving you. This is the rule
> for mortals when we die. Our muscles cease
> to hold the flesh and skeleton together;
> as soon as life departs from our white bones,
> the force of blazing fire destroys the corpse.
> The spirit flies away and soon is gone,
> just like a dream. Now hurry to the light;
> remember all these things, so you may tell
> your wife in times to come.' (Homer, 2018, p. 285-286)

In this passage, we see Odysseus encountering his mother, who has become an insubstantial shadow. She is able to give him only partial, cryptic answers, and he has the feeling that she is fading away. This is a powerful image of the ephemeral nature of the spirit and of the way that even the most primal relationship of child to mother will in time become insubstantial. The melancholy is clear in this passage.

More on ghosts: The etymology of the English word ghost is from the German *Geist* or Dutch *Geest*, both of which are associated with the word "spirit" in the sense of something that animates and moves our souls, in the same way that breath does. Ghosts typically are seen at night, when the boundaries between worlds and times of day are not clear. Things are not seen as clearly at nighttime as at daytime, and we are more susceptible to emotional and non-rational ways of understanding the world and our experiences. This helps to reinforce the idea that ghosts could become more present to us in our dreams, at a time when our ego-consciousness has relaxed and our ego-boundaries are more fluid. As to whether or not there actually are ghosts that exist in the traditional sense of a supernatural occurrence, I am agnostic on this point but wish to be respectful of the psychological meaning that people who say that they have seen ghosts attach to this phenomenon.

I do think that it is important to try to understand ghosts in a cultural context. In the contemporary U.S. popular culture, as nearly as I am able to gauge it, ghosts represent an attempt to deal with anxiety about death and our fear of it. The recent popularity of the zombie in books, films, and comic books suggests an attempt to both ward off

existential fears and master fears of mortality with fantasies of life after death—however degraded that life may be. Similarly, the evolution of All Hallows Eve from being a central day of sacrament and worship that sustained churchgoers in prior centuries to today's Halloween as a candy festival for children suggests a depotentiated archetype. Archetypes become depotentiated when the literal recitation of the story fails to excite sufficient loyalty or emotion. As a result, the ritual may linger on in a degraded way: acknowledged, but not taken seriously, or consigned to children and treated sentimentally.

At its simplest level, I believe that a ghost is a reminder of a piece of our life experience that has been insufficiently grieved.

## Ghosts and the Art of Grieving

So as we think of "psychotherapy and the art of grieving," we can think of psychotherapy as providing the sacred container that allows a grief to be worked through. This begins, of course, with the psychotherapist's patient acceptance of the client's material. The patience should be extensive, perhaps almost infinite. The therapist will provide non-judgmental support to facilitate emotional expression. The therapist will help the grieving client negotiate cultural boundaries in negotiating how others see what "appropriate" grieving looks like. Many Americans feel a pressure to "get over" their grief in a certain period of time (one year is often cited) and to "move on" with their lives. Different cultures have different traditions. I recall being with a group of people at a cocktail party some years ago and hearing a friend mock the practice of Middle-Eastern women *ululating* in grief. He made a bitchy/humorous remark. I was a little taken aback and didn't have the presence of mind to tell him what I thought: The ululation seemed to me to be a beautiful way to get the pain out.

In our desacralized culture, a therapist can help to re-connect clients to themselves by providing a ritual of expression of feelings, witnessing of narrative, and shared meaning-making. The rituals inherent in a grief group are particularly helpful for the bereaved. The psychotherapy process for the art of grieving would continue with a series of careful steps. The therapist would work with the client to seek meaning in ghosts that endure, complexes of autonomous energy that seem to continue the client's connection with lost people or energies. In an analytic practice, the therapist would be particularly attentive to dreams, seeking to amplify the contents. The therapist would aid in the metabolization of grief and would provide perspective.

As a Jungian analyst, I am also interested in the shadow of grief work. It seems critical to me to avoid pathologizing anyone's sincere pain and grief. Nonetheless, it does seem necessary to at least pose some fiendishly difficult questions about grief. So here they are: Can grief be indulgent or neurotic? Should the therapist keep in mind a goal for the client? How do we really know when grief might be used as a defense? I do think it's necessary to wonder about these possibilities, but always with humility. Henry James' famous quote seems appropriate here: "Never say you know the last word about any human heart" (2010, p. 1). So, with humility, a therapist should consider whether it is ever right to challenge a grief process. Part of this consideration might be wondering (to oneself at first): What else might this be? How else might I understand this expression of grief?

Related to these questions is the idea of whether it is ever appropriate for a therapist to aid in the compartmentalization or suppression of grief. For example, many grieving

people do need help continuing in their occupational and social roles.

To pose some perspectives on different ways of working with grief, I'd like to speak about two widows and two widowers whom I have known. First the two widows: Both had been married over 40 years when they lost their husbands.

Marion, 68, lost Robert, 83, after he lost his 8-year battle with a progressive illness. Marion was open with her family, friends, support systems, and mediation group about Robert's illness and approaching death. She invited people to come and say goodbye to him. Marion honored his memory with a celebration of life a few months after he died. She set up a charity in his honor that allowed her to continue serving people with special needs in her community. Marion told people after 6 months that she was ready to get back into life—and within a year she began dating. Two years after Robert's death, she was happily remarried. While she never forgets Robert, she seems very much at peace with her new life and seems genuinely cheerful without seeming pressured, false, or defensive.

By contrast, Clara, 75, lost John, 79, following John's 6-month battle with prostate cancer that metastasized. Clara kept her sons and grandchildren away from their father and grandfather as much as possible, minimizing and denying the seriousness and extent of the illness. When John died, Clara provided her family and friends with only the most cursory information. She refused to hold a funeral, opting instead for a private cremation. She kept the ashes in a cardboard box in the back of a closet for years. She withdrew socially, seeming alternately irritable and sad, losing energy, and avoiding contact with family and friends. When asked, she would say that she was haunted by his memory. She wore black for the rest of her life, never dating, devoting herself to quiet and solitary spiritual reflection.

Again, who can say which type of grieving is more appropriate? We all make our own choices about how to grieve and how to process the losses in our lives.

Here is the story of the two widowers; both lost their wives to cancer after being married over 30 years.

Tom, 71, lost Darcy, 71, after her battle with cancer. Tom had an intense spiritual practice of meditation, a discipline that he shared with Darcy for more than 40 years. When Darcy died, Tom sat in meditation twice daily and allowed himself to feel the pain. He remained calm and stoic. For 2 years he seemed slowed down, without joy or motivation. He never denied how he felt but seemed to bear his pain with dignity. Gradually he began returning to life and showing a wider range of emotions.

Ralph, at 59, lost Jeannette, 63 after her 5-year battle with lung cancer. Ralph dissolved his business and was open and expressive about his extreme grief. For 2 years he became more and more agonized in telling of his loneliness and bereavement. He spoke of sleepwalking, pacing in bewildered grief, and tearing his clothes and his hair. Some friends supported him; others were overwhelmed and avoided him. After 3 years, he went back to his business and slowly began re-building. He met a woman a year later, fell in love, and left the city where he and Jeannette had been so happy; he said being there was impossible for him. Although he still grieves Jeannette, he seems reconciled with her loss and has adjusted to his new life.

Reflecting on these stories of grief after long marriages, it seems to me that all we can do is respect the individual human imperatives. But as therapists, how might we have intervened? Would our well-meaning help have provided relief and lessened the agony?

I like to think that we might have helped refine the art of grieving in these cases, but I trust that the souls of these widows and widowers knew their own sacred destinies.

## Ghosts and the Art of Psychotherapy

Next I would like to turn to four examples of what I experienced as ghosts in my practice. These examples all happened after people had lost someone important, and to me they had the feeling of "liminality" that Jung (CW 1, para. 3) described. There was something otherworldly about the dreams, and they had a deep psychological truth that helped the clients to consolidate their memories and metabolize their grief.

The first example is a man whom I will call Joshua; he was one of the first people I worked with as a new therapist in 1989 and 1990, during the worst days of the AIDS crisis. Joshua was in his late 40s and had a painful childhood and difficult family history. When he came out as gay in the late 1960s, he hid the fact from his family as long as he could, moving to New York where he made friends and found a lover. When his family discovered his sexuality, they rejected him, with the lone exception of his maternal grandmother, a woman to whom he had always felt close. Even though he was an exemplary member of his community and had a 20-year relationship with his lover, James, his family never relented in their bitter condemnation of him.

When I worked with him, Joshua was a man in constant grief. He had lost many friends to AIDS during the mid-to-late 1980s, and had lost his beloved grandmother in late 1988. Joshua's lover, James, sickened and died in early 1990, and Joshua's own health was in a steady decline throughout our work together. Joshua struggled not to succumb to bitterness and despair, but as his own end approached, he spoke numbly about his confusion and the painful sense that his life was futile. Because he had trusted me with his story (and because I had good supervision), I was able to reflect back to him the many instances he had told me about that suggested that he had lived fully and loved well. I told him that his connections had mattered and that his life had been meaningful to many people, including to me. But he didn't really seem to buy it, and I felt saddened that he would have so little sense of grace or balance as he neared the end of his life. He seemed frozen and unable to access his emotions. Although he cried in our early sessions together, he went through a months-long phase of being unable to really feel anything.

Then one Monday, he came in and reported the following dream:

> *I am in my family home where I grew up. My mother and father, brother and sister are in the backyard. In front of us is an old fashioned camera, and there's a photographer standing under a black hood behind the camera. The five of us are smiling, waiting to have our picture taken. The doorbell rings, and in walks James; he's embraced and affirmed by my family, and the photographer, a genial older man with grey hair and a mustache, gets back under the hood and gets ready to take the photograph.*
>
> *Then the doorbell rings again, and my beloved Grandma comes in and joins us in the family. The doorbell keeps ringing and my friends who have died come in, and Miss Williams, my favorite first grade teacher, and friends from high school and college and work. The people in my family photo keep on coming, and I have the sense that my family includes so many people whom I have loved and who have loved me.*
>
> *Finally the back fence collapses and I see the ocean and I see people of all races and ages that I know are part of my family as I am part of them. I feel complete and happy and free and even though I haven't been to church in 25 years, I remember the phrase 'my cup runneth over,' and I know what it means.*

As he tells me his dream, Joshua is crying, and he alternates between sobs and smiles. He feels that the ghosts of his life have come back to help him understand his place in their lives and the meaning and importance that he had to them. Although he still regretted his approaching death and had a difficult and painful passage, his dream changed our work together, and the final phase of his life was marked with more grace, balance, and acceptance than he had previously shown.

A second story is of my work with Katarina, a German immigrant in her mid-40s, whose loss of her father eventuated in a debilitating depression. Her father had played a vital role in her life. He was a loving parent, a moral exemplar, and a constant and steadfast source of support in her life. He ran the family restaurant and was planning his retirement when he was killed by a drunken driver. Katarina became increasingly dysfunctional in her life as her grief for her father deepened. She was barely able to keep her job in an international law firm, and her (generally sympathetic) husband complained of her subsequent depression and withdrawal from their shared life. Katarina felt more and more indifferent to pleasure and confessed to me her deep desire to end her suffering and to follow her father into death.

Throughout our work together she was haunted by troubling dreams of a vague figure, whom she thought might be her father. She described seeing a figure that seemed to be reaching out to her and wasn't sure whether she felt reassurance or dread from this figure. Then one day after working together for about 6 months, she reported the following dream, distinct from the others in that it seemed clear and explicit:

> *I am in a graveyard behind the church in the village where I grew up. It is nighttime and I see a figure in a dark-colored robe covered with earth and lichen standing beside a headstone. The figure turns, and I see that it is my father. He turns to face me and looks directly in my eyes. He doesn't say anything. His glance is loving, and I feel glad to see him, but he also looks firm. He shakes his head once and holds out his hand with his palm facing me. He is telling me to stay. He turns around and walks away. He disappears back into the earth of the graveyard.*

Katarina intuitively understood the message of the dream: As much as her father loved her, it wasn't her time to join him in death, and she must accept her life. Although she occasionally regretted that this dream seemed to force her to accept her father's death, she experienced the dream as a visitation from her father and believed that the dream sequence captured what he most likely would have said to her. She gradually found a way to recommit to her life.

The third dream is that of Aaron, a man in his late 30s who had an ambivalent relationship with his father. His father had been an automobile salesman and sales manager and had never enjoyed great success; he had been very anxious and seemingly unable to manage his money. Aaron's father developed a fast-growing and incurable cancer and died after a short illness at age 71. Aaron devoted himself to taking care of the details of his father's death and became the paterfamilias, comforting his siblings, mother, and stepmother, and devoting himself to the Jewish rituals of burial and grieving that he was barely familiar with, but to which he felt a strong attraction. He committed to saying the Kaddish for his father every day for a year, and this immersion in an ancient ritual facilitated his resolution of his ambivalence towards his father and his ability to accept him as a flawed but worthy human.

Aaron had three dreams that he brought to therapy that reflected his changing inner

relationship with his father. In the first dream, he is a teenager at his bar mitzvah. His father is enormous, and Aaron keeps stumbling over the words of the ritual. In the second dream, he is a college freshman. He leaves for college, beginning a period of distance and semi-estrangement from his father following his parents' divorce. In the third dream, his father visits his home and affirms him and his accomplishments, giving him his unreserved blessing. This dream series shows with unusual clarity the transformation of an internal image and the depotentiation of an internal father complex. We could also say that it shows the transformation of a ghost from an image that haunts the dreamer with an unresolved sense of inferiority into an image of a beloved father. The final dream in particular shows the new relationship that emerges after a year in which the two men are able to accept and affirm each other.

The final dream that I would like to share from my practice is from Pamela, a married mother in her mid-30s. She was, in many ways, a fortunate woman. Attractive and personable, she had always been popular and had loved a few men deeply before creating a life with her husband. At the time that she came to see me, she was working as a research scientist and raising two young children with her husband. She presented with the complaint that "Although I have everything I ever wanted, somehow I don't feel truly happy; I have the feeling that life should somehow be more exciting—that somehow I should be more, or be doing more..." She spoke to me about her youth and her earlier ambitions, and although she had realized many of them, she said that she wanted a life that had more opportunities for pleasure, more wild parties, more independence, and fewer commitments.

One morning, she told me that over the weekend, she had seen a beautiful young man running through the streets of Mill Valley, the suburb of San Francisco where she lived. She slowed her car to look at him and was reminded of her first lover in college, a man named Nicholas. She told me of her love for him: how excited she had been to meet him, how oceanic their sexual chemistry had been, the ways in which she had idealized everything that he did and was.

"What happened to this wonderful relationship?" I asked.

"Well," she said, "We never really had a big fight, but he just kind of ...drifted...He was always riding his motorcycle places and not studying...he had always smoked pot, but it seemed like he kept smoking more and more... He never really had any ambition... and while we had a lot of fun together...he couldn't ever really seem to commit to anything or anyone, including me... I finally had to end it and we sort of stayed in touch for a while. The last I heard he was semi-employed at a friend's business, not really going anywhere... but, oh my god, did I ever love him once..."

She didn't speak much about Nicholas for a few weeks, but then she had the following dream:

> *I am at a beautiful beach facing east; the sun is coming up out of the water. I see Nicholas walking up out of the water towards me and towards the beach. The sun is behind him. He is in board shorts, his torso is gorgeous. Oddly, even when he comes out of the waves, he is holding a torch. The torch continues to burn through the water, sort of like an Olympic torch, or the torch of the statue of liberty. He comes to the shore, looking at me all the while. He holds out the torch to me; it's clear that I am meant to take it. I approach him and take the torch. I hear a voice asking me, 'What about Nick? What about Nick?'*

She woke up, and found herself crying at this dream. She asked me whether she had

been "carrying a torch" for Nicholas all these years. "Perhaps," I responded, "a part of you had, but there was another way to understand the dream." Nicholas had been a ghost of some unrealized potential and feeling states from her youth and was asking her to reintegrate some parts of herself that she had forgotten. Together we arrived at the interpretation that the dream was asking her not to forget about the youthful and energetic part of herself that had fallen so deeply in love 15 years before and to allow herself to express in her current life some of what Nick had meant to her in her past.

Pamela took this message to heart and sought ways to balance her life with more emphasis on fun and spontaneity. Although she didn't take up riding the motorcycle for herself, she arranged a series of family bike rides and sought to dance with her husband. A few months after she had this dream, she learned from a mutual friend that Nicholas had been killed on his motorcycle at an intersection in the East Coast city where he lived. Together, we considered the meaning of this synchronicity, and Pamela felt it reinforced her commitment to living with more joy and spontaneity in her life.

## Walking with Ghosts

I'd like now to speak about my own story of ghosts, dreams, and the art of grieving, and I'd like to turn again to *The Odyssey* to frame it.

At the end of his 20-year quest, Odysseus returns to Ithaca without his ships or his men; they have all been drowned in their various encounters with monsters, gods, witches, and Poseidon's wrath. Odysseus returns to Ithaca dressed as a beggar, and before assuming the identity of a mighty warrior, he conducts a reconnaissance of the island and his palace. No one recognizes him, and he learns that although his wife has remained faithful to him, she is pressured daily by a group of suitors who are trespassing on his hospitality and disregarding the authority of his young son, Telemachus.

He is guided around the island and to his palace by a goatherd, and he sees his old dog, Argos, lying neglected on a dung heap. In the graphic novel version by Gareth Hind (2010), he asks the goatherd, "Why does this dog lie in the dung here? He looks like he must have once been a fine hound" (p. 176). The goatherd responds, "Argos is his name. Odysseus raised him from a pup—and he was not full grown when his master left for Troy—yet he was the fastest and bravest in the land. Old age and misery are his masters now. He's waited almost 20 years for his master to return." As the goatherd speaks, Odysseus and Argos exchange a glance of recognition filled with remembrance and love. Argos, aged, weak, and ailing, raises his head and tries to greet Odysseus. But in seeing his master, he breathes his last and dies. Odysseus turns his face to the palace wall in order to hide his tears. He goes into the palace, leaving Argos behind on the dung heap. As he lies there, we see the pale blue arm of the goddess Athena come and caress his head. She gently lifts the spirit of Argos into her arms and returns with him to Olympus, where he can live among the immortal gods and heroes in the Pantheon of Greek Gods, playing in the Elysian Fields, waiting for the return of his master.

This extraordinary and ancient image testifies to the enduring love between people and their dogs and especially the connection between the hunting dogs of warrior cultures and their masters. In this story, Argos' loyalty is greater than that of any of the humans on Ithaca and Argos survives just long enough to give Odysseus a look of recognition before passing into another world. This illustration of loyalty until death makes

a potent contrast to the lack of loyalty among many of the Ithacans who take advantage of Odysseus's absence to attempt the seduction of his wife, Penelope, and to live off the provisions of his palace.

In the story of Odysseus and Argos, we see some of the psychological characteristics of ghosts at work. Argos holds some aspects of Odysseus's soul that he has left behind on Ithaca: perhaps his youthful playfulness, perhaps his own loyalty, certainly his tenderness. Argos appears at this part of the story to remind Odysseus of the fullness of his being. The encounter with Argos, like the encounter with a ghost, is a communication between the different levels of consciousness. To me, it's symbolic that Odysseus leaves Argos, the embodiment of loyalty, discarded on the dung heap. It's also symbolic that Athena, the feminine warrior goddess of rationality, comes to elevate him to his proper place. This story, like the story of other ghosts, helps us to balance our psyches, drawing attention to neglected or disowned aspects of ourselves, asking us to pay deep attention to our lives.

Like ghosts that come to us in dreams, presenting us with unexpected images, animals in myths sneak in under our defenses and touch us emotionally. These mythical animals require us to awaken and to engage in a dialogue about the nature of being.

So now I'd like to talk about my own experience with Magnus, an exemplary dog who lived only 6 years, and to tell you a bit of the story of my own life. I have been fortunate in many ways in my life and have enjoyed good health, a loving marriage, a wonderful education, parents who provided for me, and true friends. In others, I have been less fortunate. Probably the most painful tragedy of my life was the AIDS epidemic and the impact that the loss of dear friends during the years of 1991–1995 had on me. In my mid-20s through my mid-30s my friends and I endured the terror of an unknown plague and watched as our friends, acquaintances, and members of our communities, mostly in the prime of their lives, wasted away and died. Those of us who escaped infection or otherwise survived will be forever marked by the experience.

So it's against this background that my experience with Magnus plays out. The years of 1996-2013 marked increasing temporal distance from the AIDS crisis, but even with my secure professional status, enduring relationship, family acceptance, and good friendships, I felt a sense of loss and sadness about friends lost and a plague endured. When my husband Erik and I bought our first house together in 2000, we got our first dog. We have had a total of five beloved dogs over the years, all of whom have brought enormous joy and healing to us.

Erik and I raised Magnus from a puppy. He joined our household in the spring of 2012. We picked him out as the most robust and largest of a litter of silver standard poodles, raised with love and care by Karen Green of Desert Reef Poodles in Saint George, Utah. We shared all of the delights and occasional frustrations that dog lovers know. Through his puppyhood, Magnus became a well-trained and constant, playful, loving member of our family. He grew into a 70-pound beauty of a dog and showed his hunting orientation by enjoying games of tug-of-war, fetch and retrieve, and what we called whirly leash—where he would jump up into the air seeking to grab onto the leash that we would twirl above his head. He leapt majestically into the air, twisted vigorously around, and seized the leash away from us, teasing us to play tug-o-war or dropping the leash to see whether we would pick it up; he would then seize it away from us, barking through his clenched teeth.

He had a delightful and friendly presence and came with me most days to work. He got to know my clients and the rhythm of my week. He began the days meditating with me for about 45 minutes; at the end of the meditation, he learned that it was time for him to get a walk, so he would end the meditation with a gentle nudge from his muzzle. Since my therapy sessions are 50 minutes long, he would come to me when he realized that those sessions were ending as well, again nudging me to encourage me to take him to the park behind the nearby library, where we could play for a few minutes before returning to the office. He was a social ice-breaker, and he and I were a familiar and, I like to think, welcomed presence on Sacramento Street. He was vital, athletic, playful, and affectionate, everything one could want in a canine companion. Like Charlie in John Steinbeck's (1962) book *Travels with Charlie*, Magnus was my alter ego—a being I could talk to—someone with whom I shared my modern day odyssey on the streets of San Francisco. Erik and I loved Magnus equally, but I felt a special connection with him and felt that I had never had a dog that so completed my life and filled my days with joy and playfulness.

So it came as a terrible shock when Magnus no longer wanted to play with the ball one Sunday in February of 2019. We threw the ball as usual, and Magnus stood still and ignored it. It took us a while to realize that something was wrong. It was a rainy day; we returned home and he slept most of the day. His appetite seemed normal, but he was low on energy. He was only 6 years old so we didn't think that anything serious was wrong.

On Monday, Magnus wouldn't get out of his bed to come and meditate with me. During the meditation I heard strange sounds like a squeaky door or a piece of malfunctioning machinery. When the sound persisted, I went to check and found that Magnus had soiled his bed and was jerking his head in an unusual manner. We rushed him to the vet, who diagnosed an unspecified neurological problem and advised us to seek care from a veterinary neurologist in a few days if his condition worsened. That night Magnus began turning in circles, clearly in pain, and holding his head down while he made squealing and moaning sounds. We gave him some of the drugs from our vet and called the emergency veterinary hospital, who advised us to bring him in the morning, as no neurologist was on duty that evening. His condition worsened over an hour or so, and he collapsed. As we rushed him to the emergency hospital he stopped breathing and died; the staff tried but were unable to revive him.

Erik and I were both shocked and saddened by our loss, but I was especially hit hard by the pain of losing this beloved being. I lived for several months under a kind of cloud, compounded a bit by the shame from the sense that the size and scope of my grief were unmanly or disproportionate; after all this was "only" a dog. Nonetheless, I allowed myself to honor the memory of Magnus by being fully present to my grief. I was surprised and comforted by the kindness of my friends and many of the people I knew in my community, who responded with genuine empathy and stories of the loss of their own pets.

I processed the loss with my analyst. Our sessions were slow, quiet, and sad in a way that felt profound to me. My analyst helped me to understand the multiple roots of the depths of my emotions and the ways in which my grief helped me to know myself at a deeper level. It was in this process, about 6 months after Magnus's death, that I had what Jung (1974) called a "big dream." A big dream is one that feels powerful and real and psychologically and emotionally true. My dream felt like a visit from a spirit; it felt so real and powerful, like it was literally happening. A big dream also is expository in that

it shows the psychological situation that one is dealing with at the time.

So to set the context of this dream, my life in 1971 was marked by transition and unhappiness. As a family, we had moved into a new neighborhood and left a private school where I had been very happy. The three of us kids all went to a new school, our fifth in 4 years, and I missed my old friends. The other kids at the new school quickly identified me as a sissy and thus began many years of being the recipient of bullying and harassment. My parents' relationship was very unhappy, and my father was rarely home. My mother, an immigrant, was unfamiliar with American culture, sports, and society, and she wasn't able to help me or my brother or sister with the transitions; she was also terrified that my father would complete his separation from her and abandon the family.

In the midst of this painful and uncertain time for me, I met Mark, who lived down the street and would become my best friend for several years. His parents were kind and obviously loved each other and their children. They also had a wonderful golden retriever, an affectionate and well-trained dog who went everywhere with Mark, and, eventually, with Mark and me. His name was Ollie, and his simple, unconditional love for Mark and me gave me a sense of security and comfort.

In my dream, it is 1971, and I am walking west with Ollie on Nottingham Road, the street where I lived beginning at age 10 and where my mother still lives today. As Ollie and I walk along the street, I see my parents as they looked 50 years ago. Dad is tall and strong and handsome; Mom is slender and young and beautiful. They are smiling and look happy to be together. They are walking with a dog on a leash, and as I approach them I realize that the dog is Magnus. I run up to them and we all hug, the dogs joyously yelping and wagging their tales and running around us in a frenzy of joy and love. I awake from the dream crying, feeling close to the spirit of Magnus and fully conscious of the pain of losing him.

I tell the dream to Jean, my analyst. She is quiet for a while, and then in her calm, quiet voice, she says, "It seems that Magnus came back to show you that your parents once loved each other enough to bring you into this world." This interpretation seemed exactly right. It felt that Magnus's spirit returned to me with a final, loving message and a gift that showed what a returning spirit and our relationships can teach us: the lesson is about love.

In conclusion, I have tried to present ghosts as a complex and ambivalent phenomenon that we as therapists can help our clients experience and understand as together we move through the art of grieving. ▼

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## Psychotherapy Amidst Pandemic
***Voices,*** Winter 2020

*Call for Papers*

***Deadline for submission: August 15, 2020***
Direct questions and submissions to the editor, Carla Bauer, LCSW
*crbauer01@bellsouth.net*

See Submission Guidelines on the AAP website:
**www.aapweb.com**
or in any issue of *Voices*

**Winter 2020**
**Guest Editor:**
Stephanie Ezust, PhD
*drezust@comcast.net*

Coronavirus. Covid-19. Words unheard of just weeks ago are now at the center of our lives, fundamentally changing life as we know it. We are living in unprecedented times, navigating uncharted territory, as our communities, our country, and the globe adapt to a changed world order. There have been epidemics before, pandemics even, but never on this scale, in this age of mobility and technology. Even as world-wide mobility uniquely challenges virus containment, modern technology allows us to stay connected—working even—across distances, in ways that would have been impossible in earlier pandemics.

Therapists who have never before done telehealth (maybe even vowed never!) are now working from home, seeing clients exclusively via video platforms or phone sessions. In addition to direct technology challenges—dropped connections, distorted video or audio—there are other limitations: We can read facial cues, but lose additional body language. We can no longer wonder, "What does that foot want to say?" But there are also positive surprises: Some clients actually open up more in the comfort of home or the perceived safety in distance. We face new boundary considerations: Not only do we get a new view into the homes of our patients, but they potentially get a glimpse of ours as well. Perhaps they learn more about our families as we balance working from home with the demands of having children at home.

For many clients, pandemic heightens anxieties and fears, triggers past trauma, or traumatizes anew. For others, it begets new relationship and life stressors stemming from work adaptations or unemployment, home-schooling, isolation, confinement in unbroken proximity... And we deal with their issues against the backdrop of our own heightened anxieties, fears, triggers, and stressors, **as we live the same trauma.** Therapists and clients alike are creatively exploring new ways of remaining connected in isolation—not just with each other, but across our lives. Zoom is the new Facebook!

For this issue of *Voices*, consider your pandemic experience: What have been your challenges in working from home? In living amidst pandemic? What has surprised you? What anxieties and fears have confronted the person of the therapist and made it harder (or easier) for you to support your patients? What feelings have emerged: What are you grieving? What are you celebrating? What have you learned about or confronted in yourself? Consider what your dreams reveal about how you are processing pandemic. Consider, too, how pandemic experience has impacted your stance in the world and your concerns on other global issues—healthcare, climate change, etc.

*Voices* welcomes submissions in the form of personal essay, research- and case-based inquiry, poetry, art, cartoons and photography. ▼

Call for Papers

# Dimensions of Friendship
## *Voices,* Spring 2021

***Deadline for submission: January 15, 2021***
Direct questions and submissions to the editor, Carla Bauer, LCSW
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See Submission Guidelines on the AAP website:
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**Spring 2021 Guest Editors:**
Penelope Norton, PhD
*penelope.norton@gmail.com*
Jonathan Farber, PhD
*jonathan.farber@gmail.com*

*"Every true love and friendship is the story of unexpected transformation."*

—Elif Shafak, *The Forty Rules of Love*

Psychotherapy, too, is a story of transformation—of both therapist and client. While much has been written about romantic love and attraction both within and outside of the therapy room, less has been written about friendship.

Like romantic love, friendship holds a mystery. Sometimes a chance encounter serendipitously leads to friendship—a felt sense that begins instantly—and other times a friendship is built brick by brick, through multiple encounters over long spans of time. But there is mystery in the fact that, like romantic love or familial love, friendship cannot be willed. Friendships play out across the lifespan or they are tied to particular stages of life; elements of friendship may include: initiation, sustenance, rhythms, unintended consequences, and endings of friendships.

How do our clients' friendships shape the psychotherapy we do with them? How do therapists' friendships shape our work with clients? How does our work as therapists shape or limit our own friendships? In what ways have you been a friend to your clients, and in what ways have you not?

Psychotherapy is often seen as a journey. Friendships have a journey quality, too, and can be an adventure. "As soon as I saw you, I knew an adventure was going to happen," says Winnie the Pooh to his friend Piglet. And, psychotherapy, like friendship, is often reciprocal. How does each see the other? How accurate or inaccurate is the mirror of friendship?

For this issue of *Voices* we seek your voice on friendships, in and out of the consulting room. What brought you together with an important friend? What has kept you together, or what nearly or actually broke you apart? When a client reports having trouble with friendships, what do you feel? And then what do you do? How have your own friendships changed over time or as a result of your profession as a psychotherapist? How have your friendships ended, and what feels finished and what doesn't? What transformational experiences in friendship do you know intimately? We are also interested in friendship dyads who may want to write—together or separately—about the evolution of their friendship.

*Voices* welcomes submissions in the form of personal essay, research- and case-based inquiry, poetry, art, cartoons and photography. ▼

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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 Carla Bauer *(crbauer01@bellsouth.net).* 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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Our vision is to be the premier professional organization where therapeutic excellence and the use of self in psychotherapy flourish.

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