

Journal of the American Academy of Psychotherapists

**VOICE**

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THE ART AND SCIENCE OF PSYCHOTHERAPY

# Reprise: Voices Respoken



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

**Voices: Journal of the American Academy of Psychotherapists**

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Journal of The American Academy of Psychotherapists

# VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

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...Humanity learns true lessons only in cataclysm.

—Daniel H. Wilson



Journal of the American Academy of Psychotherapists

# VOICES

## THE ART AND SCIENCE OF PSYCHOTHERAPY

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## Editorial

### Respoken: Why These Articles?

THIS ISSUE, *Reprise: Voices Respoken*, brings together a collection of articles from the Voices archives, speaking again from their times to ours. Why voices from the archives? Our original theme for the issue had to be deferred with postponement of the companion-themed Institute & Conference due to the pandemic; we will revisit *Borders and Walls: Facing the Other* in 2022. It is a timeless theme, though it will no doubt take a different slant once separated from the strong current associations with borders and walls.

Too late to start over and get people writing on a new theme, even without pandemic distractions, I turned to the archives. Readers may know the paralysis of the blank page — imagine it without even a theme! What to choose? What could we republish that would speak with value anew, with particular relevance for today? My initial vision didn't quite pan out as I perused the archives for upbeat voices of cheer and hope with which to balance the angst of pandemic. Okay... Step back... What DID I find there? What speaks to these unprecedented times? What came into focus is three-fold: a revisiting of the birth and vision of *Voices*, writings on other cataclysmic times, and some grounding voices to hold us in the angst of pandemic times. This issue of *Voices* brings these themes together in three sections.

The first section, **First Voices**, presents several articles from the first issue of *Voices*, in 1965 (Vol. 1, No. 1, *Preludes*). Included are editorials from John Warkentin and Tom Leland, the first editor and associate editor respectively, on the vision and birth of *Voices*. This is followed by a dialogue between Spurgeon English, Jay Haley, and Carl Whitaker, moderated by Warkentin and

Leland, sharing their thoughts on what was lacking in the professional literature, what needed, what niche *Voices* might fill. Lastly, in this section, Carl Whitaker and John Warkentin present a delightful piece about how their free associations enliven and deepen therapy sessions by entering into a new realm of experience with their patients. This set of articles reflects not only the origin and development of *Voices*, but also the parallel journey of the American Academy of Psychotherapists. It both speaks to nostalgia for our rich heritage and sounds a call to re-energize that vision today. Both nostalgia and call are timely, as we mark the milestone of the 200<sup>th</sup> published issue of *Voices* (there were a few times when two issues were combined, addressing big themes, making this strictly speaking number 204). What motivates authors to write for *Voices* today? What holds others back? How are we or aren't we filling our niche in the professional literature today? How does *Voices* continue to reflect the richness that is embodied in AAP in a market dominated by a different landscape than that of our origins? These are the questions on my mind, as editor. I hope these pieces will inspire more readers to share your voices.

The second section, **Voices on Other Cataclysmic Times**, brings a set of articles from a 1977 issue on other periods of social cataclysm (Vol. 13, No. 1, *Social Cataclysm*). While circumstances they addressed were different and what seemed cataclysmic then might seem less so now from our modern day perspective, these offerings on other difficult times nevertheless hold insight for our own, in pandemic and beyond. Written in other times, perspectives on social norms, racial diversity, and such speak from their own era. But despite whatever differences there may be in current perspectives, they voice a framework for thinking about the role and relevance of psychotherapy amidst social cataclysm. This section again begins with the editorials from the archival issue, as Mark Stern and Alice Loomer introduce the theme and set it in historical context, all the way back to Freud. The "random dialog" that follows gives many early members of AAP voice on the question of the relevance or irrelevance of psychotherapy amidst social cataclysm. In subsequent articles, Reuven Bar-Levav and Alex Redmountain explore this question of relevance in their own and historical contexts of social cataclysm. Grace Ganter then delves into racism, social definition, and the role of the White clinician, issues that remain much with us today.

The third section, **Encouraging Voices**, leaves us with some comforting, grounding, and hopeful perspectives for getting through and holding on for better days. Wallace Kennedy (1985, Vol. 20, No. 4, *Recycling Anxiety*) tells a story of survival by persistently doing what one can, however small, to hold on. Sharon Mathis-Hartley (1993, Vol. 29, No. 1, *The Search for Grounding*) describes the grounding work of hearthkeeping in a way that resonates with the myriad closet decluttering and other home projects through which people have survived the social isolation of pandemic times and turned it to good use, grounding ourselves in the controllable mundane amidst the overwhelming surreal. And Michael Wilbur (1999, Vol. 35, No. 1, *A Time of Challenge: Maintaining Faith in Psychotherapy*) speaks of facing challenges, in part through healing connection, and reminds us that sometimes, even the barn burning down has a positive aspect, if we can now see the moon.

These articles are brought to you as originally published. They have not been edited to the current APA stylistic standards of punctuation, capitalization, etc., to which *Voices* adheres today. Other standards have applied over the years, and those standards have themselves undergone transitions over time. Whatever the stylistic differences, these

voices speak to us as profoundly today as to the readers of their day. And as in *Voices* today, they speak of the person and experience of the therapist dealing with the issues of being human.

What I am left with, above all, after perusing the archives and these selections in particular, is the reminder of the rich history of this community and the deep awareness that it was here before me, before many of us, and holds us still — even as we are separated from one another due to pandemic risks.

This collection of articles sets the stage for our Winter 2020 issue, *Psychotherapy Amidst Pandemic*, in which current voices will share their experience with these unprecedented times. Until we can gather again, stay safe and well! ▼

\* \* \*

*Voices* has stayed quite close to this original call for papers from the first issue:

### CALL FOR “PAPERS”...

The editors are soliciting articles regarding psychotherapy for possible publication, such as the following:

1. A classic paper of lasting interest for reprinting.
2. Original cartoons.
3. Maxims, koans, rules of thumb.
4. Brief communications (one page or less).
5. Short segments of interview dialogue.
6. Clinical anecdotes, parables and stories with a point.
7. Favorite books that you recommend to patients, and why.
8. Favorite quotes (from literature and otherwise).
9. Original articles (3-6 pages).
10. Poetry — pertinent to the therapeutic interview.
11. Brief summary of interesting Ph. D. theses.
12. Your nomination for a brief biography of a well known psychotherapist.

# VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

*A Journal published by the American Academy of Psychotherapists*

*First Issue: PRELUDES*



VOLUME I, NUMBER 1  
FALL, 1965



*Fall, 1965*

John Warkentin

EDITOR 1965-1970

## **Dedication To Hungry Therapists**

**A**NY SINCERE THERAPIST SHOULD BE IN CONTINUOUS THERAPY FOR HIMSELF DURING HIS ENTIRE PROFESSIONAL LIFE! This familiar comment expresses the awareness of a personal need for encouragement. So often the therapist feels drained. He wishes to give freely to those who come to him professionally, but what if the giving should turn out to be with an empty hand?

We therapists find nurture for ourselves in the bosom of the family, and in encounters with colleagues. But it is never quite enough. We keep seeking professional and personal sustenance. We try to open our eyes and ears wide to the experience of beauty. We contrive to arrange intense encounters with others. We return to open the books of life and there look for yet more stimulation. This is our predicament, and also the joy of our uncertain adventure.

VOICES is one more book to open. The editors have made an effort to present in this journal a variety of expressions with pictures and words. In the exciting and rewarding experience of putting it all together, we have tried to keep the focus on professional psychotherapy, while at the same time soliciting expressions which would also be of interest to our wives and our children. Through the months of preparation we have felt a warming fellowship with the officers of AAP, with our editorial board, our contributors, and with other professional therapists who also will probably continue to hunger and to search for significant moments. To these we dedicate VOICES! ▼



*Fall, 1965*

Tom W. Leland

ASSOCIATE EDITOR,  
1965-1970

## VOICES: Nine Years Aborning

EVERY CHILD HAS A RIGHT TO THE “FACTS” OF ITS CONCEPTION. AAP’s new baby, named VOICES (nicknamed “Preludes”), is the product of a nine-year pregnancy and this freak of nature, in itself, warrants some explanation.

Premarital courtship began ten years ago when a small group of psychotherapists gathered together in New York to discuss the therapeutic encounter. This charter group of ten or twelve decided to found an organization of psychotherapists — of all persuasions — with emphasis on the dialogue, the exchange, the feeling experience of the therapist and deemphasizing techniques, schools and psychopathology. The next year, 1956, the original group had expanded to 70 or so, Ph. D.’s, M.D.’s, M.A.’s, psychotherapists all. The group adopted the name of the American Academy of Psychotherapists and Carl Rogers was their first President. The idea of “a journal” was conceived at that time and gestation has been in process ever since.

It was clear from the beginning, and reaffirmed each year, that AAP did not want “just another journal”. It was not to make money, yet it would never be a stingy effort. It was not to be limited to only an expression of our own organization — non-member contributors would always be welcomed. It was not to be purely a scientific effort as dozens of other journals boast; but rather, would attempt to emphasize the art of psychotherapy and therapy as an art form. There would be cartoons, poetry, parables all casting a light on the therapist as a person — in his office with patients and colleagues — at his home as a marital partner and parent — on vacation as well as at his desk. The journal should describe and ponder growth experiences that occurred not only on the couch but also behind it. Light should be cast on “therapeutic experiences” that occur outside of the therapist’s office. Sober scientific thoughts and accounts were to be warmly welcomed but not demanded. Graphs would not be ignored but interesting anecdotes about therapy would get equal consideration. It was to be a journal of broad scope that was interesting, entertaining, alive and filled with a lot of dialogue — dialogue between therapists as well as dialogue between patient and therapist. In all, it should be a journal that would

interest our wives, and who knows, even be acceptable for the waiting room. All this was clear years ago. These were the pregnancy fantasies even before the frog test was reported as “positive”.

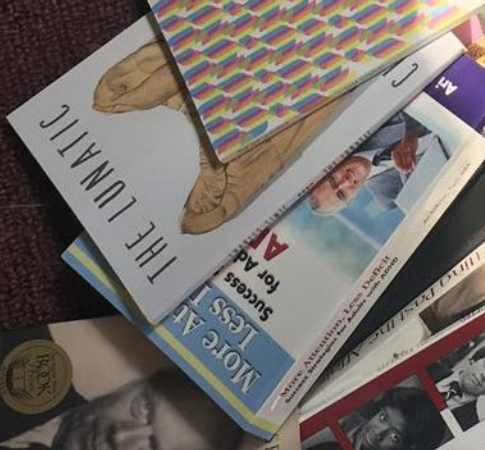
Jules Barron (current President of AAP) began immediate publication of NEWS-LETTER. He also published the Annual Meeting “MONOGRAPHS,” as year after year “The Journal” was postponed while the parents, the marriage, grew and strengthened. In 1959 fetal heart tones were heard and John Warkentin (then President of AAP) was tapped as Editor (or Obstetrician, if you will) of “The Journal”. Annual auscultation by an anxious Executive Council has occurred since then. For the past six years one of the important detail questions has been “The Name” for “The Journal”. We have never agreed on this, and at times we were perhaps more concerned about the title than the innards. The quest for an “ideal” name still goes on. At times we were ambivalent about Ad’s, at first wanting none then later realizing we could produce a prettier, perhaps healthier, young’un with some outside financial assistance. We have always clearly agreed on one thing: We wanted a diverse Editorial Board, and enough organizational participation so that the inevitable product of this slow motion pregnancy would never become any one person’s baby, not even ‘the baby’ of AAP. Membership dues were raised four years ago to \$25.00 per year, specifically with “The Journal” in mind. We have all waited for the agonizing movement through the birth canal.

In April 1963 the Publications Committee, after consultations, decided on a name for the bastard (or “love baby” if you prefer) and an assistant obstetrician was picked. The name, VOICES, sounded so “kooky” to some of the consultants that the labor stopped, then started again one year ago.

The delivery has been a bit gory — a mid forceps job — and often the obstetricians and their colleagues on the Publications and Editorial Boards were disheartened. We sent out several calls for help, and although we got many sympathetic and helpful responses, we at first received pitifully few publishable articles, scientific or otherwise. There is, after all, a population explosion (100,000 psychiatric and related articles published annually) and many mouths to feed — the world is understandably not overjoyed at “another one”. It became quite clear that most writers were waiting to see what the first issue looked like before contributing — we resigned ourselves to the fact that “Preludes” would be one big call for papers. At times we felt panic as we contemplated the huge amounts of edible words VOICES would demand — some of these “good” articles undoubtedly causing colic. During the final hours of the delivery just as we were about to diagnose “inertia”, some excellent obstetrical help, in the form of exciting papers by Jay Haley, Bob Murphy, Helen Rogers, to name just a few, arrived and the fetal heart tones were strong as the printer announced our time was up. Then, the head crowned — and VOICES was here.

Despite several episodes of heavy spotting the fetus had survived and now, as 10,000 birth announcements attest, we have a baby — a very hungry baby.

Here’s the clincher. There’s going to be another one! And another, and another, a new baby every three months. When the first two obstetricians wear out or botch up, others will replace them. AAP is sturdy stock and, since we’ve found out how to make babies, we’re going to keep on going. Next delivery is scheduled for December. That second baby is to be nicknamed *Hate and Aggression* and it’s already hungry. . . . ▼



*Fall, 1965*

PARTICIPANTS: SPURGEON ENGLISH, M.D., PHILADELPHIA, PENNSYLVANIA  
JAY HALEY, PALO ALTO, CALIFORNIA  
CARL A. WHITAKER, M.D., MADISON, WISCONSIN  
MODERATORS-EDITORS: JOHN WARKENTIN AND TOM LELAND, ATLANTA, GEORGIA

## The Present Status Of Psychotherapeutic Literature, and What May Be Needed

Conference Phone Panel on May 17, 1965

**Operator:** Mr. Haley?

**Jay:** All set.

**Operator:** Dr. English?

**Spurg:** Hello, Mr. Haley. Good to talk to you.

**Jay:** It is pleasant to talk with you.

**John:** Hi, you all. This is John Warkentin.

**Tom:** This is Tom Leland.

**Carl:** And this is Carl Whitaker from the Deep South.

**Spurg:** Hi, you all. That Southern talk sounds friendly!

**John:** Let me say "hello" here very briefly. Tom Leland and I are expecting to ask short questions and we are hoping for real long answers from the three of you on the Panel. We are thinking about the literature in our field of psychotherapy in several different ways: The literature that psychotherapists read and what they want to read, what they look for, the kind of literature they want to write and what they are not getting in the current literature that is on the market.

**Carl:** I would think it would be wisest if we could talk about what we would recommend for young therapists, people who are in their residency or just past it, and I am wondering whether we agree on this.

**Spurg:** Well, I would say that we have a great superfluidity of theoretical articles and too little effort to discuss what I might call the critical moments in psychotherapy. I don't know whether the critical moment can be described adequately so that the reader

can get in touch with it, but it certainly might be tried because long theoretical articles I have found do not seem to inspire or help men in training.

**Carl:** Did you read that book, *Critical Incidents in Psychotherapy*, Spurg?

**Spurg:** No. Sorry I missed it, Carl.

**Carl:** It was on the nose of what you are talking about. The idea was there.

**Spurg:** Yes, someone recently has said that psychotherapy as such is rarely done. Most of the time is spent in getting ready to do psychotherapy. I wonder what Mr. Haley would say to that.

**Jay:** I'd agree.

**Spurg:** What is the getting ready process, and when does the psychotherapy get done? How shall we characterize the moments of decision, the moments of change, or the decision to make change come about. I have seen this moment of decision occur in a particular interview and I have wondered what led up to it, and found it hard to define. Sometimes the patient tells us he is getting it at that moment but most of them tell us a day later, a week later, a year later, or 20 years later.

**Jay:** Are we in agreement now that we are focusing on what Dr. Whitaker suggested about teaching the young?

**Spurg:** Yes, indeed.

**Jay:** This is agreeable to you, Dr. Warkentin?

**John:** I am right with it.

**Tom:** I think we should take a section out of the pie and that sounds like a good one to me.

**Spurg:** I think we have to imagine to a high degree what the young therapist needs. I still have contact with a lot of residents, men who I am supervising for some kind of psychotherapy; psychoanalysis or just psychotherapeutic endeavor drawing for data, interactional rapport and techniques from various sources. If I asked them what they really wanted in terms of literature or something to help them, I am not sure they would be able to state what it was. I think we should try to imagine it for them to some degree. Maybe I am doing them an injustice to say this, but I think we have got to think back on what we needed when we were their age and what we will need now and in the future as a matter of fact.

**John:** Spurg, why don't you just suggest to them that which you like best in your own readings?

**Tom:** What do you read in literature?

**Spurg:** Well, first of all I like an article that is done in dialogue; one that has the comments of the patient and the responses of the therapist; or the questions of the therapist and the responses of the patient. When I read it I may not be correct in my assumptions of what each is communicating but at least I have their words and whatever words may convey of their rapport and intentions.

**Jay:** I would agree with that. I think about 90% of psychotherapy literature is on how peculiar patients are and there should be more on what actually happens between the therapist and the patient.

**Spurg:** I think verbatim transcripts are very helpful.

**Carl:** I sure agree with that.

**Tom:** Do we all agree that there is a lot of focus on bizarre psychopathology, uniqueness, etc.

**Jay:** Usually, the reader is left unaware of what the therapist did, unless he either made a mistake which he confesses, or reports something brilliant he said. What happened to the interchange is usually put in terms of what is wrong with the patient rather than what happened.

**Carl:** Yes. It is as though the writer doesn't really trust you to interpret what happened, but he has to interpret it for you.

**Jay:** Yes.

**Spurg:** It seems to me that the idiom between the psychotherapist and patient is somewhat like that between the mother and child. When the mother gets a babysitter the babysitter is not likely to understand all those noises and movements the baby makes as well as the mother. I have the same type of difficulty in understanding interview typescripts as the mother has in evaluating what went on in her absence, but I am willing to struggle with this sort of dialogue writing, and if I get approximately close I am still better off than when I read an article by the same therapist who soars in theory and generality.

**Carl:** Do you think the young therapist gets the most from dialogue that is a direct take from psychotherapy; or do you think he gets more from dialogue that is related to people generally rather than to a therapeutic process as such?

**Spurg:** I don't know. Are you coming in on that, Mr. Haley?

**Jay:** I am not sure that residents should read at all.

**Spurg:** That is a healthy comment.

**Jay:** I think it is an apprenticeship system. I don't think a resident is going to learn it by reading.

**John:** You know, I was going to ask that, whether it would be necessary to read the literature at all, if the person has colleagues and goes to national meetings.

**Jay:** Usually he learns it best, I think, by diving in and getting some kind of supervision or by watching somebody on tape or film. A verbatim dialogue is the next best thing to being able to do that.

**Carl:** Spurg, you have done a lot of watching tape and film, do you think you learn much by watching or listening to someone else?

**Spurg:** I think so. I watched John Rosen a long time. I watched you and Tom Malone a few hours daily for two weeks. I have watched Milton Erickson and seen his film. And I have watched others and learned a great deal from each.

**John:** All three of you on the panel have written successful books and I wonder how you *now* feel about the books you have written. Would you write them again, if you had it to do over? What have you written that now in retrospect pleases you most?

**Carl:** Maybe we can answer by cross-checking. Jay Haley's book, which I thought of as a book on the process of psychotherapy, is the first book I have read through twice in 20 years. It's terrific. I thought of it as giving us a whole new third dimension to the psychotherapeutic process.

**Spurg:** I can tell you, John, I wouldn't write in the same manner I am gathering material now and have been for many years. I get ideas almost daily. I write them down, have them typed and put them away. I have a big collection of observation anecdotes, excursions, and I'll be darned if I know what format I am going to use. But it is not going to be the same type theory as any other book I have ever written before. Have you heard of the critic who said, "This book isn't worth the paper it is written on?"

**Carl:** Well, I think the one that means the most to me is one that has a new idea in it, such as our "Suicide As a Two-Person Event". The readers might prefer "The Usefulness of Craziness". I also liked "*Critical Incidents*" because, as Spurg said, it was in dialogue. The editor sent around ten case fragments from other therapists and we wrote comments on them. Several of us wrote comments on the same incident, and I thought that was exciting to do and I think of it as probably the best kind of teaching except for this focus idea like Jay has in his book.

**Spurg:** I got an idea in the last day or two about this, I tried to make an analogy between the psychotherapist and the character types in society that have a traditional impact emotionally and I came up with four things: The great actor, the great actress,

the playwright with a great play, and the great leaders like Churchill. Now these people all practice a long time and get *prepared* and they have to learn their “lines” but during the course of the play, if it is a good play, there are moments when they say *great things* which people remember. I think the psychotherapist is afraid to be dramatic. He prefers to be passive and listen and be a good calm object and the listener to desultory free association that often is monotonous, rather than interest more vivaciously. I am not sure I could do the best psychotherapy that way.

**Tom:** That sounds like a good introduction to Jay. How about you, Jay?

**Jay:** I took most of what I have written on therapy and put it in that book so I like the book best.

**John:** What chapter?

**Jay:** I suppose the one on marriage therapy. It is the one I worked hardest on — on married couples in therapy.

**Spurg:** I must say I like what you say there because I have always done a little marriage therapy in my work since I began practice. It is respectable now, you know. I see few cases without getting the family members in to do something with them together.

**Carl:** Let me change the subject. I wonder about the possibility that non-professional reading is more important to the young therapist than professional reading. I am particularly impressed with anything that has to do with the classic literature, with beauty, whether it is a play, poetry or a novel.

**Jay:** It is possible that therapy is an art form, and that if you should try to teach somebody how to write poetry, you can't really teach him. You can tell him the form a sonnet should be in or what meter is, but what he does with it then has to come from his own experience and his own reading. I would agree that wider reading for a therapist is probably a lot better than technical reading.

**Spurg:** I would say a resident should be required to read Thomas Wolfe rather than Alexander or English.

**Carl:** That is what I am talking about. Whether he should read Joseph Campbell's *Hero of a Thousand Faces*. Or, *Alice in Wonderland*.

**Jay:** I think *Alice in Wonderland* is one of the best. He can only understand psychiatry, if he reads that. I think also a fine and helpful book is *Cards of Identity*.

**Carl:** *The Cat's Cradle*, or *The Little Prince*, or O'Neill's plays.

**John:** I have another question. What do you think of as being the obligations of a writing therapist? To his material, to his audience, to himself? Is there such a thing as

being irresponsible in what a therapist writes?

**Jay:** I think the first obligation is to have entertaining titles like Dr. Whitaker and Dr. English.

**Spurg:** I would say that his obligation is to somehow present the human experience in any way whatever that makes it *real*; makes it *live* and makes it *personal* and just forget about those of his colleagues who he thinks might clobber him because he isn't writing a highly theoretical article in accordance with some formal system in psychotherapy.

**Carl:** Do you think that writers in psychotherapy ought to be encouraged to use poetic license in the sense of spicing up what they write, rather than to present only factual material that we attempt to get into the scientific system?

**Spurg:** I would say so. You know, the other day I saw a book by Artie Shaw called, *I Love You, I Hate You, Drop Dead* and I read the first story. It was really offbeat and really different and it told so much about why a young couple got a divorce and couldn't live together. And when it is read, it will impress you with its truth and the uniqueness of human personality. I am not recommending Artie Shaw, the band leader whom I have never met, but he can write.

**Carl:** I am wondering if that isn't more important than what we have to say. The question is whether we can write or not.

**Jay:** Here is another problem. Therapy is obviously so complex, that it is absolutely impossible to present it in a really objective way. I think it has to be selective and presented to heighten what the therapist thinks is important.

**John:** That brings me to a question. Jay. Is it possible to write with scientific accuracy and at the same time interestingly?

**Jay:** If you focus on the human encounter in therapy and you are honest about it, it will be interesting.

**Tom:** Do you see a move, Jay, toward putting in things like photographs and less and less written word? Therapists live by more than the spoken word, how can we get all the nonverbal communication into print?

**Jay:** I don't know how we will ever get that in. I think it is going to be impossible, it is so rich.

**Carl:** What would you think about the therapist trying to write about his intra-psychic experience rather than about the inter-personal experience?

**Jay:** I am not too impressed by it. Usually it turns into a vast rationalization, although it is important how the patient actually makes the therapist feel. You know, one

of the turning points in this field was when John Rosen published a verbatim interview of what he actually said and what the patient said. All of a sudden it made psychosis come alive to me and seem a different sort of a thing.

**Carl:** As you said, it was the beginning of a whole new field.

**Tom:** Do any of you see us as getting to the place in our lifetime where we can write down symbols for non-verbal movements; for instance, the symbol for the therapist now crossed his legs, the therapist is now smacking his lips, and write that as a sideline to the verbal communications. Where are we from that?

**Jay:** I think a long way from it.

**Tom:** The choreographers do it with ballets, etc.

**Jay:** There is a little bit of the language developing.

**Spurg:** I get a lot of exposure to that here, but I haven't gotten to understand it all yet. I am trying.

**Tom:** Are the EPPI folks, Spurg, doing anything about putting this into words, for example, written symbols for the crossing of the legs, or the leaning forward? — They can do it in ballet.

**Spurg:** They are trying very hard. I don't want to do them an injustice, but right now I would say that when they get through with what they have to say the result will be as complex a language as any psychotherapist is using. But it seems clear that to study an individual we can not do justice to him by studying him singly. He must be observed and studied in an interaction with those with whom he lives and works. I think this work is important.

**Jay:** There is just so much going on in single moments, it gets almost too complex to read.

**Tom:** What we are saying is that nothing takes the place of in-person visits, films second, tapes third and written word last.

**Spurg:** I was trained psychiatrically — at least for psychotherapy — on words, on a verbal interaction, and for me it is impossible to watch the words, intonations and watch what the patient is doing or signalling when he or she moves. I am slowly catching on to it a little, but I wasn't trained on this more complex system, and if we are not brought up on it this way then it is hard to modify the uses of eye and ear so much in a short time.

**Carl:** But isn't it also true that the choreographer is not the dancer? The choreographer is somebody outside. It is probable that ballet isn't going to be written by the person who does it, and I suspect this is true of us, too.

**Jay:** There is a difference in being in a room with a patient and responding to all that movement and being outside the room and trying to describe it.

**Carl:** That is what I mean.

**Jay:** These are two different worlds.

**Carl:** That is right and when I am in the middle of it, I don't expect to be able to understand it.

**Jay:** Just respond to it.

**John:** Let me ask another question, if I may. How do you feel about the quality and worth of what is now being published under the title of psychotherapy?

**Spurg:** I leaf through it and if it has a summary I read it, and if not, I try to read the last four pages to get the sense of what the author is trying to say, and most of the periodicals I just discard because they aren't saying anything that interests me.

**Carl:** That is sure the way I feel.

**Jay:** I agree.

**Carl:** I don't know what would happen if I had lots of time to read, but the books keep accumulating on the desk and when the pile gets about so high I thumb down through them and look at the titles and put most of them away on the shelf.

**John:** What would make you read them? That is really what we want to know, because we are bringing out a new Journal. We are afraid that it might just go to the libraries or maybe the trash cans.

**Spurg:** I think the innovations your circulars have suggested are good. There are some good ideas for making the human experience in psychotherapy more lively. I think the relationship in psychotherapy is very similar to that in the rest of life only perhaps a little more sharply etched, that is all.

**Jay:** I think there is this problem too. I have spent quite a bit of time trying to study psychotherapy. I found out pretty quickly that people don't do what they say they do, or what they are supposed to do. To find out what they actually do is a problem, and I think any literature that emphasizes not what the theory is but what actually happens would be worth reading. How you get at what actually happens is another problem.

**Spurg:** What actually happens is the responsibility of the good journals of the future. The words that are used and how directly and how distinctly and clearly they are said; how direct an impact they make on the patient, is also important. We are now giving many random interpretations which the patient can take or leave, and I believe

we must become more definite on what we say and why we say it; what we do and what we don't do. I am no longer much interested in what we do not — or should not do.

**Carl:** Let me push this thing I was talking about again. Jay, you have watched a lot of people do psychotherapy and so has Spurg. What do you think would be the difference if you wrote up case histories or case incidents that you watched, rather than ones you participated in? I have the feeling that those cases of my own which I try to write up are poorly presented. I might be more able to write up a case that John was treating, as I sat and watched. Do you think this might be an approach to the problem of trying to put psychotherapy on paper?

**Jay:** I think you are with it. I think any of us who try to describe our own therapy are terrifically biased on what we ourselves do and if you are watching someone else you see it more clearly, but with your own bias. Lately I have been taking some family therapists and I ask them to choose an opening session they liked, that was tape recorded. I play that tape to them while asking them why they did everything they did in that session. I hope in this way to get a better idea of what happened.

**Carl:** Sounds wonderful.

**John:** I want to ask another question. What would you want to see in VOICES? What would you like to read?

**Spurg:** I would like to see some write-ups of reasonably short length, from people who have been through psychotherapy and how the whole thing appears to him five years afterward more or less. We could hear from the patient more, since to date we hear too damned much from psychiatrists and their fantasizing and theorizing. It is probably of less value than the same thing from patients.

**John:** An excellent idea. Any others?

**Jay:** I gather from the nature of your Journal, you are not going to publish the scientific as much as the human. What I would hope you emphasize is the off-beat and the unorthodox, we get the orthodox in a vast number of Journals.

**John:** For example?

**Jay:** Well, I kind of like your idea of poetry, and a little Zen. I think side issues about therapy, about the encounter and what happened to somebody, and descriptions of extreme sorts of method.

**Carl:** You mean that I should write about how the schizophrenic improved when I raised hell with her about the \$400 bill?

**Jay:** That is right, that sort of thing. For example, one family therapist came into the opening therapy session and the psychotic daughter was sitting on her father's lap.

The therapist began treatment by saying, “Well, vice is nice, but incest is best.” That was his opening. Now I don’t think he would publish this, but it is the sort of thing that should be published, somewhere.

**John:** Before we stop, I want to ask one last question. “What is your ultimate ambition for yourself in your career? How do you want to be judged by posterity?”

**(Pause)**

**Spurg:** I hear a silence here, so I will comment. I have been gathering much material and I would like to be able to put this material in some shape around the theme of psychotherapy, but it could be a series of experiences with people who wanted to rid themselves of distress and achieve some way of thinking and living that is more anxiety-free and meaningful. It could be a lay term which would indicate the depth and the dynamics of the human reaction. It might be quite a hodge-podge, but I would hope to goodness it would make people think of what they have been missing in the living experience.

**John:** Wonderful.

**Carl:** Go ahead, Jay.

**Jay:** I think I would like to put a small wedge into a description of human relations, particularly in regard to change, whether it is individual or group or revolutionary or social change, *to find a way to look at it so that it becomes predictable.*

**John:** Not just in psychotherapy, but in terms of human interaction.

**Jay:** Right. Any change.

**Spurg:** We use intuitive measurements now. If we described our method it would help the research experts. They tend to belittle the free-wheeling, open-endedness of the clinician, but the clinician isn’t so open-ended. He casts the play and banks on a certain predictable ending. And he has to be right nine times out of ten or he will be out of business. It is predictable, if we put together what we say now, it is predictable.

**Carl:** I carry a constant fantasy of trying to see if I can establish some way of helping the individual sense his own worth, his self-esteem. I feel that the difference between what the world thinks of the individual and what he sees in himself is something that ought to be communicable, and I keep struggling for ways to get at it.

**Spurg:** That is a good aim, Carl, and I certainly admire it. I have felt it is a hard one however, yet an important one to achieve until it is interacted deeply and dynamically.

**Carl:** Well, I guess that is my fantasy, that some day I will be able to communicate self-esteem.

**Spurg:** Jay, you wrote a great book. Everybody is reading it with great zest and great discussion.

**Jay:** I am glad to hear it.

**Spurg:** I don't know how you came to do it, but probably if you could describe for VOICES how you came to write that particular kind of book, it might warm John's heart, if you just promised him to do something like that.

**John:** That really would. It would warm more hearts than just mine.

**Carl:** Just the story of the number of years it took you before you arrived at the idea of writing it.

**John:** And the same goes for your books, Spurg. I would be very interested in how you came to do each one.

**Spurg:** I will be glad to tell you if you wish to ask me. *I think that a greater authentic honesty on the part of everyone in the field who has done what he has done will help others. It will encourage them and they will open up more when we start to speak in terms of experience and the wisdom gained, and I think the older people ought to start it.*

**Carl:** You know what I want to see you write, Spurg?

**Spurg:** What?

**Carl:** *The relationship of your individual psychotherapy to your professional growth.*

**Spurg:** I would, too.

**Carl:** I would certainly like to know it, because I think it is something that needs to be said, and I don't know whether I have enough guts to do it or not.

**John:** That would tie right in with the writing you have done.

**Spurg:** Must be getting toward the end of our time, if this is an hour affair. Surely would like to see you all. Wish you were here in my library and could talk these things over for the next couple of hours.

**Jay:** That would have been the best way to do this.

**Tom:** The idea of where Spurg is sounds interesting. Where are you, Jay? In what room of your home or office are you?

**Jay:** I am in my office enjoying the California sunshine and a pleasant breeze blowing in my window.

**Spurg:** The sun has gone down here in Philadelphia, but it was mighty nice to watch as it went down.

**Carl:** Yes, ours is going down, too. We are up here in the office with our speaker phone. I can picture Spurg. That is a wonderful office. I will never forget it.

**John:** Thank you all three for a very profitable panel discussion. We will be sending you the transcript for your corrections. Good night!



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I have a theory that theories are destructive.

—Carl Whitaker

IN THE PLAY, "THE DYBBUK", BY SINGER, THERE IS AN EXCHANGE AS FOLLOWS:

Rabbi says to a rich man: "Look out the window and tell me what you see."  
 Rich Man: "I see people and things".  
 Rabbi: "Now look in this glass and tell me what you see" (indicating a mirror).  
 Rich Man: "I see myself."  
 Rabbi: "Isn't it strange what a little bit of silver does to your vision?"

"Alice in Wonderland" went one step further, she stepped through the looking glass into a world of unreality which was yet excruciatingly real to her.

These three types of experience, the window, the reflection from a mirror, and the "stepping through experience" all occur in the psychotherapist's office. This article pertains primarily to the third type of experience, in which life is presented or experienced as intellectually insoluble. Both the patient and the therapist share experiences which are not possible to comprehend logically. Ordinarily, the therapist is expected to remain stable and "in reality", so as to give the patient much leeway to experience his "unknown self". However, after the patient has become secure in the therapeutic relationship, the therapist may on occasion share some of his own free-association thus to relate at least briefly on a primary process basis. Let us illustrate:

Patient: "You seem uneasy."  
 Therapist: "My arm itches. I think it has something to do with you."  
 Patient: "How could that be?"  
 Therapist: (Silent).

Another exchange went as follows: In a case of Multiple Therapy under long-term treatment by the authors:

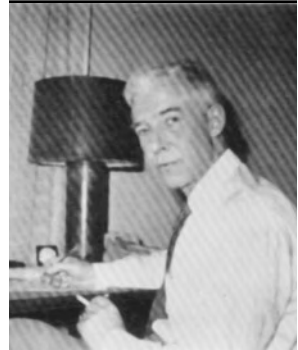
Patient: "You know, after years of coming here I still don't know what to do with two of you."  
 CW: "You do know that we are your parents."  
 Patient: Yea, but which one of you is my mother?"  
 JW: "Just take your pick." (In explanation to the reader, the authors have found that sometimes one and sometimes the other of us carries the function of being tender and nurturing in relationship to the patient.)

*Fall, 1965*

Carl A. Whitaker, MD



John Warkentin, PhD, MD



The illustrations demonstrate a kind of insoluble challenge to the patient which in the Zen literature has been called a “Koan”. The purpose of the Zen Masters was apparently to break the back of the intellect and turn the attention of the student toward his inner self. This is also our purpose as therapists when we use koans.

The genesis of a koan experience with a patient is likely to be the reception of subliminal cues from the patient. The therapist above, whose arm itched, did not consciously understand how this sensation arose. He did know that the experience was affect-laden, and it seemed disturbing affectively to the patient. Both patient and therapist had a vague uncertain sense that the exchange was significant, even though it was out of context with the rest of the interview. To the therapist it seemed somewhat like a *déjà vu* experience, with some disturbance because of its unreality. The therapist had not pre-planned the whole experience, and was as much surprised as the patient with his own spontaneity.

With new patients who are still unsure of the therapist we are likely to neglect our own free-associations, or even to suppress them deliberately. We call on our clinical judgment to assess the proper timing, so that our process koan can support the therapeutic movement rather than just frighten the patient into immobility or even the breaking of the relationship.

We think of koans as “speaking out of the therapist”, as if he permitted these free-associations to emerge in a moment of personal instability. It is as if he steps “through the looking glass”. Sometimes the therapist’s process koans lead to a joint fantasy with the patient, where both persons can “spin a fairy tale” together for some minutes. More often we simply give our free-association to the patient, and the koan stands as only a bare statement.

Sometimes in an interview at a later time, the patient will refer back to one of the therapist’s koans. The therapist may then elect to explore the experience more or less analytically; the authors are usually likely to make this an occasion for further enigmatic comment, to test the patient and help him to crystallize the koans as his own “ordeal”.

The non-rational quality of the process koan may be the fulcrum with which the experienced intuitive therapist inserts a lever in the patient’s systematic life style and pries or tumbles him into spontaneous living. We are not denying the importance of the other aspects of the relationship but are indicating that the therapist’s itch can be a significant contribution to his patient’s growing edge. ▼



WOW MR. SONES, THAT WAS QUITE A DREAM."

*Voices on Other Cataclysmic Times*



SOCIAL CATAclySM AND THE RELEVANCE  
AND/OR  
IRRELEVANCE OF PSYCHOTHERAPY



*Spring, 1977*

E. Mark Stern



EDITOR, 1977

## Beyond All Obstacles

LIVE AND PRACTICE IN A NEIGHBORHOOD BORDERING ON URBAN DEVASTATION. From where I sit behind my analytic couch I can look into our garden and at the same time hear the not too occasional street screams which might variously signal a purse snatcher's victim, a family feud, or kids at play. The screams cunningly blend in with my patient's intimate anguish. The unrestrained vibrancy of our neighborhood stands in stark contrast to the more fashionable (and sometimes more sterile) areas of New York City.

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FREUD LIVED AND PRACTICED NEAR THE *TANDEL-MARKT*, VIENNA'S RUDE JUNK-MARKET. Berggasse 19 was built a little over 100 years ago, and was one of those undistinguished apartment houses with a facade of carved lions and heroic busts. Still the neighborhood had a solid middle class character which blended in well with the unpretentious quality of its distinguished citizen. This neighborhood and this building had for all intentions been the birthplace of psychoanalysis. A calm enough street. If you continued walking on Berggasse (literally Mountain Street), you would come to the *Votivkirche*, a young Gothic cathedral sharing its lovely square with the University of Vienna and close by to the Psychoanalytic Institute of Vienna.

The Freud family occupied an entire floor of the building, with the residence facing the street and Sigmund's offices looking over the back yard. There had always been a stillness where history was being made, hardly a scream

except for the silent ripples of anti-Semitism which haunted even the most distinguished Jewish citizens of the Austrian capital. No wonder that the triumphant entry of the Nazi forces in March 1938 turned into an *Anschluss*. So impressed was Hitler by the dynamic greeting he received that he decided then and there to annex Austria to the greater German state. Hardly had a few days passed when the entry door of Berggasse 19 displayed a Nazi flag. A compatible swastika drooped itself from the roof. What had once been a harbinger of a great history of human civilization had now become a manifestation of the decadence which would give rise to many a scorching dream. Throughout greater Vienna, talk of torture and harassment became more than mere gossip.

Two days after the invasion, the Board of the Vienna Psychoanalytic Society met and made plans for an exodus. It was agreed that all efforts to get Freud to leave should be supported and that the cause of psychoanalysis should take root in Freud's land of exile. Behind the scenes plans had already been made for the expatriation by the then United States Ambassador to Moscow, the Honorable William C. Bullitt. Bullitt had once been a patient of Freud's and had written a psychohistory of a period of Woodrow Wilson's life. Bullitt had arranged for the appointment of an overseer of Freud at the American embassy. This action, together with the behind the scenes efforts of Princess Marie Bonaparte, Ernest Jones, and Dorothy Burlingham set the stage for Freud's leavetaking. At first, the 82 year old Master expressed his reluctance to go. But his wish to live and die in a free land and to appropriately finish the third part of *Moses and Monotheism* finally won out. On June 4, 1938, Freud, accompanied by much of his family and his devoted housekeeper, boarded the train which would take them to France. This would be the first leg of their journey culminating in England where Freud died at 3 a.m. September 23, 1939. (See front cover, showing Freud, his wife and Jones arriving in London.)

\* \* \*

My thoughts keep returning to Freud's last days in Berggasse 19. Aside from making final arrangements, he continued to write his *Moses* and to see the few patients who were still able to come. I think of those days, and of those nameless patients. Who were they? What could they possibly have said in their analytic sessions? Were they aware of the dangers to their lives? After all, the Gestapo stood constant watch over the comings and goings of the Freud apartment. Were these people still hoping that the heroic father would set things right? Or was it enough to touch base with their own sufficiencies even at what must have seemed like the crumbling of Western civilization? One can only guess that the process of becoming more *aware* would not be quelled even in those darkest of days.

I think of my own patients, living in a free but decaying city — surrounded by poverty, crime, and shifting cultural mores. Some of the news is good. Life is, after all, by definition *good*. But the outer signs of urban ruination continue. The screams persist, the shabby housing persists, skid rows abound and the ill-nourished display their ashen faces everywhere. My patients keep coming, hungry too for a more profound appreciation of themselves despite all. And it is so right. For beyond the exodus which is humanity's means of deploying its remnants throughout all periods of social cataclysm, there are those whose inner horizons remain their hope for a better world. It is to these patients that I dedicate my efforts in editing this present issue of VOICES. ▼

*Spring, 1977*

Alice Loomer



ASSOCIATE EDITOR, 1977

## **And Whatsoever Cataclysm Shall Reign, Psychotherapy Goes On Forever**

**A**S A PERENNIAL PROPHET OF DOOM, I AM EMBARRASSED TO NOTE THAT THIS HAS BEEN ONE OF THE LEAST CATAclySMIC YEARS THE WORLD HAS EVER SEEN. Indeed, after a quick fantasy run through history in the role of psychotherapist, I am eager to return to the ease and tranquility of my own time — and my own office.

In our pleasant breathing space in history, few Americans are killing one another or anybody else. (Even the world has been on phenomenally good behavior.) We haven't had a massacre worthy of the name in years, no really impressive genocide, not even a good lynching. When women engage in sex, they are no longer forced to play Russian roulette with death, disgrace, or even the burden of child care. Our generation gaps are tame compared to those following the great immigrations or even to that of the 20's. This economic recession would look like heavenly prosperity to anybody but us.

Think of being a psychotherapist in the year of the Black Death, or any year of the religious persecutions and political turmoil of the Tudors. And 1776 was awful: with women, children, and old people fleeing across America to escape genocide; towns and villages terrorized as armies fought through and around them; and new groups of displaced persons arriving in unspeakable condition with every ship from Africa. (Picture yourself as a plantation psychotherapist assigned to help these new arrivals with *their* feelings of alienation and depersonalization and to fit smoothly into their new environment without loss to their owners.)

True, we have our stresses. We now believe on scientific grounds, as large numbers have always believed on

religious grounds, that the end of the world is at hand. The sandwich boards REPENT YE, THE DAY OF ATONEMENT DRAWS NIGH have merely been transferred to the shoulders of ecologists and nuclear scientists, but seem to be even less socially cataclysmic than when they spelled out a different kind of damnation.

Since psychotherapy deals largely with unreal dangers and imaginary social cataclysms, how patients will be affected by real threats and rapid transformations in their society is often unpredictable — and often less relevant than I, as a therapist, wish it were. World War II England found that particular cataclysm to be good for neurotics, inconsequential to schizophrenics, and rough on normals (who would, however, remember it not only as a period of singular physical hardship, social disruption, and family dislocation; but also as a time of singular aliveness and meaningfulness. As an old woman in London was reported to have said, “The good thing about the bombings is, they take your mind off the war.”)

I suspect, therefore, that our current social catalyses may be more unsettling to us as therapists than they are to our patients. At least, I seem to pick up more of it in communications among therapists than I do in communications from patients. For example, in the week of the Cuban missile crisis, when New Yorkers were assuming, with customary vanity, that they would be the first to go, I asked each patient in turn about their fears. The answers were remarkably idiosyncratic. (One girl grieved only that there would be no chance to die heroically, preferably while thousands cheered, and she resolved, if spared, to set out on a life of high adventure and not risk getting caught short again.) Some patients were reluctant to die because life had become so fulfilling; some because life had been so unfulfilling. Since no two of us agreed in our distress (or relief), psychotherapy could revert to normal — sorting out our individual nonsenses.

Within very wide limits, humanity seems to have an automatic volume control that keeps its level of misery constant no matter what is happening in reality. For example, sentimentalists exalt the day when families were close, the old cared for in their children’s homes, food was natural, and children actually learned the 3 R’s. Well, I was there. And I remember, with love in my heart, the freedom from violence, the kindnesses, the pleasures, even the advantages of a two room school and the loveliness of a Christmas card village.

Yet, in that Eden, the old still suffered, and people went mad with anxiety. So, I picture psychotherapy as neither more nor less relevant than it would have been fifty or a thousand years ago or will be a thousand years from now — if the world should happen to survive.

So as therapists we do, I imagine, pretty much what we would have been doing at any other time or place. The content and the idiom may be strikingly different but the core, I suspect, would remain: Fighting for perspective — trying not to join stampedes of mysticism, mechanism, and current idolatries; seeking the fortitude to endure life’s uncertainty without magical answers no matter how frightened one may be; pushing patients to look straight at themselves and their outer realities; opening up more of the rooms of their lives; helping them to accept our ordinariness and our universal incompetence, while facing the mystery and loneliness of our uniqueness, and to glory in its adventure.

But each era’s cataclysms have their own psychotherapeutic needs. What is new about ours? To me, that despite the fact that we occupy a comparatively bland spot in history, we seem more worked up and more sorry for ourselves than those whose societ-

ies have been much more chaotic. Television, that Chicken Little of our era, announces, in living color, that the sky is falling. We are steeped nightly in all the agonies of the world. We are told and we tell ourselves how difficult life is for the young, the old, the middle-aged, the married, the single, the separated — all perfectly true but where, when, and for whom has life ever been anything else?

Because, for the moment, the most horrible stresses are over, we can afford to be awash in self examination. We can frustrate ourselves endlessly with dreams of impossible degrees of self-fulfillment and improbable degrees of togetherness. In fact, I suspect, we therapists are as often seduced into these aspirations as our patients are. (I have calculated that self-fulfillment for me would involve at least three hundred years and fifteen totally different careers and ways of life.)

Parents and educators can afford the luxury of imagining that children will have no need to be tough and resilient. It has become possible to grow up without that vital fact of life: that it is going to be tough but so are we.

But let's test these speculations against the reality of my appointment calendar. Aside from one patient who is stoned too often and three who would probably be better off under the whip of a harsher reality, I think my patients' problems are essentially as they might have been in any era. Only one older man is upset by social ills — the ills of forty years ago! And only their therapist seems to be much concerned by our cataclysmic realities, but she suffers from an hereditary predisposition. ▼

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### **A Zen View on Social Cataclysm and the Relevance or Irrelevance of Psychotherapy**

...In summary then, it might be said that psychotherapy is not relevant and not not relevant. It just is.

—Alan Gettis, *Voices*, 1977



*Spring, 1977*

## **Social Cataclysm and the Relevance and/or Irrelevance of Psychotherapy**

WHAT FOLLOWS IS A “RANDOM DIALOG” AMONG MEMBERS OF THE *VOICES* EDITORIAL FAMILY. The “dialog” was assembled as a result of an invitation to those on the masthead to resonate with the theme of the issue. We welcome comments and letters in response to anything and everything in this section.

### **Oy Vey, Culture Shock, and Mystification**

Dear Mark,

Speaking of social cataclysm! ... I got your letter an hour before leaving for Mexico on Friday and didn't get a chance to open it until today. . . . Arrived in Mexico City to discover our 3 bags didn't make it. To make matters worse, in the incredible mayhem and crush at Mexico City Airport, I left my passport in the airport bank where I changed money. Texas International told us to spend \$40 apiece on clothing and articles we'd need while they traced bags, so we went out shopping in Christmas rush of pushing, shoving, screaming crowds, burning up in wool clothing on a Saturday afternoon, having trouble finding clerks who could speak English, and struggling with Mexican sizes. Rage rising, screaming inside. I just wanted to go home. Felt crazy. Then airline representative called from Mexico City to say bags had been found at different airlines and were being rushed to Merida as soon as possible. Finally got the bags and opened them to find my passport — carefully placed on top of clothing in one of the bags.

Then today we went to see ancient Mayan ruins at Chicken-Itza, and it was there at that eerie place of a vanished, mysterious civilization that I opened and read your request for reactions to the theme of social cataclysm! How perverse you can be!

Offhand, I can identify four kinds of social cataclysm:

1) The “Oy Vey” reaction — where socially sanctioned behaviors do not meet with socially expectable responses, like with my baggage. About all a psychotherapist could do for me there would be to let me ventilate my rage, though if he/she were especially industrious, might be able to convince me that my reaction was unwarranted and sell me the couch. If I bought it, of course, I would thereby prove I needed it.

2) “Culture shock” — where socially approved behaviors in one culture get one nothing or worse in another, like when I went shopping. About all a psychotherapist could do for me there would be to help me ventilate my rage and frustration to the point where I would then be willing to accept referral for education about customs of the natives.

Irving Bailin



3) Cataclysm and Catastrophes — like might have happened had my plane crashed and survived. I don't know what a psychotherapist could do for me there. I suppose I'd have needed a surgeon more. Perhaps, on second thought, I could have used a psychotherapist's services to help me into boarding another plane.

4) Mystification — this, I think, is the most important kind. The one Dan Berrigan refers to in his work and in his address at the American Academy of Psychotherapists Conference. This is the case where socially sanctioned beliefs lead to behaviors that destroy the culture. Like what probably happened to the Maya. Like what damned near happened to us with the Domino Theory of Dulles based on notions of America's God-given-right-to-rule culminating in the Vietnam disaster and its consequent degeneration of American society, still ongoing.

It's hard to figure out what a psychotherapist can do. Especially when most of them are high priests of the very mystifications that are corrupting the society in its internal relationships. (Very few psychiatrists and somewhat more psychologists — though less than a majority — would be identified as radicals — and who knows from social workers or ministers?)

These questions of values almost make me want to become a shoemaker.

But there *are* some rather vague guidelines I use as a psychologist-psychotherapist to deal with the mystifications I encounter and with those I am liable to represent. For example, if I — as I have — encounter a bigot, I'll respect his right to his beliefs. *My* belief is that bigotry is a defense he'll no longer need if our work bears fruit. And so far I've been on target. *His* value system will undergo erosion as he comes into contact with more and more people — a result I have come to expect based on experience. I am inclined to believe that it is not the erosion of *old* value systems that produces social cataclysm, but rather the insulation against accepting *new* ideas and ways-of-doing-and-feeling that is the culprit.

I think the point we have to keep in mind about the contemporary scene is that it is nothing more than a speeded-up version of what has gone before. America has always lived in a climate of social cataclysm. In fact, Western Civilization's values were born in a time of social cataclysm — the Renaissance.

Students studying psychology — like my patients — *all* want to know from me “which theory is true?” Few are willing to accept my reply: “Beliefs are nothing more than ways of dealing with missing information. Theories are nothing more than ways of discarding or inventing missing information. They are excellent tools, each in their own way, for probing imagination and staying sane in a crazy world.” But I refuse to either base or limit my actions according to them!

I remain an optimist in this increasingly complexly changing, seemingly pessimistic world. My aim is to expand, not shrink. I see myself as the high priest of an emergent mystification of growth, risk, change. Freud, Jung, Transactional Analysis, Gestalt, etc., are merely different emergences of that mystification, each with its own value system, subject to erosion, growth, and change. For the future of psychotherapy in this emergent world, I prefer not to see so that I might better keep my eyes open. Rather, I prefer, “to wander through this life, relying on my soul, keeping my eye upon the doughnut and not upon the hole.”

## Only our Perspectives Vary

Herbert S. Roth



Of course we live in a time of social cataclysm — and thus it has been since creation. Only shifting perspectives — of time, of distance, of immediate involvement — define events as exciting emergence or as explosion, as change rather than chaos, as evolution rather than revolution. The cataclysmic events of society may well be macrocosmic parallels to the explosions so vividly confronted in psychotherapy — joyous laughter, tears of anguish, sneezes, orgasms, the burps and farts of life being lived.

Perls defined personality as the interface between changing self and conservative society, and society itself is the always fluid edge between now and history . . . only our perspectives vary. Sometimes, after a heavy day at the office, I like to relax with science fiction — it seems so refreshingly real. So much for my own perspective!

My office, my practice, my home, my life are cluttered with past mementos, present playthings, future projects. Therapy may evoke an old folk song (a guitar is always close at hand) or rehearsal on video tape. And I feel great when I'm in on the process of changing an "oh, woe!" to an "oh, wow!" Cataclysm might be holocaust, and it might be opportunity, and I'm not yet godlike enough to know the difference in advance. I try, for myself and for the folks I work with, to steer some sort of course between the dangerous should have's and ought to's, and cope and hope for the best with what is.

## We're Making Nations into Families and Families into Individuals

Carl A. Whitaker



I think social cataclysm is and always has been pertinent and always present either in micro- or macro-form. The fact that we are now an extended family world makes the macro-form more standard. I think we are moving as in all change in a dialectical fashion. There is an increasing tendency to make nations into families and an increasing counter tendency to make families into individuals. I assume each of these will develop its own backlash and I assume psychotherapy is relevant to the capacity of individuals, families, communities, to handle the stress that's produced by both the change and the counter-change and eventually, of course, the resolution before the next change. I see less and less pertinence to the individual's psychotherapy except for those exceptional persons who are into massive creative efforts, and think of that as being a graduate process following family therapy. I see the present mode toward individuation as the pathological swing from the abnormality of the previous disappearance into ticky-tacky homes, the enslavement in the nuclear family. And assume that this kind of tension between individuation and belonging will zig back and

forth as time goes on.

I think it's clear that the individuation implies less willingness to accept any value system, unless you want to call the biological system of the individual a value system in itself. The value systems of proximity and identification have an understructure in experience which certainly makes them recurrent and powerful. I see no way of living without a value system; it's just a question of altering it from one type to another.

Ernest Kramer



## Cataclysm and Anesthesia

I set aside for awhile the invitation to write something about social cataclysm for this issue of VOICES. I was not sure that there was any kind of cataclysm going on (though I knew I could write that, too, if that was how I felt). Today my wife gave me a late Hanukah gift, a documentary recording of events around the emergence of the State of Israel. I listened to the voices of Chaim Weizmann, of David Ben-Gurion, of Count Bernadotte and Ralph Bunch, and of the Arab leaders of 1948. I remembered the hope, and the fear and the terror. It was, by the way, the year of my bar mitzvah. A few days ago I read in the newspaper about three more UN resolutions

against Israel. I chanced across the article; it was not on the front page. I remembered the hopes I once had for the United Nations. What changes have taken place! What an enormous shift between the years when supporting the UN was a plea for world justice and the recent invitation of the United Nations to let self-proclaimed murderers and hijackers add their voice to its debates! I think we are in a time of cataclysm, and I had almost not noticed. In my Jewishness and my humanness, I stumbled across this evidence of it. More signs of cataclysm may still be hidden from me.

I read somewhere that mosquitoes inject an anesthetic into the skin as they pierce through flesh and draw the blood of their victim. I wonder if this is some of the quality of the social cataclysm of today, that it carries with it a numbing anesthesia. Smile and the whole world smiles with you; cry, and you cry alone. Smile as the tissue is rent and the blood drawn. Perhaps this is part of my function as psychotherapist, to counteract the anesthetic. I do not believe that there is any intrinsic value in pain. But sometimes its alarm signal must be heeded. I am not yet ready to admit that each of us is powerless against the cataclysms of personal life and social life. Then, to do something we must be aware. I shall try to counteract the numbing anesthetic that dulls my clients to the signal function of pain. Let us, when need be, be awake and alert to danger.

## Definitely Yes

Americans today definitely live in a climate of social cataclysm. The very roots of our traditional institutions are seriously threatened, i.e., the family, religion, belief in government, marriage, child-bearing, and many others. Psychotherapists can diminish people's *angst* about many of these issues first, by being highly knowledgeable about sociological and cultural changes in our society; and second, by being *open* to various new developments in these areas and, most importantly, by challenging their own investment in traditionalism and the status quo.

Wilfred Quaytman



## The Fact of Incidental Psychotherapy

Daily social cataclysm spills in through the doors of the pediatric emergency service where I work as a pre-medical volunteer. It comes in the shape of people abused and neglected; children sick or hurt; parents distraught, wounded, churning with their guilt, fury, and love around the child; illegal immigrants with no money for medical care who must choose between ignoring their children's real physical needs for survival or face deportation back to "*there*."

Social cataclysm drips off the stacks of records on families of individuals who return again and again unable to be well (though not exactly ill) and unwilling to die (although not exactly alive). It flows from the lips of good physicians struggling within the system — X-raying and hospitalizing babies and children out of fear that no adult will watch a child's condition with knowledge or sensitivity throughout one night of a fever.

It rages around the beds of the poor — constantly demonstrating their sicknesses, their shame to the eager clinicians while the next-door rooms house the sleeping ones who have the right-colored skin and accent.

Psychotherapy happens piecemeal: some might say it never happens. But the extra few minutes to recognize someone's tiredness from long hours of waiting, to directly confront a parent who is neglectful — without drama and without attacking his or her love for the child, to deal with people who have messages rather than patients who have symptoms — all this is psychotherapy — psychotherapy that reaches out with real human contact *not* simply to help people feel their own dignity and individual recognition (which all institutionalized societies oppress) but, most clinically important, to introduce them to some *sense* in their situations, some connectedness between them and what happens to them — and the possibility of change, perhaps even growth.

Psychotherapy is desperately significant — appropriate — relevant — and needed. As social disarray and human inter- and intra-fragmentation increases, psychotherapy should and must increase geometrically as a counter-actant.

Virginia Fraser Stern





## Expecting Psychotherapy to Have an Influence on the Cataclysm is Like Trying to Move a Mountain with a Pitchfork

I have no doubt but that we are living in a time of social cataclysm, and that this has major implications for the lives of myself and my patients. What strikes me is how essentially irrelevant psychotherapy is vis-a-vis our time of social cataclysm. Modern psychotherapy has been around these United States roughly forty years or more, yet to what extent has it had any assuaging or mitigating effects on the major social cataclysms of those years (e.g., the Korean and Vietnamese Wars, the struggle for civil

rights, Watergate, a rising divorce rate, a dramatic increase in violent crime)? Hardly any. To acknowledge our very real limits in this area is not to admit general incompetence or impotence, for it seems quite evident that we are in many individual instances quite effective in reducing neurotic misery. The causes of social cataclysm are so enormous, so endemic to the very fabric of Western society and its socializing (frequently destructive) institutions, that expecting psychotherapy to have an influence on the cataclysmic force would be comparable to trying to move a mountain with a pitchfork. I would have thought that this State of affairs was obvious to most of us, but at the 1976 Boston meetings I gained the impression that there are many who do not share my view.

There is something in our very ideology, I think, that makes it difficult for the therapist to work strenuously and actively toward social change, i.e., the kind of social change that might conceivably have an impact, either on the cataclysm itself, or on the “fallout” resulting from it (here again we are dealing with a mountain, but organized efforts toward social change seem comparable to the effects of a bulldozer moving against the mountain, and clearly we do better with a bulldozer than a pitchfork). That something in our ideology is our commitment to the ubiquitous role of intrapsychic forces in personal adaptation. How often a patient’s masochism renders him ripe for misfortune, and how often a strong sense of autonomy and of self helps him to master his real frustrations and disappointments and to make the most of his opportunities. So while I am willing to acknowledge the enormous contribution of environmental factors in the creation, and exacerbation, of psychopathology, my *necessary* absorption in the role of ego and of self in the creation of personal destiny steers me away from active political involvement. Besides, if we put our vanity and our grandiose fantasies aside, it is not clear that most of us know that much about the sociology of social and political change: it is not our main area of expertise.

Is admitting the very limited role we now play in the larger society tantamount to inflicting a narcissistic injury on ourselves? I hope not. (Actually, there is probably one distinct way in which modern psychotherapy *has* played a role in unleashing cataclysmic forces in our society, and this occurred at the time of its early development. In founding psychoanalysis, Freud and his followers doubtless created some of the forces responsible for our current cataclysm, forces that involve a revolution in our sexual consciousness and in our demand for a greater degree of personal satisfaction in daily living.) If we analogize for a moment, and see social cataclysm as a war, then we, as therapists, are the

physicians and nurses of that war. Hopefully we care, and we do our best in ministering to its casualties. But our opinion as to how to end the war, despite the fact that we are at the front lines, is probably no better than that of the people, the politicians, and the academicians back home.

## **It is the Time of Crisis that Offers the Greatest Opportunity**

Alexander Jasnow



Change is a condition of life whether for an individual or for a society. When does social change become cataclysmic? I can give either a high minded or a simple minded response. I prefer the simple minded. Social change becomes cataclysmic when it threatens my interests and my way of life. I am not certain as yet whether what I am experiencing is social cataclysm. I am sure that I am experiencing the impact of massive, pervasive and, above all, increasingly rapid social change — a rate of change that appears to increase geometrically year by year.

On the deepest level, I define psychotherapy as the striving towards survival through self awareness. Within this context I see it as imperative to become aware of the rapid, ongoing social and cultural change as an increasingly intrusive factor in every aspect of our daily lives. As psychotherapists we have the responsibility and the need to systematically re-evaluate our roles and our professional identity within this shifting and changing social matrix. In this struggle to maintain our centering and our own sense of identity, we are inevitably compelled to make explicit and re-evaluate our value system. My own awareness is that nothing remains static and nothing can be taken for granted — neither our interests nor our way of life. Yet we know that, in therapy, it is the time of crisis that offers the greatest opportunity and incentive for meaningful change and growth.

## **Social Cataclysm? It has already begun**

Tom W. Leland



It is mid-February in Hawaii as I write these words. I am on a “job action sick leave.” My employment and our future survival in Hawaii is very much on the line now. Thirty-six of us state employed psychiatrists are demanding from the Health Department better pay and more job security — we are threatened in turn with possible job loss if the illegal “sick out” continues.

Six months ago I was autonomous. A psychotherapist at the Atlanta Psychiatric Clinic for 18 years. I was saying goodbye to private practice and lifelong friends. I was deliberately choosing dependency on bureaucracy. My wife, Jean, and I left Atlanta to risk financial uncertainty and culture shock to find a new life in Hawaii.

From our lanai I can see the Pacific: palms and huge waves slowly pulsate in the

bright sun and all around are multicolored flowers and multicolored people. Outside of me, Hawaii is an incredibly calm and beautiful Shangri La but inside there is a maelstrom — an anxiety sucking security. I am trying to rationally weigh the consequences of my cataclysm. I no longer have the illusion of autonomy or the certainty of old friendships — I have bosses. Worse, I am one myself and I am sometimes seen as either a “dumb” or “damned haole.” Culture shock? Hell, I am drowning in it. Exciting? For sure.

Tomorrow (or the next day) I will probably return to the baffling array of quality assurance-peer review and problem-oriented-records-system meetings and face angry co-workers and patients who have been greatly inconvenienced by my possibly impotent job action protest. Or, I may get fired or, equally terrifying, I might accept a promotion. Like an air hungry hyperventilator I am desperate for a sameness/security that I abhor.

The future? Oh it will remain quite certain. Where there is dualism there is always cataclysm. And psychotherapists will be relentlessly engulfed by the bureaucrazies — we can be civil or uncivil servants. When I left private practice to become salaried and serve an indigent ecosystem I was determined to vacate my ego-tripping office and become part of the global village as well as experience an exotic new culture and language. Well, I made it. But, surprise-surprise, there is a serpent in this garden of Eden too. Here I am again, now in tropical armour, quixotically battling that same old terrifying monster and discovering 5,000 miles later that my serpent is still structure/sanity and reason projected as a demon by my prideful ego playing peekaboo again. But I am learning to hang loose and the manna of our Islands is healing. At least I choose my battleground (and awesomely beautiful it is). Security was smothering me. I am glad I voted YES with my life.

Walter E. O’Connell



### Encouragenic — not Passively Aloof

1. Sure, we live in a period of social cataclysm. The world is being forced to develop a sense of social interest. Gemeinschaftsgefühl, or connectedness in order to survive with a sense of actualization. We must develop movements or techniques to precipitate the growth of self-esteem and belonging (or connectedness). This knowledge hopefully will become part of the education process where persons can learn how to become active agents rather than passive victims of biological, social, and/or psychological assumptions. We will learn worth and connectedness through didactic-experiential meth-

ods — or not exist as persons.

2. Old values are not eroding. The authentic movements of the Judeo-Christian, humanistic and democratic premises have not been tried and found wanting. “Love thyself, love thy neighbor, and find a loving God” has been lost under the materialistic (count, weigh, and measure) hidden value system.

3. The classical neurotic, it seems, was a fall-out of the autocratic system. Today we have the character disorder of the passive-permissive (but still loveless) times. Therapists

now must be more encouragenic (open, self-disclosing) than the passive aloof therapist of yesteryear.

**The Sky is falling, the sky is falling. Chicken Little  
We live in the best of all possible worlds.**

Dr. Pangloss (Candide)

The day the Korean War broke out, my father dropped dead. I was 13 and his favorite. He was 42 and healthy. I'm now 41 and wondering. He worked to build a future. From this I reinterpret Eliot's "the end is where we start from." I can't take seriously social upheavals when I have my own angel to wrestle with. While deaths and tragedies have stung me with the immediacy and urgency of my finite earthly existence, I tend to lead my life as though I'll live to be 300. But I wasn't always ambivalent.

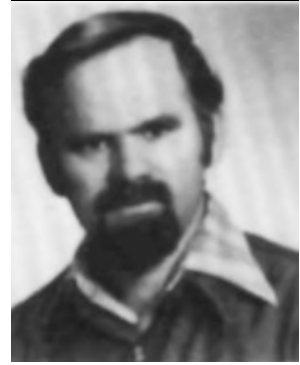
My adolescence was lived under the mushrooming menace of A-bombs, the humiliation and panic of poverty, Civil Defense alerts, fear of fluoridation of water by the Illuminati, and the rallying sounds of "Better Dead Than Red." The billboards stated that "The family that prays together, stays together." I was a Boy Scout and an altar boy. Life was unambivalent for me as a Catholic, Canadian and orphan. I was terrorized into an ethos of success through hard work, respectability and education. The Great Depression was our reference point and survival was all. Cosmic, social or political upheavals had no interest for me. Evil was contained below the 38th parallel, the Civil Defense signs rusted, and the fluorides got into my toothpaste. When I graduated from engineering school, I went to a psychological tester to tell me what I should be.

My twenties were spent as a celibate, a student of philosophy and theology, and a committed change-agent disciple of Saul Alinsky. It was the period of my consolidation and Americanization. My thinking was radicalized while my instincts were frozen. Fortunately, my body collapsed and therapy began.

The frustrations of my working thirties convinced me of the universal drive for comfort, not change; security, not progress; clarity, not process.

Now I nurture my ambivalences: sometimes as a ruse for obsessing, sometimes with the typical liberal's laissez-faire stance. One part of me heeds the reveille for radicals and becomes angry with injustice, inequality or any dehumanizing force. But like a cop who has seen too much misery, my denial mechanisms lead me to adopt a fatalistic Hegelian lingo. I appeal to Toynbee's cyclical view of history. I view upheavals the way a farmer views his undulating wheat fields, with their seasonal inevitability. My own sense of history leads me to view our age the way Dickens viewed the French Revolution: "It was the best of times, it was the worst of times." The tidal crests of war and peace, famine and prosperity provide a seasonal rhythm to global life and death. Yet I remain sensitive to the signs of the times. Oscar Kokoschka, in referring to the introduction of Expressionism with Edvard Munch, provides a reminder that "As a rule, turning points in history are overlooked by contemporaries." My own tension is, how much urgency do I attach

Jerome Travers



to any of this?

The word “cataclysm” has an ominous sound. I associate it with “catastrophe” (widespread disaster). It evokes the image of an apocalyptical prelude to the Escaton. With the terror inherent in any upheaval and destruction, our first defense is denial. Part of my ambivalence is a mask for the painful upheavals of my teens. But a deeper part of me is attuned to the geologist’s definition of “cataclysm”: “the repeated destruction of all life followed by new creation.”

My religious sense shifts from the Social Gospel to interest in this Age of Technicity in which “Man is oblivious to his essential at-homeness with Being and finds self so uprooted and homeless in the world of objects, despite his technological achievements.” (Heidegger) I am interested in roots, and being at-home in the world.

I have decided to invest myself in personal and interpersonal *engagement* rather than in the arena of the social or body politic. Like Siddhartha, I try to listen to the voice of the river. While being affected by upheavals, I step back from them in order to be an interpreter and meaning-maker of these cataclysms which we call social history. Still I feel the tension that I ought to be more involved. The geological definition comes closer to my role of therapist, as celebrant of the numerous Deaths and Rebirths which number every life and which provide the paradigm for human experience. As a wounded healer, I bear Witness to this destruction and new creation.

Lawrence Tirnauer



### Therapy with Far Consequences

My work doesn’t sound cataclysmic. Take my last clients: A woman with anxiety about being close and affectionate with people. These feelings stir up in her old hurts and fears. We explore this theme in terms of her relationship to me, and to other men and women.... Exploration with a woman of how she talks herself out of her needs, her anger, and other feelings by trying to be “understanding.” We looked at how behind this are many of her fears.... A woman struggling to be more self-assertive. Looked at how her family training has been to be compliant, and how being assertive then stirs up many fears of not being “feminine,” “good,” etc.... A man fearful of saying “prejudiced” things to people, of appearing “overly hateful” etc. and how this fear generally increases his tension with people.... Discussion with a woman of ways she can ask for what she wants without being extremely hysterical, having temper tantrums, etc....

uduced” things to people, of appearing “overly hateful” etc. and how this fear generally increases his tension with people.... Discussion with a woman of ways she can ask for what she wants without being extremely hysterical, having temper tantrums, etc....

All of these issues are of course related to current social changes of a shift of traditional values for men and women. But I don’t end up spending much time with people discussing social changes as such. Essentially in my work I try to do two things: to deepen a person’s sense of self, and help find ways of dealing with struggles that may work. I like moving between the interpersonal struggle to the internal struggle, and I try to treat myself respectfully in the process. I have also helped good things to happen for this country by helping some of my socially and politically prominent clients to treat their feelings and themselves respectfully.

## The Poor Patients

Social Cataclysm and the Relevance or Irrelevance of Psychotherapy means to me that I now carry about 5 patients on low cost fees or credit as opposed to my usual maximum of 2. This infers that psychotherapy is still meaningful in upheaval — mine included.

Gladys Natchez



## Quiet Cataclysms

What do I know of cataclysm? The words brings to mind a horror of social or natural upheaval, leaving enormous devastation and tragedy in its wake. Or a large scale crisis where life and death are in the balance. I'm a stranger to this kind of catastrophe. I've been in no wars, no concentration camps, no federally proclaimed disaster areas. I haven't the slightest idea if I, as a psychotherapist, would have anything unique to offer. If I were on a hijacked plane, terrorized by desperate men, would I really have any skills that would enable me to deal effectively with the hijackers or helpfully with my fellow passengers just because I've been trained as a therapist? And would I be able to stop trembling and wetting my pants long enough to use what I knew?

Sure, I have Dreams of Glory that would match those of Steig or Walter Mitty, so I could see myself "establishing rapport" with the crazed hijacker, showing him that his revolutionary violence was really an inappropriate reaction to: (a) a father who humiliated him in the Oedipal conflict, (b) mother's intrauterine rejection, (c) profound not okay feelings and/or impotence, (d) all of the above. But I'm not unmindful that I'd more than likely get my head blown off. And I can fantasize turning the passengers into an encounter group in which we cathart, have peak experiences, become grounded, centered, "get it" and become a second chance family that stands solidly and unflinchingly together in the face of death. But why do I also see them looking at me as if they'd rather toss me out of the plane than the hijackers?

So I'm not sure what good I'd be to anyone in the event of an insurrection, or if a volcano should erupt in Times Square, or if King Kong should really stand astride the World Trade Center (do I look up Fenichel under "gorilla?" Or Perls under "top ape or under ape?") Frankly, none of my training or my years of sitting in a cushy consultation room has so prepared me.

But I guess I do struggle, in myself and with my patients, with the quiet cataclysms of everyday life, and many of these are certainly influenced by the recent technical and social upheavals that have erased so many guidelines and buried so many landmarks. There are men despairing of their worth in an economy that undermined their ability to

Howard Halpern



provide, or their vision of a future of abundance, or the sense of what they do as important. There are other men who, seeing alternative ways of living that their fathers never dreamed of, don't want to work, or at least not very much (and particularly if they see their work as having no meaning beyond providing income), but who want to play and relax and create; obligations that their fathers accepted as in the natural order of things they experience as soul destroying. There are men who are hurt and puzzled and angry that their women want lives that are not centered around them or the family, as they had expected. There are women who want something "more" but are not sure what, feel untrained and unprepared to reach for it and resent the trap. There are women who are sexually unhappy and are not sure whether it's their hangup or their man's failure to be attentive enough to their needs but who now let their disappointment be known. This often increases man's conflict between his desire to please her and his fear of not being able to, which in turn intensifies his inner struggle between his desires for intimacy and his wish to be free of her. Marriages are breaking at an unprecedented rate, often leaving bereavement, hurt children and financial disaster as the debris. Everywhere, and to a much greater extent than when I started doing psychotherapy two and a half decades ago, there is a growing clash between commitment to others and the right to self-fulfillment. Everywhere, there is confusion about where legitimate self actualization ends and narcissistic selfishness begins.

And in this continuing crisis, what we as therapists can be useful, because we can try to help each person to discover what he believes, what he needs, in order to feel more complete and integrated, and what are the ramifications and what is the price of pursuing that change (for as I write in *Cutting Loose*, "change is really an *exchange*"). And once the choices are made we can help him stay on his chosen course, live with the pain of the losses (of either security, approval, love, or degrees of freedom) and to maintain the feeling of his own and other people's worth. It's difficult, particularly when we as therapists are wrestling with the same issues, but never has such assistance been needed more by so many people as in the current crisis of normlessness, of anomie, that must accompany rapid evolution. What gives us the right to offer such assistance? Only that, in our calling, we put these issues at the center rather than at the periphery of our lives, our studies, our time and our quest.

## Irrelevant Psychotherapy

Being a prophet of doom is not much of a way to make a living. My vision has always been strongly tuned to the negative. People don't like hearing the negative, feeling the negative. Who can blame them? However, the conspiracy to maintain denial of the social revolution we are experiencing is more dangerous, ultimately more frightening than the reality of change.

The old values are changing. Our collective institutions (political, legal, educational, medical, religious, etc.) and the media that inform us are resisting that change. The result is violence — not the overt kind of the

Donald D. Lathrop



60's — marches, riots, demonstrations — but more insidious kinds which result in gradual erosion of our health, freedom and physical safety.

Most of the people I see in psychotherapy do not want to risk change. They choose to stay with the old values, their own old neurotic patterns rather than face the terrible anxiety of being totally open and totally vulnerable to whatever is going to come. As a merchant, I wish all of the shoppers in my psychotherapy store would choose the most expensive, most risky model — nakedness. Most do not. They settle for a bit of repair of the old, a reassurance that they are O.K.

I'd envy them, but I don't want to die in the gas chambers of sulfur dioxide and carbon monoxide, with walls papered with worthless dollar bills. I chose to live in terrible uncertainty (and its companion Delicious Excitement) rather than believe the gross national product, the consumers price index, or the dead bolt lock on my door.

## Personal Growth and Social Influence

I am both concerned and excited by the social changes which I observe and experience. I am concerned about the dehumanizing forces and the social/ political happenings which threaten my safety and the safety of those I love. I am excited at the rearrangement of traditional roles and system in ways which reflect an increasing respect for personhood and the actualization of that personhood. I am most centered when I view and experience the happenings as challenges — challenges to my awareness, my openness to experiencing, my daring to express my feelings, my ability to take effective action. I lose that centeredness when I view the changes through a template of passivity, seeing the happenings as always curses or blessings upon me.

My power to influence social change resides in my person and the effect of my person on others through intimate contacting.

In terms of my person, I can choose toward these experiences which hold likelihood for my growth in the direction of greater wholeness. The important thing, as Don Juan told Carlos (Castaneda) is to pick some path, any path as long as it has heart, and stick with it. As long as the path has heart for me, I grow by following it. As I pursue my path of growth, I contribute in some measure to the level of positive energy in the world. By raising my personal consciousness I help to raise the societal consciousness.

I influence most powerfully through intimate contacting. I have little or no power at a distance. As I allow myself fuller awareness and more focused excitement in the presence of another, I serve as a powerful model in contacting, as well as a more knowing observer and guide to that person in learning to make need-satisfying, validating contact. I can facilitate another's movement only into those regions where I have been. So, I serve as model and as facilitator. The potential is within and needs only to be adequately supported in its expression.

My path of growth incorporates personal therapy, Aikido, Hatha Yoga, T'ai Chi

Edward Smith



Ch'uan, and running (with a Zen attitude). My view of the world draws heavily from Gestalt therapy, especially the Zen and Existential under-pinnings. My way of doing therapy is primarily Gestalt and Psychomotor. I live this path in the context of a wife and two children.

Of these paths of growth, Aikido is newest to me. Since Aikido I have come to a new perspective: If I am attacked, my attacker is disrupting the harmony of the universe with his aggression. If I remain passive and allow myself to be injured, I both sustain harm (which I do not want) and allow my attacker to become an injurer, a person out of harmony. Out of my respect for my own being and my respect for his being, I can stop the aggression. In Aikido it is just to use only enough assertion to stop the attack, and not to inflict unnecessary injury. I am living the principle now. I have become more assertive and less aggressive, and act more often from a position of harmony rather than from a position of fear.

All I can really do is work on my own consciousness and be open to sharing it.

Daniel L. Araoz



### **We Can also become Victims of Professional Cataclysm**

Cataclysm means chaos, confusion, destruction. We as psychotherapists are inevitably affected by a society which is in the midst of a cataclysm of values. We too can become victims of professional cataclysm, emphasizing the wrong values, such as formal academic training at the expense of self-actualization or pseudo-self-actualization at the expense of formal training. It's easy to hide behind my professionalism in order to avoid my humanism. It's easy to play the role of a therapist and to avoid being in touch with myself, with my humanity.

If therapy is to be relevant in this time of social cataclysm, I have to make it relevant. I cannot play the role of a therapist but I must be a therapist involving my being, my soul, my self. Every time I see a patient, I realize that her/his experience of self-actualization depends on my genuineness and truthfulness. The realization is scaring, but yet being human is also being in touch with my fears, insecurities and doubts. And by not hiding behind my know-it-all professionalism I am able to provide a genuine experience to the victims of our social cataclysm.

## Modifications in a Changing World

Jack D. Krasner

The concept of the present scene being one of a “social cataclysm” is rather ambiguous. We have always lived in a changing world in which value systems have continued to be modified. The recent inclusion of 18 year olds as voting citizens is an example of change. The institution of this change may appear radical but the process has been evolving over a great number of years. One might say the same about the present issue of “women’s equality.” Here again, we have an evolutionary process which has continued over a long period of time, but the issue seems to be more monumental because of efforts to legalize or to legislate specific “rights.”



A variety of ideas have been developed into new psychotherapeutic techniques and schools of psychotherapeutic philosophy. A review of historical development would reveal that efforts to create the “new” has been around for an awfully long time. Some people seek to enhance the effectiveness of psychotherapeutic processes in an effort to aid others. There are also some who create “movements” as a means of personal vested interest. The melodramatic, the magical, the Utopian way has always held an attraction. I suppose they will also continue to attract people. As this type of movement dies out, another will appear.

Perhaps the greatest tragedy that Freud committed was to die. During his lifetime, he continued to explore and modify his concepts in accordance with new experiences in changing social values. His basic theoretical concepts continue to have value although the application requires some modification. These modifications must be done by those of us who remain active rather than pointing a finger of condemnation that Freud and other pioneers in our profession were “all wet” because they are not in a position to supplement their original findings.

## The Critical Dimension is System Thinking

Vincent Foley

In this age of technology, man’s alienation influences the way we think, feel, and behave. It is all pervasive. The implications for my therapy are that one must operate out of a system concept. John Donne’s statement at the beginning of the 17th century, “No man is an island,” is more true today than when it was written. The critical dimension in therapy, regardless of one’s orientation, is that of system thinking. This is most brilliantly articulated by Edgar Levenson in the *Fallacy of Understanding* when he says that a Freudian today is closer to a Rogerian than he would be to a Freudian of 50 years ago because both are caught in a system which is structured in a different way than previously.



Once upon a time a child might argue with a parent about the limits placed upon him but he would not argue about the parent’s right to set limits. This is no longer true.

That structure, to cite just one example, is now different. Problems today are not just restricted ones but basically are problems of living and meaning. With the decline of religious values and traditional ways of thinking an individual is forced to take more responsibility for decision making. He can no longer rely on an outside agency to make such decisions. The consequence of this is that new areas of anxiety, existential anxiety, have arisen. The emphasis then must be on the values by which one lives as well as symptomatic ones. Therapy is therapy of values if it is to be meaningful.

Rollo May has written extensively of character disorder as the major problem of our time. This shift from classical neurosis is best explained by the shift to technology, which by its nature isolates people. May points out that the major presenting problem is either a character disorder or any obsessive-compulsive disorder. In either case the difficulty is the inability to *feel*. As one whose major amount of time is spent in seeing families and couples I can vouch for the truth of this. It is not too much feeling but too little that is a major problem in marital and family systems. This changes my approach to the extent that one of the goals of my family therapy is to increase the possibility of producing more feelings among the various family members. Living is feeling and not just thinking or doing. Feeling can be most meaningful when it is experienced in the family. The emphasis on the “I” in our culture is not a development of the ego as much as it is an expression of the effects of alienation due to technology. The therapist fights this constantly.

Dugald S. Arbuckle



### **Acceptance of our movement toward mutual human destruction — or crazy enough not to see it?**

I would think that we are naive, egotistic and historically ignorant if we assume that somehow we live in an age of social cataclysm, unless, of course, we accept the reality that every age is a period of social cataclysm. The events of yesterday were no less cataclysmic. The happenings of yesterday influence the happenings of today, and they are part of the build-up toward what would appear to be our mutual destruction. For example:

1. The fantastic advance of our amoral science, which shows little concern for the well being of humans, is more of a threat to our freedom than it is a deliverance from our slavery. We become more and more entrapped by computers which supposedly serve us, and the potential for human destruction becomes greater. General Amin with a spear would make me frightened enough, but imagine him with an H-bomb!

2. We simply refuse to accept the fact that our resources are limited, and no government is taking significant steps to prepare for the day — not too far ahead — when such a simple item as oil no longer exists. We continue to play our little games, pretending that somehow we will find secret sources of power that will solve all our energy problems — even though those most expert in the field tell us that this is simply not so.

3. While the population increase of those countries where the largest number of

people go hungry has slowed, it still continues to expand. Millions of people may die of starvation, but other less hungry millions insist that we can feed any number of people, if only the wealth of the world was more equally distributed.

4. We live in an age of high expectations, where “rights” take precedence over “responsibilities.” The stress is on what you owe me, rather than on what I can do for you. It is the new hedonism, in which “doing my thing” (to the tune of either Frank Sinatra or Fritz Perls) is the way to greater growth — with minimal attention paid to what “doing my thing” does to others. Our exaggerated level of expectations is also reflected in our distorted sense of needs. Our economic survival is dependent on the production of items which have no place in our survival as vibrant human beings. Television advertising is ghastly evidence of this fact.

All of this, of course, reflects a change in our values — and the therapist brings these values to the client as much as the client brings them to the therapist. If we as therapists are acceptant of our movement toward mutual human destruction, or if we are crazy enough not to see it, then our therapy can do little more than assist in hiding the reality that confronts us. Maybe we are like a body deodorant — the sweat and the odor are still being produced, but we can’t see the sweat or smell the smell!

### **“De-awfulizing” Seeming Cataclysm**

Cataclysm, Webster tell me, means violent upheaval; but in our own society, profound changes in values seem to be taking place rather by a slow evolutionary process than a quick overthrow. The sexual revolution, for example, has been no violent upheaval except for the shocked minority who have been out of touch with the gradual change in attitudes about such things as abortion and unmarried persons living together.

In the thirties a cataclysm was defused by the New Deal and World War II. In the sixties, the movement against racism and war demonstrated perhaps the potential of a social cataclysm, but fizzled out.

Sometimes the individual patient may, in his or her sudden encounter with an eroding value, feel he/she has met sudden disaster (“My spouse no longer believes in sexual fidelity”). The kind of therapy needed in such an instance is often the de-awfulizing of rational-emotive psychotherapy (“you just think it is cataclysmic that your spouse wants to philander; in reality it is inconvenient and contrary to your preference”).

More seriously than this I cannot relate to the cataclysm topic. I suggest I may feel resistive when the editor thrusts a command performance on such a dramatic subject cataclysmically upon me. But I don’t think it is awful to be assigned such a task — simply inconvenient and contrary to my preference. ▼

Robert A. Harper





*I'd like to make an appointment.*

*Spring, 1977*

Reuven Bar-Levav



## **Swastikas On Chopped Liver:** On The Relevance of Psychotherapy in Social Cataclysms

**U**P ON THE EIGHTH FLOOR OF THE MARBLE-RICH, ELEGANT AND SOMEWHAT ORNATE TOWER WHERE MY OFFICES ARE I SIT HOUR AFTER HOUR IN MY CAPACITY AS PSYCHOTHERAPIST.

Just a brief elevator ride below me, in the high-ceilinged and mosaic-laden lobby of this architectural masterpiece of the 1920's, a policeman was shot a few weeks ago as he tried to apprehend two young thugs who were encountered in the middle of a holdup attempt. As I work with my patients, the quiet of my spacious office is frequently pierced by shrieking whistles and the sounds of police cars and ambulance sirens. Is the world crazy, or am I, laboring as I do to save single lives as the very ground beneath me seems to be shaking violently?

My city is burning, not only figuratively but also literally. Every night more abandoned or semi-abandoned buildings or stores are set afire by young vandals, out to find another temporary escape from their depression, masquerading as boredom. Most whites have escaped to the suburbs in the last twenty years, and Detroit, not so long ago the "arsenal of democracy," tortured and twisted, is teetering on the edge of destruction. Still the seat of rich and powerful corporations, General Motors, Chrysler and Borroughs, still a city of universities and colleges, churches and museums, past and present, but, does it have a future? Do great cities also become ghost towns?

Many stupid if well meaning acts have come together to produce trouble. Previously down-trodden blacks with large chips on their shoulders and an understandable history of distrust of all authority, which always was white, did not suddenly change simply because authority now rests in black hands; decent or guilty whites have unrealistically disregarded challenges to law and order, as if that could make up for past wrongs; material help to the poor was often treated as if it were a bribe: the givers were kicked and the gifts abused. Apathy, fatalism, bitterness and reliance on others have become

WORKING WITH PATIENTS, TEACHING AND WRITING KEEP ME BUSIER NOW THAN EVER, AND MY CHESS GAME IS DETERIORATING. But when the sun shines I really see it, and I am fully aware of the flowers in the room and enjoy them, almost as if they were still growing. I would rather take in their rich colors in the wide open fields, but, for the reasons I write about in this article, I do not feel deprived. I derive much pleasure from hearing honest reactions to my writing, and hope to receive comments in connection with this article.

common; self-responsibility and self-initiative — the exception. Many of the poor, black and white, have come to believe that “society” literally owes them a living, even if they remain sullen and passive. Frustration and fury, often expressed in violent outbursts and in passive-aggressive stubbornness, are the recognizable features of my city’s face.

As whites have left and its tax-base has shrunk, the problems of the city multiplied. Its deteriorating core, like a pernicious cancer, expanded steadily and rapidly. Mean streets, crumbling buildings and crime-ridden neighborhoods have become so common in “Murder City, U.S.A.” they are hardly newsworthy any more. Roving gangs of young toughs, with names like Black Killers, Errol Flynn, Sheraton Strips and Bishops have virtually taken over the streets of the scrubby east side. Citizens cower behind barricaded doors of their own homes, listening to shots and shouts that punctuate the night air. The city, neither Beirut nor Belfast, is Detroit, Michigan, my home by choice and a place whose agonies are every bit as real, and whose conflicts equally impossible to eradicate as those of Lebanon and Northern Ireland.

Gang members have blazed a trail of terror. They accosted one youth on the street, told him to run and then shot him in the buttocks for no reason. They boarded buses and relieved all passengers of their valuables. They branched out on the Edsel Ford and Lodge Freeways, descending on stalled cars like army ants to rob, beat and rape terrified motorists. They devised a game called ‘Russian,’ in which one punk would knock on the door of a home while his confederates hid in the bushes; when the door opened the whole mob would swarm in, smashing furniture, beating the occupants and stealing. In late June, while partygoers at the Pontchartrain Hotel watched a fireworks display for the Fourth of July, twenty hoodlums swarmed in, snatched purses and overturned tables.

The crowning horror occurred at a Cobo Hall rock concert in downtown Detroit in mid-August, 1976. Some 125 black youths, apparently acting in unison, beat and robbed scores of patrons and gang-raped one woman. For a full hour, undermanned police outside the hall refused to intervene, on the incredible grounds that Cobo Hall had promised to provide its own security. When they finally did bestir themselves, they arrested 47 hoodlums. (*Time*. September 6, 1976, p. 16)

All were released by the next morning.

I both work and live within the city limits. A black friend in the Michigan Legislature once asked openly why I stay, a question I have asked myself many times before and one that I still ask from time to time even now.

Sitting in a darkened room in my home one evening recently, listening to music, I suddenly realized with horror that I was wondering what I would do if a gang of thugs smashed through the many French doors of the home, for I literally live in a glass house. Ought I have to have a gun for self-protection? I very much like my office and my home and prefer not to join my “liberal” friends who preach racial co-existence while moving to the suburbs, but is it realistic to remain here?

Sitting here in fear, I decide to address myself to these questions and write this article. Is this a social cataclysm I am in the midst of and, if so, does it make any sense to continue practicing serious psychotherapy in its midst? Is it relevant or insane not to jump ship? What is reality and what is self-delusion?

Sitting here, in my darkened and peaceful room, listening to Beethoven and realizing how vulnerable I really am and how easy it would be for a determined gang to break in, my horror assumes physiologic dimensions which I experience in my abdomen. Fear is no longer a concept, but a rumbling in my middle. The imaginary sounds of crushing

glass accompanied by blood-thirsty, animal-like cries have a special, personal meaning for me. I was too young to have understood the meaning of the waking nightmare known as the “Kristall Nacht” when the Nazis and their riff-raff exploded in pent-up hate and broke thousands of display windows of Jewish-owned businesses in Germany. It could have served as a signal, an early warning of the greater horrors to follow, but its significance was not appreciated by many. Am I deluding myself in believing that the circumstances and the times are different, and that it is safer here and now? What *is* the face of reality?

Man is a wonderfully complex animal, almost miraculously capable of deluding himself. The powers of symbolic reason are used to calculate wrongly no less well than rightly. The long arm of our civilization has reached all the way to Mars, sampling its soil, but we seem less capable of reaching within, separating emotions from hard facts. Only in the very last moment, when it is too late to change course, do we often realize that we are about to step into a trap. I derive a great deal of satisfaction from living myself reasonably and consciously, but even so, the fog of confusion that hides the sharp outlines of reality must be burnt afresh every morning, a constant and everlasting effort. How do I recognize a cataclysm when I see one? How do I know when the first drops begin to fall whether the rainfall is the beginning of a flood? I am still in Detroit, and am still practicing psychotherapy every day, for I believe that rationality will eventually prevail even here, that blacks and whites can live together, that hatred and violence from any quarter and in any color must be curbed and dealt with severely and firmly. What I do in my office hardly seems an escape from reality into an ivory tower, but rather a direct and relevant contribution to the survival of my society. But, again and again and then again, am I deluding myself?

I remember only vaguely that Friday evening in Berlin, Germany. I was four, perhaps, five years old, and ran towards my mother who had come home from shopping, with my all-knowing, teasing and naughty smile. “Just come in and see, Mommy, we have a real surprise for you tonight.” I could obviously not have understood the many implications of the surprise, but I must have sensed that it was a significant and a dramatic one. As our little family sat down for the Sabbath meal and the first course was served, I was eagerly and expectantly looking about for the anticipated reaction. Earlier that day I had helped my German nursemaid, who was like a mother to me, decorate the individual chopped liver portions that were to be served that evening. We had cut elongated red and white strips from fresh little radishes, and with them we had made swastikas on top of each chopped liver mound.

It was no longer safe, even in the confines of their own home, for my parents to openly discuss the unbelievable incident. Later on, after Gerda left for the weekend, I was closely questioned. How did it happen? What was said? Did I understand what I was doing? My father, a reasonably successful businessman who had come to Germany in his youth, seemed much troubled by this apparently innocent affair. My mother, who, like her own parents was born in Germany, could not absorb the full meaning of the developing, new and stark reality so fast. All she knew in her bones and muscles and skin rebelled against accepting the fact that her past was crumbling and soon would be no more. Her city, too, was burning, her whole homeland, in fact. But the flickering flames were still small and did not frighten yet. Perhaps they would yet all be put out, extinguished before they devoured. German-born Jews were understandably often the last to recognize the danger.

My nursemaid and her S.S. boyfriend used to take me, blond and cute as I used to be, to Nazi parades which I enjoyed thoroughly, as little boys are apt to. The marching and the bands were impressive. My nursemaid and her S.S. boyfriend apparently loved me, and so I came home on my sixth birthday all dressed up in a brown uniform and greeted my father with a loud and cheerful "Heil Hitler." They had outfitted me as they did without malice and almost innocently, or so it seemed at least. But my father, wise to the early signals of danger, knew instinctively and immediately that the time had come to leave. Generations of precarious existence had sharpened his senses. His business places were already being picketed by the Nazis.

Although not objecting, Mother was far from enthusiastic about leaving. Could the German nation, with such a magnificent cultural heritage and advanced civilization really lose its humanity and actually threaten the lives of innocent people? She believed for awhile, like so many of her generation, that an appeal to the better in Man, and the basic decency of the German people would suffice to change what seemed an ominous course. If the intended victims only behaved well, lived up to their civic responsibilities and made no waves, the Germans would probably reform themselves.

Five years later, living in another country, she was most appreciative of my father's far-sighted understanding and courage. By leaving, and by leaving everything he had, she was alive and the children were alive. The next year, her own parents would be burned in a German incinerator.

As far as I know, no psychotherapy was practiced in the death-camps. People often supported each other, but they basically had to find the strength within themselves, or perish. Millions perished anyway. Under extreme stress the ego either breaks or unsuspected reserves and resources somehow emerge. In the very real cataclysm of the death-camps, physical survival was helped as much by psychological strength as it was by physical stamina, as long as one could stay away from the devouring death machine. Under the shower spigots, once the deathly gas began to hiss, nothing helped. No psychotherapy then. The difficult question is, when?

It is no coincidence that psychotherapy has developed most prominently in the United States. Disturbances in the psyche are probably as common elsewhere as they are here, yet the mere need to eke a living out of a hostile environment, committing most energies to the task of survival, forces a person to suppress and to repress and precludes the possibility of treating emotional stress and distortions of reality by means of psychotherapy. A minimum of personal comfort and safety is required before either existential anomie or the fear of non-being are allowed into consciousness. Extreme danger to life itself always takes precedence. Not only the psychological needs of an individual take a back seat then but one's physiology does also, as evidenced by the fact that women often failed to menstruate during the entire period of their incarceration in concentration camps, lasting several years.

Whether I should stay in Detroit or not and whether I should continue to practice psychotherapy or not depend on my ability to know whether we are approaching a social cataclysm or are in the midst of one, or not. A seemingly simple question, it was never easy to answer. An Assyrian tablet dating back to 2800 years B.C. reads:

The earth is degenerating these days.  
Bribery and corruption abound.  
Children no longer mind their parents,  
and it is evident that the end of  
the world is fast approaching.

Timing is all. If the end of our world is truly approaching, even the best psychotherapy has neither place nor relevance. It does make an enormous difference in dying whether one is relatively sane, conscious and aware, or not. But once dead it makes absolutely no difference, except to the survivors, whether one had been sane or not. Properly conducted psychotherapy can literally be live-saving, for it enhances the ability of individuals to cope with life in terms of reality. Yet, in extremely stressful situations, it can endanger life by diverting energy that might be crucially needed for survival. Should I move out of Detroit, possibly saving not only my own life but also the lives of my patients, who repeatedly come into the city to see me there? Instead of looking inside ourselves, should we perhaps more usefully “watch out,” literally and figuratively? Should we take time from self-contemplation to train ourselves in the use of firearms for self-protection? As I work with my patients’ reality distortions, am I not, perhaps, involved in the greatest reality distortion of all? Ought I give up the practice of psychotherapy and become a social activist instead, with the hope of changing society and its institutions before it is too late?

I believe his last name was Gottlieb, and I do not remember his first name. Like myself, he was barely twenty as the State of Israel was about to be born in 1948. A very contemplative and thoughtful engineering student, he spent hours worrying and wondering. His delicate, almost maidenlike features conveyed an impression of apparent fragility, but he was physically strong and insisted that he not be exempted from active duty. We had no uniforms or insignia, but even with such paraphernalia he would still not have looked very much of a soldier. A good cover for the underground.

We were members of the “Haganah,” and together we carried packs of dynamite on our backs, under the cover of night and fire, to blow up a two-story building from which mortar shells and sniper fire rained on our positions. *It* had to be destroyed, or we would be. The explosives had to be placed inside, and we were naturally very scared, not only because we were so young. If the distracting fire failed to hold their attention, or if somehow, someone on the upper floor discovered us, we would never make it back. We were eager to get in and get out as soon as possible, once the delayed fuses were lit.

I never saw him again after that. Was his first name David? In the confusion, fear, darkness and loud explosions all around and above us, he apparently had forgotten, after emerging from the doorway, that he had to turn backwards to return to our lines. Instead, he ran, probably in panic, straight forward, into Arab Jaffa. His decapitated head was shown the next morning to boost the morale of wounded Arab fighters. Those Israelis were not invincible after all, and they need not be feared so much.

Many times since have I thought with horror of those moments and of the sheer luck that was mine in not getting confused also. Life really hangs on a very thin thread every day; it was only more dramatically evident in the stark reality of Jaffa that terrible night. Many times since have I wondered whether psychotherapy might have saved the life of Gottlieb and others who, like him, broke under stress. Should he have been allowed to go on that mission? But those few months in Palestine of 1948, just before the estab-

lishment of the State of Israel, were cataclysmic, indeed, and such considerations about psychotherapy were totally out of the question. Only hindsight permits the luxury of such speculations. There were few men, practically no arms, and seven armies poised at the borders, waiting to invade the moment the British mandate expired. Heavily armed groups of local Arabs had already begun ambushing and burning, threatening to drive us all into the sea. Survival was literally the issue, neurosis or not. Psychotherapy might have helped Gottlieb, but there was no time for it. He and we had to stay alive first. It was quite irrelevant at that moment to be concerned with Gottlieb's psyche. His body was needed to stop the invaders. There was no one else.

But, in more normal and less cataclysmic days, hopes for a better society and a more livable world rest on changing the nature of Man, a tedious task of changing his unconscious needs at least as much as his conscious wants. Under capitalism or communism, in democratic as well as in totalitarian regimes, Man is noble at times, petty and greedy at others. Not only in Detroit but in London and in far away lands also, have the horrors of "Clockwork Orange," so shocking and unbelievable when first seen, already been turned into a grim reality. Even basic changes in distribution of wealth and in the structure of society's institutions have failed to usher in the age of reason. The oppressed of yesteryear become the rapists and gangsters of today, no doubt to be replaced by new idealists-for-a-day that in their own turn will prove to be brutes and thugs. Only the slogans will be different, the deeds — basically the same. If real hope is to be found anywhere it is only in changing the nature of Man, which is the essential task of good psychotherapy.

Long range, intensive psychotherapy is unavailable in the Soviet Union for good reason: It frees Man to follow his own star, and it is, therefore, a direct threat to homogenous regimentation. Psychotherapy endangers mindless conformity, even to ideas and policies that are officially proclaimed as "progressive." It cannot accept dictatorship, even of a "proletariat." It is unacceptable to the Soviets because they recognize it as being powerful enough to change Man, and, therefore, the system.

Such change in Man does not come easily or quickly. Even individuals only change with much effort over a long time, and the task of changing a system that way seems hopeless. And yet, the impatience of reformers and social activists is only understandable as a senseless defense against impotence. The Rabbis of Talmudic days, perhaps because they had to be, were wiser. Jewish history being what it is, they knew that patience often was the only weapon available to overcome calamity. "He who saves one life is as if he saved the whole world, and he who destroys one life is as if he destroyed the whole world." Rabbi Tarfon, chivalrous no less than scholarly, wisely noted: "It is not thy duty to complete the work, but neither art thou free to desist from it."

I did not consciously remember the swastikas on the chopped liver as I developed my Crisis Mobilization Therapy (C.M.T.), but could the lesson of that incident ever have left me? Shocking as it was to all but the little boy that was me, it brought things to a head by sharpening the focus on the nebulous outlines of the changing German reality. It produced a crisis in our family that resulted in my being alive today. It was an opportunity. It forced the eventual change. Not only my mother but my father also were comfortable and settled in Berlin, and being human they would have remained in their comfort until it was too late, like so many others, had this and similar crises not forced them to wake up and see things as they really were. Physically and psychologically, objects prefer to

remain at rest. They normally resist change, which is produced only when sufficient work is done or pressure applied to overcome the resistance. The application of such pressure, always with consent, is central in the technique of Crisis Mobilization Therapy, although what distinguishes it even more is its separate view of Man. (Bar-Levav, 1976)

A crisis as seen in Crisis Mobilization Therapy is *not* like the one experienced by my father. It occurs in the safety of the therapeutic setting and involves strong affects but no real danger. It is, nevertheless, often perceived by the patient as cataclysmic in nature, for it threatens the emotional status quo. When faced with extreme fear Man often cowers and hides and does not dare check whether it is related to an external reality or only to his internal one. Only after such a fear of non-being begins to lose its choking grip is the courage found to tarry and look: is the situation really cataclysmic?

For my lost brothers on the streets of Detroit — burning, mugging, destroying and defacing — psychotherapy is a meaningless and irrelevant commodity. But, if ever they are to return from the street, the psychotherapist will have to help them overcome their rage. Asher Ginsburg, a balding Russian intellectual late in the last century, writing under the assumed and unassuming name of Achad-Ha'am, "One of the People," tells of a visit he had made to the Wailing Wall in Jerusalem. The space in front of the Wall consisted then of a narrow, dusty and cramped alley filled with old and fragile looking Jews, moving rhythmically in prayer, their voices monotonous and their eyes dead. They seemed lifeless and lacking in vigor, fatalistically waiting for the Messiah. *He* shall restore Zion. Achad-Ha'am turns from them in disgust: "If a country shall be destroyed, its sons and daughters may arise, and with hard toil and great effort they may rebuild it. But, when a people is destroyed, who shall arise to restore it?"

Achad-Ha'am could not have known, three quarters of a century ago, of the existence of the Psychotherapist. Although tedious and time-consuming, as growth always necessarily is, psychotherapy finally offers an answer. Here is a way to restore a people. It is still only a path, not a highway, and movement along it is often slow. Although created in the image of God, Man is not God and, therefore, unable to create a new world in seven days.

Sitting up there in my office, working patiently with people in pain and in need, day after day, I am probably manning an important position in the front lines of the battle for a better future. The shooting, downstairs, the need to lock car doors as I drive home, windows rolled-up, and the danger to life and limb may place me in front-line conditions more than I care to be. But I am staying as long as I can, carefully listening to the rumble that might indicate the coming of the flood. I am not taking to the hills yet because a decisive battle is being fought here, not on the crime-filled streets, but eight floors above them.

True revolutions do not seem to take place on barricades any more. Perhaps they never did. They occur, instead, in those consulting rooms in which good psychotherapy is being practiced and Man's fears are patiently being dissolved. Here he finally achieves true freedom to be. Here he may find the strength within himself to face reality, cataclysmic or not. ▼

## REFERENCE

Bar-Levav, R. Behavior change — insignificant and significant, apparent and real. A. Burton. Ph.D., Ed.. *What makes behavior change possible*. New York: Brunner/ Mazel. 1976.



*Spring, 1977*

Alex Redmountain



## **Two Postulates, Two Memories, and a Brief Comment on the Ubiquity of Evil**

**W**HAT ARE WE TALKING ABOUT WHEN WE CONSIDER THE QUESTION: IS PSYCHOTHERAPY RELEVANT TO POLITICS?

There is no such definable activity as “psychotherapy.” Even when two practitioners derive from the same theoretical tradition, what they actually do with their clients involves such a complex of language, gesture, appearance, setting, and lifestyle that there may be no discernible connection between their ultimate effects. I know that this flies in the face of common wisdom, and seems irreconcilable with research which has concluded that all psychotherapies are more alike than different. But consider this: a depressed woman is referred to a prominent analyst on Nob Hill, or she walks into the Berkeley radical therapy center; can we truly consider the relevance or irrelevance of psychotherapy to politics without being rigorously specific about the art, craft, and science defined by that name?

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Every human act has political implications. A few are profound, and most are trivial, yet in almost every case the implications are unknown. Nevertheless it follows that psychotherapy — however we define it — does in some way affect the political climate. *How* it affects it depends upon the essential nature of the therapy: moralistic or amoral, pleasure or success oriented, patriarchal or pro-feminist. *How much* it affects the political climate is a function of the influence exerted, directly or indirectly, by the individual psychotherapist — or by an entire segment of the profession. The President’s analyst, or the therapists turned psychohistorians in the C.I.A., would not question their political relevance.

I’m seven years old, listening to my grandfather lecturing to friends in his private library. It is very quiet inside this stately room, among the books bound in four types of

I WOULD HAVE LIKED TO HAVE BEEN A REVOLUTIONARY IN A STRUGGLE IN WHICH MY SIDE WAS MORAL AND PURE AND THE OPPRESSOR WAS EVIL INCARNATE. I would have liked being a monk in a time of universal lunacy, when the preservation of the culture was the only task worth doing. As it is, I am a therapist and teacher of therapy in Washington, D.C.

leather, and his voice seems even more godlike than usual.

"These are not, I remind you, barbarians," he is saying. "These are not mongols or bolsheviks. These are the progeny of Goethe and Bach and Gauss."

Outside, in the streets which radiate from the main town square, the Nazi army of occupation is going about its business with precision. There is much emphasis on legality, correctness, the signing of agreements, promise of payment for requisitioned goods or quarters. Everyone is impressed with the troopers' discipline; looting and raping are extremely rare, and forcefully punished, in public, when they occur.

"The very worst than can happen to the Jews if they cooperate in an orderly way," my grandfather says, "is that we will be temporarily relocated. Temporarily. I am certain of that."

Six weeks later, his corpse molders in a roadside ditch, along with a thousand murdered Jews from the province.

\* \* \*

Now I am 20, walking self-consciously on the narrow, irradiated streets of Hiroshima. I dare not look into people's faces, wish I had not come here at all, feel like a ghoul-ish, insensitive killer returned to the scene of the crime. Though I'm dressed casually in sports shirt and slacks, I keep checking to see if some part of my U.S. Army uniform is showing.

After the Peace Museum, I sit down alone at a cafe table; I'm trying, without success, to absorb the enormity of what I have seen and the implications of all that horror. I want to cry out my apologies to the living, and, shamelessly, to flee forever from the prospect of another cataclysm to some tropical island where I could never again, in any way, be either responsible for, nor threatened with, such an evil death.

A man sits down at my table.

I look up, startled, have time to register only that he is Japanese, a stranger, and hideously disfigured; one side of his face is a lava bed of raw purple flesh, lacking eye or ear. I feel nauseous. I'm waiting for him to start screaming at me: Yankee swine, murderer, beast!

"You like virgin girl?" he says, leaning close.

\* \* \*

I can imagine a psychotherapy which recognizes the ubiquity of evil, not as a function of pathology but as an inextricable part of being human. I can imagine such a therapy encouraging us to become so familiar with our evil that we would never again be shocked by its easy proximity to reason and high culture, nor would we think to take flight from it, nor would we believe for a moment that some final victory against it awaited a propitious act of history.

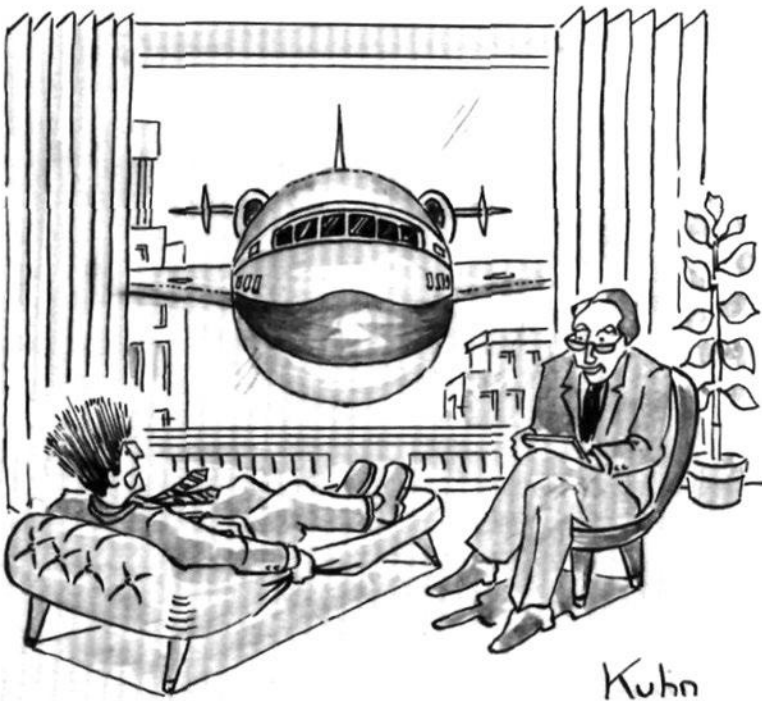
Such a psychotherapy already exists.

It is a shared vision, a small segment of an evolving consensus among many different styles and modes of post-Freudian practice. The demystification of evil is only a piece of the total work of therapy. Yet it serves here as a model for the countless interactions between self-revelation and political consciousness, between so-called "navel-gazing" and

strategies of social change.

It is not the relevance of psychotherapy to social cataclysm that is at issue; as I said earlier, it is the *direction* and *intensity* which are so hard to determine. To move from individual awareness to commitment — from insight to motivation — is the task which our profession, like many of our clients, has yet to resolve. ▼

*Come now, Mr. Fenchel, we mustn't let the mere outside chance of catastrophe cause this severe a reaction. . . .*





*Spring, 1977*

Grace Ganter



## **Racism and White Clinicians: The Relevance of Social Definition**

**A**S A CLINICIAN, I DEFINED RACISM LARGELY IN PSYCHOLOGICAL TERMS. As an educator, I've learned to define it in social terms. My own struggle to get free of it has led me to connect some of the following social and psychological conceptions of this crucial human problem as a kind of scaffolding for a bridge between institutionalized racism and myself.

Racism is a social problem, and many clinicians define social problems in psychological terms. As clinicians, our responses to the nuances of feeling between individuals are defined by psychological determinants. This is the currency of our exchange with individuals in the roles we play. For example, patients often endow therapists with characteristics they simply do not have. It is as though the therapist becomes a member of the patient's internalized audience of significant others and is defended against as the cause of painful experiences of the past. This hardly needs documentation for clinicians who expect transference and deal with the stuff of repetition compulsion. It is part of the way in which therapists assess and evaluate deviance from average expectable behavior. Frequently, therapy is an ongoing exploration of the functional roles into which the therapist is cast by the patient for purposes of reversing the human relationship experience on which such roles are based.

Therapists are also endowed with characteristics of members of the patient's social audience. Sociologically, "the critical variable in the study of deviance is the social audience rather than the individual person, since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviation." — (Erikson, 1967, p. 296)

This systemic definition of deviance is highly generalized, but it focuses on a social problem definition which is often neglected by white clinicians who treat Black patients. In this audience, white people are seen as symbols of white power and as oppressors. At first glance, the idea that one is actually associated with these characteristics sounds

GRACE GANTER TEACHES HUMAN BEHAVIOR in the Social Environment at the School of Social Administration at Temple University. Her prior clinical work included some ego psychological theory building and demonstration research with severely emotionally disturbed children and their families.

somewhat preposterous to white clinicians, who do not engage in personal racism, or who do not see themselves as maintaining it in their relationships with a selected number of Black people.

There are some facts that argue against a “first glance” assumption. What we are as white clinicians and white educators, and what we draw on to inform our responses to these roles, is critically associated with the fact that we are white. Our responses to the human relationship arrangements within which we live and work as white people are largely defined by institutionalized racism. We are hooked into this system of relationships together with people who are Black. The social audience of which we are a part is the white society into which we were born and in which we have been socialized. Institutionalized behaviors which express racism have happened again and again until they are below our psychological sights. These behaviors are a response to pressures to conform to the attitudes of this white society. The myth of white power and other myths about whiteness are deeply embedded in our social history as a people. (Ganter, 1977) Our socio-conditioning has led us to be pawns and patrons in the perpetuation of behaviors which systematically maintain racism in the institutionalized arrangements of our clinics, hospitals and universities despite our conscious intentions.

Our Black colleagues tell us that we cannot understand the Black experience because we haven’t had it. In my view, they are saying a number of things to us as to what we have had and have not had. Most of us have not studied Black history, and most of us have had no Black heroes. We celebrate our own history, and we tend to engage in a kind of collusive fantasy that brings it into harmony with what we want to believe. When we encounter the background against which racism developed in this society, we frequently explain it to ourselves as though it began and ended with our ancestors. They enslaved people, not us! They stripped them of their names and the rest of their culture, not us! But our ancestors did not have a forced entry into this country as did the ancestors of Black people. Our ancestors came here for a better life: They worked for it, as we say! And that somehow suggests to us that it is only right for us to have the better life that they came for.

Most of us are only vaguely aware that we play relatively fixed positions in the white society that continues to maintain racism. The civil rights movement of the last decade was part of our lifetime. In part, that movement resulted in the problem we have labeled “bussing.” In a sense, “bussing” is the way we refer to inadequate housing, poor health care, low income and inadequate education which are combined in poverty for a majority of Black people. And these conditions continue to be maintained by social, economic and political institutions which are developed by white people. They are not the problems of our ancestors. The truth of the minority status of white people among world populations and the life conditions of the majority underline our current social reality. We are in the social audience of oppressors.

If we never intended to be oppressors or to support institutionalized racism, then we are dealing with the results of what we never intended. And we need to ask ourselves some extremely painful questions. How often is self-deception intentional? Are our efforts at self-liberation from institutional racism directed by feelings of alienation from the roles and regulations we carry out, by some of the roles we play in the institutions in which we work?

As I view it, we may not be responsible for our history or for our socialization into a

system which gave us little freedom of choice. But we do have choice as to how we want to live our lives, as we live them now. Our own human integrity is not what we thought it was. Our claim to moving humanness ahead depends on whether we can bear to do some grief work about the part of our human dignity that has been lost to us in the fixed roles we've played on this stage of our human development. Grief work is not a new idea to clinicians, and no other group knows better how it is done. Most of us have finished with denial and protest that we have lost anything. We have no need to stop with guilt and despair. I'm not sure we have anything with which to bargain, since the kind of self-observation we've been trained to do doesn't allow much room for negotiating human relationships in bad faith. There's nothing for it, but to integrate the loss of our integrity into our lives, somehow, to get free from the hold racism has had on us.

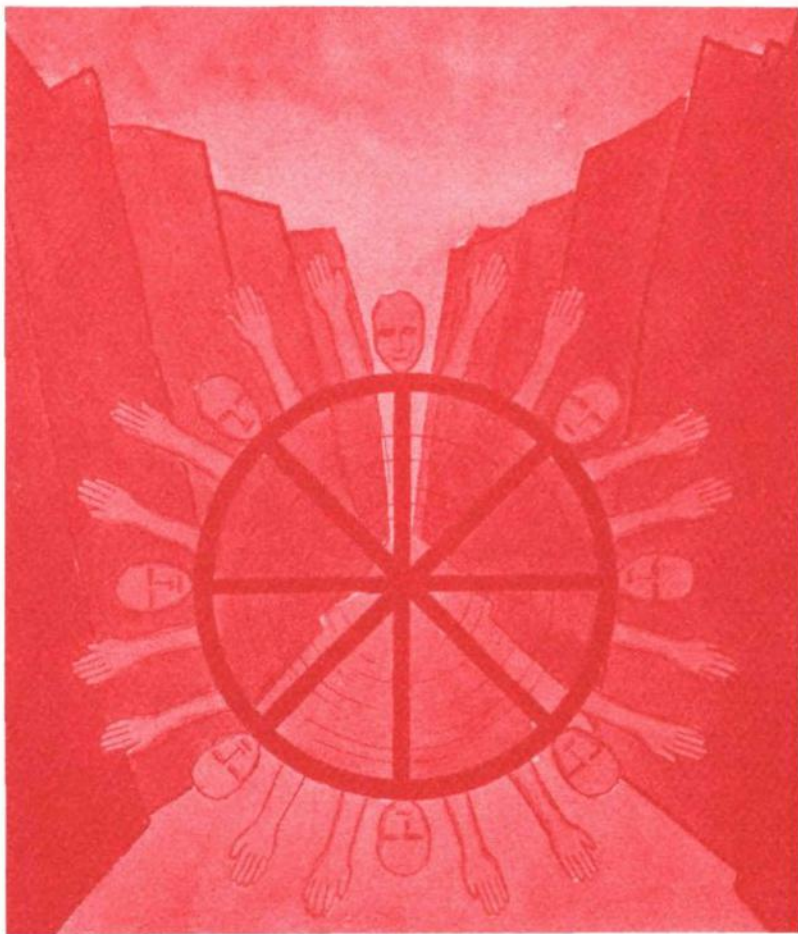
A significant part of psychotherapy is ongoing exploration of the functional roles into which the therapist is cast by patients for purposes of reversing the human relationship experience on which such roles are based. Many therapists are seen as playing out expected roles of white people, roles of oppressor and of patron. The social reality of the white society to which we belong as white people maintains these roles in a number of ways. We cannot deal with them purely in psychological terms. They require social definition. We are defined as members of the social audience of both Black and white people. Unless we can redefine ourselves in social terms, we cannot deal with the implications of patients' perceptions of us as white people. We can hardly do the work of reversing the human experience on which such perceptions are based until we can change the ways we have perpetuated such roles. When our roles are no longer defined by those institutionalized behaviors associated with racism, then, we can deal with ourselves and with others, in good faith. ▼

## REFERENCES

- Erikson, K. Notes on the sociology of deviance. *Mental illness and social process*. Thomas J. Scheff. Ed. New York: Harper and Row, 1967.
- Ganter, G. The socio-conditioning of the white practitioner: New perspectives. (In press) *Journal of Contemporary Psychotherapy*. Spring, 1977.

# Voices:

the art and science of psychotherapy



**RECYCLING  
ANXIETY**

*Winter, 1985*

Wallace A. Kennedy



### **...And Hang On 'Til Daylight<sup>1</sup>**

SOME YEARS AGO, A GOOD FRIEND OF MINE, A GREAT PERSON AND FINE DOCTOR, FINDING HIMSELF SORT OF FED UP FOR THE DAY, DECIDED TO CUT OUT FOR THE REST OF THE AFTERNOON. Without saying a word to anyone as to where he was going, he left the office and drove north into Georgia, ultimately to the edge of Lake Seminole, where he owned some land. He spent the afternoon communing with nature, as we say, clearing his head of the problems of a busy physician and enjoying the solitude of the lake.

A light rain had set in, and the road down to the lake was hard pan, south-Georgia clay. After dark, as he tried to drive back up to the main road, his car would not budge. Remembering that an old black man, a friend of his, had a tractor in a shed a mile or so off the road, my friend walked in the mud to the shed, where he found the tractor and the key. Not wanting to walk the other half mile to his friend's home and knowing there would be no problem with permission, he cranked the tractor and rode down to the lake. He hooked the tractor to his car, climbed into the driver's seat, put it in gear, let out the clutch, and in a microsecond found himself on the ground with the tractor on top of him, 8,000 pounds of steel punching him into the cold, hard clay.

Two classical blunders had left him hopelessly pinned, with the circulation cut off in his shoulder and arm, and the feel of broken bones against the dirt. The first blunder was in not telling a single soul where he was. The second was in taking on, without help, a difficult, dangerous task for which he had neither the experience nor the training.

Pinned, alone, near shock, and in terrible pain, there was almost nothing he could

PROFESSOR OF PSYCHOLOGY AND DIRECTOR OF GRADUATE STUDIES AT FLORIDA STATE UNIVERSITY, a practicing clinician working with families and youth, educated at Florida State, an intern at Hall Institute, a Fellow at Harvard Medical School/Massachusetts General Hospital, associated with Linderman's Program in Community Mental Health at Wellesley, author of 60 articles and eight books, past-president of FPA and SEPA, twice APA Council Member, twice Chairman of Florida Board of Examiners, a Member and Examiner for ABPP, Kennedy, the father of four children growing up in the '60s and '70s, continues strong daily ties with adolescents.

1 An address given to high school students the morning after the unexpected suicide of a popular classmate.

do. After running through the things we all would do — crying a little, cursing a little, yelling a little, and praying a little, perhaps even offering God a little deal — he settled down to the reality that he was helpless, alone, and in very grave danger, all because of those seemingly insignificant errors: not telling a soul where he was going and taking on more than he could safely manage alone.

Now my friend had one enormous advantage, provided after a while to all of us: age and experience. He had been down before, and he believed, “crazy” as it seemed, that there had to be something he could do.

Finally it came to him that there were three things he could do and he put all of his energy into doing them. He found that he could wiggle his fingers just a bit: that with a small stick he found on the ground he could pick at the hard pan under his elbow; and that he could... hang on ‘til daylight; that and nothing else. So throughout the night, cold, wet, in pain, and totally alone, he kept at it: wiggling around a little, picking at the problem a little, and... hanging on until daylight.

Now in fact, my doctor friend does not live alone in the world. He has a family, friends, and colleagues. And there are a whole bunch of helpers — police, sheriffs, forest rangers, medics — literally a roomful. You are never truly alone. Unknown to him, shortly after dark, first on a subdued scale and then with a rising crescendo, the real people in his life began to fan out and search.

Still believing he was alone and that it might be hopeless, my friend, because he had been down before, maintained the pace: He wiggled around a bit, picked away at the problem clay under his elbow a bit, and... hung on ‘til daylight.

Finally just at dawn, it all happened at once — tractors, wreckers, ambulances, medics, pry poles, cables, winches. And then it was all over — a warm bed, bone surgeons, cardiovascular surgeons; and now just a bad dream, a joke to tell on yourself when you feel particularly cocky. But life, future, friends, family, dreams, plans, and responsibilities all were his because of those three trivial things: wiggling around to keep the juices flowing, picking at the problem, and most of all, through pain, shock, cold, darkness, and aloneness,... hanging on until daylight.

The main difference between my two friends is experience. My doctor friend understood the crests and troughs of life. He had been down before and he remembered what happened when the sun came up. He had committed the exact same blunder Margaret committed. Bruised and depressed, she went on a little trip, in her case, not to Lake Seminole, but into her head. And like my older friend, she went without telling a single soul, cutting herself off from the network of caring people. And then, also like him, she took on a task beyond her comprehension. Remember, general brightness is no promise of specific competence. Doctors are some kind of bright people, but my friend was “eat up with dumbness” as to where to hitch a pull chain on a tractor.

I have no knowledge of Margaret’s specific task, but typical of such tasks we take on are the why’s of life: why death, why loneliness, why cancer, why insecurity, why alienation. Such why’s are perhaps beyond the great philosophers, theologians, and thinkers of the ages, or so their writings would have us believe, but certainly beyond the competence of one of us who still is afflicted with the idealism of youth. She, like the doctor, was beyond her competence, and like him, alone.

Then it happened. It all turned over on her, as such mental trips sometimes do, and it seems at the time that they are far heavier than an 8,000-pound tractor — crushing

ideas, ideas that produce such hopeless feelings in the night.

All of us long to cut out sometimes, to get away, to think, to turn inward. That is a part of working through the dilemmas of life. If you are tempted to do this, and I am sure you will be, for the love of God, remember two things: tell us where you are and try not to take on the heavy-duty problems all at once and all alone.

Now if, God forbid, somehow you find yourself having made the two classic blunders of isolation and taking on the heavies, and they turn over on you, just remember to do three things: remember something can move a little, so wiggle around; remember all problems can be picked at a little, so pick at the problem; but most of all, remember to... hang on 'til daylight.

You belong to a network of caring people. Look around you at the faces of concern this morning, even on the faces of classmates who hardly knew Margaret. Remember they are coming. It may take a while, but family, friends, counselors, psychologists, psychiatrists, ministers, physicians, all are out there looking for you. All you have to do is give them a chance. Wiggle around a little, pick away at the problem a little, and for the sake of all of us, ... hang on 'til daylight! ▼

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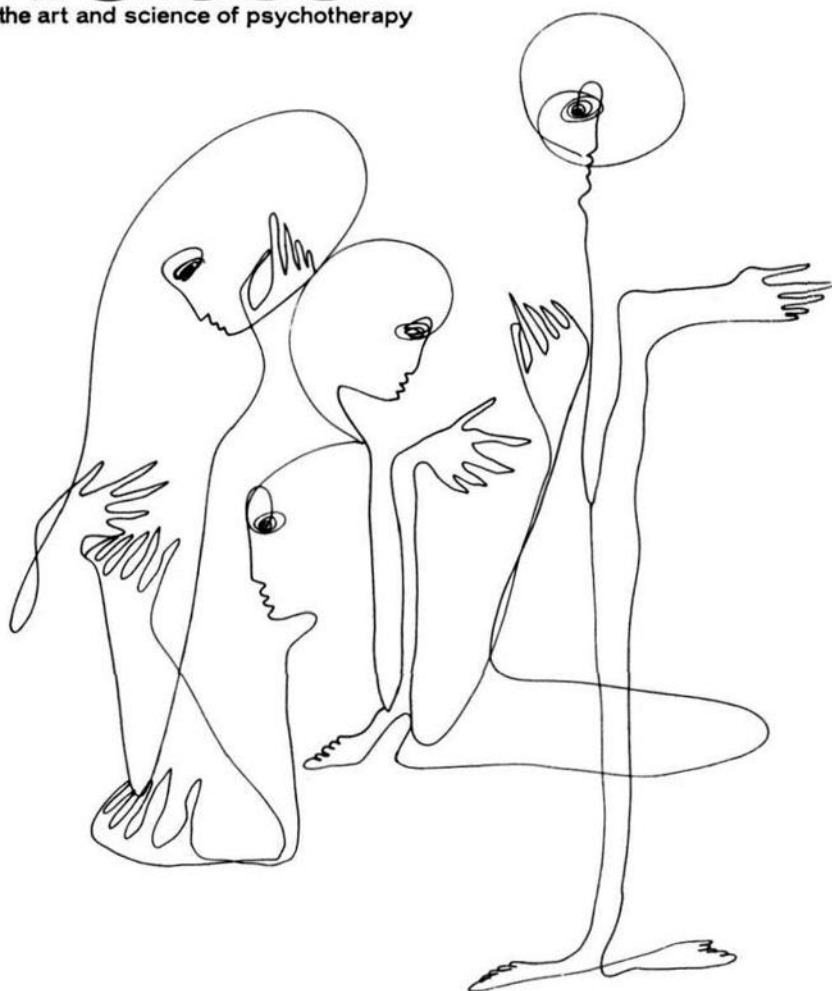
If you are going through hell, keep going.

—Winston Churchill

# Voices:

the art and science of psychotherapy

VOLUME 29 NUMBER 1 SPRING 1993



**THE SEARCH FOR GROUNDING**

*Spring, 1993*

Sharon Mathis-Hartley



## The Fire at the Center: Hearthkeeping as Grounding

WHEN WE PSYCHOTHERAPISTS USE THE WORD “GROUNDED,” IT IS TYPICALLY INTENDED AS A METAPHOR FOR A FELT EXPERIENCE. Being grounded includes, for me, being contained and energized, separate and contactful. I am also grounded when I am “at home”: at home to myself, at home in myself, at home to others, at home on the earth.

In these pages I will talk about grounding literally as an activity in and on one’s home ground. It is a kind of housekeeping that serves both as a medium through which groundedness is created as well as an expression of groundedness. I will call it “hearthkeeping,” after the Greek goddess Hestia.

To begin, I want to tell a story about coming home from the hospital after a miscarriage. I was bereft and could not settle down. As I moved from room to room, conceiving what to do with myself seemed impossible. I could “neither stand, nor lie nor sit” (Eliot, 1922, p. 66). Eventually the thought came that I could clean my house. It seemed the only thing to do. I could envision nothing else. As I worked, sweeping, straightening, scrubbing, empty of all but the movement, I began to sense the presence of my ancestors. Behind me I could feel an infinite line of mothers who had grieved their lost and dead children in this way: sweeping, straightening, washing, containing and transforming their grief. In the fullness of their number I knew myself to be held and comforted. I too would survive this sorrow as they had and move on.

Later, a friend told me her story: “When I got the telephone call saying that my daughter had tried to kill herself, I turned to my husband to tell him that we had to leave for the hospital at once. But first I had to do this one thing, to wash off the counter top. I had to do this. It was a compelling necessity.”

Since then, I have heard many stories from women, friends and clients, who found themselves drawn to and soothed by hearthkeeping at times of loss and grieving. I began to notice that hearthkeeping appears at other times as well: during life transitions, when women clean out their homes, discarding some objects and gathering others; as a prelude to ending or opening to relationship; when a woman claims and creates a literal

I AM A PSYCHOLOGIST in private practice in Atlanta, Georgia. As things have evolved, my work has centered on psychotherapy with women. I am a passionate gardener in a variety of venues, metaphorical as well as literal. Among the challenges in my life now, I include writing and middle-aged motherhood.

room of her own in her house during a time of family crisis; when a woman becomes devoted to building and tending a compost pile as she dismantles her dead marriage. Sometimes the images and actions of hearthkeeping are more directly related to fire: in the woman who dreams repeatedly of gathering small sticks in her yard for kindling and, later, of building a fireplace; in the assaulted woman who only feels safe on her hearth tending her fire.

By and by, I realized that I had rarely worked with a woman in intensive psychotherapy who did not at some point transform her personal living space in a meaningful way or find a new home. When I remember how often the house appears as a symbol for the self in dreams, this observation is not surprising. What continues to intrigue me is how often these actions and changes appear as a prelude to transition rather than as the reflection of an outcome. Hearthkeeping is often experienced as being in itself a vehicle for movement and healing.

The activities I call hearthkeeping are different from those of normal housekeeping in three ways. First, hearthkeeping tasks are undertaken in response to what is felt as an instinctive, compelling need. Often, women will say that the amount of energy spent on these tasks differs radically from their typical level of interest in housekeeping. Sometimes the tasks make very little rational sense in the context of routine maintenance or sensible home improvements. The desire for the doing of the tasks (rather than just the outcome) is felt as an inner necessity. Second, hearthkeeping is experienced as ultimately being done for oneself. While others may play a role in the impetus to begin or may benefit from the outcome, what is absent from the process is a feeling of obligation to others, either present family or internalized authority. The task is a service to oneself. Third, hearthkeeping is ritualized action. By ritualized, I mean that hearthkeeping activities are bounded from other activities by an attentional boundary that marks their time and process as distinct. Bolen (1984, p. 111) describes this kind of housekeeping as distinguished by a peaceful, inward-focused consciousness in which one “participates in time” rather than “puts in time.” Typically, hearthkeeping tasks are accomplished by means of repetitive, familiar, prescribed actions, qualities shared with many ritual acts. The tasks serve as a type of mantra that focuses the attention while clearing the mind and allowing awareness to open to present-centeredness. In this way, hearthkeeping is similar to the Zen “working meditations.”

There are many ways to think about the psychic functions of hearthkeeping: compulsive action as a container for anxiety; territoriality; establishing external control as an aid to feeling internal control; self-nurturance; and sublimation of aggressive energies. (I’m sure there are many more ways to analyze this.) It is in the Greek goddess Hestia, however, that I find the richest symbolic expression of the energies engaged, and it is through her story that the psychic functions of hearthkeeping come alive for me.

Hestia (called Vesta by the Romans) was the immovable patron goddess of the fire at the center. The family home was literally built around the hearth, and the city state was centered there as well. No home or city was considered to be a “living” place until the sacred fire, brought from the mother hearth, was lit. The word Hestia means hearth, and the hearth is Hestia. The hestia is container and boundary that both allows the fire to be nurtured and transforms its elemental, consuming energy to that which warms, lights, and cooks. There are few legends about or images of Hestia, Zeus’s sister. Presumably this is because as hearth she was already everpresent and was assumed to be the ground

for other figures (Downing, 1991). She was acknowledged not through symbols but in the presence of the hearth itself and in daily action. Every meal in ancient Greece was consecrated to her by these words: "To Hestia, the first and the last." Thus, two of her critical characteristics are that she is primary and central in her function of containing, transforming, and nurturing the source of energy essential for living.

Another defining characteristic of Hestia is that her intactness, the integrity of the hearth as container, is a prerequisite for the bonds of connectedness. Alone among the goddesses, Hestia was granted her request that she remain forever virgin and unassailable. Her self-containment is different, however, from that of Artemis, the virgin huntress associated with the remote, wild places of the self. It is Hestia's inviolability and immobility that allows the hearth to serve as the "still point" around which others may gather, and the presence of which identifies a place as home and a collection of individuals as family or community (Paris, 1986). Hestia is always thought of as a companion to Hermes, the god of thresholds, passages, shape-shifting, comings and goings. For the Greeks, immobility is not opposite from but sister to fluidity.

Hestia's immobility is different from passivity, though. It seems to be conceived instead as part of a dynamic process that inseparably pairs movement with the ground that defines, energizes, and supports it. In the person of Hestia, the Greeks expressed the paradox of separateness as a prerequisite for connection: "Except for the point, the still point, there would be no dance" (Eliot, 1936, p. 177).

The goddess Hestia symbolizes for me the energies and actions that serve to construct, maintain, and heal the core boundary of the self. It is in the unbroken hearth of that boundary that the elemental spirit is nurtured and tamed, and it is in the containment and separation of that energy by the boundary that a home ground is created from which to move toward and away from others. The activities of hearthkeeping are a vehicle for creating the experience of groundedness, which is boundedness: being contained and energized, separate and contactful. Hearthkeeping is an expression of wholeness because the groundedness created is both literal action in contact with one's real home ground and metaphor for feeling.

If I think of hearthkeeping as a kind of action that helps build, maintain, and heal the core boundary of the self, the observation that women are drawn to hearthkeeping at times of transition makes sense. The experiences of being wounded at one's core by loss or trauma, moving toward building absent boundaries in psychotherapy, and shedding or stretching one's "home" identity are typically the times at which hearthkeeping energies appear.

In training actors for the theatre, there are two major schools of thought about how to engage feeling in acting. The Method Acting school maintains that the actor first connects with her personal experience of the feeling called for and then finds the appropriate action for expressing the feeling. The Classical school teaches that finding the appropriate action is primary, and that action will engage feeling. Ritual might be thought of as the mother of the Classical school because ritual has an ancient lineage of service as a means of calling, holding, and transforming feeling. The instinctive actions of hearthkeeping as boundary-tending and ground-making are a part of the ritual tradition. I believe they reflect the inner wisdom that is able to find actions that not only express but also call forth the energies needed for healing and growth.

In naming meditative housekeeping "hearthkeeping," I hope to give my clients and

myself two gifts. First, I stand in support of the power to transform oneself through daily experience, and bear witness to the presence of The Healer not just in the therapy hour, or at the end of a quest, but here and now at home. Second, to understand that housekeeping can be hearthkeeping is to acknowledge that the actions of daily life can become sacred and that one's own place is a sacred space. Sun Bear (1988, p. 39) writes, "The more you use a place for prayer or ceremony, the stronger the energy there becomes. ... Since we have been [living on the sacred mountain], the mountain has come alive for us in many ways. Plants and animals have returned there, and so have the spirits that help keep the land sacred." ▼

## REFERENCES

- Bolen, J. S. (1984). *Goddesses in everywoman*. New York: Harper.
- Downing, C. (1991). *Journey through menopause*. New York: Crossroad.
- Eliot, T. S. (1922). The waste land. From *Collected Poems, 1909-1962*. New York: Harper, 1964.
- Eliot T. S. (1936). Burnt Norton, Part II, in Four Quartets. From *Collected Poems. 1909-1962*. New York: Harper, 1964.
- Paris, G. (1986). *Pagan meditations*. Dallas: Spring.
- Sun Bear. (1988). Honoring sacred places. In F. Lehrman (Ed.), *The sacred landscape*. Berkeley: Celestial Arts.
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Get yourself grounded and you can navigate even the stormiest roads in peace.

—Dr. Prem Jagyasi

*Spring, 1999*

Michael Wilbur



## **Barn's Burnt Down... Now I Can See The Moon**

**E**VEN THOUGH I WAS A NON-SWIMMER, FROM THE AGE OF 8 TO 12, I NONETHELESS GOT IN LINE EACH SUMMER WITH THE INTENT OF CLIMBING THE WOODEN SLATS NAILED TO THE TRUNK OF THE AGED OAK TREE AND DIVING INTO THE RIVER FROM THE BOARD WEDGED HIGH IN THE CROTCH OF THE TREE'S LARGE BRANCHES. Each year, as I stood in front of the tree for my turn to climb, I stepped away, to the jeers of the other boys and an occasional tomboy, and let the next in line climb to the platform and dive into the river. Every summer I swore to myself that I would learn to swim and next year would be the year I would dive. I didn't learn to swim until I went to college, and I never dived from the plank of the old oak tree. I always stepped away.

In other aspects of my life, however, I embraced the challenges presented to me. I could run fast and had moderate athletic ability, so every summer, instead of diving and swimming in the river, I spent my time at the athletic fields playing baseball, shooting baskets, jumping hurdles, and throwing the football around. Although my heart was bigger than my abilities, I nevertheless excelled in athletics, obtaining a varsity letter in track for four years and lettering for three years in basketball and football, as well as being captain or co-captain for each of the three teams. I also excelled academically, despite the fact that I did not do well on standardized tests and was placed in the non-college-bound track in junior high. By my freshman year, I had a B+/A- average and was promoted to the college-bound classes—whatever that meant, as I had no financial means of attending college.

Things worked out, and my willingness to embrace the challenges presented to me was rewarded by athletic and academic scholarships to attend college. I never told anyone that it was my heart and not my abilities that motivated me to confront the challenges—except for the oak tree that overhung the Grand River. My first semester at college, I learned that it was required that everyone take a specified number of physical

"EVERY TIME I LOOK AT THE LAKE NOW, I SMILE AND MY EYES WELL UP WITH TEARS. I can feel your spirit touch me. Memories, the things that you hold close to your heart. You are always on the deck looking out at the water. Look at the moon tonight and think of us and I will be looking at it and thinking of you. The moon is bright tonight and reflecting off the water. Thanks for being my Pops, my father, and my friend."

Thanks to my son, Ross, who wrote these words—he keeps my faith and spirit alive.

education classes, whether or not he or she was a collegiate athlete. And, one of the required P.E. classes was swimming. I enrolled for that course my first semester. For our first class meeting we met at the pool. Physical education classes were not co-educational back then, so we were an all-boys class. For hygiene purposes they said, everyone took a shower before entering the pool area and no one wore swimming trunks. To assess each class member's swimming proficiency, the instructor had the entire class line up at the deep end of the pool. When it was your turn at the edge of the pool you were supposed to say, "Swimmer," and jump into the pool and swim, or say, "Non-swimmer," and step away from the edge of the pool. When it came my turn, standing naked with everyone else, I yelled, "Non-swimmer," and jumped into the pool. I immediately sank to the bottom of the 15 feet of water as the instructor and his aides dived in after me, clothes and all, pulling me from the pool gagging and spitting water from my mouth and nose. As the instructor yelled at me for my noncompliance with his stated rules and instructions, I kept saying, "I'm never stepping away again." Although to this day I am not a strong swimmer, I did learn to swim that semester, and I forgot about stepping away.

## Times Of Challenge

I learned much later in life that my Native American elders advise four ways of approaching life's challenges and the negative energy often associated with them: you can let it in and have it harm you, you can deflect or redirect it, you can confront it, or you can step away. Because I was always sensitive as a kid, and am still so as an adult, in that it mattered what people said to me, about me, or about what was important to me, I too often let in the negative energy of many challenges and it harmed me. Although I grew up in the Midwest, where it was common to hear people say, "It don't mean nothin", it don't matter, it don't bother me none," I was never able to deflect or redirect the negative energy of life's challenges in this way. And, even though as a young boy when I stepped away from the oak tree, I still let in the negative energy to harm me—the raillery of the other boys and girls and my diminished self-confidence as a result. To avoid the harm of letting in the negative energy when I stepped away, and because I could not or did not know how to deflect or redirect the negativity, I learned only to confront the other challenges presented to me.

As the years have gone by, however, the challenges of life and my continual confrontation of them have worn through the protective covering of my faith to expose its inner-most depths. I have sometimes felt that I have finally burned out, that I have grown tired of doing what I am doing, that the losses outnumber the victories, that there are more punishments than rewards for standing up to the challenges, that it is time to pass the baton to the next generation, that I really have not and cannot make the differences in peoples' lives that I once thought I did make or could make. In these times of negative reflective thinking, I would inevitably focus on those patients and students with whom I did not make a difference, those who did not succeed in attaining their goals, those who did not graduate, those who did not overcome their life problems, those who did not change, those who did not get better and, in some cases, those who did not live.

In going to this doubting place of my inner-most beliefs, I have come to know that without these challenges I would not have realized the positive strength of my faith in myself and how I am with others. I have come to know that I did not truly step away

from that old oak tree on the banks of the Grand River. I let in and carried old hurts and harms with me for years, I deflected challenges by redirecting my efforts to areas in my life in which I was fairly certain I could succeed, and I stood up to and confronted the negative energy of earlier life challenges by proving myself to others, or proving others wrong. I have also come to know that the challenges to my faith are not about winning and losing, burning out, getting tired, passing batons, external punishments and rewards, or counting the number of times I make a difference in someone's life.

## Healing Connection

I have come to know that my faith in how I am with others, and in myself, has to do with connecting. It has to do with connecting to others, connecting to nature, connecting to my surroundings, connecting to my feelings and thoughts, connecting to my inner-most spirit—what I value, what I believe, who it is in my life that is important to me, what it is in life that matters to me—how I am with people, not what I have accomplished or what I do. The elders say, “A person is known by what he [sic] does, a person is respected by how he [sic] is with others.” These may be simple and obvious understandings and knowings for many; but, for me, learning how and when to connect—and disconnect—has not come easily.

My experience with an erstwhile client points out the healing results of connection as a goal of therapy. Kim was a young woman from Taiwan whose presenting problem was one of language and adjustment to Western culture. The English language was an impedance to her, mostly in terms of others' understanding of her English, not her understanding of others. For whatever reasons, I had no problem understanding Kim's English, and we communicated very easily from the first session.

For several sessions we focused on the presenting problem and its effect on her feelings of self-worth, confidence, and competence. A normally gregarious and outspoken young woman in her native country, she had become quiet, unsure of herself, self-doubting, and somewhat of a recluse since moving to the United States three years earlier. However, our focus on language as the problem, albeit the presenting one, became the obstacle to my seeing and making the more important and healing connection to Kim.

I finally told her I did not feel the two of us were connecting the way I would like and that perhaps we should explore some new territory. With tears in her eyes she extended her right hand in front of her, palm facing me, as if to indicate for me to stop, dropped her head to her chest, and began to cry. “What, what?” I said. She proceeded to tell me that in her culture if a woman has a mid-line on her right palm that extends across the entire width of the hand, then she will be unhappy in marriage and unsuccessful as a mother. The mid-line of Kim's right hand crossed the entire palm. Kim was also married, to a Taiwanese man, but she and her husband were currently in the midst of significant conflict over whether or not to have a first child. Kim said she could not be a mother because of the line on her palm. Her own mother had likewise reinforced this belief, over and over again, from a very early age. Kim further told me she was crying because I had said we were not connecting. Except for her father, she felt more connected to me than anyone else in her life. If not, she said, why would she have shown me the palm of her hand. Not even her husband or best friends knew about her palm.

I apologized to Kim and told her that she was right to cry about my hurtful com-

ment. A true connection is a relationship between people, and things, that depends on, involves, and follows from the other. I had seen our relationship only from my perspective. As I silently reflected on our previous sessions, images came to mind of Kim sitting always with her right hand hidden: under the flank of a leg, squeezed beneath an arm, or covered by the palm of her left hand as both hands lay crossed in her lap.

During the next several months Kim and I worked on disconnecting, separating, and detaching her negative value of herself from the myth of her hand, and her related connections to this problem. As is typical of me, I often walk and sit with my clients out-of-doors. I use these surroundings to help clients make other, healthier connections—to nature and, most times, to their feelings and thoughts. Kim was no exception. We often sat on the stoop of a building or on a bench during our therapy sessions outside. I told her I knew almost nothing of her culture, that connections are based on what we share in common, and that I could not connect with the difference of her hand. I remember during one particular session that I looked at a tree and asked if she knew what kind of tree it was. She did. I also remember saying something to the effect,

We can breach our individual differences through our connections. You know, each of that tree's individual leaves is different from the other, no two are exactly alike. But, they are all similar in that they're connected to the same tree. There also comes a time when the tree casts off its leaves and begins anew. It's part of the balance and harmony of things, that no amount of our interference can change. The tree must shed its old leaves if it is to grow and stay alive.

Kim reached across her body with her right hand to grasp mine, and said, "That sounds like something my father would say." I smiled. The healing connection had begun.

To me, such connections are the way to right relationships and are at the very heart of my faith in psychotherapy. By this I mean the importance and healing effect of connection are the way to right relationships with others. Nevertheless, there have been times when life's challenges have created self-doubt and the questioning of my faith in psychotherapy. Until recently, I continued the way to right relationships by connecting to others and confronting the challenges. But, things again changed and a new challenge presented itself. It was a personal and professional challenge that would require me to revisit the advice of my elders and to learn once more, for myself, the real meaning of stepping away, and the way for me to stay connected to my faith in psychotherapy.

## **Barn's Burnt Down ... Now I Can See The Moon**

I sometimes become nostalgic and long for the times gone past. But, there are also realities in the nostalgia; things have and do change over time. As a professor and educator of therapists, I have seen university controversies ebb and flow, and the specific issues at any given moment in history change. In the 1960s there was conflict over free speech, students marched and staged protests over military adventurism, civil rights, academe's involvement in war-related research, and the imperatives of shared governance and participatory democracy. The 1970s ensued with debates over feminism, ethnic studies programs, women's studies, affirmative action mandates, and university investments in countries marked by repressive regimes. The past decade and one-half have included disputes over hate speech codes on campus, gay and lesbian rights, multiculturalism,

cultural diversity, the curricular canon, sexual harassment, political correctness, professional ethics, faculty tenure, new technologies, accreditation, and the soaring costs of education.

Things have likewise changed for psychotherapy. The human potential movement of the 1960s and the search for self-knowledge and connection, which matched nicely the goals and purposes of psychotherapy, have given way to the positivistic scientists' focus on neuropsychology, genetics, and medical and pharmaceutical prescriptions and proscriptions for treatment. The escalating costs of medical care have resulted in managed health care and controversy over insurance panels, the number of allowed therapy sessions, allowable fees for services delivered, credentialing and accreditation, the appropriate training and educational levels for therapists, and the licensure of therapists from competing disciplines: marriage and family therapy, social work, mental health counseling, school psychology, clinical psychology, counseling psychology, etc.

At my university, in 1995, these changes in education and mental health care merged to form a critical break point. The rising costs of education, the competition among similar training and education programs and disciplines on campus, administrative mandates to secure external accreditation to justify program continuation, and strategic planning committees that established and prioritized university mission statements, resource allocations, and areas of excellence brought my training program under siege. Once again, I took the challenge and defended my belief and faith in psychotherapy and in my program's training of therapists. The siege was swayed, for a while, until 1998.

During this three-year period, everything became politicized and even the smallest event or incident became grossly petty and exaggerated. An off-hand remark by the university's chief executive officer, a memo distributed by the dean or department head, an informal exchange between two colleagues as they passed in the hallway, and the most casual comment or remark became grist for the rumor mill and was held up to scrutiny and examined for whatever covert significance it presumably contained. Hidden agendas were suspected everywhere and jockeying for position, status, and influence was constant. Obviously, in such highly charged and politicized situations, personalities were also involved and I could not avoid or escape the politics entirely. Nonetheless, I stood my ground and confronted the challenge to my profession, and held fast to my faith in the healing effect of connection to others.

Despite prolonging for three years the closing of my training program, I remember my own break point in the winter of 1995. I was sitting on the edge of my bed, examining the latest flurry of inter-office memos, trying to compose my response in defense of the program, and in defense of myself. My partner entered the bedroom, as I looked up from the papers strewn on the bed, with tears in my eyes and my body visibly shaking with anxiety and fear. "I need your help, I need your help with this, I can't do this anymore." She walked over to the bed, sat down next to me, and gently held me as I let out the tears in the soft hollow between her shoulder and neck. "You never ask me for help, Michael, even when you need to ask me. How can I help?" She drove me to the university late that night to make copies of some meaningless — in retrospect — memo in response to those I had been examining on the bed. On the way, I told her of my decision to resign as coordinator of the training program. She told me that she thought the decision was the best thing for me, but that it was sad to her that so much good would be lost. I resigned at the end of that fall semester in 1995 and the program limped along

until the spring of 1998, when the official announcement was made that it was to be phased out and closed.

It has taken me almost those entire three years to step away finally from that tree. During this time I went to that doubting place of my inner-most faith and negative reflective thinking. I remember looking at a picture taken of me during this period, and being appalled by the depressed and despondent face staring back at me. That visual image was extremely significant in jarring and loosening me from my self-imposed doubt and negativity. I gradually began to see again my confident connection to others, to nature, to my surroundings, to my feelings and thoughts, to my inner-most spirit and faith. I also came to know that part of connecting is disconnecting—what the elders would call stepping away.

Also, this positive knowing was most times synchronous and serendipitous. As fate might have it, we have two old oak trees in our back yard. One is claimed to be the oldest and largest in the city. I had observed for two summers, however, that the other younger and smaller oak tree's leaves were infested with a parasite. The leeches destroyed the leaves, curling them at the edges until they finally died and eventually dropped from their branches. I pruned the lower branches, thinking that might help, and looked from the upstairs bathroom window each morning to see any improvement in the tree's condition. What I observed was that each time the parasites destroyed the leaves, new ones sprouted from the tree's branches. I observed this cyclical process at least three times over the course of last summer. One afternoon, as I stood looking from my deck at the tree, I thought to myself,

This tree has been here for more than 100 years, it has survived a hurricane in the 1930s, it has survived cold winters, summer droughts, floods, and who knows how many prior infestations of parasites. It is strong, vibrant, and alive.... It will most certainly survive and thrive without my consternation or interference. I need to step away and let it be.

I also remembered my elders speaking of the importance of connection and harmony with all things, and my similar insights about trees and the comments I had made to Kim during one of our outdoor therapy sessions. As an ironical aside—that now brings a smile to my face—the university's new symbol is the leaf of an oak tree.

At the end of last summer, I also took a trip to northern Michigan to visit with my son, his young woman, Jodi, and their husky dog, Nyska. They live in a beautiful part of the state, although remote to say the least, and they recently purchased a small starter house with a wonderful view of Otsego Lake. Although my son and I did some very enjoyable father-son projects together, like building a deck on their house, I settled into a routine each morning and evening of sitting on their back steps looking onto the lake, and watching the sun set and the moon rise in the evening. My son and his young woman would always join me at the beginning and ending of each day, as would their husky dog—she would lick my face, bite my hair, drink from my coffee cup, and filch my pack of cigarettes so that I would chase her. Mostly though, I was just with them, and they with me, connected to each other in a meaningful and spiritual way that none of us ever talked about. The focus was not on what we did, what we accomplished, or what we were going to do—we were merely with each other. I kissed the dog on the nose and relished in her puppy energy and spirit, we all sat together on the steps, we looked onto the lake, we talked when someone had something to say, we watched the sun set and the moon rise.

Before I left them for my return to Connecticut, we also connected their computer to the Internet so that we could send electronic mail messages to one another. After my return, I received the following in a series of messages from my son:

Every time I look at the lake now, I smile and my eyes well up with tears. Memories, the things you hold close to your heart.... You are always on our deck looking out at the water.... The fog was thick over the lake this morning, as I left for practice. In fact, you couldn't even see the water ... the air was so crisp. Yet, I found myself once again taking a moment to look out upon the water, struggling as I may to see it. Strange as it may seem, by doing so, I can feel your spirit touch me. It means so much to me that [we] were able to spend that time with you. Your energy remains ever present in our home and in our hearts. Thanks for being my Pops, my father, and my friend.... Look at the moon tonight and think of us, and I will be looking at it and thinking of you. The moon is bright tonight and reflecting off the water. You know, I wasn't sure why I told you to look at the moon, and then a couple of days ago it came to me.... "Little boy blue, and the man in the moon" [Wilbur, 1997]. Strange how the mind works, isn't it? Know that we are thinking of you and loving you.

I have no better words than his to describe the strength and effect of connection, be it the healing outcome and goal of therapy or in our ordinary, everyday lives. Not long ago, I characterized myself as a race horse, living in an academic barn and constrained by the university's external stipulations, controls, administrative micro-management, faculty politics, and hidden agendas (Wilbur, 1998). Then, a few weeks ago, a doctoral student stopped by the house to work with me on her dissertation proposal. She brought with her a greeting card for me, with the inscription, "Barn's burnt down ... now I can see the moon." My son and she are right: at the heart of who I am as a therapist and person is my spirit and my faith in how I am with people — connecting with them and letting them in, confronting the challenges of life, and, sometimes, disconnecting and stepping away from that which I no longer choose to let in, deflect, or confront. This is what keeping my faith in psychotherapy and connecting to others is all about. The barn's burnt down ... now I can see the moon. ▼

## REFERENCES

- Wilbur, M. (1997). Cats in the cradle/little boy blue/man in the moon. *Voices*, 33(4), 55/63.  
Wilbur, M. (1998). Race horse in the bam. *Voices*, 34(1), 33-40

**Deadline for submission:**  
**January 15, 2021**

Direct questions and  
submissions to the editor,  
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or to the guest editors.

See Submission  
Guidelines on the AAP  
website:  
**[www.aapweb.com](http://www.aapweb.com)**  
or in any issue of *Voices*

**Spring 2021**  
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*"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. ▼

## Dynamic Engagement: Relational Connectedness Amidst the Many Faces of Change *Voices*, Summer, 2021

### Call for Papers

FOR THIS ISSUE OF *VOICES*, WE EXPLORE THE QUESTION OF HOW WE STAY RELATIONALLY CONNECTED TO EACH OTHER AMIDST THE MANY CULTURAL SHIFTS AND CHANGES TAKING PLACE AROUND US: changes occurring via the #Me Too movement, increased focus on gender as a non-binary concept, increasing knowledge and awareness around racism and white privilege, and more. Add to those the most recent force for global change: response to pandemic, the need to remain connected over distance, for mutual safety. What lasting cultural and connectivity changes may come from pandemic experience even when we re-emerge from isolation to rejoin our communities? These many winds of change are blowing strongly, requiring organizational structures, social conventions, and relational dynamics to respond. The impact is felt everywhere: in our society, in our organizations, in our relationships, and in our consulting rooms.

Consider: How do we stay connected to our clients amidst all of these changes -- especially if we do not speak to / think about / process these dynamics? How do we stay connected to each other in our offices and in our organizations if we are of a different ethnicity, race, gender or gender identity, sexual orientation, age, socioeconomic level, religion, or political belief? How do we bring these differences into the open, in ways that deepen relational connectedness? How are we staying dynamically engaged with our clients, partners, friends and family, and with each other amidst these many faces of change -- some requiring us to reach across divisive ideologies, others over physical distance, to remain relationally connected?

For this issue, consider how these dynamics show up in your life and in your practice.

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

### ***Deadline for submission: April 15, 2021***

Direct questions and submissions to the editor, Carla Bauer, LCSW  
[crbauer01@bellsouth.net](mailto:crbauer01@bellsouth.net)

See Submission Guidelines on the AAP website:

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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](mailto: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.

Neither the editorial staff nor the American Academy of Psychotherapists accepts responsibility for statements made in its publication by contributors. We expect authors to make certain there is no breach of confidentiality in their submissions. Authors are responsible for checking the accuracy of their quotes, citations, and references.

**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.

**Visual Arts.** We welcome submissions of photographs or art related to the central theme for consideration. Electronic submissions in JPEG or TIFF format are required. If you would like to submit images, please request the PDF of quality standards from Mary de Wit at [md@in2wit.com](mailto:md@in2wit.com) or find it on [www.aapweb.com](http://www.aapweb.com). Images are non-returnable and the copyright MUST belong to the submitting artist.

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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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