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Inviting the

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Editor:

Carla Bauer, LCSW | crbauer01@bellsouth.net
2801 Buford Hwy NE, Ste. 503
Atlanta, GA 30329

Graphic Designer:

Mary de Wit

Business Manager:

Abby MacDonald
P.O. Box 182
Narberth, PA 19072

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Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

The individual has always had to struggle to keep from being overwhelmed by the tribe. If you try it, you will be lonely often, and sometimes frightened. But no price is too high to pay for the privilege of owning yourself.

—Friedrich Nietzsche

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

Inviting the Unconventional Winter 2023: Volume 59, Number 2

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CARLA R. BAUER, LCSW, is in private practice in Atlanta, Georgia. A second career therapist, she brings over 25 years of corporate experience, as well as an earlier journey in theological studies, to her understanding of people and their struggles. Psychoanalytically trained, she seeks to blend psychodynamic and attachment orientations with a contemporary relational presence. When she can't be on the beach, the colors of the beach are on her! As editor of *Voices*, she offers her voice to AAP.

crbauer01@bellsouth.net

Editorial

Whose Convention?

OUR THEME, *Inviting the Unconventional*, mirrors the 2023 Institute & Conference (I&C) of the American Academy of Psychotherapists (AAP) in exploring how psychotherapy practices are adapting to these chaotic, uncharted times, as upheaval of old systems and challenges to the status quo open the way for new clinical approaches and for broadening the accessibility of psychotherapy. While some of these new interventions might be seen as alternative or unconventional, they offer new opportunities to treat diverse populations and keep psychotherapy relevant.

For this issue of *Voices*, authors were asked to consider how understandings of clients and their meaning-making and of social and cultural conventions once taken for granted have changed or been challenged. How do we both remain true to our clinical values and orientations and remain relevant in changing times? What new therapy techniques might we employ to help clients process the upheaval of old systems and status quo and embrace the new and/or unconventional?

Times change, and what was once unconventional becomes mainstream...and sometimes the once conventional becomes the outlier. By the time I was in graduate school, becoming a second-career therapist, it felt like I was uttering four-letter words whenever I voiced my professional goals: psychodynamic, psychoanalytically-informed, private practice psychotherapy. I wasn't expecting that reaction and didn't quite know what to do with it—except to double down and seek additional training outside of my degree program. I almost wondered whether they would still grant my degree upon learning that I had begun psychoanalytic training while completing my

final social work internship. Once mainstream psychotherapy, psychodynamic and psychoanalytic modalities were rapidly giving way to the alphabet soup of evidence-based and manualized treatment protocols, and social work education highlighted policy- and agency-based work above private practice psychotherapy. The program director, my advisor, was enamored with my prior MBA and had visions of my future in agency leadership. Fortunately, my primary clinical professor heard my goals for psychotherapy practice (with no disrespect to those who chose agency work; it just wasn't my path). Still, it seemed I was trying to become yesteryear's therapist. And perhaps I still am, though there is much to embrace in some of the more recent modalities, especially in what neurobiology has brought to the understanding and treatment of trauma and dysregulation. Whether a psychodynamic orientation in these times is conventional or unconventional might depend on who you ask.

On the other hand, societal trends and contemporary psychotherapy reflect many ways in which what was once deemed unconventional finds a place among the conventional. We have come a long way in reducing the stigmas associated with LGBTQ+ identities and countering many of the former barriers marginalizing this population. Likewise, we continue to advance the equality and access of racial and ethnic minorities. Though there are distances yet to go on both fronts, that society has come a long way is evident in how hard some political factions are working to reverse these advances and turn the calendar back to an earlier status quo! With new restrictive laws, book bannings, and culture wars, there is a fierce effort toward forced uniformity around a narrow definition of dominant culture.

All of this shows up in our consulting rooms. With each stride forward on various diversity fronts, mainstream psychotherapy has had to adapt. I might be drawn toward psychodynamic or analytic work, but it can't remain wholly yesteryear's model. It can't remain one that works only for the wealthy. Or the White. Or the male. Or the heterosexual. Or for an outmoded gender binary. We can't assess psychodynamics and meaning-making solely according to an outdated framework of dominant culture. Some of the neat boxes of interpretation historically put around internal psychological dynamics are outdated. For therapy to remain relevant, that framework must embrace diverse cultures. Often, what is labeled unconventional is simply the unfamiliar. With exposure comes recognition of both what we have in common and the value of our differences. Room expands then under the tent of convention, to the benefit of all. I learn so much from my nonbinary and trans clients, for example. Such encounters with what might be deemed unconventional or marginalized by society only enrich my practice and life.

Psychodynamic practice has evolved in other ways as well: e.g., the blank slate yielding to more relational modes of being with clients. And with the contributions from neurobiology, we know that it isn't just the psyche but also the body that must be the focus of treatment: regulating the nervous system, for example, a necessary first step before an activated client can develop insight into their thoughts and behaviors. So, I add to my toolbox skills from dialectical behavioral therapy (DBT), brainspotting, and other trauma models built on polyvagal theory – among other modalities of today's conventional practice. With these eclectic tools and attention to cultural diversity, therapy can be adapted to individual clients rather than limited to a one-size-fits-all standard. Whatever else is in the mix, I still profile my practice orientation primarily by those four-letter words of my grad school years: psychodynamic and psychoanalytically-informed. But is

it conventional or unconventional? I think it is both. And the door remains open to the unconventional.

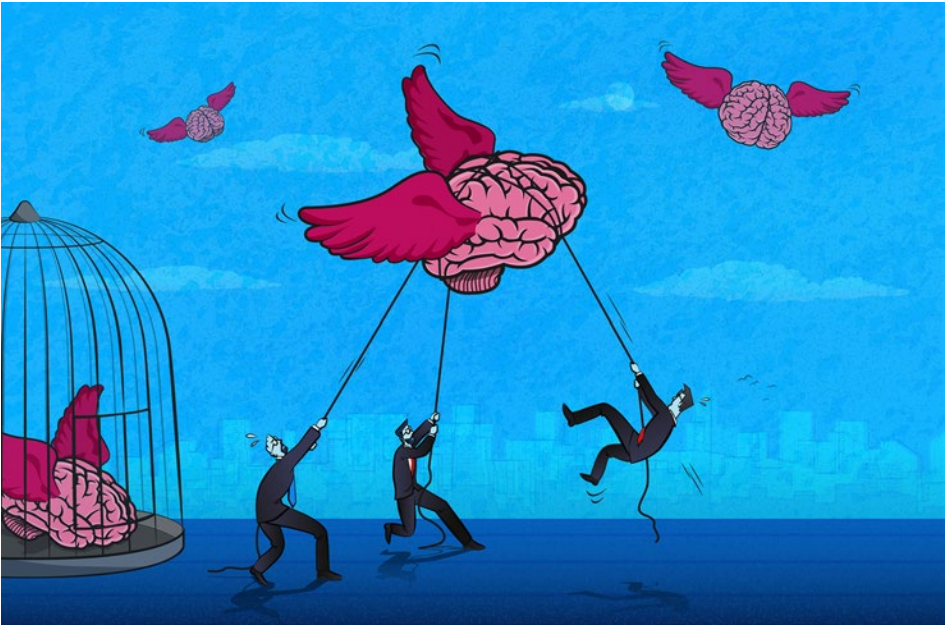
For this issue of *Voices*, authors write of various modes of psychotherapy beyond conventional talk therapy. Scott Baum starts us off, however, with the reminder of how unconventional the very practice of psychotherapy is—even in its most conventional form. Penelope Norton describes stepping out from her typical practice to embrace *Shinrin-Yoku* (forest bathing), taking therapy outside the office and into nature. Claire Marie and Michael Ryan recount their respective experiences in further integrating psychotherapy and nature through shamanic practice. In her commentary on Marie's piece, Pat Webster shares how this account of shamanic practice resonated with her own spiritual journey, and Judy Lazarus takes up Ryan's invitation to reflect upon her own soul journey. John Rhead introduces the unconventional but emergent-again practice of psychedelic-assisted psychotherapy.

Several authors focus on the use of the arts in unconventional forms of psychotherapy. Marilyn Clark brings us clinical extracts from the Bonny Method of Guided Imagery and Music, which shares some of its early roots with psychedelic research before focusing on music alone as the medium into enlightening imagery. Bob Schulte narrates the use of theater in psychotherapy, reflecting upon the dramatic reading of a play performed by the Red Well Therapy Group as a plenary presentation at the recent I&C. Donna DiCello relates a clinical vignette in which she brought her passion for poetry into her consultation room, thereby opening up a new dimension in her work and in her patient's.

Jillian Thomas shares her personal journey through a difficult series of losses and the impact of that experience on her person of the therapist and her practice, which expanded to include yoga alongside psychotherapy. Paula Hamm and Mary Anne Cohen recount pandemic experiences with virtual therapy, reminding us how what once seemed unconventional has become our new normal.

Intervision, *Voices'* long-standing case consultation feature, has been dormant for some time, between feature editors, but makes a modified appearance in this issue to present an unconventional consultation that occurred on the AAP listserv. The case posted by Dan Goldstein drew a wealth of responses exploring the boundaries and norms of group therapy, as well as conventional and unconventional accommodations for ADHD. Finally, Lenore Pomerance shares her book review of *Addressing Challenging Moments in Psychotherapy*, by Jerome Gans, an account of the enduring clinical wisdom gleaned from his career experience that spanned four decades of changing conventions.

This second issue is our last for 2023, deferred from Summer due to insufficient submissions. Our Spring 2024 theme, *Psychedelics and Psychotherapy: Healing and Transformation*, will take us on a deeper journey into the unconventional as we explore the potential therapeutic benefits of psychedelics when paired with psychotherapy. Long viewed as unconventional, and forced underground as in large part illegal, this field is enjoying a resurgence in popularity. Guest editors Steve Eichel and John Rhead bring their experience with this sector, and the issue will be my last as editor, drawing a rich and rewarding journey to a close.



For most of my tenure as editor, the role has been one leg of the three-legged stool of my professional life: therapist, banker, and editor. This unusual combination reflects the kind of quiet unconventionality that has often characterized a life not quite as conventional as it appears. It would be easier to travel more well-worn paths—certainly to focus on one job rather than juggle three—but it would be much less interesting. Being editor of *Voices* has been an incredible experience of discovering new skills, parts of myself, and ways of expressing my voice, as well as being enriched by so many new and different voices. I will be reflecting further over this journey as I embark on my final issue.

If you read something in *Voices* that speaks to you, let the authors know. Keep voices connecting! ▼



Articles

The Whole Enterprise Is Unconventional

CONFESS THAT AT FIRST I WAS TAKEN ABACK BY THE THEME FOR THIS ISSUE: *inviting the unconventional*. The whole enterprise of psychotherapy is unconventional. The permission therapists give ourselves is to behave outside the norms of conventional social behavior. Consider: the openness to the expression of the distasteful, the threatening, the downright horrible about humankind. The willingness to be deeply emotionally and psychologically affected by another person with whom we have no blood or other covenantal bond. The risks of presenting an honest, direct, experience of self to the other person through the medium of our experience of them. The creation of an hermetically sealed environment where no information leaks out to the world outside. The tolerance of a social matrix that is autotelic, meaning, as Professor Omar Khayyam Moore taught me when I was still an undergraduate, that it exists only for the purpose of being in it—no demands or expectations (personal communication). A relationship, as Bion (1985) puts it, with no demands or expectations by the therapist of the patient. Maximal freedom for the other person to be her, him, them, or any other selves they might be. All unconventional.

Then I thought about the 50+ years of my work as a patient, as a person in psychotherapy. I thought about the commitment, first by Vivian Guze and then Mike Eigen and other psychotherapists I've encountered, to the primacy and validity of felt experience. Entirely unconventional. For some, the life in psychotherapy is not a health care activity but a pursuit of self in experience. If one betakes oneself to a retreat on a mountaintop for that process, it is certainly unconventional. Is it less so if conducted on the Upper West Side of Manhattan? Well, certainly not as obvious.

Then I thought about Mike's attitude toward evil, destructiveness, the reality of destroyed soul, and the po-

SCOTT BAUM is a clinical psychologist and bioenergetic therapist living and working in New York. He is faculty at the New York Society for Bioenergetic Analysis and at institutes in Israel and Switzerland. He is also adjunct full professor in the PsyD program at Pace University. docspsych@aol.com

tential irreparability of damage to somatopsychic and spiritual being. The knowledge of this drove Freud (1922) to insist that there must be a drive to destructiveness, and because his conception of personality formation rested on the conviction that there are evolutionarily derived forces that drive us, he was compelled to believe that the destructive force was one of those. Who can blame the man? Watching whole parts of his family and community threatened with annihilation—after living through the horror of the first world war—and escaping, barely, because of the intercession of others.

First, it is very unconventional, even in the psychotherapy community, to treat evil and malevolence with the fear and respect due them. We have patients, among them me, transformed to malevolence. Certainly, in response to the treatment given us, and in identification with the malevolent people who formed us, but also, now, fully suffused, changed, perhaps forever, into similar beings. Fighting, every day, sometimes successfully, sometimes not, often blind, because malevolence—like every other human characteristic—takes time and ego strength to develop a tolerance for conscious experience of it. Especially when facing oneself and those qualities threatens the rupture and termination of needed dependencies and relationships.

Then it is unconventional to link that malevolence formed, perhaps, certainly brought forth, even fomented, by early environments of family and society, to what we see every day on the front page of newspapers and on the television. Somehow, most analyses of the causes of interpersonal violence omit the day-to-day casual violence of humiliation and bullying, in favor of egregious examples. Even then, the analysis is casual and prejudice driven. And, even worse, we have reverted to a form of the bad seed theory, only now the culprit is a neurology gone haywire. No wonder we are afraid of supposedly intelligent machines; we are terrified of our own nervous systems.

How much more unconventional can we get? I wonder at the fortitude of my therapists, not to mention my late wife, also a psychotherapist, as I insisted more and more on separation and finally rupture from my self-announced benevolent father. Now I have patients engaged in these life- and soul-saving operations, and I feel the fear of condemnation by these authorities in their lives. Indictment of me for supporting, leading, their child into this, even when the evidence is incontrovertibly otherwise. How hard must it have been for my therapists and my wife to hold their positions when they knew full well they were viewed as manipulators and home-wreckers.

Dick Olney said to me once many, many years ago, in a workshop, after listening to me speak for a while, “It sounds like you want to know what a shit you are without having to feel bad about it.” I knew at that moment that a door opened, but I had no idea what it meant or how to go through it. I have been going through that door again and again ever since. But for a long time I did not even know what perpetration looked like, felt like. Then, I could not bear to acknowledge it in the places it mattered most. I don’t know if I could have survived facing it. But I have gotten stronger and more capable of facing and knowing the malevolence in me. Not as a part or as a side but as a basic self. Not my only self but a basic self. I said to Mike once in a session—having seen a film made by a well-known filmmaker that seemed to forbear the filmmaker’s perpetrations through forbearance extended to the film’s main character—that I did not want to be let off the hook. Mike said little in those days of our work. This time he said declaratively, and clearly, “No one is letting you off the hook.” What a relief. (I know to be suspicious of this seemingly integral statement: the serpent twists endlessly held in the

crook of the stick.)

The pressure nowadays on therapists to make patients feel safe is a reversion to the conventional. I can make a safe space. Safe from prejudice, from exploitation of dependency, from the intrusion of my self-interest. Indeed, that is one of the unconventional elements of the psychotherapeutic environment. But I cannot make anyone feel anything. I can generate an attitude of unconditional positive regard. What that means is that my respect for the person is not conditional on her, his, or their behavior, feeling, or attitude. My respectful positive regard for the person as a unique being, having equal value to myself and everyone else, belongs to me. I deploy it as a matter of honor and professionalism. I agree to put the person who is my patient, dependent on me, at the center of our relationship process, now and forever.

That is also what makes the relationship unconventional. It would be unhealthy in any other relationship not to trade centrality back and forth. In the psychotherapy relationship the security of the relational, psychic, emotional space depends on my restraint and abstinence from gratification that is driven by my own needs. Being committed to this therapist persona and executing it in the best interests of my patient is a continuous application of discipline. This too is unconventional, because in intimate relationships spontaneity and unguardedness are requisite for being known by and knowing the other.

Many years ago, I listened to Otto Kernberg in a hospital Grand Rounds tell the audience that working with people with borderline personality organization required that we adjust our understanding from people with low self-esteem to people with no self-esteem (personal communication). In a similar vein, when I was a psychology intern, I happened on an as yet unpublished paper by Calvin Settledge (1974) in which he said that in working with children organized as borderline personalities trust was not the vehicle of the therapy but might be its outcome.

Deploying the usual interpersonal and social methods for putting people at ease and enabling them to be comfortable in an intrinsically uncomfortable moment—in a psychotherapy environment—does not even work with some people. It cannot. The therapist's willingness to work in such an environment requires tolerating a reality that is intrinsically unconventional in its dimensions of relationship and in the revelations that may emerge from the maintenance of that environment.

Watching the trends in our field, I have considerable worry that the deep underlying principles that guide psychotherapists to develop and maintain unconventional environments and relationships are fading from view. Or are being dispersed in pressures and demands to soften and abandon them. The dialectic between the maintenance of unconventionality and the use of conventional means of support for a person encountering themselves in the crucible of psychotherapy is a meaningful and necessary discussion between equally important dimensions of the process. The support for psychotherapists to tolerate, endure, maintain, represent, and embody the unconventional nature of our work is indispensable. ▼

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Snow Covered Grandmother Oak by Annie Prescott



Becoming a Shinrin-Yoku Guide

MY JOURNEY TO BECOME A SHINRIN-YOKU GUIDE BEGAN EARLY IN MY LIFE. One thread of the story of my life could be written in the stories of my gratitude for and connection with trees. And, just as in all relationships, being in the presence of a tree is not the same as being in connection with a tree or trees. Have you ever felt the welcome of a special tree?

A fellow therapist, Annie Prescott, wrote of hers:

Ever since I was a child, I felt at home in the forest with the energy of living trees and plants and animals. Hence receiving my nickname, “Nature Girl,” and creating my sacred space on a small horse farm—named “Oakhill” for the massive oak trees we have on our property. Unfortunately, our Grandmother Oak tree died last July. She was about 350 years old. It was truly a tragedy to see that she had fallen, just as I predicted one month before. I had had a conversation with her, knowing she was approaching the end of life, despite her outward appearance of being healthy and vibrant. I was thanking her for all she had given to me, my family and friends and my patients. (personal communication, 2023)

For those of us sensitive to trees, we know that they invite us into connection, as do our human or animal attachments. We are not invited by every tree but only by those where, when through invitation, response, and connection, we come to belong, and they come to belong to us.

The first trees that invited me into connection were a pair of Eastern white pines in the sloping field behind the house. The trees were situated midway between the house and a farmer’s field, offering privacy as well as shelter and shade. Under their boughs I made the first of my nests, a soft place in the tall grass where I could daydream, care

PENELOPE NORTON, PhD, practices psychology in Ormond Beach, Florida. She provides psychotherapy to children, teens, adults, couples, families, and seniors. Her 35 years of practice have brought her increasing confidence and humility. She is inspired by Ralph Waldo Emerson, who wrote, “What lies behind us and what lies before us are tiny matters compared to what lies within us.”

penelope.norton@gmail.com

for my dolls, or enjoy some time alone. The twin pines also supported nests for birds, a treat for my quiet observation. Though there were other trees nearby, such as a tall Dutch elm, a stand of cedars and a stand of birches, I felt an invitation from these pines, which, I later learned, had been a gift from my great grandmother to my parents. The trees' story was interwoven into the family story. My great grandmother placed high value on plants and trees, sharing them generously from her farm to members of her large family. Those pines held so much relational prizing: my great grandmother's relationships to my father and to her farm and to those trees and to me; my father's relationships to his grandmother, her farm, and me; and my own relationships to my great grandmother, her farm, and my father.

Not too many years later, after a move 30 or 40 miles north of my trees, I lived in a home backed by a large pasture, which provided grazing for a small herd of dairy cows. I was, by then, quite comfortable with cows and pastures and all that went with that, including barns full of hay, equipped with milking machines, and a farmer unfazed by the exploration of children. Across the pasture, out of sight of the house, was a stand of apple trees. In the 4 years at the cusp of puberty, that stand became my home away from home. I could climb high enough to be invisible and then read undisturbed for hours at a time. Sometimes the cows might wander beneath the trees, and sometimes not, but the sheltering arms of those apple trees held a space of safety and comfort for me.

A few years went by, during which my relationship with the natural world in general, and with trees, was disrupted by a move to Florida, with its topography that was completely foreign to me. The detachment I felt during this time generalized from the natural world to disrupted relationships with friends and family.

But then, halfway through college, in my newlywed apartment in Florida, there was a dogwood tree that bloomed outside our dining room window. Memories of that tree are especially precious since there are so many fewer dogwoods in the South now, due to a lethal fungus, dogwood tree blight. The blooms from that dogwood were cheerful and encouraging through long hours of studying at the dining room table.

Throughout the years of raising my children, two trees have been special to me. The first, a tangerine in our backyard, was frost bitten the winter we moved into our home. Over my protests, my husband insisted that we wait for its rebirth, though its bare branches appeared dead. After 4 years, it once again produced leaves; after 5 years, it produced a single tangerine. Thereafter, it produced tangerines abundantly for our enjoyment and for the delight of neighbors, family, and guests. We could not consume or give away all that it produced. It lived 25 more years until we lost our house to a fire, and the tangerine tree was one of many losses.

However, for the past 40 years I have also had a connection with the towering hickory tree in my front yard. It is a deciduous tree, which gives me its own version of autumn in January, when its leaves turn golden and eventually fall. It remains bare until spring when it is among the last trees to re-leaf. It produces an enormous crop of hickory nuts, most bountiful every other year, providing food for numerous squirrels and birds--and for my husband's barbecue grill. It provides a cool, shady lawn through Florida's long hot summers. It represents deep-rooted strength and constancy. I certainly gleaned hope from its survival of the fire and its being there to welcome us back, 5 years later, to the place that is home. In fact, many years ago, I wrote a haiku about the hickory, titled, "Home":

Canopy tendered
Steadfast sentinel swaying
Hickory leaf'd friend.

All of this is a preface to explaining that I have had love and connection with trees, especially a few trees that seem to have called to me in unique ways, throughout my life. In his book, *How Then Shall We Live?*, author Wayne Muller (1996) lists four questions as a guide to distilling what is most important from our finite lives. These questions are especially helpful during life transitions, moving from one season to the next. I am in the season of retirement, last chapters, and last opportunities for those things on my bucket list. One of the questions is “What do you love?” And, along with my family, friends, and the practice of psychotherapy, came the answer: Trees!

Sharing my love for trees has been part of many of my life's adventures. With my family, I have camped in wilderness areas on both coasts. I have led many groups of clients (and a few groups of therapists) into the trees for a variety of experiences in the natural world. And, I have led many anxious urbanites back out of the forest. I replanted pine forests with my sons' boy scout troop after a firestorm ravaged local forests.

Early in my career, I chanced to meet esteemed psychologist Eugene Shapiro, then retired and quite senior, when he was working as a part-time supervisor and faculty member at Nova University's newly founded PsyD program. Curious as ever, I asked him how he protected himself from burnout over the course of his 50-year career. His answer was that he regularly undertook training and supervision in a type of psychotherapy with which he was completely unfamiliar. Though he had trained primarily as an analyst, he had also trained in behavioral techniques, rational emotive therapy, and family therapy, to name a few. Over the course of my own career, I have taken his advice, pursuing training in hypnotherapy, Bowen family systems, and Jungian group therapy, among others.

After COVID and the additional stresses it had placed on my self-protection, and after a nasty report to the Florida Board of psychology (which, after 18 long months, resolved in my favor), I needed intensive self-care to balance my depletion. While searching for an out-of-the-box experience, I was also searching for new directions as I move closer, after 40 years, to my own retirement. And, the words from Simon and Garfunkel (1968), “how terribly strange to be 70,” refrain in my head, reflecting my bewilderment at my own age.

I began searching for a training that would be outside the realm of my routine, personal and professional. I had learned of Shinrin-Yoku from preparation for some of my many outdoor experiences, without much consideration of how one might pursue this as a leadership opportunity or therapeutic technique.

My search turned up a training opportunity of 20 weeks with a Polish Shinrin-Yoku guide and trainer who taught online internationally. She was a former university chemistry professor with a current degree in mental health counseling who had started her own business in Shinrin-Yoku. Sounded perfect! Holding my breath at the cost, in January 2023, I pushed “pay.”

Shinrin-Yoku, roughly and frequently translated into English as “forest bathing,” is a Japanese form of healing through quiet, meditative walks among trees, in forests. It evolved through spiritual practices of Shinto, an ancient Japanese religion in which the natural world is honored, as well as from Buddhism, with its emphasis on meditation.

According to Earhart (2004), “Shinto is a naturistic belief system in which harmony between humans and the natural world is sought” (p. 7-8). Shinrin-Yoku’s benefits include stress reduction (Morita, 2007), immune system enhancement (Li, 2007; Miyazaki, 2021), and mood improvement (Yeon, et.al, 2021). Further, it enhances connectedness with oneself and others, and with the natural world, along with providing opportunities to access transcendence, spiritually and psychologically (Keltner, 2023).

The course required weekly reading, written assignments, and weekly experiential invitations to encourage connection with forests and trees. Because the course leader, Milena, is the age of my adult children, it also involved frequent use of technology with which I was unfamiliar. What evolved was a lovely, mutually beneficial interaction in which Milena was very patient with my lack of skill in technology and with my development as a Shinrin-Yoku practitioner, while I could offer her some of my wisdom about the practice of psychotherapy. Meanwhile, this was no course in basketweaving. I have read a dozen books and numerous scientific papers, and I have written 50 pages of assignments.

But, of course, the most important aspect of the training was experiential learning and the discipline of spending hours each week with trees. The winter of 2023 found me in coastal forests, upland hammocks of deciduous trees, and pine forests, as well as suburban parks and my own yard. On weekends, in the mode of activity director, I have planned hikes and outings with my husband and various friends to complete assignments and develop my skills in Shinrin-Yoku leadership. At the beginning, my activities were more akin to hiking, with a destination in mind and mileage or iPhone step counts to achieve. It was a bit like activities in my 10 years as a Boy Scout volunteer, checking off mileage in the pursuit of merit badge requirements with active, physical teen boys, moving fast, competing, singularly focused. This semi-driven, goal-directed approach was also akin to the ways in which I have approached the days of my adult life, accomplishing tasks at work and at home, with the satisfaction of crossing tasks from my extensive to-do lists.

But the essence of Shinrin-Yoku is invitation, not demand, in the furtherance of connection. Shinrin-Yoku sessions unfold through participants’ engagement with and response to a series of invitations designed to further their sense of connection with trees and the natural environment. Invitation applies not only to clients and participants but also to guides, including me. Psychologically, Shinrin-Yoku has a basis in attachment. Modern American life with its technology and overwork generates dismissive attachment to the natural world. Further, some of us are securely attached to the natural world, some are ambivalently or avoidantly attached, and, possibly, some have never developed an attachment at all. In my work as a therapist around healing attachment wounds, helping clients respond to the safe welcome of me, as a therapist, or to the safe welcome of a partner, for example, furthers a more secure attachment.

Allowing myself to experience the welcome into my place in the natural world, a world familiar to my rural childhood (but often lost to me during my busiest adult years), was challenging but deeply satisfying. The German poet Hesse (1988) wrote, “Home is neither here, nor there, home is within, or not at all.” Allowing myself to return home instinctively, to the natural world and to my own world within, was deeply restorative. I wanted to share this opportunity for restoration with others. And so I began, first with family, then with clients and colleagues. Here are some examples.

Edna was a senior woman, who lived alone in modest circumstances, far from her only child. She was depressed and lonely. Her pain was compounded by conflict with her son who had publicized to their larger family his unhappiness that Edna had moved them multiple times during his childhood. Edna was shamed by his complaints about her. Although, as a single mother she had had to move to create economic opportunity for them, she also had moved to satisfy her own enjoyment of differing locales. Edna and I had a Shinrin-Yoku session in a nearby park with a forest walk. In the forest, Edna visibly relaxed. I invited her to select a tree that drew her attention. She selected a tree for its unusual, light-seeking trunk, which grew in a curve, that she thought was beautiful. This led her to an insight about the unusual shape of her own life's path while raising her son. Her small but significant psychological shift came from the possibility of regarding the unique beauty of the path of her life.

Apart from the benefit to Edna, while engaging with her in Shinrin-Yoku, I had a kind of deep peacefulness that I have rarely felt recently in my office. It is possible that my deeper sense of calm enhanced or facilitated Edna's deeper experience, as I, too, felt more space within. Perhaps being away from the site in which I have witnessed and heard so much trauma allowed me to encounter this welcome benefit. Or perhaps the separation from electronic devices and from electromagnetic frequencies which are currently part of everyone's offices was also part of our greater calm.

Shekia attends a day school for at-risk teen girls. She was part of a group that, with their counselor, attended my morning Shinrin-Yoku session. Shekia had grown up in urban environments in Florida, where there had never been a tree on the property of her home. A dancer, Shekia seemed to float down the forest path, her attention drawn to a woodpecker, a fungus, a flower along the way. Relaxed but happy, she reported being drawn to the new growth of trees, as well as feeling a greater openness in her body from the walk. For girls like Shekia, a greater openness to their emerging and new future is an important step in recovery from trauma and upheaval that had led to her placement in the school. In this experience, unlike when I conduct individual therapy in my office, I was not responsible for Shekia's psychological care. I felt lighter, as though despite being more than 50 years her senior, I, too, could dance down the forest path. Paradoxically, at least in that moment, holding less of Shekia made me more available to her.

I chose to lead Shekia's group at the Fairchild Oak, a local park where the so named tree is said to be 400-600 years old, with a trunk nearly 8 feet in diameter. She is majestic. Near the Fairchild Oak I was drawn to another large and aged oak. I became aware of how much life she has supported and continues to support—vines, mosses, birds, fungi, and young oaks. She and I share that privilege, holding and carrying so much life.

Most recently, at the American Academy of Psychotherapists summer workshop, I led a group of a dozen therapists in a Shinrin-Yoku experience. The advance preparation involved finding a site in a distant state, arranging transportation, anticipating safety issues, and preparing for physical concerns such as water and bathrooms, and varying levels of physical ability. Fortunately, there was a Nature Conservancy Sanctuary within a short drive of the conference. This site, Kishwauketoe, was rescued from development by volunteer octogenarian Harold Friesen, who had been a tour boat manager and then a commissioner in local government before his retirement. Harold's love for the beauty of this land of forest and prairie were evident from the light in his eyes as he welcomed my use of the property for forest bathing. He felt that the stewardship of Kishwauketoe

gave his life meaning and helped him overcome the loss of his wife and the many health challenges he had endured in recent years. Harold mirrored my own love for landscape, trees, prairies, and their inhabitants, and he knew the plant and animal inhabitants of his investment intimately, as well as the operations of volunteers in clearing paths, painting benches, raising funds, managing groups, and the myriad other tasks in preserving and honoring the natural world. It was an honor to spend an hour with Harold.

An even greater honor for me was to walk, alone, all the trails of Kishwauketoe in preparation for my workshop. Kishwauketoe, from the ancient and Native American Potawatami, means, “Lake of the Sparkling Water,” or clear water. I needed to scope the site for walkability, time constraints, varying levels of physical abilities, and safety concerns. But those concerns were only my ticket of admission. Once there, I was immersed in the wonder of the place. Having grown up in the Midwest, the plants and trees of Kishwauketoe were familiar to me, like cousins seen only occasionally but of which I was fond. The time was a feast for my senses. The flowers, resplendent fuchsia, nodding thistles, and purple coneflower, were strikingly beautiful in the prairie grass; the bird calls echoed throughout the varied terrains; the sheltering shade trees offered refreshing coolness; and the felt sense of being grounded by actually walking on the ground, rather than concrete, evoked awe, happiness, and calm. Author Susan Cain (2023) describes this feeling as reaching “an open state of mind, a place beyond words in which I feel quiet and empty” (p. 37), in which the landscape’s food for my senses helped me to transcend my ordinary separateness from the natural world and to feel deeply connected--to the natural world, to all others, and to myself. And, I was once again drawn to Kishwauketoe’s oldest tree, said to be more than 200 years old. I was able to sit comfortably on her lowest branch with a view across the landscape. I absorbed her shelter and her strength. She held me as did the apple trees I climbed as a kid, offering both her grandmotherly lap and her spacious perspective. Bathed, like a sacred, ritual bath, by the land of Kishwauketoe, I felt restored to something essential in myself and commissioned, like Harold, to invite others to share it with me. My preparation was cognitive, concrete, and practical, as well as internal, spiritual, and psychological.

From my point of view, the workshop itself had elements of the concrete and practical, both success and failure, as well as the internal successes and less than ideal experiences. It was beautiful weather for a day outdoors, and the arrangements I had made for participant preparation and transportation went mostly well, to my relief. There were glitches, of course, but there were also adaptations and good humor. As participants wandered the site, responding to the invitation provided, there was opportunity for deep quiet, but there were also noisy dog walkers who wanted to converse in the space I had hoped to use for participant check-ins with me. And, the last invitation in a Shinrin-Yoku session is to enjoy tea together in closing, as a way of acknowledging the always passing beauty of life, which holds stability and impermanence. The impermanent paper teacups (biodegradable) leaked, and the tea had to be consumed quickly and unceremoniously. Nonetheless, the blemishes were a form of *wabi-sabi*, in which the imperfect adds to the unique beauty of a work of art.

After I returned home, fellow psychologist Annie Prescott, a workshop participant, sent me a poem she had written about her Shinrin-Yoku experience and posted on Facebook a photo I had taken of her at the workshop, which she described as “divine.”

I loved her use of the word “divine” because it captured the enchantment and magic



I had hoped would occur in response to the workshop.

Personally, my engagements with old trees have influenced my feelings about being 70. While hiking with a group recently in a forested wilderness, I connected deeply with the strength of the oldest surviving trees, who bore scars of fires, illness, or other living beings who impeded their growth, but who, nonetheless, grew strong and true to their nature. This seems possible for me as well. I hope to be a grandmother who offers both a holding lap and an enriched perspective to those I encounter.

Becoming a Shinrin-Yoku Guide has felt sacred, a *hierophany* (May, 2023). By revealing the sacred, Shinrin-Yoku has offered transformation. The sacred is, by definition,

not everyday. Experiencing quiet happiness that is beyond words, the ability to feel an unfamiliar calm, or a welcome lightness with a client have been curative for my post-COVID burnout and sense of depletion. To have opportunities to encounter this well of the divine is sustaining. Shinrin-Yoku has added more to my life than simply another tool in my therapist's toolbox. It certainly adds variety to my practice, benefiting clients. But it also benefits me. It is a welcome antidote to stress and burnout. Most importantly Shinrin-Yoku guides my return to beloved, sustaining attachments to the natural world and to myself. ▼

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Whenever you find yourself on the side of the majority, it is time to pause and reflect.

—Mark Twain



On Becoming a Channel for Love

"MY DAD SAID I SHOULD NOT APPLY FOR THIS JOB..."

I hold my tongue, feeling my anger rising. His father annoys me; I can see clearly that he represents a force of restraint and that Vincent doesn't give himself permission to take off and follow his own path...

I ask him more questions about his past. He mentions violent rows between his parents. He remembers trying to read while covering his ears to shut out their mutual insults. He recalls looking intently at the drawings in his book, while all around him the harsh words were going off like fireworks. The mother always seemed to win these battles, while the father gave in. Did Vincent learn to protect his father? Is he still protecting him? Vincent's body begins to shake... There he is in front of me, a terrified child between parents tearing each other to pieces, his book of art open in front of him. I know Vincent well, and I can tell when one of his panic attacks is starting to build up. I see his spirit; it is floating in front of me. Would it work if I sat down behind him and blew it back into the nape of his neck, bringing him back in his body?

I don't move. I know that even if I were to blow here and now, his spirit wouldn't return.

Who am I in this moment? A shaman? A psychologist? I know deep down that if Vincent were to permit retrieval of his spirit, his father's light would become extinguished. I can see it: the father unconsciously drawing energy from his son's escaped spirit during rows. Rescuing his dad by giving him a bit of his spirit is something Vincent is still doing. And so, here tonight, his loyalty is the issue that fills up the room.

I observe myself and Vincent, who is trembling. If I act

CLAIRE MARIE is a counselling psychologist, shaman, and author. She works between France and the United Kingdom. Alongside her practice in hospital settings, she adapts the principle of shamanic medicine to western psychological interventions, hoping to serve a new society where rituals connecting us to the sanctity of nature serve as powerful healing tools.

Her latest book, *L'Esprit des maladies* (The Spirit of Illness), (France, 2023) forms part of this movement. contact@claire-marie.eu
www.psychologyandshamanism.com

as a shaman, I'm going to lose Vincent as my ally. I cannot force him to betray his loyalty to his father; I must negotiate, and I need ancestral energy. Father and son must give me their permission. I have no choice but to verbalise my hypothesis in a shamanic way.

"Vincent, are you scared?" (He nods.) "Are you afraid of abandoning your father if you retrieve your spirit?" (As my words come out, the tension instantly goes from his body.) "Do you believe that you're going to take his light away from him if you become yourself?"

(He indicates agreement, his eyes closed.) We remain silent. I need to name the father's own light. If he feels acknowledged, he will be able to return his son's spirit.

"OK, Vincent, we can start now." (I get him to stand up and cleanse him with the eggs he has brought.) "That's it, Vincent, let go of the doubt within you. Allow your father to retrieve his spirit. Cast off your own anger and make room in all your cells for the return of your spirit."

Once the cleansing is complete, I ask Vincent to lie down in the direction of the North, the direction of the ancestors. I take his feet into my hands and begin my shamanic prayer: "Mother Earth, Grandfather Sun, spirits of the five directions, I invite you..."

As usual, my mind goes into a small trance as I speak the words. "... Spirit of the West, give Vincent back his artistic intuition and his voice; Goddess of healing, allow life to enter and run through Vincent's blood..." As usual, I end by stating, "Everything is in balance." I ground Vincent by putting my hands on his seven chakras, and then I close the ceremony.

I am not always aware of when and how I integrate my two vocations. Over the years, my two ways of practising have become so intertwined that they seem to be just one. But on that night, I was able to see both worlds, shamanic and psychological, clearly and as two separate systems. I distinctly remember the moment when I realised that before working as a shaman I would have to negotiate my psychologist identity. Bringing Vincent's loyalty into awareness in a psychological way enabled us both to make the father's spirit emerge shamanically. Verbalising the tension led us to an energetical story of ancestors. My shamanic prayer was also directed at the father. Without consciously striving for it, I had developed a model of intervention which integrates psychology and shamanism.

Being a healer, being a psychologist — what is the difference, and how does one live with these powerful identities?

As a child I was very sensitive and interested in people. I read, wrote, and dreamed a lot. I wanted to become a journalist. From 18 onwards I travelled a lot and lived in Berlin, studying politics and medieval history. I went on expeditions in the Soviet Union to follow and observe the way of life of indigenous people. I did not fully understand it at the time, but now I realise that I was experiencing a longing towards cultures, myths, and folklores that my western, middle class, neurotic Parisian upbringing could not fulfill.

At 30, I married an English man and moved to Cornwall, the southwest of the United Kingdom, a very profound and ancient land. I then enrolled in distant learning to study psychology. I was trained psychodynamically, systemically and with good bases in cognitive psychology and western psychiatric classification. The institute I studied with specialised in transcultural psychology. We were encouraged to understand suffering and mental illness as partly fabricated and deeply influenced by sociocultural cosmologies. Instead of focusing on studying patients themselves, we studied the mechanism of co-creation between illnesses, healers, societies, and patients. I suppose I studied medi-

cal anthropology of sorts, just before the term became academically recognisable. This course had a profound impact on my thinking, for it gave me a meta-position to escape treating psychological models as a representation of reality.

As practitioners we are sometimes unaware of how deeply our patients are shaped by our models. A Jungian analyst will trigger Jungian dreams in a patient, for instance. Another example, the cognitive behavioral therapy (CBT) wave¹ has manufactured therapists who think of patients' depressions as having internal origins based on dysfunctional thoughts and problematic behaviours. That is only one way of understanding depression. Another model might understand depression as a societal, spiritual, and energetical illness, offering patients the possibility to connect with their grief regarding the damage we inflict on Mother Earth or the meaninglessness of consumerist society. This model would manufacture different people and, accordingly, a different society.

What kind of psychologist do I want to be? Which model fabricates my view of the world? We Westerners have few models that take the power of the invisible into account. What will I do to a person's psyche when I share a formulation with them? Which force and power will I obey and follow? These were questions which shaped me as I learned to become a counseling psychologist.

When I started working as a counselor, after seeing the patient I would notice strange phenomena happening to me; it felt as if patients stayed with me. I often had a sense that my empathic listening, my warmth, even good formulations, did not fully attend to a deeper need, something I could not myself fathom just yet. I knew it had to do with energies (at the time, I would not have called it spirit) but I did not have any proper models to render this felt sense intelligible. When one day a friend of mine mentioned a shaman in Penzance who had cured her of her insomnia, I rang her: "Can I book a session please?" Her answer: "Well, my teachers are down from Mexico this weekend. Would you like to train in the Aztec Medicine?"

At the time, I was studying to become a chartered psychologist, immersed in equivalences, competencies, and writing essays, thus my answer: "Absolutely not, thank you." I hung up the phone.

That night I told my companion about my phone conversation. He did not hesitate one second: "Go, it is a sign."

I did.

What I learned that weekend transformed my life and my practice. Summarising the essence of Aztec medicine in a few sentences seems impossible, but I shall try. Animist societies view the world as filled with energy; everything is filled with a spirit—from a tree, to a rock, the wind, the oceans, animals, and humans. Humans are no different from the rest of creation. We have consciousness, which expresses itself with words, but it is only one manifestation. In reality, everything is consciousness. Our brain is a tool evolved from the Source, and as such expresses only one aspect of creation. Illness is created by imbalance between a living being and its environment. In shamanic cosmologies, illness is more often than not produced by spirit loss. When humans experience trauma, they dissociate and their spirit (their core energy if you like) leaves the body. This is called a spirit loss. The vacuum created by the loss of energy gets filled to obtain

1 The English have, in the last 15 years invested huge amount of money training counselors in CBT, and this modality has become often the only one offered to patients when seeking help.

balance again. What fills our emptiness can be positive: generosity, kindness, sensitivity, poetry, patience. Or it can be negative energies: self-defeating thoughts, addictions, and excess (food, drugs, work, spirituality, power, sport). Or we become saturated with the energies of others: abusive parents, controlling partners, employers, societal suffering. The lost spirit can't return because we are filled with these energies. The work of the shaman is to cleanse energies that are no longer needed to make space for the spirit to return into the body.

In animistic societies, shamans are not just healers but also act as a sort of priest. The shaman holds the responsibility of managing relationships between spirits and humans. The term shamanism was first used by Russian anthropologists to describe this religious phenomenon in a Siberian tribe, the Tungus. It later extended to describe other animistic cultures ranging from Southeast Asia to lowland South America. In the 1950s Westerners began initiating into these traditional lineages, and this led to a wave of neo-shamanism where contemporary schools of shamanic practices have been developed and a simplification of traditional medicine has occurred. It is in this context that people like me have been introduced to the concepts of *spirit retrieval* and *soul loss* and received shamanic practitioner training.

Spirit loss is similar to what psychologists recognise as dissociation; however, there are some differences. The Western world understands dissociation as a neurological response to trauma, as an internal psychological phenomenon located in the brain: Memory is stored in a dysfunctional way. From this conceptualisation interventions are geared at repairing the dysfunction and helping the brain forge healthier pathways: talk therapy, EMDR, and/or medication. Yet, shamanic cosmologies have no trouble viewing the spirit as held within the wider field of consciousness outside the body. A lost spirit literally escapes as a consequence of traumatic shock, and it can remain outside the body for years. Where? Well, it can hide anywhere, in rivers, trees, animals...I have seen spirits stuck in railway stations, childhood houses, even stars! Lost spirit can be left in someone else's heart, gone with a dead relative, or outside our galaxy even.

In the opening vignette, Vincent's spirit was held in his father's body. In clinical presentations that might be understood as pathological grief, I have often seen a dead person having taken a part of their living relative's spirit with them. The work of the shaman becomes one of detangling and recalling back the spirit and allowing the dead to move on. From this perspective the intervention seeks to repair and heal what is viewed as dysfunctioning: a spirit lost outside a body. The intervention is called spirit retrieval. It involves cleaning negative energies in order to make space for the spirit to be blown back inside the body.

How does the shaman cleanse? How do they bring back the spirit? Different traditions have differing techniques. A stark difference between therapy and shamanism is that shamans do not ask many questions; they rarely listen to the patient's full story. In the Aztec tradition we are taught to clean by rubbing eggs or fruits along the body as a way of sucking the negative and redundant energies of the patient trapped in their cells. There is a similar tradition in Eastern European countries whereby in saunas, called *banya* in Russian, people use birch branches to beat the body until it is clean. We can also use herbs or flowers to perform this function. Effectively, the eggs, herbs, or flowers offer themselves to suck the old energy. While rubbing the patient's body the shaman speaks of the suffering the patient wants to get rid of. The intention is to activate all

aspects of the patient's experience: mental, physical, spiritual, and emotional. Once the cleansing has happened, there is another ritual, called spirit retrieval. In some traditions the shaman enters into an altered state of consciousness to go find the escaped spirit; this requires the use of a drum. In the Aztec tradition, the shaman learns to know the patient through touch and does not use a drum. Before blowing the spirit in the body, the shaman pronounces a prayer, again invoking both the lost parts of the patient's spirit and their guides and protective figures. The patient lies on the front, and the forehead of the shaman literally touches the soles of the patient's feet whilst in prayer. This aligns them both physically and energetically. It is at that point that the shaman blows the patient's spirit into their feet and neck. The ceremony is closed by a firm tap on the top of the head as a way of sealing the work and physically marking the return of the spirit in the patient's body.

Practising these healing rituals had a profound impact on me. They transformed the way I related to patients and their suffering. All my being is now involved in my interventions. Nature, by offering itself, became the channel through which healing is given. When I hold flowers in my hands, look in my patient's eyes, touch their body, pronounce the words that speak of their suffering, and ask the flowers to transmute redundant parts, I become an extension of nature; my body is a channel for pure healing as the entirety of the patient's body is also involved. This is not to say that as psychologists we don't pick up on invisible forces or energies. They are around us in the consulting room; they shape our intuitions, sensations, emotions, and ability to attune with our patients. But very few models offer us means to harness them and manipulate them to the benefit of our patients. We can talk about them but not much more. Our body isn't allowed to live them to the full. Western psychotherapy (its regulatory frameworks to be more precise), has by and large concluded that we are not even allowed to touch our patients. In shamanic medicine, there isn't a split between mind and body; matter holds spirit: smoke, flowers, herbs, fire, are imbued with the love of Mother Earth, and the Word is the force which carries the intention of the healer as well as that of the patient. Through matter we are given an opportunity to relate to what we are made of: nature. The shaman is given tools to move the spirit and provoke healing changes. Through nature, I have learned to offer my patient a new way of conceiving their psychological distress and I became more embodied in my relationship with them. Through nature, I become a channel for love.

With time I began to observe that with Westerners, energetical interventions without prior psychological elaboration are less likely to impact. Through the passing years, I have grown accustomed to listening to patients' stories prior to performing spirit retrieval rituals, allowing significantly more time for narratives to unfold than a traditional shaman would. I encourage patients to consciously express the emotions, thoughts, and energy they want to release. Importantly, I ask them to consciously describe to me the time they might have lost their spirit. This informs the way I will use sacred words in my prayers and ceremony. I often assign rituals for 2 or 3 weeks prior to coming to me for spirit retrieval and write down their intentions regarding reclaiming their spirit. During our session we burn these words. I chant. I touch them. I convey the spirit of fire to release and transmute. It is not just a conversation; both the patient and I are totally immersed in the ceremony. Patients come to me after years of psychoanalysis. Some of them know themselves deeply, yet something has not shifted; their spirit is still

outside their body. The escaped spirit sometimes doesn't return without an external, explicitly directive (intentional) force. Since these people have done so much work on themselves prior to coming to me, their thought process is very flexible, and they usually show amazing improvement after a spirit retrieval, for their whole energetical system had been prepared to shift, let go, and become whole.

After years of working in that way, who have I become? Am I a psychologist? A shaman? For many years I felt I was both, for I could offer to Westerners a healing intervention rooted in ancient tradition without denying their psychological make up. Remaining a psychologist gives me professional recognition, status, and a solid ethical framework. Psychological formulation allows me to hold the form in which the suffering manifests. The Aztec medicine has taught me to listen to the wind and fire; it has shaped me as a healer for it has carved my heart, my cells, my opening to the energies of nature, and it is the opening of the heart that does the work.

Many psychologists and therapists come to me with a profound sense of their deep interconnectedness with nature, but they struggle with manifesting it in their practice. Without necessarily initiating them into Aztec shamanic techniques, I support them into finding their own way of letting nature speak in the consulting room, bringing balance for their patient and themselves. When I work in that way in supervising psychologists and therapists, my differing identities, shaman and psychologist, are totally intertwined, I do not need to separate them. I feel I am just Claire Marie, whose path is to guide Westerners to rediscover and trust their own medicine as they learn to connect to the earth in an embodied way. In this context the shamanic indigenous initiation only serves to re-awake in us Westerners deeply held knowledge that our Cartesian society has cut us from.

Yet, at other times, I have to make a clearer distinction in the style of my intervention and decide whether I am a psychologist or a shaman.

I have a patient, for instance, who suffers from severe dissociation, whose insights and ability to tune into others is phenomenal. It is almost scary, for she is so dissociated that she goes deeper into others. She is defined by our society as a patient, yet no psychologist or therapist has ever managed to heal her. She does not really want to change; too much power is invested in her dissociated self. It is my intimate belief that she will only heal or manage to survive her suffering if she accepts that she is a shaman, if a function is given to her powerful and controlling dissociated self: namely, to heal others. If I approach her with a psychological formulation, I do not leave space for this narrative to manifest; in fact, I will destroy her only chance to heal. I may use my psychological tools to create a safe enough containment as I engage and contract with her, but when I meet her, I have to do so as a full-blown shaman. In situations like this I can't afford to define myself as a psychologist, while in other situations being a psychologist renders me a much more human and subtle shaman. There are no rules, but I have choices.

Or do I?

In fact, being a healer is sometimes not fully a choice. In the last 2 years, I have been called to write a book on the spirit of illness. Agreeing to it has forced me to follow my path as a shaman and writer, making space in my life to allow for this calling to manifest. I gave up everything to follow this path: my job, my home, my partner. In this adventure, I am a shaman and a writer. Yet, still, my identity as a counseling psychologist remains a big part of me. It affords me skills and opportunities to interview and

research in an ethical and astute way, and it will also help give credibility to my book, once published. So up until today, remaining a psychologist has widened my abilities to reach out and heal patients and possibly increased the impact of my shamanic work on the Western public. But in this new phase of my life, I am engaged on a new path where integrating shamanism and psychology is no longer a goal in itself. In fact, almost the opposite; it is as if a force behind my research about the spirit of illness is asking me to surrender... Surrender to something bigger and not definable in Western psychological terms. I no longer have a choice.

Her body, a little plumb, was covered by a soft and white blanket. At her feet, a big candle and the little bowl I use when the patient is invited to burn all the aspect of themselves they want to release. Sonia had come asking for help to free her sexual energy and allow herself to simply live. She felt nature was attempting to communicate with her all the time, but a profound fear prevented her from opening up and trusting the messages she was receiving. As I started drumming, the oak tree and fire appeared immediately, I was instructed not to open my third eye to channel visions for Sonia like I would usually do but simply to drum and be a channel without attempting to remain in charge of the session. "Sonia has to learn to trust, and so do you Claire," was the voice I obeyed. "Fire and the oak tree will transmute her suffering without you needing to talk or use your conscious mind." As I let the energy of spirit take over my body, the usual tiredness I experience after 10 to 15 minutes of drumming had gone...sounds and songs were coming out of my mouth with no effort or directed attention. Time had ceased to exist, and I was filled by an energy I had only encountered on very rare occasions. In having wilfully chosen not to avail my conscious brain to receive images for a patient, I had offered my whole body to a process I no longer had control over. I was a pure channel. I felt myself surrendering to the invisible power of fire and the oak, totally trusting that the job of transmuting would happen without me. I no longer needed visions to bridge the patient's psychological process with the shamanic cosmology. The sheer power and joy I experienced kept my song going for a long time. I felt free.

When, finally, the drum stopped, I came around Sonia's body and held the candle in my hand, gently ordering her to rise. She lifted the blanket from her face and sat in front of me. Between us, the flame of fire. And indescribable light had returned in her eyes.

She was back.

Commentary

I WAS COMPELLED TO CONSIDER RESPONDING TO THIS ARTICLE BY THE TITLE, "ON BECOMING A CHANNEL FOR LOVE." Isn't that what we all really want to do, deep down in our souls? Of course, we want to gain knowledge and expertise, we want our own healing experiences, so that we learn to be good therapists. Yet, so much of therapeutic healing has to do with the relationship between therapist and client, which at its bottom line is love, or at least care.

I came up through the ranks of nursing, as a psychiatric nurse specialist, and later, mainly for insurance reimbursement purposes, earned a doctorate in clinical psychology. When people ask me what I do as a profession, I much prefer to identify myself as a psychotherapist than as a clinical psychologist? Why? Let's look at the root of these words, from their first appearance in the Greek language. "Psyche," appearing in both the words "psychotherapist" and "psychologist," in Greek means "soul." The second part of the word psychologist, comes from the Greek word "lo-

gia,” meaning “the study of.” So a psychologist is one who studies the soul. To me, it seems that in that definition there is some distancing from and objectification on the part of that person who is studying the soul. In the word psychotherapist, the second part of the word is “therapeia,” derived from the Greek verb “therapeuo,” which means “to serve” or “to attend to.” “The ancient Greeks believed the interconnectedness of the mind, body, and spirit, and therapy encompassed all aspects of holistic healing” (Pierce, 2023). I certainly feel this way as I am with my clients.

We live in a time in which there is an increase in people who self-identify as spiritual, somewhere between 27% and 36%, with an 8% increase over the last 5 years (<https://pewresearch.org>). It appears to me that many of us are mental health and/or spiritual seekers, or both psychospiritual seekers and practitioners.

I am one of those myself. I grew up as a Southern Baptist, left the Christian church in response to its patriarchy, and immersed myself in learning deeply and broadly other spiritual traditions. I experienced and then learned to teach nature spirituality, handed down from medicine teachers of the Oglala Sioux to non-native people who shared the native perspective of the spirituality found in nature and who taught that with integrity. I later learned from these same people to guide vision fasts, council circles, and other practices from shamanism and native spirituality. I have led many sweat lodges in earlier years; so did our beloved Academy member Jim Hurley-Bruno, also a therapist. From those experiences, I taught a nature-based-therapy training institute in the Academy. I am not a shaman, but I have experienced bona fide healings from bona fide shamans, one of which I initially inwardly scoffed at. His shamanic healing with me was a significant part in healing a potentially life-threatening anemia several years ago. He has become a friend and a fellow seminary student with me on my path to become a minister in the Unity (not to be confused with Unitarian) Church.

Decades ago, I had just finished a long day in my psychotherapy practice. It was 8 p.m., and I was tired and hungry. The door to the hallway was open. In walked my client, who suffered from dissociative identity disorder, and whom I had seen earlier in the day. She was in an alternative state, highly anxious, and fearful. I took this in and did the first thing that came to mind: I grabbed the large owl feather in my office, lit a smudge stick, and smudged her all over, saying something that I don't remember. She calmed down, became peaceful, thanked me, and left my office.

One of the most powerful practices in Unity theology is that of affirmative prayer. Unity's co-founder, Myrtle Fillmore, healed herself of longstanding tuberculosis in the late 1800s. Tuberculosis at the time was a deadly and incurable disease. Fillmore developed that process based on learnings gained from the New Thought movement at the time. I have found it to be a powerful tool, one that I also used to heal the potentially deadly anemia. Alternative prayer processes are easily translatable into cognitive behavioral therapy. When working with a client, when we together discover thoughts or beliefs that are not useful, I work with my client to release those thoughts and to replace them with positive and affirmative ones. (This is in addition to experiential and family of origin work.) My shaman and Unity minister friend has co-presented classes at Unity Village, headquarters of the Unity Church. In that presentation, he used his shamanic skills, including chakra healing, along with Unity theology.

The author's description of the treatment process with Vincent in which she used both psychology and shamanism sounds powerful. The evidence would be in Vincent's continuing well-being.

In light of all this, I understand the beauty and power of shamanic practices and their usefulness in psychotherapy. The author states that, “Without striving for it, I had developed a model of intervention which integrates psychology and shamanism.” As I read the article, I am curious about the author's absence of information regarding her initial contractual agreement with the client. Did she tell the client that she also practices shamanism along with psychology? Did she explain what shamanistic practices entail? Perhaps she did; the client willingly went along with the shamanic practice performed by the author. He had previously brought in eggs for shamanic cleansing. I believe that if we are going to incorporate alternative healing modalities into our psychotherapy practices, we need to be clear about that in the intake and introductory phases of psychotherapy. Gathering information about the client's spiritual beliefs, practices, and values is an important part of an intake that I always include.

The author does an excellent job of describing animistic societies. That she deeply experienced different and deep energies shortly after beginning work as a counselor was a well-listened-to herald that began her journey into shamanism. The author's description of becoming an extension of that healing found her comparison and differentiation between dissociation and a lost spirit.

Shamans and healers in indigenous cultures have long used the healing forces in nature. Western medicine can learn from shamanic medicine and its embrace of body, mind, and spirit.

At the recent American Academy of Psychotherapists Institute and Conference, I attended a workshop on "forest bathing," a process adopted by Japanese culture and healing traditions. This practice has ancient roots in Japan, where trees and forests have been revered. Shinto and Buddhism hold forests sacred and consider them a realm of the divine. Forest bathing, or *Shinrin-yoku*, was revived in Japan in the 1980s when depression, distraction, and body discomforts were on the increase. The negative effects of the absence of nature have gotten worse with time and are now widely recognized across the world (Japan National Tourism Organization). Absence of exposure to nature has become a diagnosis in some cultures, and exposure to nature is prescribed. I know a very scientifically-oriented colleague who often conducts psychotherapy on outside walks in nature. Studies in Britain and other countries have concluded that "nature based education is the antidote to the modern pandemics of childhood obesity, attention deficit disorders, hyperactivity and depression" (Forest School Foundation, 2020). The author does us a great service in reminding us of the healing power of nature. Whether or not practicing shamanism and psychotherapy together, appreciating nature's healing function should be considered as part of our healer's toolbox.

In her conclusion, the author has more deeply integrated the complexities of using both of her healing powers of psychology and shamanism. I am touched by her statement that "...my identity as a counseling psychologist remains a big part of me. It affords me skills and opportunities to interview and research in an ethical and astute way..." And adds that it not only gives her credibility but helps increase the impact of her shamanic work. The author goes on to say that "...I am engaged on a new path...it is as if a force behind my research about the spirit of illness is asking me to surrender...Surrender to something bigger and not definable in western psychological terms."

While that force is not commonly used in western psychological terms, I dare to define that force as love, in whatever forms it may usefully and appropriately manifest in the service of practicing psychotherapy, of being healers of the soul. May we all deepen in becoming channels for love.

—Pat Webster, PhD

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Michael Ryan



Toward Holistic Healing in Psychotherapy

CLIENTS COME TO THERAPY TO FEEL BETTER. A diagnosis and treatment plan connect them to the possibility of a better outcome and to a system of knowledge. Therapy helps. Therapists dedicate themselves to helping. Is therapy holistic? Does therapy heal? Is holism required for healing? What is a therapist's view of mental illness? A client's?

Soul resists analysis. Living our soul's purpose is our unique connection with the world. What disconnects us?

Indigenous cultures view mental illness differently. The body is an energetic system within the larger energetic system of the universe. Humans contain marginalized parts of themselves who hold past trauma. These parts can become integrated into our authentic selves or soul with effort and skill. A deeper layer, harder to access because of the severity of the pain, is a shadow part that often requires a shaman or entheogen. Then there is the deepest pain of *soul loss*. A part of our soul is split off, and a shaman is needed to retrieve it. Shamanism is a path to integration. My soul retrieval changed my life. A shamanic practitioner returned a part of myself, a part I spent decades searching for, blowing it lovingly into my solar plexus.

During a brainspotting session, a client says, "I feel like I'm in a horror movie."

"Where do you feel that sensation in your body?"

He stares directly into my eyes. Panic. "My heart. It's a closed door."

"What's behind it?" I ask.

MICHAEL RYAN, LCPC, NCC, owns a private practice, Michael Ryan Therapy, in Rockville, Maryland, focused on helping young adults, adults, and LGBTQIA+ with trauma, anxiety, depression, and life transitions. His approach is interpersonal, exploratory, and holistic, including mindfulness, visualizations, emotional freedom techniques (EFT/tapping), energy body clearing, HeartMath, brainspotting, shamanic healing techniques, and psychedelic integration. In addition, Mike has his MA in creative writing and enjoys writing short stories and novels in his spare time. mlryan36@hotmail.com

“I don’t know.”

“Are you willing to peek?”

“No.”

“Do you want to connect with your resource spot for comfort and strength?”

“No.”

I try to offer solace by way of explanation: “Unresolved emotions become bundled up neurons that don’t know where to go, so they stop reaching out and become isolated. Emotions in our bodies connect with this brain spot. This can be intense. A lot of people have trouble at first. Next time, we can start by strengthening your resource spot.”

He takes deep breaths through his heart and spreads a regenerative feeling throughout his body. HeartMath techniques ground him. “I’m done with brainspotting,” he says.

Previous sessions have stayed psychological. Energy resides in his head, where his experience is filtered. In my own body, I feel the emptiness in his torso. He is an atheist but believes in the soul and has never thought about his authentic self. “I’m not normal,” he says. I put a hand on my heart and tell him that I want him to continue to be honest. When he says he’s not normal, it hurts because I care about him. I’m not sure if I should say that. Is it countertransference? Too much self-disclosure? Or am I modeling how to feel? To him, normal means meeting age-appropriate expectations. He’s in his mid-30s, single, 4 years sober, unfulfilled in an hourly job, and scared of relapse. He’s lonely.

Over the next few sessions, we re-visit parts. I begin, “Your heart is tender. And tenderness is more than just a bruise.” He identifies his current self criticizing the bruise, its vulnerability, mistakes, pain. “Who is the child inside, the one who absorbed the blow?” I ask.

“My girlfriend cheated on me. The emotions were too much,” he says, detached, as though re-telling this for the thousandth time.

“What was that child like before the bruise?”

“Happier and freer, I think.”

“Can you feel that part now?”

He looks down, trying to summon this self. “I can’t.”

Before the next session, I imagine this conversation based on shamanic cosmology. “Do you know what a shadow is?” I might ask.

“Some dark hidden place,” he would say.

“Shadows require a light source, obstruction, and landing spot. Like buildings on sidewalks or clouds on earth. Possibly,” I would hesitantly suggest, feeling the humility of my claim on his body, “your obstruction is this heart-door that had to make a choice to process this pain or not. For kids, that choice is often spontaneous and easy because they want to avoid pain. The landing spot is your heart. The light source is you—the original, pure version. Your authentic self is the light and true nature of your heart.” Am I pushing too hard? Am I more invested than the client? I abandon this approach because it feels too cerebral.

It’ll take time, I tell myself. Repeatedly. He’s meeting his goals, although we rewrite them because he’s more depressed, isolated, and anxious. Yet, he is making progress—

more aware of his emotions and able to express them, maintaining his job and college obligations, and still sober. He likes to “get things off [his] chest” with me and appreciates the reminders of his growth. I accept him where he is, but there are other areas I’d like to explore.

“Tenderness is necessary for sadness, but sadness is not necessary for tenderness. There is a love so deep that touches the soul,” I want to tell him.

Buildings and roads block sun and wind and rivers and dirt. Fire, air, water, and earth can’t flow naturally, creating shadows that exist outside ourselves and inside our bodies. Open your heart to the world. Learn from it.

The Divine can’t bless the false.

I became a therapist because I held pain that I turned into compassion. After years of healing, I still hold pain.

My intention for my soul retrieval was not a spiritual one. The fictional character in my novel-in-progress visited a shaman, so I needed to experience this for myself. Skeptic soon turned into believer as I felt a warmth rise from my solar plexus like smoke, settling into my sternum. Heat can’t be fictional. Fire burns with truth. Afterwards, she explained that she tasted the pain and gunk in my throat from choking down all the truths I saw and heard as a kid but didn’t feel safe expressing. She returned to me the gifts of voice, power, and insight. As I listened, the tears that flowed were restrained—how could she possibly know this?

For my client, I can create a safe container for him to explore, yet I have to ask myself—can holistic healing exist without soul?

What is the purpose of skin? I ask this client to participate in an exercise by feeling and sensing each system or body part, the same exercise I use when there is unexplained tension in my own body. Skin protects us from the environment, we answer. Yes, separating outside from inside. Why do we open and close our mouths? To eat or breathe. Receptors in our tongues have two instinctual actions—welcome the food inside or spit it out. After we swallow, where does food go? The stomach. What happens there? Our bodies keep what they need and discard the rest. Which organ processes the air we breathe? The lungs. What happens there? The body keeps oxygen and expels carbon dioxide. What is the function of our immune system? To fight infections. Yes—to distinguish between me and not-me. It gets rid of not-me. What is this tension in your body? A feeling. Of what? A body deciding what to keep and what not to. Why do you keep it? Who keeps it? What are you holding onto?

His wheels are turning. Possibly, a breakthrough. Starting with the fiery truth of our shared humanity, not a projection or countertransference, he must recognize himself in me, a fellow human, and we can begin to share a more intimate space together.

Another client, a junior in college, has depression, anxiety, and substance overuse. We used emotional freedom technique (EFT/tapping) for 20 minutes to decrease his anxiety, a modality that has worked for him in the past and one that I also use. He felt the energy flow through his entire body, reducing his activation from 9 to 0. Mentally, his thoughts became still. Emotionally, he felt peaceful and sensed the presence of his soul. “You are more than your symptoms,” I suggest. We discussed the strengths of these parts—physical, mental, emotional, and spiritual.

In this less activated state, we used the energy body clearing method, another modality effective in the past, to identify the marginalized part that triggered him. This method involves connecting with his body, a higher power, his heart, inner healer, and his authentic self. As his authentic self, he talks to this marginalized part. This part expresses pain, releases tears, and tells him he needs a safe space to love. His authentic self sends that love and provides that space, restoring the gifts of love, humor, and joy to his current self. This method works for me, too. It is a skill he can use between sessions, but he doesn’t.

Sometimes I feel like I toss out ideas and techniques, hoping one will stick. These concepts that feel so deep-down true to me can feel like tricks if they aren’t used more than once. I’m trying to explore all aspects of a client’s humanity to find their unique holistic system of healing.

I ask this client to define anxiety without mentioning the symptoms. He struggles.

In many Native languages a word is more than a symbol. To name a being we conjure up the powers of that being. To create words we use our breath. Breath is life itself. Breath and life are sacred. Names are sacred. Words are sacred (Brown, 2004). What happens to a culture and a person who normalize anxiety without understanding it?

I suggest to this client that anxiety is separation from self. Between a marginalized self and authentic self. Between false self and true self. Between mind and body.

Physiologically, anxiety and falling feel similar. “...a fear of heights is not about a fear of falling, but rather the fear that one might suddenly be compelled to throw themselves over an edge”—*l’appel du vide*—the call of the void. A siren’s song. “People fear not the height, but *l’appel du vide* itself—what the void might call out of them” (Minor, 2021, pp. 6-8). Disconnection feels like falling into the void. The symptom is anxiety. “What happens if you let go?” I ask him.

In a mushroom ceremony, I released pain and emptiness caused by my father’s abandonment when I was 2. I blew, breathed, willed, and cried this energy into the fire. After the release felt complete, I sat back on my heels and felt an energy move toward me. The true archetypes of the father and my inner child returned. I wouldn’t have recognized these energies without my shamanic background. I’d been to countless therapists, energy healers, and shamans and taken many antidepressants, but this darkness remained in my body until mushrooms revealed the presence of my soul through the void.

Afterwards, I went to the lake and woods to be as close as possible to the wild. I

became mesmerized by a jet-black crow on a branch. It suddenly bent its legs as though preparing to leap and let out a loud cawwww! Voice starts with feet. Voice sprouts from the earth. Voice vibrates bone. Clarity.

This client has used mushrooms, but not for healing. He has a deep, profound, and burgeoning sense of spiritual energies, but the use of mushrooms is illegal in most states. My ethical guidelines eliminate the discussion of a potential path towards healing.

Evidence-based practices are never 100% effective. Evidence shows a reduction or absence of symptoms. Is that what it means to be human—the absence of symptoms? The rise in mental illness might be due to our inability to define its terms and the absence of a definition of wellness or human. If we can't define human, then who, exactly, is ill? "Science is the study of what we can measure. Just because we can't measure it doesn't mean it's not real" (Pratt, 2014). We can't measure soul.

It is irrational to believe the rational is the whole, yet we can begin a holistic approach irrationally with quantum mechanics, the foundation of physics.

One rule of quantum mechanics—symmetry conserves momentum. I check in with this client to measure progress and ensure there is movement.

Another rule of quantum mechanics—symmetry results in photons. Symmetry results in light. Souls need integration and symmetry to produce light. Depression is darkness. Guided visualizations help him, me, and others shine light through darkness. This client opens his eyes, and he can tell by my expression that I also resonate with this energy. Sharing light, his light becomes stronger. Two symmetrical beings.

In indigenous cultures, healing is often performed in a community setting. The one who is ill is not "the problem." The community gathers to identify the cause of the illness and heal it through ceremony, dance, dialogue, and love. The symptom is the body's response to the cause of illness. Healing in community heals wounds created by community. I met with this client's family to make sure he had support in his healing process.

Allopathic medicine is great, but cough medicine does not cure the cough. Antibiotics can cure when they target a specific bacteria. There are benefits to both allopathic and homeopathic systems. In the allopathic system, however, what is the cause of mental illness?

"What makes you human?" I ask this client.

"I'm bipedal." We laugh.

Chakras are energy centers that hold unique wisdom in different areas of our bodies. Chakras need to flow freely on their own and between each other for balance and harmony. Chakras are a system of energy in the body and provide a way of being and healing. This client visualizes and meditates through each chakra daily. He agrees that he needs a system, or cosmology, to follow. I am hopeful. He has both a system and its techniques.

In indigenous cultures a child is born with a soul's purpose. It is the community's responsibility to help the child discover and cultivate this purpose to benefit themselves and the community. This often prevents soul loss, shadows, and marginalized selves since soul and community are integrated.

Therapy can help find purpose and a place to belong.

The Ju/'hoansi in the Kalahari Desert release and distribute healing energy, *n/om*, through a community dance. This creates synergy—accessible to all, expanding in unexpected ways, and spreading throughout the community. Individuals come together and go beyond themselves. *N/om* is always available. There is no scarcity of healing since there is synergy (Katz, 2017).

When I sit across from a client, I try to feel both of us as human. With great care, I still consider self-disclosure, transference, and countertransference. I still consider my training, intuition, experience, role, and boundaries. If I hold myself back from being fully human, though, can we create synergy? Can we share power so the client can heal? What if I heal too?

Boundaries are the space that allows me to love you and myself simultaneously. I say this often to myself and clients. Without boundaries, we are easily moved from our soul's purpose. Synergy can be released as we stay within our boundaries. With clients, I keep my chakras mostly closed with my heart chakra more open, maybe 30%. We are giving our knowledge, wisdom, time, and compassion but not giving up our soul.

I feel stuck with a client. She is stagnant in her career, marriage, and life. Our conversations are about fear of failure, not knowing what she wants, how to cope with anxiety, and the uncomfortable tightness in her chest. She prefers cognitive-focused conversations. Staying in the realm of cognition, she will only help her thoughts, although mindful breathing lowers her anxiety. Air.

During a brainspotting session she teared up soon after we found the spot. In 2 years, I'd never seen her cry. She was surprised that water flowed. Her model of a human being resides in her brain.

Air changes our physical bodies every second of every day. We inhale the exhales of those around us—plants, animals, people. Air is the medium that connects us to the world and each other. Mindfulness and meditation connect people intentionally with air inside and outside their bodies. This common ground between therapist and client is more than a simple technique, because the shared experience releases energy.

Fire transforms. Fire integrates. Fire lights the way. Chemical reactions spark our life force. Our fiery passion ignites our soul. Fire only burns with truth.

Water is a shapeshifter. Healing requires shapeshifting. Water nourishes life. Water is powerful enough to destroy barriers or peaceful enough to trickle. Water is related to emotions. Emotions that don't flow are stagnant and don't serve life.

Earth recycles the false and parts that do not belong to us. Earth nurtures and sustains, provides foundation, grounding, and connection. Do we need a scientific instrument to tell us that we treat the earth as an extractable and endless resource like some of us treat ourselves? Grounding visualizations connect us to the energy at the center of the earth.

Air is related to thought. Fire is our vitality. Water our emotions. Earth our body. The four elements and the four directions can create a cosmology for understanding the world and our place in it. The four directions can be utilized to identify and treat a particular issue or ask for advice. A shamanic ritual with any of the elements can release old thought patterns, pain, stories, or beliefs.

Therapy can be a container of sorts to help people find harmony and explore absence. Where is the excess or deficiency in our physical, emotional, mental, and spiritual wisdom bodies?

With my stagnant client, we talked about a gameplan. She decided that her first step was to improve her diet and begin exercising. Physical well-being will create a healthy container in her body to recycle, renew, and restore her fiery passion. Taken in isolation each wisdom body remains isolated. Taken as a fabric of interconnection is the true human experience. This client believes in three wisdom bodies because she does not believe in a soul. “That’s a great idea!” I applaud her, accepting where she is, honoring her power, and respecting the safe and exploratory nature of this container that allowed her to make a life-changing decision. Our alliance is the foundation of holistic healing, and I am part of this container, able to share my own unique wisdom and gifts without a prescription. Yet, I wonder—can her healing be sustainable without a connection to some community, system, or cosmology?

More science—the parts of an atom only exist in relation to other parts. Reality is relational.

Underneath our feet a vast intricate network of mycelia decomposes organic matter and provides those nutrients to the roots of trees that give us air to breathe. Just like us, trees drink water and branch out to soak up the rays of the sun. Branches look like the inside bronchia of our lungs. Mycelia create fruiting bodies called mushrooms. Mushrooms decompose, connect, and nourish. Mushrooms know few borders, breaking through obstacles that create shadows.

Our brains look like a network of mycelia that interact to form our reality, our mind-body. When the different networks of our brain collide—senses, thought, imagination, emotions, memory—a new energy is released. Synergy. Light. A new pattern is created. The authentic self is revealed when all systems respond optimally. Our authentic self is unique and based on the primitive pattern of the universe. As each galaxy is different—or river, or tree—we are all unique in our design and contained within the cosmic. Our human system has a synergistic relationship with the universe, releasing light, revealing soul. Mushroom ceremonies can reveal the soul.

I work with a lot of LGBTQIA+ clients. As a gay therapist, they often seek me out for a sense of comfort and shared experience. This feeling of safety and belonging is an energy that allows them to explore more challenging parts of themselves.

Why the rise in LGBTQIA+ mental health issues? Trauma? Banishment from the larger culture? Yes and yes. And also—banishment from their authentic selves, caused by a culture that is not healthy to begin with. No way to be, and nowhere to go.

At the American Psychiatric Association annual meeting in 1972 in front of a packed crowd, Dr. John Fryer sat on a dais with other prominent psychiatrists using a microphone to distort his voice, and wearing a mask and a tuxedo three sizes too big. He explained:

I am a homosexual. I am a psychiatrist...I am in disguise tonight in order that I might speak freely...we must make certain that no one in a position of power is aware of our sexual preference and/or gender identity. As psychiatrists...we must look carefully at the power which lies in our hands to define the health of others around us... (Fryer, 1972)

Discern between disintegrated truth and integrated truth.

Dr. Fryer continued:

...one cannot be healthy and homosexual, they would say...Many of us work 20 hours daily to protect institutions who would literally chew us up and spit us out...if they only knew...the truth...For all of us have something to lose. We are taking an even bigger risk, however, in not living fully our humanity, with all the lessons it has to teach all the other humans around us. This is the greatest loss, our honest humanity, and that loss leads all those others around us to lose that little bit of their humanity as well. (Fryer, 1972)

He received a standing ovation. Only delusion can be interrupted.

Outsiders teach us.

If truth results in fear, recognize fear as a signal. We are not meant to fear the signal. All change produces fear. The ancient Celts believed that fear is the origin of a disease. And behind all fears stands the fear of death. Their solution—have a relationship in equality with all things.

Therapists help people become human again. Re-human. Open to thought, feeling, body, community, soul, and the relationships between them and between us. What is released with our connection is greater than any of us can do alone.

Every human has a power animal. This is your birthright. This is beyond religion. Your power animal wants nothing more than for you to be your authentic self. Connecting to my power animal has been my best therapy. I'm starting to help others connect to theirs. A power animal is not a coping skill or a technique or a theory. Your power animal gives you advice, heals wounds, and protects you. Your power animal connects you to your body, mind, emotions, and soul.

I recently signed up for a shamanic apprenticeship and integrating psychedelics training.

This is the beginning of my Dear Soul Manuscript (DSM). What is your DSM? What is your client's DSM? Am I a therapist who helps a client, a healer who helps a person, or something else?

Psychology is the scientific study of the human mind and its functions, especially those affecting behavior in a given context. Reading this definition, my stomach and heart drop. Body severed from head. Anxiety. A culturally sanctioned guillotine. Separate from body, emotion, and soul, isolation becomes a desperate clinging to someone else. Or a nation. Of the same. Wielding power over others instead of united in power with others.

Psychology comes from the root word psyche, or mind, and logos, or study. Psychology is helpful as a piece of the fabric of healing, but it's not the tapestry. When clients feel studied, power is in the hands of the therapist. Healing given in a pill of words. That's healing in the age of rising mental illness.

Psycho-formic is mind-browsing. Psycho-phonic is mind-moving. Psycho-zemic is mind-fermenting. Psycho-lytic is mind-releasing. Psyche-hexic is mind bursting-forth. Being is human—browsing, moving, fermenting, releasing, bursting forth.

What do you say?

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Commentary

REVIEWING THIS FULL AND PROVOCATIVE PIECE MANY TIMES has somehow propelled me into reviewing my own process of development as a person and a therapist. Erik Erikson (1950) would nod, I think, as I try to integrate the old stories into some narrative to gather the years. Trying to describe the influences on my development as a person and as a therapist is the beginning of my Dear Soul Letter.

You Who:

I was born to a mother who was loved, then orphaned at age 2 by her mother's death in childbed and her father's abandonment of his children for alcohol and another woman. Adopted by a widow, she was encouraged and loved. She was a mother who made clothes and wanted the par-

ties to be at our house so she could know our friends. She was spiritual and could sense things. I see her more deeply at this point in my life. She introduced me to comedienne Imogene Coca and to dancing and music.

My father was the second son, not a banker like his brother but a foundry worker. Starting at the bottom he grew into superintendent of the foundry before he died young to pancreatic cancer. A practical man, he hunted and fished and fed his family while enjoying his friends each year in Michigan or Wyoming. He was a natural comedian in the face of life.

As a White Catholic girl in a Republican farm town where the railroads crossed, I identified as a Democrat, like my mother. We were for the underdog—which looked like us in a mostly White town. I did well in school and went to college on scholarship. The Catholic Church as lived by the Sisters of Charity gave me lots of leg up. And still, I must leave it periodically.

My soul life has been most deeply lived in places my brain doesn't have words for. That geography is shaped by my friends, partners, and children. It is nurtured by my curious mind and a willingness to be surprised.

In 1994, I was introduced to shamanism by anthropologist, Dr. Felicitas Goodman (1990). I had read about her research with physical stances combined with rattling trance. I was intrigued. As a 50-year-old White woman, family therapist, with five children and a long marriage, I liked that she had claimed a different life after raising her children and restarting her studies in anthropology at age 50.

Starting her working life as a linguist and reframing her focus as an anthropologist, Felicitas did definitive research on glossolalia and studied altered states of awareness.

She was part of Dr. Erica Bourguignon's (1973) study at Ohio State University that showed that something like 95% of the world's small cultures believe that hearing voices and having visions are a sign of health, while in Europe and the United States, we hospitalized people having the same experiences. A German laboratory study demonstrated that rattling trance, combined with a physical posture, reduced cortisol levels, stimulated the production of beta-endorphins, increased the pulse-rate, and dropped blood pressure levels. People who enjoyed the experience were encouraged by Dr. Goodman to become researchers of a visionary world within a predictable container.

As a young therapist, I had cut my teeth on *The Teachings of Don Juan: A Yaqui Way of Knowledge* (Castaneda, 1968). At the community mental health clinic where I worked on the children's team after grad school, I was part of several supervision experiences that taught me a great deal about ways to work with others in therapy. Intermingled with the experiential psychotherapy approach of the leaders of this group was a curiosity among members about the fieldwork of Carlos Castaneda, who, as an anthropology student, wrote of cultivating a relationship with a Yaqui Man of Power.

Castaneda's aim was to document his experience in this world of seers and sorcerers. His vivid descriptions of navigating the different realities of sacred entheogens he ingested were revelatory and magical to me. While I had used alcohol, smoked cigarettes, and marijuana, I had never taken other substances. I had seen at close hand the effects of psychedelics on a particular kid I had worked with at the youth shelter/ group home where I had lived before graduate school. It took a long time for him to come back to himself. I had already felt and believed that it was *All One*. Psychedelics were not on my radar.

But Castaneda's description of an egg-shaped energy body surrounding our bodies was delightful to me, and I immediately adopted thinking about and trying to feel such energy. I was very intrigued that women sorcerers had holes in their energy bodies where their children came through their field and retained energetic connection to their mothers. But all these heady ideas seemed to fade as I tried to figure out how to help a teenager navigate their relationship with a demanding father. More valuable was Gardner's (1971) work on mutual storytelling techniques.

When I read about Dr. Goodman's work, the concept of positioning the body in such a way as to open a doorway into another reality did not seem strange to me. Ancient art is full of images of people from all cultures of the world in non-ordinary poses that are the same stance. A pipe found in central Ohio is in the same stance as a figure from Hawaii. How did they know to stand that way, and what happens when I do? That was my question.

What happened in my first rattling trance was a lot of just listening and listening to the sounds of the rattle. Then Crow appeared close to my face and regarded me, cocking his head. Then, somehow, I was looking at the scene below and I was up high. Afterward, I listened to others speak of their experiences and felt very curious. My friend shook her head about sharing in the group, but at lunch, after I talked about my experience, she said it was better than sex for her. What?!

Thus began my initiation into the delights of bottom-up trance and the Cuyamungue method of investigating doorways to the alternate reality. For some years, my friend and I taught these postures to interested others through homemade workshops that were highly affordable and mostly hosted at my home. One of my teen-age sons got a group of friends interested in these ways of altering consciousness without drugs. We met monthly and taught some principles of balance and respect for a continuum of life. Then we drummed and did a posture. Afterwards, we shared our experiences. The group was called *The Bones of the Future*. Meaning: We are all going to die. How will we live every day?

The Bones still have reunions now and again. They are in their 40s now.

I never considered bringing posture work into therapy sessions because I am not trained as a shaman in any tradition. I knew such people and respected their work. My own experience with these postures was deeply meaningful to me. I lead groups of fellow explorers; I have guides and spirit companions who help me. I was trained as a psychotherapist who must be curious about the worlds of my clients. My own world of spirit is not hidden—I cannot help but speak from that place—but center stage is the client's pursuit of wholeness from their cosmos.

One exception to this rule was a client of long-standing whose son was part of *The Bones*. She came to me requesting to do a healing posture. She had been in many treatment modalities trying to resolve trauma from sexual abuse. She and I never directly dealt with the validity of her memories; we mostly focused on her difficulty parenting a rebellious teenage son. I asked why she was seeking such an experience with me. She said she had a dream. We did Bear posture, a healing stance. I never told her the name of the posture or anything much about what to expect. I rattled and she stood as I directed her for 15 minutes.

In her posture, she was riding through the woods for a long time on horseback. At some point deep in the forest there was a clearing. She got off the horse. A white bear came out of the trees. He said, "What happened to you was not your fault." He hugged her from behind and went back into the woods. She rode out of the forest.

I asked what this meant to her. She began to cry and said she had just needed to hear the message of the bear and let herself feel the comfort of being held in her innocence.

In these days, my practice of therapy is open to being surprised by the appearance of spirits. Recently, during a therapy session with a client who was bullied and shamed as a child by her mother and stepfather, her loving grandmother appeared with a message for her. My client could smell the roses of her grandmother's perfume. It brought her joy and tears. She could feel her wholeness in the memory.

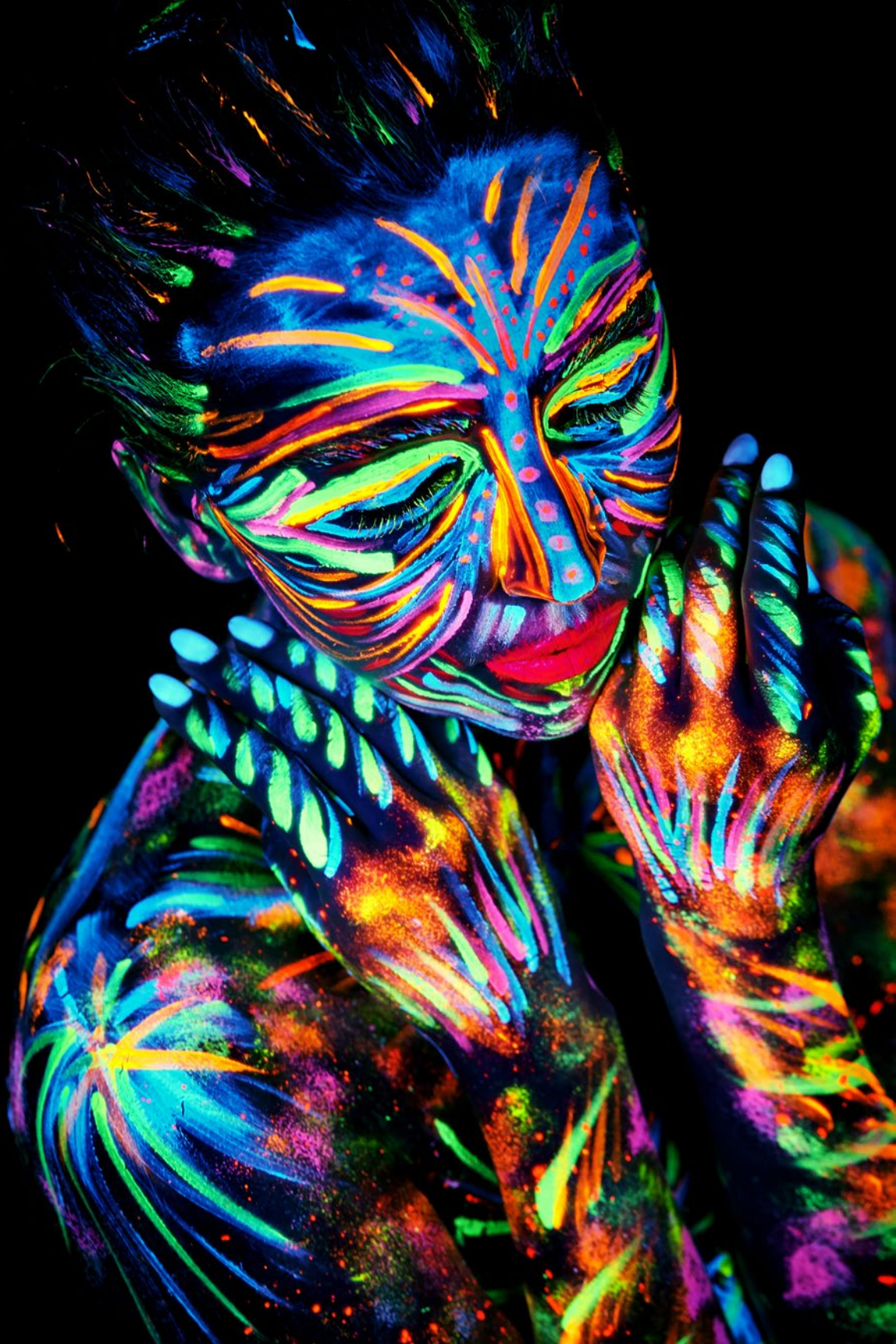
So, You Who, I will keep trying to sing and dance while going through the narrow places. If I forget, please guide me anyway.

Judy

—Judy Lazarus, LCSW-C

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Psychedelic-Assisted Psychotherapy: From Radically Unconventional to Enthusiastically-Embraced Mainstream Practice

MAJORED IN PSYCHOLOGY AS AN UNDERGRADUATE. As an honors major, I got to interact more closely with some of the professors and conduct my own research study on hypnosis. This was the mid '60s, and I was fascinated by everything I heard and read about LSD, but there was no faculty member in the psychology department at my college who was knowledgeable about psychedelics, much less interested in them. As far as I know, I was the first person to take LSD on my college campus, followed by my best friend (also a psychology honors major) about 20 minutes later. That little experiment was much more important to me than the honors thesis on hypnosis, even though the thesis got me into a prestigious graduate program in psychology.

My plan for graduate school was to do my doctoral dissertation on LSD. I moved to the campus in June of 1967, 3 months before classes started, to check things out. There was a small private psychedelic research facility near the campus, and my plan was to conduct psychedelic sessions there and use the results of these sessions for my dissertation. This plan was challenged by the same lack of interest in psychedelics in the graduate school faculty that I had seen as an undergraduate. However, the plan was actually killed when the private psychedelic research facility lost its federal authorization just before I arrived. One of the researchers there advised me to go ahead and get my PhD without ever mentioning psychedelics and then look for some opportunity to get involved with any psychedelic research that might still be going on by the time I was "Doctor" Rhead. I followed his advice and was able to get a position when I graduated in 1971 at the Maryland Psychiatric Research Center, the only place in the United States that was still doing formal research with psychedelics. Research there was focused on the usual: anxiety, depression, addiction, and fear of death. It

JOHN RHEAD was born at the end of World War II in the Mormon territory of Utah. He grew up in Denver, a passionate (geeky) model railroader whose father's passion as a young man had been working for a real railroad. He had natural talent in math and technology and great curiosity about human psychology and spirituality. This curiosity led him to undergraduate and graduate degrees in psychology and exploded when he began to hear about psychedelics.

jrheadphd@gmail.com

was the work with terminal cancer patients who were facing death that most fascinated me. Of course, the line between overcoming the fear of death and achieving some degree of enlightenment is, and was then, somewhat blurry. Were we helping patients overcome an anxiety condition, or were we helping them experience, and continue to live in, a higher state of consciousness?

In addition to research focused on certain conditions, we also had two programs that were broader in their application. One was the LSD Training Program for Mental Health Related Professionals. This included our own LSD sessions that were seen as a critical part of our training as psychotherapists conducting psychedelic-assisted psychotherapy but was also open (by invitation) to professionals outside of our research team, including theologians interested in the spiritual aspects of mental health. The other program was the Referred Patient Program, which I am proud to have created. It was open to psychotherapists in the community who wanted to introduce a psychedelic experience into the ongoing therapy of one of their clients. The therapist was included as a co-therapist in the psychedelic session.

Despite the enormous surge of interest in psychedelics as an approach to psychotherapy in the 1960s, by 1971 the use of psychedelics was not only extremely unconventional, but also illegal in almost every circumstance other than the research center where I was working. Six years later that psychedelic research was also terminated, making psychedelic-assisted psychotherapy so unconventional that it essentially disappeared as a topic of discussion from the public professional world of most psychologists, psychiatrists, and psychotherapists.

What did not disappear was the underground experimentation with psychedelics as an adjunct to psychotherapy and to the larger world of spiritual exploration. While almost by definition the inhabitants of this underground world would be considered unconventional, their numbers and enthusiasm were quietly, but rapidly, growing. It took 25 or 30 years for this underground movement to resurface¹ in the public domain again when Johns Hopkins University began doing psychedelic research. That groundbreaking academic research grew rapidly and ignited a world-wide renaissance of interest in psychedelic-assisted psychotherapy, and in the last few years that renaissance has become a tsunami. Academic research as well as private personal accounts of the amazing results of using psychedelics to address both emotional suffering and spiritual expansion are leading to increasingly blatant ignoring of laws prohibiting the use of psychedelics and to an increasing number of states repealing such laws.

A few years ago, a young academic researcher in England asked to interview me about my early experiences with psychedelic research. As I gave some of my history he said, "Wow, you really are an OG." I assumed he meant old geezer or old goat, and was relieved to learn he actually meant original gangster. I particularly liked the implication of the term "gangster" as being one who could embrace the unconventional.

In the last few years, my OG status has brought me into contact with an increasing number of people in the underground psychedelic world, where I am considered somewhat of an elder. Even as legal restrictions on the use of psychedelics in psychotherapy are being lifted, many of these people will probably still have to practice underground,

1 Thanks to Bill Richards, my friend and colleague from three decades earlier at the Maryland Psychiatric Research Center who carried the torch and kept it burning all those years.

since they lack the formal academic credentials and licenses that would be required to practice psychotherapy at all, much less psychedelic-assisted psychotherapy. While a small percentage of these people seem to me to be hustlers, scam artists, or just plain incompetent, this percentage does not appear to me to be any higher than it is in the group who have all the appropriate academic credentials and licenses. In fact I suspect it is lower.

One thing that was not conventional in my graduate training was the idea that a psychotherapist would be on a life-long continuing education journey in their subjective world. It was expected that one would learn about how psychotherapy is practiced, have a brief experience of personal therapy, and then get on with providing services to patients for the rest of one's career. I was fortunate to run into some people who espoused another point of view shortly after completing graduate school. They were primarily represented by the members of the American Academy of Psychotherapists (AAP), who often stayed in their own personal therapy most of their lives and used gatherings of this organization to interact with one another in deeply intimate ways that stimulated the ongoing exploration of their own inner world. I have come to call this model of therapy existential-interpersonal therapy.

This model has been part of the psychedelic-assisted psychotherapy model since the beginning. In that sense it is a conventional approach within the psychedelic movement. In my experience most of the people who practice psychedelic-assisted psychotherapy have had their own powerful experiences with psychedelics and are expecting to be on their own continuing path of deep personal exploration for the rest of their lives.² This ongoing exploration frequently involves using psychedelics, in which case the term "psychonaut" may be applied to the one doing the exploration. However, other more traditional methods for such exploration, especially from the spiritual traditions of the world, are also employed.

As an OG in the psychedelic movement, I am now getting to see certain unconventional approaches to the use of psychedelics emerge as the younger people experiment and help evolve new practices. The use of a single high dose of LSD, psilocybin, or mescaline is being replaced at times with multiple doses of a variety of psychedelic medicines, some of which I am just learning how to spell. The older convention of a therapy team consisting of a man and a woman to facilitate a person's journey is sometimes now just one facilitator. Group journeys where the participants outnumber the facilitators are also starting to happen.³ My training included mandatory eyeshades and classical music through headphones in a secluded room with two guides for the bulk of the psychedelic journey. Now there is not only much greater variety of musical input but even time spent in nature with no eyeshades or music. I guess part of my experience of being an OG includes getting attached to my own conventional framework for things and then

2 There is some debate about what causes what. Does a powerful psychedelic experience trigger a fascination with the inner world and the depths of consciousness, leading to life-long journey of exploration, or is a person who is already fascinated by such things more likely to take a psychedelic? AAP's requirement that applicants have at least 100 hours of personal therapy can be seen as an admission requirement to be met or as evidence that one is already on a journey of self exploration that can be expected to go on forever. I prefer the latter.

3 Of course, such group gatherings have been part of the use of psychedelic medicines in many ancient cultures. In this paper I am only examining conventionality as it applies to the last 70 years or so.

being challenged by the unconventional things the next generation (or two) introduces.

As conventions evolve, perhaps a few things underlying these conventions remain the same.⁴ For me one of these enduring conventions is the belief in the intrinsic value of an ongoing exploration of one's inner world, whether it is called the personal unconscious, the collective unconscious, the soul, the spiritual world, or whatever. Part of this intrinsic value has to do with the way that it can bring greater peace, happiness, and meaning into the lives of those who undertake this journey. The other part has to do with its potential impact on the survival of our species here on this little planet where we live (Gray, 2022; Rhead, 2019). To the extent that we perceive ourselves as intrinsically and intimately related to all manifestations of life on our planet, it becomes more difficult to do harm. ▼

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New opinions are always suspected, and usually opposed, without any other reason but because they are not already common.

—John Locke

⁴ Practitioners of conventional psychotherapy have always had a mixture of motivations, from altruism to greed. My contacts with the underground practitioners of psychedelic-assisted psychotherapy over the last few years seem to indicate a preponderance of altruism, both for their clients and for the world. As laws are changing and making possible the legal use of



A Legacy of Love: The Bonny Method of Guided Imagery and Music

I HAD JUST FINISHED WRITING THE ADVERTISING BROCHURE FOR HELEN BONNY'S FIRST GUIDED IMAGERY AND MUSIC (GIM)¹ TRAINING SEMINAR when I realized I was not excluded from the categories of who may attend. I asked Helen if I could come to the training, and her response was immediate: "Sure!" It was my Cinderella moment...I could go to the ball! Helen's open hand to me was a turning point in my life. I had my first GIM session with her. With beautiful music assisting me, along with Helen's gentle guiding, I had a transpersonal experience that included meeting a mysterious figure dressed in white who seemed like a spiritual teacher. I was hooked! Training was the next step. As I started learning about GIM from Helen, I found that I had some natural capacity for being present as guide with another as they experienced their inner and outer worlds with GIM. This work has been my primary passion since then.

Guided Imagery and Music was created in the early 1970s as an adjunct technique to LSD-assisted psychotherapy research at the Maryland Psychiatric Research Center. Helen, a music therapist and classically trained musician, worked alongside psychiatrist Stan Grof, psychologists William Richards and John Rhead, and other researchers in assisting volunteers who were given LSD. When the government put a stop to the research, Helen

STAYING OPEN TO CURIOSITY, WONDER, AND AWE, MARILYN CLARK, LCPC, found Helen Bonny's Guided Imagery & Music (GIM) the path she would follow. She became a pastoral counselor, GIM facilitator and trainer, and Reiki practitioner. Drawn to depth work, she studied Carl Jung and Joseph Campbell. Today, Marilyn is a grandmother, mentor, and therapist. She enjoys the company of friends and family. She strives to live her life with maximum joy and minimum regret.
marilynclark01@gmail.com

1 The Bonny Method of Guided Imagery & Music is a form of psychotherapy in which a facilitator (guide) chooses music programs that fit the client's readiness to explore their inner world of imagery, emotion, personal history, and so on. The facilitator's attention and presence along with music can enable the client to safely explore these spaces. For more on the Bonny Method of GIM, see <https://www.ami-bonnymethod.org/> and https://www.youtube.com/channel/UCeNz_6zN8dsmAGB92hecVw?app=desktop

put her creative attention into the development of GIM as a stand-alone form of transpersonal psychotherapy. The method now carries her name, the Bonny Method of Guided Imagery and Music. It is practiced by music therapists as well as psychologists, social workers, and counselors.

To encounter one's inner world through imagery opened by music is an unconventional psychotherapy process. GIM requires specialized training that includes supervision and personal work with an experienced facilitator. As a GIM facilitator and trainer, I have witnessed unusual events in GIM sessions, such as psychic openings, discovery of past lives, and physical healing. The most remarkable therapeutic experience I have witnessed is "Scott's" extraordinary therapy.

Scott's Story

Scott, a middle-aged gay man, entered into therapy with me expressly to experience GIM. His experience turned out to be one of self-acceptance, love, and expanded awareness. The shocking completion of his work haunted me and pushes me to write about it now.

I met Scott through a good friend who knew him as a fellow student in graduate school. Scott was keen to have a psychedelic experience, and my friend knew that I was an assistant guide with the psilocybin research at the Johns Hopkins Center for Psychedelic and Consciousness Research. Scott hoped to be accepted into the research study and wanted to speak with me about it. I knew nothing of the criteria for volunteers invited into the research and was not able to help him. He applied but was not accepted. As a second choice, he was curious about GIM as described to him by our mutual friend. He wanted to have a session with me to see if this method would be a useful way to approach his deep-seated pain and depression. Thus began our journey of exploration, healing, and transcendence.

Scott presented to the world a happy face and was a competent professional as well as a loving, compassionate person. In his inner life, there was a different picture—depression, loneliness, despair, and occasional suicidal ideation. He was deeply, emotionally wounded and had been in traditional psychotherapy including medication for many years. Additionally, in psychotherapy, he had tried ketamine and transcranial magnetic stimulation (TMS). These treatments gave him short-term relief. He was grateful for continuing psychiatric support and felt medication was useful, as it helped him function in the world. He admitted that at times, including the time he worked with me, he would have days of such intense depression that he could barely function. He felt immensely lonely and longed for an enduring love relationship. He hoped our work would clear the way for him to be emotionally ready for a love relationship.

He had had many personal losses, including the death of his father when Scott was a teen, the deaths of friends during the AIDS epidemic, and the loss of a good friend in the recent past. Nevertheless, there were enduring relationships for which he was grateful. He was close with his family members. He referred to his closest friends as his chosen family. He was generous with his time and his caring for others. He was a "big brother" for younger gay men going through difficulties with families, jobs, and relationships. He also was very close with a single mother and her children and enjoyed going on special outings with them.

Scott worked for an organization that helped families cope with the sudden death of loved ones. Daily in his work, he met with families who were experiencing deep pain, anger, loss, and confusion. He was dedicated to this work and was respected for his gentle manner that helped ease the pain of families when a loved one had died.

Scott had very little experience with classical music, but he was curious about GIM as an alternative to talk therapy and a substitute for psychedelic experiences. He bonded easily with me. Our relationship of trust and openness helped to enable him to let go and let the music take him where he needed to go.

We shared having both been deeply touched by the performance of Tom Hanks in the movie, *The Philadelphia Story*. As Tom Hanks' character was dying from AIDS, he had a rapturous moment listening to a recording of Maria Callas singing "La Mamma Morta" aria from Umberto Giordano's opera *Andrea Chénier*.

Listening to classical music was not something that Scott had ever chosen to do. However, he quickly came to tolerate and even like the music and had no problem relating to it. He let it guide and affect his journey, emotions, and states of consciousness. His distance from classical music melted and transformed in the 10 months of our work together, and he reported listening to classical music at home.

I used a standard protocol for a GIM session as developed by Helen Bonny:

- preliminary discussion of the client's presenting issues and personal history;
- guided relaxation and focus on an image or a memory as a starting point;
- with eyes closed, the client listens to the music program chosen by the therapist and reports what is going on within themselves;
- the therapist supports with appropriate comments as the client's experience unfolds with the music;
- when the music program comes to a close, the therapist encourages the client to return to a waking state, letting the active imagination state give way to ordinary consciousness;
- closure and integration are managed by the therapist when the client is ready to examine, review, and integrate what has transpired while music and imagination were the primary focus.

Selected Case Notes

I handwrite transcripts of the music imaging part of a GIM session and share these with the client. The italicized sections below are from Scott's session transcripts, and first-person references are his.

He continued to have bouts of depression and difficulties with some of his relationships and with members of his family. These notes are from his first GIM session:

Then heavy entered the room. But I stay with the dancing.

I feel anxious and depressed...images of being entangled in vines of depression.

That way is familiar. I want to go a different way!

(In his imagery, he pushed off the vines and chose a different path.)

In the GIM sessions he was able to draw strength and positive emotions from the music and his images. He felt at ease and trusting:

All the seasons... All colors are safe... I am content, grateful...beauty surrounds me; I

feel like I get to choose where I go, what I do.

Scott felt alone and had regrets about love relationships that had not endured. He questioned decisions he made about staying or leaving a lover. He grieved those close friends who had died or who were otherwise lost to him due to break-ups. He began to feel better within himself, and as he did so he was able to forgive himself and others for the failures of relationships.

The music is melancholic, grieving. It gives way to light within the darkness. I feel it is cleansing. I let go of a hope of reconciliation with a friend. My heart had been broken in a million pieces and the music helps me clean it all up. The more I surrender to the music, the more joyful I feel. I am in charge of my own stability!

He affirmed being “in charge of my own stability” many times as he gained the inner strength to accept his past disappointments. He felt deep gratitude for lessons of love and life that he had learned in his life.

Through dreams, memories, and the GIM process, Scott often felt the support of those (his father, mother, friends, lovers) who had passed on.

I have a memory of my childhood home and of Mom and Dad sitting together sharing a sweet moment. I feel safe and protected in the swirl. There is nothing threatening. Tiny sprites* come into the room and I feel assured that I am going to be okay. There is no wrong path. [*images that appeared often]*

He had a deep, unresolved regret that his brother could not experience the joy, safety, and peacefulness that he, Scott, found in his outer and inner worlds.

I want him to feel safe and nurtured. I want him in his own cradle... I encourage him to be here. He's doing his own thing behind me...He has his own swirl. There are a lot of the people in his swirl who haunt him. I want him to see the rainbow. There are friends there to love and hold him up.

Two days after our last session, I received a phone call from the friend who had introduced me to Scott. She got right to the point: “Scott is dead.” She explained that she had received news of an accident at a winter vacation resort. He was thrown out of a conveyance he was seated in when it took a sharp curve. His body crashed against an outcropping of rocks. He died within an hour. I was totally shocked and deeply saddened.

Transpersonal View of Scott's Inner World Journey

The last time I saw and spoke with Scott was 2 days before I received news of his death. As I recalled his last session with me, I had a chilling sense of synchronicity. I knew that the morning after our appointment he was going on an adventure with friends. He was happy about this upcoming holiday. But his energy and affect in that last session were different. Scott was quieter, more subdued than usual. He had more concerns about his brother's mental health difficulties. The GIM session was qualitatively different from earlier sessions. Images were disconnected and vague. His imagery narration came in broken sentences, like wispy threads, and he had very low energy. I was puzzled by what transpired for him that evening. I questioned the music choice I had made. He called it ominous music. Indeed, it can be. The first piece on the program was Bach's *Passacaglia and Fugue in C minor* that begins in a low register, and as strings enter, there can be a

feeling of pathos. Perhaps there was unconscious synchronicity in my choice.

From his 16th session:

Looking down. There's a chair facing me. I'm going to sit in it. There's a brook to the side. I feel calm. Part of me is still sitting while another part gets up and is dancing, twirling, graceful. It's very freeing.... My corporal body is in the chair; my spirit is dancing. As ominous as the music felt, I was playing with it. My body is with me now. We do a slow dance around the empty chair. Music summons my swirl. I'm really relaxed...

Later in the session:

There's a casket on the chair. It's open...veins...artery...I'm sitting back and enjoying it. It lulled me...wanted to sleep.

As I look back over Scott's session transcripts, I believe that his unconscious process was preparing him for the transition from life to beyond life. The primary image that was present in every session was the swirl. In the first session, it appeared as *a flame of color* that gave him protection.

Scott's descriptions of the ever-present Swirl portend his passing (from his 1st session):

The Swirl is there like a tornado. Magenta, blue, yellow. Beautiful.

I'm dancing, feeling free.

The Swirl is like a flame, God-like, spiritual. The music goes with it.

It is small, like a child, a newborn. There is no intention of harm. I'm lucky to see it.

I walk around it. I have wings. I admire its beauty. Awe.

It soars, bigger now and is a source of goodness just for me!

It calls me in. I'm entering into it. It's swirling around me. There is color, glitter. It doesn't hurt. It is a loving energy. It has always been here. It is a source of life, healing, and health. It is easy to enter into it.

Mom's and Dad's faces are in there. Others I have loved are in there and they are whispering, "I'm safe." None of them wanted to leave me. It was not their choice.

The beautiful colors of the swirl are enveloping us. The feeling is "I've got you. You are safe now." It's comforting. The colors are beautiful. There is an angelic, divine source. It has a feeling of peace, compassion. I could stay in it. It's bathing me in light, colors. The swirl of color I can step into and I can reset. It's always there for me.

Those who have gone before celebrate with him (from his 9th session):

The swirl is in the clouds. I'm getting high-fives from everyone in it: Mom, Dad, Sam, Aunt...it's not 6 people. It's 6,000 people that have touched my life! They are all inside of me. People who let me know life is beautiful.

Now the swirl is inside of me. It wrapped itself around me, then went right into my mouth! Joyous celebration! Spirits are around. I can call them. The swirl... I am it. ...those who have left me gifts are there. In my swirl are my family of choice, my biological family, my ancestors.

A woman invites him to let go into the dance (from his 4th session):

A dancing woman with long golden hair and white skin. She invites me in. I hold back. It's surreal. No buildings. It is almost an after-death scene. The music envelops her yet she dances with a lightness of being. I resist her with every part of my body. I

just want to watch her. She coaxes me. No one is watching. Her energy is like that of the swirl. There is goodness, no agenda, pure unconditional love. She is the epitome of letting go. She and the swirl are dancing together. I'm floating near the stream. No agenda! Be in the moment! We go to a large meadow. Now I'm dancing too! Running, skipping, free!

He wonders about his legacy (from his 11th session):

I'm mindful of my own Legacy. What's it going to stand for after I die? It's not about ego, but about gifts, people I leave behind. There is more of a story to be written. For so long I couldn't think about legacy. I breathe in the music, take it in internally. It soothes, touches my heart.

I would like to know that people would remember me as a force for good, fairness, authenticity, compassion, passion.

My swirl is spinning like a rainbow-colored Christmas tree top.

Mother Nature becomes one more spirit to dance with the swirl.

I love the idea that when we die we meet the people who have died...my mom, my dad (he is the first one in the swirl). My great aunt, my aunt, even my cat—all are there.

He enters a heavenly realm (from his 13th session):

Winter scene with friends. It's snowy and peaceful. The snow swirls. There's a beautiful white light that has a spiritual feeling to it, and we are all attracted to it. We go up a staircase made of light. It's like an escalator. No one is scared. There are cherubs who take our hands. It feels both real and surreal. We fly with the cherubs.

He surrenders control (from his 14th session):

I feel surrendered to the little people (sprites) as if I'm being carried to a special place. I always put it on myself to have the answer. Life is going to play out.

I'm in a cradle in the woods in the fall of the year, my favorite time. The leaves are at their maximum color before they fall. The cradle levitates over the rocks. The sprites come back. Shimmering golden light. They welcome me back. The swirl is on the path beneath me. It's holding, lifting me. It's comforting, safe. The sprites abound. I'm not sure what's holding me up. Perhaps the energy of the universe?*

The music penetrates me. It's astonishing! I have chills! The music soothes, comforts. This is like a ride in an amusement park, but it's spiritual.

In the cradle I feel confident, not doubtful, knowing I can hear the music and create beautiful scenery.*

Now I'm outside looking at the sky. It's heavenly looking. Wide open space. My body is supported by the earth.

[*He was transported from the scene of the accident by helicopter...a life-saving rescue bag "cradle"?]

He feels regrets (from his 15th session):

I want to bring my brother with me. The swirl is there, but my brother can't see it. I understand he can't see it, nor feel the love that is there. The swirl is spinning radiant energy.

Conclusion

While Scott was not consciously aware that he would soon die, he did have several images that had a life review theme:

- Ancestors and friends whom he loved and who had died appeared frequently in his imagery;
- Unresolved pain he felt about his brother who did not recognize or nurture love in his life;
- Broken relationships and forgiveness of himself and others for pain caused;
- The legacy he would leave when he died.

And he includes us with this comment:

I thank everyone who has been in my life...even those I haven't met. My heart is full and yet there is a lot more space.

There are those special times in working with GIM when the synergy of self, music, and imagination affirm the deep wisdom within us. It can be touched when we let our sense of ordinary, habit-driven days transform into timeless, expanded states. It is often in retrospect that we can piece the puzzle together. In Scott's case, there will always remain mystery with no provable conclusions. From life review to premonition, his deeper consciousness seemed to be preparing him for the transition.

Sages tell us to meditate on death as a preparation for death. I invite you, gentle reader, to consider your own preparation for death with this contemplative exercise:

- Take several long, relaxing breaths;
- Listen to some beautiful music;
- Contemplate where you are in your life right now.
- If you are curious and feel ready, imagine into the future when you will be at the end of the book entitled "Your Life;"
- Contemplate one or all of these questions:
 - What are you proud of?
 - What do you regret?
 - Whom have you loved?
 - Who has loved you?
 - What is the legacy that you hope to leave?



Few things in this world are more predictable than the reaction of conventional minds to unconventional ideas.

—John Anthony West





Red Well Theater: Show and Tell for Therapists

The therapeutic group self is a project... It is the ambitions and ideals of a healing community set into action... Imbedded are stories about what is true and false, lies and honesty, frankness and hypocrisy, about what is morally right and wrong, about oppression, seduction and evilness, about human rights, belonging and trust and authentic encounters in contemporary societies... telling the story is also an enactment that makes the story come alive in the here-and-now.

—Sigmund Karterud (1998)

THEATER AND DYNAMIC GROUP THERAPY SHARE A COMMON AIM—TO EXPLORE THE DRAMA AND TRAUMA OF LIFE, WRIT LARGE AND SMALL. At their best these collaborative enterprises harness trust, spontaneity, creativity, and courage for the noble pursuits of truth telling, healing, growth, and meaning-making. Bearing witness is a central feature. As a group therapy pioneer in the early 20th century, Jacob Moreno championed the integration of these kindred traditions in the service of therapeutic goals. He promoted group therapy world-wide, founded the practice of psychodrama, and established a theater of spontaneity in New York City where the public had an open invitation to experientially learn about psychodrama's action methods (Marineau, 2013).

Circa 1961: Decades later, I too was inspired by the power of theater and groups. Not yet knowing of Moreno or group therapy, my first-grader self was enamored with show and tell, from the butterflies while waiting to be called on by Mrs. Hewitt, to the thrill of a captive audience listening to me tell a story, to my fascination with

BOB SCHULTE, MSW, CGP, is the founding director of the Red Well Theater Group. RWTG supports the professional development of psychotherapists with continuing education programs that feature dramatic play readings presented by therapist-actors accompanied by communal dialogue with and among the audience of therapist colleagues. Bob is a member of the National Group Psychotherapy Institute in Washington, DC, and maintains a solo clinical practice in Alexandria, Virginia.
bobgroup@aol.com

the favorite things and tales my classmates stepped forward to share. Ah, first love.

Three years later my 9-year-old self witnessed live theater for the first time—a small-town production of *Oklahoma!* (Rodgers & Hammerstein, 1943) in the school auditorium. A profound and profane musical treatise on the perils of a community of settlers navigating rural America, *Oklahoma!* was filled with songs that told compelling stories: “I Can’t Say No,” “It’s A Scandal, It’s an Outrage,” “Pore Jud is Daid,” “All Er Nuthin” (Carter, 2020). I so wanted to sing like Curly McLain.

A decade passed, and I graced the stage in a university production of *Jesus Christ Superstar* (Lloyd Webber & Rice, 1971). I was the apostle, Jude. No, not Judas. The other one. The dude with no solos. But I loved the songs of the apostles and dancing in their sandals for a day. I still remember some of the lyrics: “Always hoped that I’d be an apostle / Knew that I would make it if I tried / Then when we retire, we can write the gospels / So they’ll all talk about us when we’ve died” (Songlyrics, 2023). After the final performance I decide to shift my focus to directing. Another 10 years would go by before my theater career imploded, landing me a dream acting gig as a lost soul in a long-running therapy group. Meant to be.

Red Well Theater Group

I regard the theater as the greatest of all art forms, the most immediate way in which a human being can share with another the sense of what it is to be human.

—Oscar Wilde

Dateline 2001: officially a social worker now and a civilian therapist for the U. S. Air Force. With nods to Dr. Moreno’s groundbreaking contributions and the simplicity of show and tell, I resumed my theater career with a modest part performance, part support, part continuing education project that came to be known as the Red Well Theater Group (Schulte, 2017). The RWTG was founded by a cadre of Washington, DC, group therapists who shared a love of theater and a commitment to group therapy training.¹ All brought an affinity for empathic connection with self and other as well as improvisational skills as a natural consequence of their group therapy savvy, core values, vibrant personalities, and theater experience.

The RWTG offers experiential learning for the therapist-as-actor through dramatic play readings and for the therapist-as-audience member through a communal bearing witness experience. A script is selected for its resonance with group therapy, meaningful life encounters, and the theme of a particular conference. Clinically relevant commentary and dialogue between actors and audience follow a play reading. Our goals are to illuminate themes of recognition and well-being in and beyond the therapy group, to deepen a therapist’s empathy for the challenge and benefits of being in a group, and to provide a vitalizing experience in support of therapist self-care.

1 Founding members include Maryetta Andrews-Sachs, John Dluhy, Mary Dluhy, Molly Donovan, Hallie Lovett, Rosemary Segalla, Paul Timin, and Barry Wepman. They were later joined by Kavita Avula, Liz Marsh, Yavar Moghimi, and Rob Williams.

Inviting the Unconventional

Present Time: Well into my third decade of private practice, the producer in me saw an opportunity to submit a workshop proposal for the American Academy of Psychotherapists (AAP) 2023 Institute & Conference, themed “Inviting the Unconventional.” Having been part of a compelling AAP Large Group experiment the previous year, I wanted to find a creative way to return so was delighted to receive an invitation for RWTG to present a play reading as a plenary. We titled our program, “Using a Play to Explore Themes of Moral Injury and Bearing Witness in Clinical Practice.”

The educational goal was to empathize with the humanity of persons who violate their own moral code when transgressing against others or self (Litz & Kerig, 2019). A companion focus was the stressful impact on those bearing witness to the traumatic outcomes of morally conflicted experiences, especially for members of therapy groups, therapists working in any modality, and clinical supervisors.

We selected *Off the Map* by Joan Ackermann (1999). (A film version premiered at the Sundance Film Festival in 2003.) *Off the Map* is both a cautionary tale of moral injury’s psychic impact and a redemptive parable of compassion and reconciliation. An adult Bo Groden revisits trauma-tinged, coming-of-age memories seeking “answers to great mysteries. Of deep love. And loss” (p. 7).

Themes of moral conflict found in the play include the tensions between market capitalism and economies of grace, the impact of technology and disinformation on group cohesion, care and respect versus exploitation of a vulnerable earth, recognition of indigenous peoples’ rights and their traditions, gender bias in values development, death anxiety and the wish for immortality, and the role of faith in daily life.²

Show a.k.a. Enactment

Trauma leaves a void that can be filled only by the revisiting of it, whether through creative productions or through the presence of another: The film, poetry, art, and the therapist make possible the registration of horror. To be mastered, the unspeakable feelings evoked by the trauma must find communicable form, and a structure that gives them coherence and meaning.

—Janice Gump (2010)

In *Off the Map* protagonist Bo Groden looks back on the summer when she was 11 and her family’s desert life spiraled out of control. The play segues back and forth between Bo’s childhood memories and her adult reflections. During that fateful summer her typically cheerful father, Charley, falls into a deep depression. Her resourceful mother, Arlene, known for gardening in the nude, is unsure how to help him. Young Bo, meanwhile, is “mad at the world” (Ackermann, 1999, p. 22), rebelling against a lonely existence of solo homeschooling, make-believe playmates, and endless days weeding the family garden. What she really wants is to attend public school and become a Girl Scout. What she fears is her father killing himself—and she, too, becoming depressed: “Is it

2 The acting ensemble for AAP included Shoba Nayar as Bo Groden; Lee Futrovsky as Bo’s father, Charley Groden; Connie Cannon as Bo’s mother, Arlene Groden; Rob Williams as family friend, George; and Matt Schortland as IRS agent William Gibbs. Musical accompaniment was provided by Tom Teasley.

contagious?” (p.32).

Isolated by her parents’ libertarian lifestyle, Bo creates a master plan to escape their desert wasteland—including a scheme to acquire an American Express card to foot the bill. Family friend George unwittingly aids and abets her petty crimes while otherwise bearing witness to her tirades with reliable calm. Before Bo’s great escape can be achieved, “a saint appeared...dazed and sore of foot” (p. 7). Rookie IRS agent William Gibbs has been sent by the government to find out why no tax returns have been filed for years.

Spoiler Alert: William becomes smitten after his first encounter seeing Arlene au naturel in the garden. Soon thereafter he abruptly abandons his job as an IRS agent. A not-so-subtle competition for the attention and affections of William begins, with idealizing (Bo), twinship (Charley), and erotic (Arlene) transference reactions powerfully impacting him. William reveals to fellow sufferer Charley that his own depression has been a near forever thing, afflicting him from the day his mother died by suicide when he was 6 years old. Within a month, William discovers painting as a life calling. He converts an old school bus into a studio that doubles as living quarters, beginning what will become a lifetime artist residency.

By play’s end, the camaraderie between William and Charley has helped the men transform their suffering into a shared struggle to survive and thrive. George has eloped and moves to Mexico with his new bride. Arlene has her husband back in good health and a daughter ready to launch into a glorious future of public-school peer conflicts and Girl Scout cookie sales.

But not all is bliss. The playwright waits until the last moments of the play to have adult Bo reveal that the present-day William Gibbs has mysteriously died the week prior. His memorial service would be the next day. Without the audience knowing in advance, the playwright has been conducting a rehearsal of sorts for a eulogy yet-to-be-delivered. A deeper meaning of the phrase *off the map* is revealed. As with the death of the Groden’s beloved pet goat, Harry Dean Stanton, William Gibbs is now among the stars and “still a light in our lives” (p. 42).

Adult Bo offers some final details of William’s career as an artist. His first painting, a 31-ft-long mural of the ocean’s horizon became his signature accomplishment. For a time, the flowing canvas lined the inner perimeter of Bo’s bedroom, immersing her in colorful ocean waves with playful sea creatures as her newest imaginary friends. Eventually the mural was “sold to a wily art dealer for \$9,000. Enough to pay off the government, American Express, and fit me with a set of braces” (p. 40). Adult Bo’s parting words reveal the metaphor she cherishes most:

I have of late been pondering that painting. It has struck me to view the ocean as the past, the sky as the future, and the present as that thin precarious line where both meet, precarious because as we stand there it curves under foot. Ever Changing. (p. 49)

One last flashback revelation is done silently. William Gibbs presents young Bo with a portrait of her otherworldly self, cradling a fish. The audience is left to contemplate the symbolic meanings of this complex image. Musician Tom Teasley improvises a gentle goodbye to the spirit of William Gibbs and our time with the Grodens.



Preparing the Way

We will meet, and there we may rehearse most obscenely and courageously.

—Nick Bottom, *A Midsummer Night's Dream*, Act I, Scene ii

My early career as a stage director was helpful in devising a rehearsal process and performance format that recognizes the group members' talents and competing demands on their time and energy. A reading bypasses needing to memorize lines. Think radio play or audiobook. Performing in-the-round, with audience surrounding the actors, mirrors the spatial arrangement used at group therapy conferences and serendipitously evokes William Gibbs' wrap-around painting of the ocean's horizon. These accommodations are designed to allow the therapists-as-actors to better sustain their emotional engagement with one another in the here-and-now.

I am always hopeful about the transformational potential of our creative work together. The journey of preparing a play reading brings members of the acting ensemble into contact with parts of themselves that are well known and other parts that may be less recognizable, ambivalently held, or disavowed. What we learn about our reactions to the self-states of others may be similarly complex and informative. A potent empathy action method from psychodrama that we often use during rehearsal is *role reversal*, whereby actors exchange roles with one another and rehearse a line, a scene, an act, or the whole play, for an experience-near embodiment of the other. This is my favorite technique to cultivate empathy for the self, others, and the group-as-a-whole.

Off the Map weaves an attitude of inclusion and acceptance throughout its storylines, a helpful messaging to inspire our better selves for the task at hand. Therapist-actors embody their characters on behalf of their community while bearing witness to an evolving understanding of their respective roles. This dual perspective parallels in many ways the participant/observer experience of members in a therapy group.

Our rehearsal process is completed during a multi-weekend time frame, with a mix of group meetings, individual scene study, line reading sessions, and finally, a dress rehearsal for friends and family. Post-rehearsal debriefings are a blend of group process discussions and traditional director-actor problem solving. These exploratory conversations are invaluable preparation for the actors' eventual dialogue with the audience.

We played show and tell as a warm-up at an early rehearsal, with each therapist-actor sharing a cellphone picture of a favorite object or work of art from their personal universe and reflecting on its relevance to their role preparation. A walking stick. Pocket telescope. Photos of a sailing dinghy, lone red flower in a field of green, and a Macy's Thanksgiving Day Parade float. A painting of a moon-lit seaside landscape. Driftwood. The conversation that followed? Priceless. Later, I invited Shoba Nayar (Bo) to share some thoughts about her first-ever acting assignment:

I remember seeing a RWTG production over a decade ago and thinking "I so want to do that! It looks like fun." Perhaps my hands have been waiting to catch something new ever since that day. Sometimes the universe takes time to open its doors. I am grateful to find myself here, in this moment, cast as Bo Groden! My scene study sessions with Bob brought up many emotions and some unexpected associations, such as trepidation at the newness of the acting experience; envy of young Bo who was allowed to possess a range of selves and who had such a present mother; a sense of discord between the entitled fury that child Bo feels and expresses and my 11-year-old Shoba cowering in fear at the repercussions of any utterance that wasn't 'nice and agreeable,' and the resonance, as a therapist, of processing adult versus child selves with my clients. I walk away from every rehearsal with many feelings about child Bo, not all of them positive. Along with my admiration for her courage, curiosity, and self-motivation—how many 11-year-olds read the Wall Street Journal unbidden—I hold some ambivalence, even disdain for her conniving, dishonest parts. As the actor portraying adult Bo reencountering her younger child self, I find myself, Shoba, feeling permission to be "more Bo" offstage. Embodying this character has made her vitality more accessible to me. Spotlights have been something I have assiduously avoided in my life, being aware of the discomfort I feel. But now I can remind myself to be "more Bo" and enjoy the attention. (personal communication, 2023)

Knowing/Not Knowing

And by that destiny to perform an act / Whereof what's past is prologue, what is to come / In yours and my discharge.

—Antonio, *The Tempest*, Act II, Scene i

I am aware that until this moment of writing, 2:43 a.m. on July 13, 2023, only I as the article's author knows that the AAP conference is still months away. I have chosen up until now to reference the meeting in the past tense, in a creative effort to finesse the journal's before-our-event submission deadline with an after-our-event publication date. And to, well, keep the faith. Faith that the conference will really happen. That RWTG will indeed present a reading of *Off the Map*. That we will have acquitted ourselves well

enough to justify embracing these aspirational truths as articles of faith.

These splits of past/future, knowing/not knowing, and faith/doubt lead me back to William Gibbs' uncertainty about the veracity of his mother's demise: "No one in my family ever discussed my mother's death, how she died" (p. 31). Or the impact of her being gone forever from William's life. Did she die by suicide? Or was she murdered? Did she even actually die? Maybe she left, desperate for a better earthly life. Was she declared by the family to be "dead to us," banished for unforgiveable sins? These unanswerable questions compel the actors and eventually the audience members to reflect on their own associations and attributions of meaning to fill in the gaps.

My dramaturge, director, and therapist selves also have some enduring curiosity about young Bo and her gender identity development. A young person christened Bo, accustomed to hunting, fishing, and skinning rogue black bears with her father and mother, at about age 11 abruptly declares her name to be forever more Cecilia Rose, with plans to leave home and join the Girl Scouts. This sounds like either the precocious coming-of-age of a cisgender girl, raised as if a son by parents unconsciously enacting a patriarchal fantasy (Yasir, 2023) or a biological male child discovering an emergent transgender identity as a girl (Nevins, 2022). I'm confident the playwright intended the former, reinforced by the film's interpretation. But it's now 2023, and I can imagine the latter as a plausible scenario. I hope this unconventional perspective emerges as a point of interest at our plenary's communal dialogue.

A knowing/not knowing dialectic is both obstacle and compass for wounded healers and suffering strangers finding their way together. I appreciate group therapy and theater as unique holding environments for approaching dissociated trauma through enactment, reflection, and meaning-making, and for seeking an authentic self. (Grossmark, 2017; Segalla, 2006).

Tell a.k.a. Communal Dialogue

Works of art are mere things until we begin to carefully perceive and interpret them... When we choose to interpret out loud to others who want to hear us, we become active participants in public life rather than passive observers, moving toward community and away from isolation.

—Terry Barrett, Art Historian (2003)

I most look forward to the encounter between actors and audience that follows the reading. The interplay between the RWTG acting ensemble and the audience of psychotherapists is an excellent example of "trust, spontaneity, creativity, and courage" collaborating "for the noble pursuits of truth telling, healing, growth, and meaning making," a memorable show and tell of a high order, depicting the shared merits of good theater and therapy groups noted in my introduction. Our discussion format begins with a two-person talk to your neighbor segment to share first impressions, followed by a clinically-informed commentary, and concludes with a free-flowing multilogue.

As a stand-in for reflections about a communal dialogue yet-to-be, I will share some of the ensemble's preparation for the anticipated encounter. First is a summary of identified moral conflicts, per character, and then a structural analysis of the play through the metaphorical lens of a treatment group within a therapeutic community.

Moral Conflicts on a Continuum

The RWTG ensemble identified these examples of moral stress, distress, and potential injury as part of the actors' homework to link their characters' situations to the plenary theme:

- Young Bo's mix of anger and concern for her father; competition with her mother for William's attention; revenge killing of the coyote; petty grifting of corporate entities while duping George; mockery of religious faith; and feeding their livestock chickens antidepressants as a research project designed with her father.
- Charley's ambivalent attitude towards his daughter's growing independence; self-loathing of his own suffering; fiercely independent, help-rejecting attitude, especially towards Arlene's behavioral directives, the offer of watercolors as unofficial art therapy, and group pressure to take antidepressant medication.
- Arlene's growing frustration with Charley's obstinance and her resentment for having to assume sole responsibility for the family's well-being, which now includes William Gibbs, complicated by her reciprocating feelings of erotic attraction towards him.
- George eloping and moving away without directly telling young Bo in advance.
- William's sense that he is somehow implicated in his mother's death; her alleged action of suicide; the Gibbs family silence; and the circumstances of his own death years later.
- Adult Bo's sharing and public witnessing of the memories of her younger self.
- And off-stage felon Carlos Martinez, whose crime and culpability has gone unnamed.

Structural Analysis from a Therapeutic Community Perspective

Therapist Impairment. Arlene and Charley are symbolically the co-therapists of this group embedded in a therapeutically-styled community. Charley, as an impaired leader figure, nominally continues in his professional role as he slowly recovers. Arlene is responsible for most of the interactive leadership functions. Charley's symbolic joining of the patient ranks is demoralizing and disruptive to the co-leader team and yet enhancing of the group's cohesion.

Group Functioning. The ability to accomplish the basic socio-emotional, task, divergent, and cautionary group functions has been compromised because of multiple factors, including leader impairment, an acting out group member, attrition in membership enrollment, viability of the group's continuation, lack of adequate referral sources for finding new members, and the impact of personal traumas, past, present, and anticipated.

New member arrival. William Gibbs is an unexpected self-referral with a history of complex PTSD related to attachment traumas from his family of origin experience. Supplemental individual and creative arts therapies are additional services Mr. Gibbs receives during his treatment. His positive acclimation to the group has an enlivening effect in the group-as-a-whole.

Member departures. Membership was down to two longstanding members. If Bo leaves, the viability of the group is put at risk. Then George unexpectedly terminates his own membership in reaction to a very short-term but meaningful therapy experience (three sessions) with a psychiatrist.

Group endings, beginnings, and continuities. Positively-trending treatment outcomes for all members of this therapeutic group are noteworthy. But the myriad changes, systemically, developmentally, and relationally, call into question the viability of their model of therapeutic community going forward.

“In comforting others do we comfort ourselves” (p. 52). Following a rehearsal, the therapist-actors participated in a process discussion about their own therapist self-care, referencing their identification with characters in the play and actual therapist experience of vicarious trauma in clinical practice to elaborate their perspectives. The candor and empathy expressed for one another brought considerable relief and comfort. This in turn generated a humility and awareness of the profound tells that might be mutually shared with and among their audience of colleagues.

The Therapeutic Use of Creative Arts in Psychotherapy

In psychoanalysis as in art, God resided in the details, the discovery of which requires enormous patience, unyielding seriousness, and the skill of an acrobat—walking a tightrope over memory and speculation, instinct and theory, feeling and denial.

—Judith Rossner, August

Off the Map provides multiple illustrations of the transformative potential of creative arts therapies within “a healing community set into action” (Karterud, 1998). First and foremost, the play as performance art evokes the traditions of psychodrama, theater, drama therapy, and bibliotherapy. Within the play’s distinctive choices of protagonist, plot, characters, and dialogue, playwright Ackermann (1999) employs specific literary, musical, movement, and especially visual art forms to facilitate the unfolding dramatic action and to exquisitely reveal the hearts, minds, and souls of the characters as they pursue their ambitions and desires.

As director and dramaturg, one of my tasks is to search for relevant knowledge, research, and interpretative perspectives to assist the therapist-actors in their efforts to understand the play, their character, and their own subjectivity. Throughout the rehearsal period I am on the lookout for real life inspiration from every corner of the universe. Among many found, the most poignant discovery and inspiration was a recently published book written by an iconic figure in the field of group analysis. *A Psychotherapist Paints: Insights from the Border of Art and Psychotherapy* is a memoir by group analyst, author, and impressionist painter, Morris Nitsun, PhD, published in late 2022. Nitsun is also the author of *The Anti-Group: Destructive Forces in the Group and their Creative Potential*, a classic in group therapy literature.

In his memoir, Nitsun tells his personal story as an immigrant from South Africa, a gay man, a psychologist and analyst in London, and an artist. He reveals intimate details of his lifelong love of painting and describes the enduring tensions between his psychologist self and artist self. He reports an unexpected burst of creative energy during the Covid pandemic, resulting in a prolific output of original artworks. Nitsun then shares his inspiration to hold virtual salon sessions with friends, colleagues, and imperfect strangers to discuss his newest paintings and their impact. The book is filled with breathtaking artwork of dolls and demons, deserted cityscapes, fragile nature, dancers, and four women. Dr. Nitsun died in December 2022, shortly after his memoir’s release. He was 79. I think he would have identified with William Gibbs as a kindred spirit and been moved by our plenary.

I feel comforted having one of Morris’ early impressionist paintings, *Man with Eyes Closed*, arguably a self-portrait of the painter, hanging in my office. My men’s group

responded with keen interest when I relocated the brooding work of art from my home shortly after Covid vaccines helped ease us back into the group room. The men's identifications with the painting launched a compelling session of pondering the painting together. Bearing witness as therapist, I recognized the familiar father themes of longed for recognition and acceptance that have emerged and informed the group over many years. My best, brief recollection (with permission):

Ben imagined the painting was the face of his father, a man he has never met. Juan saw his estranged adult son who refuses to talk to him. Eddie, a soon-to-be first-time father winced at recognizing someone on an alcohol bender: "Could be my dad... could be me... or my kid in 20 years." Tyler insisted he did not see an aging, abusive father, blind to his gay son's longing for acceptance. Devon saw his hidden, hurting self, engulfed in a hailstorm of grief and shame for having relinquished custody of an infant daughter. Connor was moved to tears because the painting reminded him of a father he had known well, respected, and loved dearly. The portrait was as if seeing him asleep in his open casket on their last day together. (personal communication)

I think Morris would have been delighted to know of our impromptu salon and deeply moved by the poignancy of our eyes, hearts, and minds opening to each other in reaction to his painting. The spirit of show and tell lives on, as does Morris' memory. I plan to use/used his painting as a set piece at AAP representing a self-portrait of William Gibbs himself. Meant to be.

Coda

The better you are at letting go of things, the freer your hands will be to catch something new.

—Arlene Groden, *Off the Map* (p. 42)

As I prepare to submit my final draft for review, I hear Mrs. Hewitt in my mind answering a question my first-grader self never thought to ask: "And that's why we play show and tell, Bobby. To know each other through our stories. To learn about life. And to get ready for the second grade." I love you, Mrs. Hewitt.

No matter how the morning ultimately unfolds/unfolded on October 19, 2023, I hope the plenary will leave/has left us with a story worth telling for a very long time! ▼

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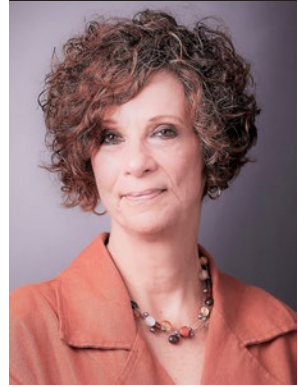
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To behave unconventionally is liable to be misinterpreted.

—Evan Davis





The Invited Guest

I. Therapy Poetica

Poetry is when an emotion has found its thought and the thought has found words.

—Robert Frost

IN MY BRAIDED WORLD, POETRY SINGS ALONGSIDE PSYCHOTHERAPY—its notes jangle the essence of what is not yet palpable, the luxurious creation of movement, the hopeful arousal of curiosity and wonderment. How many times has poetry saved a life or broken one open? I recently read an article about two young men, one of whom had been significantly injured on their hike through a forest; his friend recited poetry to him in the cold until help arrived, keeping him from slipping into the abyss of unconsciousness and certain death—consider such power. As psychotherapists we stand at the gates of suffering and imperfection, trying to see our way in, sometimes with very little light, listening and watching for the cadence of word and action to twist into a solitary thread.

Poetry and psychotherapy: a double-helix for me, the encoding of who I am and how I think not only about my own life but life in general. Poetry has been a conduit for understanding emotion, connection, a broader world view, and a way to name the unnamable. I cannot pinpoint the exact moment when poetry took shape in me, but I cannot recall a time when the shape, sound, and meaning of words were not critical to my view of the world. My first-born, poetry helped me to understand my own internal landscape long before I became a psychotherapist, and later, it cast light on the internal landscapes

DONNA H. DICELLO, PSYD, is retired from full-time clinical practice and serves as voluntary clinical faculty with the Yale School of Medicine, Department of Psychiatry. She has had poems published in a variety of literary journals and was a Pushcart Prize nominee for poetry. Along with her co-author, Lorraine Mangione, she has had a non-fiction release with New Harbinger/Impact Publishers, Inc. titled *Daughters, Dads, and the Path through Grief: Tales from Italian America*.
donnadicellopsyd@gmail.com

of my patients. Poems are my broader map, informing the necessary but at times burdensome confines of theoretical proscriptio.

For so long poetry has been my north star, and I turn to it to get clarity on inchoate emotions, to find peace at the end of a day, and to shake up my thinking and my use of language. I write it, and read it, and write again. Reading the work of others formed the roots of my feminism, opened the gates of emotional fluidity, and honed my thinking. It has become a comfortable old friend that I turn to for answers to life's trials and vicissitudes. And yet, after all my years of practicing psychotherapy, I had never brought poetry directly into a session until recently. With my impending retirement from full-time clinical practice, I began to notice that I somehow felt freer and able to explore who I am/was as a therapist in a different way. I came up to the edges of my familiar psychotherapeutic work and allowed myself to be suspended there, letting curiosity and softness more openly guide the rhythm of my interactions. Why was it in the impending leaving that I was able to stay in such a way?

II: Words as Shape

...every poem breaks a silence that had to be overcome...

—Adrienne Rich

A particular patient in my practice needed this accessibility from me: “M” suffered severe sexual and emotional trauma at the hands of someone close to her; survived a childhood natural disaster; had to reckon with severe mental illness in her family; and as an adult, repeated romantic relationship patterns that signaled back to a painful and ruptured childhood. Despite all of this, she has managed to craft a very successful professional life and a rich social life of openness and vitality that includes many friends, and she has set exemplary professional and personal goals. But M’s deeper emotional history remained a blurry mystery to her, often asking in session what was normal, was she really allowed to feel certain feelings, did bad feelings mean that she wasn’t lovable? Her questions were plaintive, ingenuous, and challenged my boundaries on how direct I felt I could or should be.

In one session M struggled with feeling angry at a certain family member, her face contorting until she actually got to the point of blurting out, “I’m enraged!” Once the word was spoken, she quickly backpedaled, stating that she really loved this person and that anger did not have a place in her world-view. The inner conflict was utterly unbearable as it rose to the landscape of her face, her eyes hardening and softening. For a quick moment the unconscious had broken through, and the shame that traveled alongside it weighed heavily.

It was then that I did something that, for me, was quite unexpected. For many years the Rumi (1207-1273) poem “The Guest House” (in my view, a poem of benevolent holding) has been taped to my computer, and without thought I asked my patient during a virtual session if I could read something that I thought might be helpful. What prompted this, in that particular moment? Was this an example of what Christopher Bollas (2017) describes as the *unthought known*—the experience that has not yet had language or conscious thought but lives as nascent knowledge within us? M quickly said, “Yes,” in response to my question, and I proceeded with the beginning of the poem:

*This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all...*

M listened intently as I continued to the lines,

*The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in...
each has been sent
as a guide from beyond.* (Rumi, in Barks, 2004)

As the poem concluded, M began to quietly cry, her face softening, her body relaxing. If we had been sitting in the same physical space together, the atmosphere would have palpably washed with relief. Like the opening that can come from the reading of a resonant poem, M's whole self was brought into our virtual space: "Donna, I'm not sure I buy the whole thing, but something happened in my body when you read those lines, like I don't need to feel afraid; I'm paying attention."

Paying attention, allowing the shape of the work to alter —was it the words of the poem, or poetry itself, or my going out of my usual bounds to bring poetry in that shape-shifted the session? We sat there quietly for a moment, allowing what had just happened to settle. In that moment, when I suddenly turned toward the poem and brought it into the session, my double-helix revealed itself. What did this mean for me as therapist? With *this* patient? What might another poem have elicited? And what did it mean for M, who in that moment was able to turn to her body as a conduit to her emotional life? More questions than answers —the unthought known.

III. Coda: Liminal Space

How we bear this imperfection, what we make of it, is our great living poem.

—Maria Popova

In the final line of her exquisite poem, "Mandala in the Making," Molly Peacock (2017) writes, "Only when something's over can its shape materialize" (p. 100). With M, the poem concluded, but our work did not; we are in that space between. Homen (2005) describes that space as when "the self is faced with an awareness of a divide, a passage, a space of transit" (p. 289). Such awareness can be followed by a feeling of being unsettled or by exhilaration, often in rapid succession. From our poetry tipping point, M explored her rageful feelings with curiosity and patience, though returning to that space remains intermittent, fluid. Through both its literal introduction into the session and its facilitation of the internal movement of emotion previously experienced as unknowable, the poem illuminated, to both M and me, that *this can become that*. The shape of our work has changed. It has freed both of us to risk in a different way than we had been able to

previously, to meet each other at the edge of our therapeutic work and linger there, allowing room for the poetics of relation to occur, as we wait for the new form to take shape. What happens when a therapist allows something they love to enter into the work, directly or not? When the patient allows herself to be cared for in that way? The words of poetry can facilitate process—invite, unexpected, clearing, dark, meet, laughing. They can land in that place of the unthought known and bring new understanding to light and life. For M, anger emerged through the shadows and became an invited guest; she did not greet anger laughing, as Rumi suggests, but rather tentatively and thoughtfully. Emotions can be our imperfections, and in that way, anger is now a part of M's great living poem. And, we are both in liminal space. ▼

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When I let go of what I am, I become what I might be.

—Lao Tzu



Don't Fly So Close to the Sun, Icarus

THERE WAS A TIME WHEN I BELIEVED I COULD DO ANYTHING, BE ANYTHING, AND THAT IT WAS ALL WITHIN MY CONTROL. I had deep faith in my abilities and limitations. The unlovable parts of me were as worthy as the lovable parts. Deep down, I was afraid, but that fear did not dictate my life. The challenges and obstacles excited me, urging me to work harder and smarter, dig deeper, and above all to never give up. Giving up was suicide. Giving up was what losers did. Giving up was different from choosing a different path. I knew it was okay to take your ball, go home, lick your wounds for a bit, and then go find another group of friends to play with... or maybe go back and play with the same group but with better boundaries. That isn't what I am writing about. This is a deeply personal and professional tale of woe that brought me to my knees, figuratively and literally. For years, I haven't been ready to share it. I hope I am now.

People speak of hope as if it is this delicate, ephemeral thing made of whispers and spider's webs. It is not. Hope has dirt on her knuckles, the grit of cobblestones in her hair, and just spat out a tooth as she rises for another go.

—Unknown

When I turned 30, I desperately wanted a baby. I'm not sure what switch flipped on in my brain. I went from a happily married, dual-working power-couple lifestyle to daydreaming about little toes and belly laughs. The belief was that I would stop taking birth control and be pregnant in a year. That happened, but then it didn't. My husband was overseas when I took my first pregnancy test. It was positive. I was thrilled/freaked out/excited, but it was the middle of the night in Qatar, so I would have to wait to tell him. I went to the grocery store and bought healthy food. I went home, changed into exercise clothes,

JILLIAN M. THOMAS, MA, LPCS, RYT, practices psychotherapy with individuals, couples, families, and groups in South Carolina. She has been working within the military community or in private practice for 20 years. As a registered yoga teacher (RYT), she fuses movement and traditional psychotherapy methodologies with her clients. In 2020, she additionally became a virtual therapist to better serve clients during the pandemic. She enjoys lake life with her family, friends, and dogs.

jillian@jillianthomastherapy.com

and went for a run. By the time I got home again, I was bleeding. Not super heavily, but it was worrisome. I called my doctor. "You are so early in this pregnancy that it is probably a miscarriage. Come in if the pain becomes unbearable, or come in next week to take another pregnancy test and get a sonogram," he said. It was clinical and direct, but it was the truth. I miscarried alone. By the time my husband got back from the desert, I had been pregnant, miscarried, and was just silently holding on to my scars.

The second time I got pregnant, I was convinced it would be different and end with new life. My husband was home this time and able to go with me to my 8-week appointment. As I excitedly lay on the exam table with my flat belly all lubed up and the ultrasound wand looking for my baby's heartbeat, I could tell by the doctor's expression that something wasn't quite right. Perhaps an occupational hazard, but I was good at hearing the loud silences in rooms. Then he spoke: "The baby is measuring smaller than it should. The heartbeat is weak. I'm going to have you come back next week. Maybe you are off about the dates of your last cycle." As I fixed my clothes, I knew I wasn't wrong about my dates. But I held hope. There was a heartbeat. My baby was just small. At 9 weeks, there was no longer a heartbeat. It was there; it was gone. I still felt pregnant. I was ravenous and tired, and my breasts hurt like hell. Blood work confirmed that my human chorionic gonadotropin (hCG) levels were going down. I didn't believe him. I thought he was stupid. As I looked at my husband and he looked back worriedly at me, I asked my doctor what we do next. He replied, "You can go home and miscarry naturally and come back in a week, but if you don't miscarry naturally we will have to schedule a dilation and curettage (D&C). It isn't good to leave a dead fetus in you. Or we can go ahead and schedule the D&C for Monday. It's up to you." No, clearly, jackass, it isn't up to me. If it was up to me, I'd still be pregnant.

More doctors, more bloodwork, more bullshit, and I am now 33 and pregnant again. It's my third strike, or maybe I'll hit a homerun. This baby is amazing. I have a new OB-GYN. I like him. He never comments about me gaining too much weight in my first trimester or makes me feel like I'm asking stupid questions...Dr. Hanna, it's too bad my niece is named Hannah or maybe I would name this baby girl after you. I'm just about in my second trimester. I'm not showing yet, so I haven't told many people. People at work are looking at me funny, but I pretend I'm just getting chunky. I like food. They've all seen how much I eat at lunchtime. It's all good. I drive home to let my fur baby out. He is getting to be an old Jack Russell. All is good; Sammy and I are best buds, and we like having lunch together. As I drive back to work, a truck slams into my Volvo.

There's glass everywhere. My back windshield has imploded, and my trunk is in my back seat. It takes me a moment to register what is happening as my car is punting forward from the force. I have to steer, or I'm going to go into oncoming traffic. I steer and slam on the brakes. The sheer force of the accident makes me sure that I've just been robbed of my one healthy baby. I am mad! I get out of the car as a big man comes running toward me: "Are you okay? I'm so sorry. I looked down for a second and then when I looked up, I had hit you." Oh man, I'm pissed...I'm going to scream at this redneck until he cries. And I do. Some other cars pull over, and a nice gentleman takes me by the elbow saying, "Come with me, sweetie. It's raining." It is? I hadn't noticed. It had been sunny when I had started my drive back to work. "Come on. My truck is right here, and I have water bottles in my cooler. Let's get you in the cab and wait for the ambulance." He is very nice; he makes me laugh. Despite it all, my breathing returns to a normal

rhythm. The police and ambulance arrive.

I refuse to go in the ambulance to the county hospital. Dr. Hanna does not have privileges there. Dr. Hanna must be the OB-GYN who examines me. I have faith in Dr. Hanna. I do not have faith in some random on-call doc who may or may not know what he/she is doing. While sitting in the nice man's truck, I call work and tell them I won't be returning for the afternoon. I call my husband and tell him I've been in a car accident. The office manager at the outpatient psych facility where I am working tells me she is coming to sit with me until Craig can arrive. She knows it will take him at least 45 minutes to an hour to get from the Air Force base to where the accident has occurred, and she suspects I am pregnant. So much for loose-fitting clothing and pretending I've just put on a few pounds. She relieves the nice man from babysitting me. She, too, is funny. She tells me all the onlookers are talking about how the Yankee made the big southern truck driver cry. She tells me I'm going to be okay and that I have many more big southern men who need me to make them cry and be accountable. The state trooper arrives and asks me why I refused medical care. He says, "I can call in a tow truck or you can try to drive your car home. I don't think the gas tank has been punctured." I give him a death glare until he understands the stupidity of his statement. He says, "I'm going to go back to my cruiser and call the tow truck." Craig arrives eventually, all strong and pissed off in uniform. He runs over to me and holds me, loudly asking, "Is that the dumb fuck who smashed into your car?" Big guy looks at the ground. A nice lady has been attending to him during all this drama and says, "It was an accident. Everybody is going to be okay." I tell Craig, "It's okay, I already made him cry."

The baby is fine. She is perfect. She dances in my womb. She doesn't care that the world is so fucked up outside of my womb. She is thriving and jiving. Craig needs to go on a deployment to the Middle East. He is going to be gone for 3 months. It's weird as he leaves because I hardly look pregnant, but when he returns, I will be in my third trimester. We will need to get the nursery ready and decide on a name. Gwyneth doesn't fit this baby; she is an Alexis. I can feel it. She has the strength and perseverance of my maternal, Greek grandfather, Alexander. She will have my middle name, Marie. She will be here soon, and my life will be complete. Career, check...husband, check...baby, check. Check, check, check, check...in my memories my grandfather, who has long since died, warns me about Icarus, of Greek mythology: If you fly too close to the sun, my love, your wings will melt, and you will fall to the ground. Being grounded is important for mere mortals.

It is February 6, 2011, and Super Bowl Sunday. I am in labor. At halftime, I cannot wait any longer; we must drive 45 minutes to the hospital Dr. Hanna delivers at so baby girl Thomas can arrive. We check in, and I am at 5 centimeters; soon I am at 8... Dr. Hanna and Craig talk about the Super Bowl. I hate them. Who cares about the fucking Super Bowl? It's not like Da Bears are playing. Man, 1985 was a great year, but I'm in labor here. Does anybody want to check on my baby?! Dr. Hanna checks. "I don't think this baby is making her debut until Monday morning. You both should try to get some rest."

At 6:28 a.m., February 7, 2011, weighing in at 7lbs, 6 ounces and 20 inches long, Alexis Marie Thomas makes her debut. She is mad. She wanted to come out sunny side up. Dr. Hanna had to turn her while she was still inside of me. She is hungry. As soon as the nurse has cleaned her up, she wants to nurse. I am exhausted. Happy, but exhausted.

I have finally met one of our babies. She is so pretty and so feisty, so everything. My cup runneth over. I won't ask for anything ever again. I won't be selfish and mean or cuss so much. I will teach this baby to be kind and articulate and advocate for herself. The origins of the name are Greek. It can mean "noble" or "light" or "protector of humanity." In Greece, it is used primarily for men. I like a strong, unisex name. Jillian means "youthful" or "full of grace." Craig means "rock." The rock and the grace produced light.

Alexis is a curious, beautiful soul. She is smart, mischievous, and funny. She bosses our dog around and speaks in complete sentences at 18 months. She is sort of articulate and sort of sounds like a baby caveman. She says, "I smart. I pretty. Daddy is handsome. Mama is the boss. I am the boss of Wrigley." (My fur baby Sammy has died of a massive heart attack at 15, chasing a squirrel in our yard, and the new fur baby is a labradoodle. We are so suburban and cliché that my Chicago friends make fun of us. Time passes. Alexis turns 3, and I get a sinus infection and am prescribed antibiotics. Bloody hell, I am pregnant again. Dr. Hanna has retired. This is not going to end well even though I am put on progesterone immediately. At 36, I am considered a geriatric pregnancy. Baby is not active enough. Baby dies in my womb. I miscarry silently at night by myself. I am further along so there is more than just blood passing away out of me. It is scary, but my 3-year-old and husband are peacefully sleeping. I can take it. I'm very tough, as I grew up with three older brothers. I don't go back on birth control after this miscarriage. There is one more miscarriage still to be had. My 30s must include five pregnancies, one live birth, and four miscarriages. Icarus tried to fly too close to the sun. She should have stopped while she was ahead. She is sad and hates work. She is sad, but carries on. It will get better. It usually does.

What have I become my sweetest friend? Everyone I know goes away in the end. And you could have it all my empire of dirt. I will let you down. I will make you hurt.

—Johnny Cash or Nine Inch Nails (pick your poison)

After the fourth miscarriage, I get the painful grief reaction of shingles. It hurts! My left arm, the one with the chicken pox scar that never went away, spirals shingles all around it. I thought it was a spider bite at first. My GP prescribes various medicines to make the pain tolerable and dry up the shingles. Hurricane Mathew spirals through South Carolina. We lose power, and Craig and Alexis go to the motorhome, which has a generator, to ride out the storm. I stay in the house and sleep through Hurricane Mathew. As I lay in bed looking at the storm beat the windows, bend the tree limbs, and blacken the lake, I hope I will die. I am in and out of sleep. Craig and Alexis come to check on me: "Come to the motorhome and watch TV with us." I shake my head miserably. "I don't want to. I'm contagious. You both need to stay away. Just go to the motorhome with Wrigley." Wrigley, the labradoodle, does not want to go. He stays with me. We will ride out the storm together, my good buddy.

It's 2016, and it all seems pointless, but the Chicago Cubs are going to the World Series. Everybody is worried about me, but I'm functioning. I'm a robot, but I'm functioning. Alexis gets fed; Wrigley gets fed. I am fading away from Craig, my daughter, myself...there is nothing anyone can do. My brother Mark calls and says, "If the Cubs win the World Series, you are going to get better. This is our year. They are going to do it. The curse of the billy goat is over." It's a relief when the Chicago Cubs win the World



Series. I am not sure if I could have gotten better without them. They were my main interest during this very dark, horrible time: a connection to my childhood and hometown that reminds me that showing up is half the battle. My psychotherapist says that often baseball is the only thing worth living for. No, that's not what she said, but that's what I heard. My wings melted, I plummeted to Earth with a shattered heart and broken soul. But slowly, I heal. I look great, youthful really. I wear jeans and Cubs t-shirts to work. My clients are so relieved. They worried that they had lost me. They waited. My colleague saw them while I was away. Life is slow but steady.

In the slowness, something starts to ebb away. I see how hard some of my clients work to be well, how they show up week after week with no guarantee life will be easier for them. The capacity of the human heart to heal after painful trauma seems more possible to me. This community that I am part of gives me a place to be, a path to walk, and purpose, even when I, too, am struggling. I am working just as hard, doing my own therapy twice a week, sometimes just showing up and breathing. The patience my psychotherapist shows me is critical: Show up, be where you are, breathe...one foot in front of the other. I remind myself that I have all the time I need to work through my pain. Clients comment on how much more still I am with them as we sit with our collective pain. Giving ourselves permission to fully embrace the pain, for as long as it takes, eases it somehow. This isn't wallowing in the pain; this is honoring it.

After a while, my psychotherapist says she is taking a yoga teacher training course.



She encourages me to do it as well. I have always found comfort in yoga, so I do. We spend our weekends meditating, doing breathwork, studying, and maintaining poses. It is healing, grounding, loving, and hard work. I can do handstands again, backbends, stand in balance poses for long durations. The movement is needed and welcome after so much stillness. It is gentle when it needs to be and pushes me to feel confident in my physicality again. It's going to be okay. I may not be Icarus, but I am made of something more solid than wax wings. I look down at my feet, my roots. I thank Mother Earth for my creation, for my mother's creation, for my daughter's creation. I thank God for my husband, my father, my brothers. It's okay to not be okay, but today I am going to be okay.

If I could start again, a million miles away. I would keep myself. I would find a way.
—Johnny Cash or Nine Inch Nails

So, what is unconventional about my tale of woe? How did I sustain myself, my family, and my practice for a decade of sorrow? The truth is I don't know. The truth is I didn't do it alone. It was lonely, yes...tentative, imperfect, and unconventional. I'm not sure there is any other way for one to heal the self and become a wounded warrior guiding others out of their own profound grief cycles and complex grief webs.

As I went through this painful healing journey, I expanded my therapy practice into a healing center that includes yoga. Now, on any given Thursday one will find me at

the building my husband and I bought for me to run my blended practice my way. It's a quirky gem of a building, a labyrinth of healing. The lobby is a pretty room with beautiful wooden floors. Just beyond the lobby is my 1930's baby grand piano, and a guitar sits in the corner. This is the music room, open to clients, who sometimes play the piano or guitar while they wait for me to finish up and be ready for them. The breakroom/kitchen is painted the prettiest blue. My dad helped me remove the ugly back splash that had been there for decades and sanded the wall even, and then I painted it the pretty blue, Agua Fria/Cold Water from Sherwin Williams. Sometimes clients go in and make themselves a coffee or tea at the Keurig or grab a bottle of water from the fridge. When they are very upset after a session, I usually let them leave through the kitchen or screened-in porch exit doors. Those are closer to where their cars are parked, and they can avoid the waiting room. These days, I have two offices. In one, I do virtual sessions or paperwork and return phone calls. Often, I write. In the other, I see clients and take naps. It's a very safe, comforting space. There is a third office where my former supervisee sees young children and my overflow of referrals. It is filled with small-people stuff that my daughter and hers have outgrown. The backyard is big. Muscadines grow on vines. I let clients pick them and make jam or wine. There is a large garage with potential. One day, it will be my new yoga studio. The old one shut down during the COVID pandemic. It was a beautiful building too, built in the 1890s and renovated to hold my practice and yoga studio. It was too much to maintain during COVID, and I sold it to somebody with deeper pockets. When my grief group meets on Thursdays, they tell me this new building suits me better. It is quieter here.

Maybe the unconventionality has to do with me? I know I am unique, an acquired taste. I don't know how the Chicago girl who became a woman in England and Germany ended up in South Carolina...well I do know, but that is a tale for another day. I know I am glad I didn't give up, give in to the darkness, and extinguish my light. There was too much to fight for. I had a family who needed me, patients who needed to get well to model healing for, and a life to live that may not be perfect, conventional...but it is mine. The sign on the building says so: JT Therapy, Camden Wellness, and Counseling, Consulting & Wellness will all be my life's work--but my life is so much more than that. My life is intertwined with the people who make up the fabric of it. We are like the ivy at Wrigley Field, winding and bending around one another. We make space, hold on, and grow together to create a wall of solidarity. We are soldiers in this thing we call life, each other's wing people, and we will march, dance, and carry on for the rest of our days on this earth (and hopefully beyond). ▼







Benchmarks

THREE HUNDRED AND FIFTY-FIVE PSYCHOANALYSTS FROM AROUND THE COUNTRY GATHERED FOR AN EMERGENCY MEETING IN MARCH OF 2020. COVID-19 had robbed us all of our physical reflective spaces and the conventional benchmarks of the therapeutic frame. This was a time of great uncertainty. We needed to discuss the global panic attack within the pandemic. A rolling disaster was creating disorientation, fragmentation, and anxiety. Collectively and individually, we needed to de-clutter our internal worlds and push against negative forces with positive practices to find new grounding. Gathering, we found comfort and emotional support. Together we set out to protect the reflective space that requires thinking, feeling, and an understanding of what was happening, without which we cannot hope to achieve emotional stability in time of crisis.

I realized I had to make the hard choice to quickly say goodbye to seeing patients in my office. It was time to shelter in place. There was no denying my disorientation that bubbled up when I faced the reality of needing to close my office and re-open through telehealth. This was not my usual practice. Preparing my patients to transition to telehealth involved discussing the reality of the pandemic and explaining to each patient their options: to meet by phone or through Zoom. We discussed options for electronic payments. This was not only about technology; it was about being pro-active in creating a new reflective space.

I closed my office down. That day I could sense the invisible force that was set against the crisp blue sky, as the redbud trees were emerging with fuchsia flowers and cherry blossoms fragrancd the air. The burning flame of

PAULA J HAMM, LPC, is a psychoanalyst in private practice in Virginia. She is a member of the American Psychoanalytic Association and chair of the discussion group Psychodynamics of Religion and Spirituality. In addition, she is a member of the Washington/Baltimore Center for Psychoanalysis and New Directions writing program. She lives with her husband and three dogs. Her hobbies are butterfly gardening, spending time with her grandkids, and riding dressage on a horse named George.

PaulaJHamm@gmail.com

the apricot rose candle went out when I blew air with one breath. Turning off the lights I grabbed my plants, one under each arm. The sunlit floor-to-ceiling windows defied my mood of loss at this moment; uncertainty had become my new companion.

While I was grateful that all my patients agreed to continue, I feared sensory deprivation working over a flat screen. Heading home with my radio blasting, I listened to the music of Tom Petty and Stevie Nicks belting out “Stop Dragging My Heart Around.”

Three years have now passed since the day I left my office. The initial fatigue from having to quickly learn and master new technology has dissipated. My lifelong spiritual practices of meditation reminded me that creating and maintaining a contemplative space is a skill that requires discipline. This took patience. Feelings of restlessness with sheltering in place had to be harnessed with discipline and discussion. Consequently, a new level of tolerance emerged, resulting in greater patience, a trust in uncertainty, and faith in the eventual re-appearance of the good.

To reflect I need a quiet space. While we were experiencing a global crisis and its aftermath, each of us was doing this through the lens of our individual histories. Loss of the familiar daily routines reached within and drew out memories. Freedom to move freely to restaurants with friends or plan family vacations was now met by an invisible wall. But it gave us a new space to be still and look around in the midst of feeling deprived of the familiar and create a new normal.

Making space for reflection allowed for creativity. One emotion at a time, the task was to learn to be: Be with the hope of finding that still small voice within, to carry on, to relight the flame every human being is born with, called the soul.

During the pandemic, I was grateful for bi-weekly townhall meetings with colleagues, over Zoom. With the click of a button, I was led virtually into a small group of psychoanalysts who exchanged stories of losses and gains through the flat screen. Talking about the impact of the traumatic global loss of life, disruption of society, and ongoing uncertainties, we as a community stayed attuned to one another’s struggles. Knowing how others struggled with a similar transition helped me calm down to think, feel, and regain my footing in my own inner and outer worlds. Attunement to the traumas of the pandemic helped steady my mind to be present for my family and my patients.

Living in openness to my own vulnerabilities of sadness, I went looking for hope. We are all meaning-making creatures, aren’t we? With the weight of not seeing my grown kids who lived in another state, a new grandson’s birth, and aging parents in another state, I felt brought to my knees in a new depth of silence. Even the stillness of the air on sunny days seemed to be calling me to something new.

Sometimes emotions are too much to contain and being still can help slow down the mind to begin to process, with each breath, one feeling at a time. Perhaps this is my way of being in a complex world. Soulful attuned listening is what I practice both personally and as a psychoanalyst as I remain open for hope.

Referrals to my telehealth practice continued with each passing month in 2020. The interior lives of people were activated by the stresses of the pandemic world. The collapse of personal and professional lives became evident with people scrambling to find workspaces in their homes; often with couples working from and children being home, privacy was hard to find.

The first new patient, referred to me by an internist, called to say he was so depressed and had acted out of character. After listening initially, I offered him an hour to be-

gin. Explaining that telehealth therapy works best with private consistent space and the right technology that would be HIPAA compliant propelled even more directives: “In addition to what I just said, give yourself at least 10 or 15 minutes on either side of our meeting to process our time together. Transitional spaces have changed, and time seems to collapse without pausing to be still and listen to what bubbles up inside because of talking.”

He agreed, but said at the end of our conversation, “I prefer the phone to Zoom.”

“OK,” I replied, but this really didn’t feel OK initially.

Suddenly I felt deprived of not only my natural sense of sight but also the physicality of the patient being in the room where non-verbal cues are my co-therapist. What did he look like? —Tall? Short? Handsome? Plain? — I wondered before our first meeting. I had my own interior exchange going on: What happened in his life, that now, at the start of the pandemic, he is reaching out? What was out of character for him? Working either by phone or Zoom was out of character for me, so I felt in some way we were starting with a common feeling of disorientation. Mine was driven by the pandemic; what would his be?

A time was set, payment agreed on, and conditions were put into place. He called me on his phone, from a park bench. A park bench is a symbol to pause, much like a church pew of my youth only outside in nature, rather than behind cathedral walls: a place to regroup, a place of meeting located in the community at large, a place to rest in the great outdoors.

Rest was in short supply for me, with the second referral coming a week later, this time from a cardiologist. The potential patient called; I explained again how I was working through Zoom. She agreed and filled out the paperwork to be seen through telehealth.

She called in, and the first thing I noticed was that she was sitting on the floor of a man’s clothes closet. The bottom of the white pressed dress shirts touched the top of her beautiful dark head of hair that flowed to her waist. Her eyes visibly filled with tears, she said,

“My heart is broken, and I cannot stop crying. These shirts...he left for another woman.”

The acoustics in closets are actually very good compared to outdoor noises of birds chirping and squirrels squawking. Secrets, however, live in closets, and although her voice was soft—so the children could not hear in the other room—she was loud and clear. Together three times a week, she started to pack up the shirts one by one as she unpacked the secrets of her heart that had never been articulated.

Holding sessions where thoughts and feelings could be listened to and not interfered with continued, with the next new patient in a car. This first responder called me from his car on the way to his clinic. Holding the frame meant my being more active, by steadily steering the process. I explained that we cannot do therapy while he was driving down the highway. A quiet place was needed, for him to be able to reflect, be still, and learn to identify thoughts and feelings.

“OK” he said, “Give me a moment, I’ll pull over on the side of the highway.” Just as I was about to address this, I received some outside help. A cop pulled up behind him, creating an awkward moment.

“Call me when you get to your parking lot.” I spoke.

When he did call back 20 minutes later, he was just plain mad and filled with hostility for his situation, the world, and me for insisting on not talking while driving down the highway to maximize his time for his hour. Hatred and anger were not feelings he was comfortable with, and his life was out of control. My first order of business was reining him in as I worked with his anxiety about meeting.

Each of these three patients had in common an avoidance of feelings and not knowing themselves well enough to be in control. Now there was no escape. Life with little if any commuting, traveling shut down, and socializing at standstill seemed to bring each patient in touch with feelings of impatience, emptiness, lack of meaning, and a great deal of sadness and loss.

The unconventional new settings—the park bench, the closet, and the car—provided new insights into the state of mind of each of my patients. Each patient was contained through the relationship established, with Zoom as my vehicle. Understanding, empathy, and curiosity continued to steady the process as the work progressed from the initial stages of understanding to the working through phase.

With self-understanding jarred by disruption both externally and through individual reactions to their life predicaments, inner experiences came through. Stillness through silent moments in between talking, pausing, and learning to listen to the interplay of the inner and outer worlds danced to form patterns within existing troubled relationships.

Losses were grieved and a new transcendence occurred through the commitment to know oneself. Staying focused in the inner world of conflict, I found myself listening more deeply to feelings, mine and theirs, without a need to interfere. Learning to live within uncertainty generated a living in the now. Each of my new patients was motivated to get better. Taking responsibility for figuring out the technology on their end seemed to translate into taking responsibility for staying with the working through. Avoidance came to a screeching halt with emotions spilling out to be understood.

Adapting to the disruption, I too practiced being still before and after hours of listening to others. Without what used to be up to 2 hours of commuting time, I learned new uses of that time for self-care and rest. Before and after work I practiced silent meditation, offering up the day and just listening to what I was experiencing.

No more commuting freed up my time to be outside more. For exercise I rode my bike, took long walks, and worked in my garden to cope with the grief of not seeing my family or being there when my new grandson was born. When sitting in my basement office during working hours, I looked up and out of my office window. Much to my delight, I began to enjoy seeing random hummingbirds in midair over the wildflowers. The seemingly stillness of their wings suspending them in air while feeding on nectar fascinated me. Then I noticed yellow finches, and much to my surprise I began to see the monarch caterpillars starting to emerge on the milkweed I had planted. Creating a healthy garden takes time to cultivate, just like creating a healthy mind takes time, understanding what is needed, and responding with compassion and understanding.

Searching for hope in the disruption of my patients' lives, and in my own, I fell in love not only with my colleagues who I shared so much Zoom time with but also with nature as I remembered from my youth. Gathering the caterpillars up one by one from the milkweed leaves, I took them into a screened-in porch to protect them from the

blue jays and ants that feast on them. My husband built a butterfly enclosure, and our garden qualified as an official monarch waystation. Over a 5-month period as I sat and nurtured each of my patients emotionally, I was raising 75 monarch butterflies on milkweed. Watching them grow and climb up to the highest point of the screened enclosure, I watched as they danced round and round before stopping, suspended by a thin fiber of their own making. Each morning I would spritz them with water and notice the changes from green to clear. Their small wings of orange, black, and white grew out of a green chrysalis after a 2-week period of just hanging upside down. Their colors were deep, rich in nature, and reminded me perhaps of the art I first noticed as a child gazing up at the cathedral ceiling and seeing the lapis blue sky with white billowing clouds, ruby reds, and golden stars. Only now I was witnessing the living color of nature's own making. When the green chrysalis turned from green to a clear color they started to emerge and drip dry, and their wings grew. They flapped their wings to get the blood flowing, and after 2 days of fluttering I tagged each butterfly with a number, registered the number with the Monarch Society, and let them go, one by one. Each one soared to the top of the trees; they knew where to fly and where to go. A soul unencumbered by trauma or intense conflict knows how to be as well.

This experience calmed me and stood as a symbol of transformation from a cocoon state of being into a more evolved self.

Each of my patients transformed their disrupted lives and began to make better choices for themselves from primitive unknown parts of self revealed through talking.

The pandemic heightened living with uncertainty. As I struggled to embrace uncertainty through community, protecting my own reflective spaces, and making intentional decisions based on my own needs, I listened to my new and existing patients through a lens of what matters the most. As each patient grieved losses of what was familiar through our secure connection, I too grieved what was familiar to me by embracing uncertainty. My capacity to be resilient, to be still and yet be proactive based on self-knowledge, facilitated my own subjective experience of reality to take new risks.

Each patient showed courage to explore, learned to be honest, and learned to tolerate uncomfortable feelings by being vulnerable. Grieving losses, old ways of being were packed up through acceptance of slowing down to make new spaces. Fantasies that can be spoken about can be metabolized and made more palatable when brought to the surface.

Freud (1919) wrote about the notion that silence, solitude, and darkness are the primordial fears of every infant. In the presence of another, however, primitive instincts can take on a new meaning in the spaces between patient and analyst through discussions. The unconventional settings of the park bench, closet, and car each held meaning that I used to understand the nature of my patients' conflicts. Transcendence came through the path of disruption. Stillness between patient and analyst can lead to a greater attunement to one another, processing confusion and loss and allowing grieving. Out of this process, hope is born. ▼

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Cats' Asses and Other Zoom Revelations

// I HAVE NEVER SEEN SO MANY CATS' ASSES AS I HAVE SINCE WORKING WITH PATIENTS ON ZOOM!" observes Dr. Valerie Frankfeldt, colleague and friend.

"Me too!" I squeal with laughter. And we share how many cats have paraded across screens as we are in therapy sessions with the cat's owners. Mabel, Sasha, Mirabelle, and Plum have all wandered by, tails held high in the air asserting their domain. (Cats' names have not been changed for confidentiality.)

When the pandemic forced therapists to take our sessions onto Zoom and other virtual platforms, I was dubious and "cautiously pessimistic" (Michael Olenick, personal communication, 2023). But what was the choice?

Now as clinicians slowly return to our offices, many of us are overjoyed to see our patients in person again, and we wonder to ourselves whether Zoom was as effective as real in-person sessions. I have missed Tracy's jasmine perfume, the whiff of Sam's cigar smoke, and even the weird and funny horror of watching a cockroach crawl out of Jane's pocketbook and up my wall. I missed the live tears and laughter and the occasional hug from in-person patients. I've been frustrated in wanting to reach through the Zoom screen to greet Carmen's newborn baby or to comfort Lana whose mother just died of Covid.

I say, "We are trying to have a three-dimensional relationship in two-dimensional space." In the little square of the Zoom screen, I couldn't determine the veracity when Cindy, a new patient whom I've never seen in person, declared that she was fat; I didn't feel comfortable asking, "Can you stand up so I can see for myself?" In person, I would have known whether she was distorting or really

MARY ANNE COHEN, LCSW, is director of The New York Center for Eating Disorders and author of three books on the treatment of eating disorders. Her latest book is *Treating the Eating Disorder Self: A Comprehensive Model* (2020). Ms. Cohen is the professional book reviewer of the Eating Disorder Referral and Information Center and just completed her 100th book review. In addition to her private Zoom practice, she supervises fellow clinicians and has appeared on national television.

www.EmotionalEating.org
macohen490@aol.com

fat. I've been discomfited by Laura who uses a virtual background and whose eyebrows fly off the screen during each session. And I wondered why Carol was burning incense for the first and only time in the 3 years we've been meeting on Zoom. One of Carol's issues is her daily marijuana smoking. Does she worry I'll smell the marijuana virtually and is trying to cover up the odor?!

I've personally compensated for the lack of visual and visceral stimulation by wearing perfume and nail polish to sessions—added texture and color—something I've never done before. Just to add a touch of fragrance and blush to keep myself company on the monochromatic screen.

And yet, on Zoom, I've learned so much more than I would have in person. In a way, we're more up close and personal on the screen. Tina has a lip piercing, which I never noticed in our in-person sessions; I also get to read and decipher her tattoos, which I couldn't see well before and hadn't yet gotten around to asking what they said.

Bosoms have been revealed in new ways, too. Allison tunes into our Zoom session breathlessly saying she just came home from her tennis class, she's all sweaty, and needs to change her tee shirt. Although she averts the camera, she doesn't move it far enough over, and I learn for the first time that she has large breast implants as those half grapefruit breasts swing into view.

This is the opposite from Denise, a queer woman, whose wife is changing in the background during our session. I now know how a woman's chest looks when she gets top surgery to remove her breasts as part of gender transitioning.

And one colleague admitted the best thing about working remotely was going braless to sessions.

Like many of my colleagues, I have had sessions in cars, living rooms, bedrooms, and even bathrooms. Donna is bathing her grandson (uncircumcised) during one of our sessions. I have conducted a session with Suzanne in her hammock and learned that Paul has an Olympic size pool and tennis court in his huge estate backyard (the gardener walks into the screen unexpectedly).

And then there is learning about mothers in a whole different way. Bonnie, age 20, lives at home with her parents and struggles with negative body image and feelings of inadequacy about her appearance. From time to time Bonnie has mentioned how beautiful her mother is and how envious she is of her. I assumed this related to competition and other unresolved issues on Bonnie's part, until the day she introduced me to Mom on Zoom. Mrs. T is stunning—a youthful, beautiful brunette with green eyes and a very shapely figure. I imagined for the first time what it would be like to be Bonnie and have such a gorgeous mother. My empathy for Bonnie really was enhanced!

Shira's mother is dying. Shira has driven to New Jersey to check on her mother and connects to our session from there. She wants me to say hello to her mother who is lying sick in bed. I greet Mrs. W, and then, much to my surprise, Shira crawls into bed and cuddles her mother while holding her phone aloft so we can continue our session. The poignancy of seeing them snuggle together was exceedingly moving. Not only was I witnessing this intimacy but also feeling very much a part of it.

I, too, have inadvertently revealed things about myself as I conduct Zoom sessions from my house in the woods upstate. I am in session with Joyce when a deer emerges from the forest and begins munching on the peonies that I had transplanted from my mother's garden before she died. Protecting those peonies takes precedence over psy-

chodynamics as I yell out to the deer, “Get away from those flowers!” Startled, the deer retreats, and I call after it, “Thank you.” Joyce thinks this is the funniest thing she’s ever heard from me in our 10 years together. “I’ve never heard you get so angry before or yell, and then I can’t believe you thanked the deer for leaving,” she laughs.

Other colleagues have weighed in on the benefits of virtual therapy: Carl Bagnini (2015) reminds us that teletherapy is not the first time clinicians have expanded the boundaries of how we do therapy. Bagnini describes how early in his career he made many home visits and treated families in their natural environment, often reaching family members who would not visit an office or clinic. “I think of my teletherapy with couples as an extension of that domiciliary practice,” he adds (p. 186).

This reminded me of my own early social work days, making house calls, and I recalled a memory I haven’t thought of in 50 years. I was visiting a very poor Hispanic mother and her children. She was missing two front teeth, the apartment was a shambles, and her children were disorganized and out of control. And yet. And yet...on her wall she had hung a picture she cut from a magazine of Norman Rockwell’s (1943) family Thanksgiving painting. The real name of that picture is *Freedom from Want*. This woman had nothing—not even her front teeth—but she had taped this picture to her wall to represent her hope and yearning, a touching detail I never would have witnessed during in-person office sessions.

Karen R. Koenig, LICSW, speaks of her frustration with a client who complained about her defiant child. Only on Zoom did Koenig observe how the client would nicely ask her child to do something while wearing a smile. He didn’t listen to her. Koenig suggested the mom make eye contact, wipe the smile off her face, and *tell* him to do it. It worked (personal communication, July 2023).

Lisa Beth Miller, LCSW-R, underscores the logistics and the convenience of Zoom. It is such a simple and concrete factor but can have a very big effect on a patient’s access to treatment. Especially for those with a disability, traveling to sessions can be a huge deterrent to getting treatment. Access-a-ride, despite being a resource for transportation, is unreliable. Miller adds, “Convenience is not just about laziness or resistance. It’s about having an increased experience of ease while in the presence of another” (personal communication, July 2023).

Denise Ambre, LCSW, observed that her patient Jenny, with a history of childhood sexual abuse, a rape, and PTSD, seemed to open up much more easily on Zoom about the abuse and rape. “We were able to do a lot of good work during the pandemic. But when Jenny returned to my office, she seemed uncomfortable and more shut down.” Therapist and patient realized the virtual setup gave Jenny a sense of freedom to be open that she didn’t feel in person. Ambre realized, “When Jenny was in person with me, she had such a heightened awareness of her surroundings and a hyper-vigilance about me and the space that she had a difficult time relaxing into the session. When doing treatment virtually she felt relaxed in her own home and safe in a way that she still did not feel out in the world” (personal communication, July 2023). Ambre concluded that it would be beneficial to continue to work virtually, allowing Jenny the felt safety to go deeper into her trauma work, before returning to in-person sessions.

Michael Crocker, DSW, observes:

So many patients want to believe that their relationship with their therapist is a primary and most important relationship. When they come to in-person sessions, they are at times exposed to other patients—when they are in the waiting room, when a session runs over, or when a patient leaves a personal belonging in the office and knocks on the door for their iPhone or charger. This jars the patient who cannot tolerate the idea of their beloved therapist having another relationship. Zoom sessions prevent this. The relationship is preserved as their own. There are no warmed sofas or chairs to reveal to the patient the presence of a preexisting other. These boundaries include a protection from multiple contamination, both physically and psychologically. (personal communication, July 2023)

Olivia, a psychoanalyst, developed a severe debilitating blood disorder. She recounts:

My spouse and I decided we needed couples therapy to help us cope with this illness. I was physically unable to go to appointments in person so we needed to have video therapy. The couples psychoanalyst we chose had a very paternal presence for me in the transference despite her being female. I needed a strong paternal presence to help me deal with my fear of what was happening to me. (personal communication, July 2023)

When Olivia finally recovered, she was able to travel to see this analyst in person and described:

In meeting her, I was shocked to realize how feminine her body was and how feminine her presence was in person! I really needed a paternal transference that I felt would take care of me. It was very easy for me to project that onto her over a video screen with only her face. I absolutely know that if I had seen her feminine presence in person from the beginning, I could not have developed the transference I so deeply needed. And maybe would have decided not to work with her. This experience for me was so profound. I believe the psychoanalytic community needs to hear about the real benefits to video sessions. (personal communication, July 2023)

Sometimes, the more things change, the more they remain the same. Sometimes the unconventional becomes conventional. A heavy storm took down my electricity one night in my country house—no electricity, no computer service, no Zoom. How to conduct my therapy sessions for that evening in pitch darkness? Perhaps learning to work virtually has expanded my innovative skills and strategies. My solution that night: working on an old dial-up telephone by candlelight! ▼

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Group Norms and Accommodations: An Unconventional Intervision

VOICES EDITOR

ATLANTA, GEORGIA
crbauer01@bellsouth.net

PART OF WHAT DIFFERENTIATES THERAPY FROM OTHER RELATIONSHIPS AND ACTIVITIES IS THE THERAPEUTIC FRAME that forms a boundaried container to hold the vulnerable work of psychotherapy. Among other features, conventional time boundaries state that therapy sessions start on time and end on time, with all present for the whole. The dependability of this time boundary (a marked contrast with other health-related appointments where one might wait hours for a doctor that has double, if not triple, booked the hour) is often a key starting point to building the attunement, unconditional positive regard, safety, and trust that are important to an effective therapeutic relationship. In group therapy, it further contributes to group cohesion. In addition to clear time boundaries, it is common to establish group norms around such things as the number of absences allowed or the notice required to process out so that the container remains sufficiently cohesive and safe. How consistent do those time boundaries have to be before the container is broken? How universal across therapists are the conventional group norms? How variable can they be and still hold? There is much more, of course, to the frame and practice of psychotherapy. This is not intended to be a full description—only to name the conventions most pertinent to the case at hand.

Recently, Daniel Goldstein, PhD, posted an inquiry to the members' listserv of the American Academy of Psychotherapists (AAP), the AAPNet, seeking consultation regarding a challenge in his practice: a therapy group member who felt justified in repeatedly breaching the group time boundaries (i.e., consistently showing up late and expecting special accommodation due to her ADHD and competing demands on her time). A number of experienced group therapists, as well as experienced group participants, responded to Dan's request. A rich email chain ensued.

Intervision, a long-standing case consultation column in *Voices*, has been dormant for some time, between feature editors. But the generosity and richness of responses to Dan's request spoke to the theme of this issue, "Inviting the Unconventional," generating an interim reap-

pearance before the column returns under new editorship. Not only an unconventional mode of consultation (the AAPNet more typically used for interpersonal connection among members, and peer consultation more conventionally done through established groups for that purpose or one-on-one) but also an opportunity to explore the conventional boundaries of group therapy. How universal are these norms? When is deviation warranted? Further, what are the conventional accommodations for ADHD, and when is an unconventional accommodation warranted? If accommodations are made—if the rules are different for one member than for others—what is the impact on group cohesion and function?

The practice of psychotherapy is a lonely profession. Most of the work happens in the isolation of a confidential consulting room (or screen!), with little feedback as to how we are doing. This case, like any good consultation, demonstrates the value of bringing fresh eyes to a case and support to the inquiring therapist. In consultation, we learn both that others have struggles similar to ours and how they have tried to address those, what worked and what did not. This unconventional Intervision, shared here with the permission of all participants, reflects both astute reflection on group conventions and the informality and warmth of consultation within a community of close personal relationships. It is a discussion sure to resonate with readers and similar struggles in their own case histories (or futures).

Hi All,

I've not posted on here before. I would like to draw from the wisdom of this group about a particular case. I hope this is an appropriate use of this listserv. If not, I am sorry.

I've been having a difficult time with a particular member of one of my groups who is chronically 15 minutes late. I've identified the issue with her and the rest of the group identified how they are negatively impacted by this member's tardiness. She is about to graduate with an advanced degree and states that she has to prioritize finishing her dissertation in the mornings, and if she focuses on arriving to the group on time, then she would have to start getting ready 2 hours ahead of time due to her ADHD. Therefore, she would like an accommodation for being late and has compared the group to an educational setting, although she does not have such accommodations for her classes and disclosed that she shows up on time in professional settings.

As we've processed in the group, she has stated that she perceives me not to be aligned with her in terms of understanding neurodivergence because otherwise I would not have this expectation about punctuality. Her intellectual defenses are very hard to penetrate. Her tardiness is problematic due to my own history of frustration with others purposefully being late to seek attention (which I have continued to work on in my own therapy), as well as wanting to preserve the boundaries and safety of the group.

Would anyone be willing to consult about this? Has anyone terminated with a group member for this type of behavior? Apart from that measure, how else can I approach this situation?

Feel free to backchannel me.

Warmly,

Dan Goldstein



Response 1—Debbara Dingman, PhD

Dear Dan,

What a terrific clinical post. I find AAPNet to be most compelling when we share our clinical wisdom. Thank you.

I hope we will answer you via reply to all, to facilitate a meaningful clinical back-and-forth.

I have framed this issue as a group issue and, like you, have invited the group to deal with it. That has mixed results, depending on the sophistication of the group. There have been times when one group member's acting out has so deadened or disrupted the group that I have removed the person from the group. That has always been painful for me — and powerful growth potential to the group.

Best regards,
Debbara

Response 2—Page Robinson, LICSW

I agree with Debbara. I'd like to hear what others say. I am not a group leader though have always appreciated groups with the explicit rule that if you are not on time you cannot attend. Love to hear what other leaders say.

Help me with my math. It takes 2 extra hours to be 15 minutes earlier...

As for ADHD, that was my specialty. I have read over 100 comprehensive psycho-educational reports. Not once have I seen a "lateness allowance" as a suggested accommodation. When working at a school that specialized in supporting ADHD and other neurodivergent students, not once was that an accommodation. Are inattentive ADHD kids sometimes tardy? Absolutely. A reasonable weekly request? No way.

Understanding the consequences of tardiness in certain situations is a crucial life skill that she seems to have mastered for work. I would continue to work with her and the group on why your and their feelings about her tardiness are not registering.

Personally, having both managed and mismanaged my own lifetime of ADHD, I get irritated when people abuse the ADHD card.

Sorry to miss Summer Workshop for another family wedding.
Page

Response 3—Alan L. Marcus, PhD

What a great clinical question. I also see it as a group issue. How does the group feel about her behavior? What is its impact? Perhaps at some point the group decides that the lost time is on her, and they can do their work without expending energy on worrying about this tardy member. Allow the group to handle it. I lean toward the natural consequences that eventually the group may stop caring about her since her actions convey a message that there are other things more important than her being on time to group.

Alan

Hi Dan,

Much appreciation for your post. Very appropriate consult request that we can all learn from.

I'd like to weigh in, although forewarning, I'm in transit on my way to Ankara, Turkey, so apologies if my reply reads somewhat like I'm from a different universe. Also, as some of you know, I created and co-directed for 15 years, until 2019, a clinic for the treatment of adult ADHD in DC, so it's hard for me to be brief about one of my passions of my practice.

In my view, we need to consider a few different perspectives here. The first is the perspective of group therapy, of which others have spoken to the importance of group members honoring the group contract.

In this regard, similar to Page, I'd say, I've never heard of adults with ADHD being provided an accommodation around being late for group therapy sessions. In my view, if the client was informed or provided an informed consent form about the requirements for participating in this therapy group (e.g., being on time), it's reasonable to hold her to it. I'll speak further about the ethical considerations below.

But, from a purely clinical perspective, I'd say that the group therapist, especially if they are the client's primary therapist, has a responsibility for treating or helping this client get treatment for their ADHD or specific ADHD issues like time management. It is important for the therapist to know whether the client has had a proper evaluation for ADHD; has been evaluated for medication, and, if so, is properly medicated; and, most importantly, whether the client has worked with a therapist or coach with expertise treating ADHD. If any of these steps to treating ADHD have not been addressed, I'd strongly suggest that the therapist recommend them to client.

But, if the client is or has been treated for ADHD and their being late for sessions is the only significant ADHD issue involved, I'd refer them to an ADHD coach to address this issue. I can certainly recommend a superb ADHD coach for this.

With respect to ethical and risk management considerations, I think a group therapist is acting in an ethical manner requiring a client with ADHD to arrive on time for sessions if the client is provided help or referral for addressing their issue of time management.

Finally, I'd like to say, actually preach, that it is so important for clinicians to be knowledgeable about adult ADHD. When an ADHD adult says that it takes them 2 extra hours to get ready to get to a group session or are chronically late, they are most likely not, as we tend to think, acting out, attention-seeking, or being disrespectful. They are just letting us know they are suffering from untreated ADHD or an untreated symptom of ADHD.

In the case of Dan's ADHD client, a likely explanation for why she claims she has to prioritize working on her dissertation first thing in the morning and be late for sessions is because that's when her medication is most effective or she can concentrate best. It may be that the client needs help in appreciating and honoring her own priorities, maybe taking leave herself from the group for this reason.

As an ending, here's a funny story. I ran a good number of therapy groups for ADHD adults over the years, and I learned that arriving on time was the absolute first issue that had to be addressed with group members. I remember the first group I ran when I

sat with my co-therapist, Carolyn Angelo, LICSW, in our group room for 20 minutes waiting before the first of our eight clients with ADHD arrived. We were apoplectic!

Marilyn

Response 5—Matthew Burgess Leary, PhD

Hi Daniel,

I agree with Page and Debbara and wanted to add an idea or two, and as someone known in grad school (like on one of my year-end reviews) as “the very late Matt Leary,” I know the ADHD struggle with timeliness and would never think that people should grant me an accommodation for it. Like Page, I have read lots of reports, and I have done ADHD assessments and reports in my earlier years, and I have never recommended an accommodation for tardiness.

I wanted to add a couple of ideas, which you might have already tried. They might all be thought experiments with the group, some to explore this acting out and some for perspective taking.

1. I might wonder with her what it would feel like if the group did grant her this accommodation? What would it feel like if they didn't? What would it be like for her if they did grant the accommodation, but everyone felt a little resentful of her or less interested in her because she wasn't in group as much?
2. Looking from the group behavior into the larger world, where is she also feeling not understood for her neurodivergence? Who else in her life would she like to have accommodate her and in what ways? What's it like for her to not be accommodated in those spaces? What's it like for the world not to accommodate her or operate in a way that's optimal for her?
3. With the educational comment, what does she value in group? How much? What might she be preventing herself from getting more of out of group?
4. Are there other ways that she feels like you don't understand or get her? Is there more to explore in your relationship with her?
5. Thought experiment might include how many accommodations could the group as a whole handle and still function? What if someone felt like they needed to leave 15 minutes early every time, and she came 15 minutes late, and so we'd only have x minutes with everyone? What makes her accommodation more special than others?
6. Lastly, and this might be more pointed, but if there's a piece of work that she has done in group that has been important or vulnerable, you might ask her to imagine when she did that work and if someone then joined in the middle of it and interrupted it? How would she feel? How would she feel about the other person? How likely would she be and able would she be to get that vulnerable again?

I didn't get to read the other advice from Marilyn and Alan before finishing this, so apologies ahead of time for any redundancy.

Hope that helps!

Warmly,

Matthew

Response 6—Jonathan Farber, PhD

I too am appreciating the wealth of ideas in this thread.

I personally would want to take it further in guiding a “grist for the mill” discussion, while holding a non-judgmental tone of curiosity about the experience of all parties. I’d encourage us all to keep in mind that the group relationships are for learning and practice, and not to be judged as a performance on any dimension: e.g., late or not, direct or not, conformity or rebellion. And that the best things people can gain from group in the long run are self-awareness and awareness of their impacts on various others.

To the late person, for instance:

- What reactions were you expecting from the group? Similar to or different from the reactions you’ve had from others in your life? Why?
- And did you expect differing sorts of reactions from the various members of the group, including me, the leader? Why?
- And what were you experiencing while the group reacted to your lateness? What were you thinking that you didn’t you say at the time, and why not?

And to the others in the group, for instance:

- What does this remind you of in your life where someone was late? What do you usually say or not say? Do you feel compassion, anger, identification, hurt, or anything else? Was that late someone ever you? What was that like?
- How do you usually respond when someone is late? Would you like to respond differently? Do you want to try doing that now? How does this person’s lateness affect your relationship with them? How do others’ reactions to the late person make you feel?

To me, the slogan “Trust the process” (which survives on my much-washed mug as the theme from a past AAP conference in the form “_rust the _cess”) implies that if we risk deeper disclosures, it will ultimately strengthen the bonds among group members and enhance the value of belonging for each of them, as they grow more comfortable and confident being their fuller selves with each other. The lateness could ultimately be incorporated into this group process, rather than experienced simply as a threat or rupture.

Jonathan

Response 7—Doug Cohen, PhD

Hi Dan,

I also agree with the wise and beautiful Debbara that it is generally best to let the group handle it.

That being said, if it is really annoying to you, you are completely within your rights to terminate with her as long as you do a proper termination. That could be the best option FOR YOU even if the best option for group process would be to let the group handle it.

Based on what you have said, I find myself feeling annoyed with her entitlement, lack of caring for you and the group, as well as her lateness. Since I don’t know her, I do not know if I would want to terminate with her or not, but it would be an option I would

consider because your personal experience of working with her is as important as that of the group.

Hope you give us an update on this in a future post.

Take good care.

Response 8—Tyler Beach, LCSW

My take is that it is also my job to ensure that my groups have basic rules and norms, and I see myself as a “shepherd” of their process and norms. With that said, if you are describing this accurately, “she has stated that she perceives me not to be aligned with her in terms of understanding neurodivergence because otherwise I would not have this expectation about punctuality,” I find myself going into limit setting mode and using confrontation. I don’t put that on the group, particularly if the group has difficulty with confrontation. And I am willing to take the heat from the group members. I don’t have the patience for such posturing, particularly if it is being presented from a victim stance.

As others have mentioned there are no such accommodations for lateness for folks with ADHD. And consider this: “accommodations” is actually quite a big word to use within a clinical setting and carries an implicit entitlement as well as a potential threat. It is also placing you in a perpetrator role. As a person who has attentional issues and has been diagnosed with ADHD (although I am somewhat ambivalent about the diagnosis), I do find this way of using the diagnosis annoying.

Lastly, persons with such characterological leanings can do massive destruction within groups. Again, it may be me and my somewhat dominant personality, but I take it on myself and will take the heat from the group. I am the group leader and have a responsibility for the integrity of my group, and that type of positioning, particularly if we don’t have a solid alliance, is not going to do a lot of good things...

—T

Response 9—Stephanie Ezust, PhD

Hi Dan,

Thanks for starting this discussion! I have to admit that I read Debbara’s response before I read your original post, and I thought we were talking about an AAPNet group member that we were considering expelling from the group for acting out! Then I saw the first message. (Sigh...) That said, I like the responses people are offering, and the only thing I can think to add is that if that group member leaves the group, she will still be a part of the group for a long time afterwards, and I would recommend paying a lot of attention to the group process and the impact of the leaving.

Warm wishes,

Steffi

My responses to what you've brought us, Dan, are in Jonathan's neighborhood.

A few reflections to add:

1. I understand accommodations as adaptive opportunities, not reductions in expectation. For example, my daughter has ADHD and dyslexia, and she has to work much harder and longer to read as effectively as her classmates without these differences —so is she assigned less reading and tested with simpler questions? No! She is granted the use of adaptive strategies to make it easier for her to meet the same expectations as her classmates. I'd hold steady in the no accommodations stance, while providing all the support I can in her figuring out what accommodations she needs to make for herself at home in order to meet the group expectations. Maybe she can't, and that's ok —if she can own it and leave gracefully?

2. I'd want this chronically late member to explore the part of her that wants special treatment more generally in her life and relationships. We all have that in us, and maybe expanding her (and every member's, for that matter) capacity to own that part will shift something in her impulse to demonstrate it.

3. I have a group with a chronically intermittently late member, and we've learned a great deal about what's in that for him. The greater challenge in my work with this group is helping the rest of them know and own what's in it for them to keep letting him get away with it! And for them to keep trying to leave it to me to do their work! Etc.... I guess my point goes to the "let the group deal with it" strategy, but with a particular slant toward focusing not on her failure to meet expectations but on the group's failure to kick her out or make this so uncomfortable for her that she chooses to leave.

Thanks, Dan —interesting thread!

Response 11—Rhona Engels, LCSW, ACSW

Thia, Jonathan, Dan, and All,

I agree with what you wrote, Jonathan. Anything that invites curiosity and exploration, forecloses the binary (either this or that), along with an appreciation of complexity, is to my mind, the way to go.

That said, it seems to me that her lateness in itself is not what's getting others so angry, but rather, as Thia suggests, her entitlement, her expectation of special treatment. Having had an entitled mum, I can relate. Entitlement can get my back up like almost nothing else.

However, when I've been able to get curious about my countertransference and my own entitlement, what I come up with is that insisting on special treatment is easier and a cover for a profound untended to need and therefore chronic longing. The difference, if you will, between neediness (irritating false self-defense) and need, the real deal.

Not only is the expression of need so much more vulnerable, but for those patients who were profoundly neglected, used, etc., there is additional complexity in that they almost inevitably conclude that it's their fault; they are lacking or bad and therefore don't deserve to have needs. My guess is that this woman's entitlement is in direct proportion to unmet needs as result of some form of childhood deprivation.

Thanks for the discussion.
Rhona

Response 12—Catherine Clemmer, LCSW

This is a great discussion. I just wanted to add a tiny bit about accommodations. As someone with a disability, who knows the Americans with Disabilities Act quite well, the whole point is about providing “reasonable accommodations” so that one can perform at the same level as their peers. I think, when talking about group therapy, one could argue quite easily that allowing lateness is not a “reasonable accommodation.” How does her being allowed to be late help her be an equal group member? I don’t see that it does. Just a tidbit :-)

Response 13—Alison Howard, PsyD, MEd, CGP

I love this ask and I love the responses!!
Here’s my reverie:

The client cannot allow herself to have the whole group. She is both entitled and deprived. I would leave it alone and say that she will be on time when it doesn’t feel like it would cost her to have more for herself. I would also negotiate with her and the group: how to welcome her without stopping the group process? Can she tolerate being late and not being filled in with what she missed? Can the group tolerate not filling her in? (Orality?) Who gets angry, and who feels protective, and who is indifferent? Don’t want to use her as the canvas for others’ projections, but you can do work with them on their projections and with her on her unmet needs and how she ensures that her needs will not be met.

In lockstep with Rhona’s response.

Thanks for the opportunity to be in this with y’all.

Alison

Response 14—Joanna Frederick, LCSW

Well goddamn, Jonathan, your response is so lovely it almost makes me feel bad about sharing my reaction. But for Dan’s sanity I will because personally I love hearing all sorts of different reactions to help me sort out my own. After I read your post, Dan, I wanted to murder this woman. But since murder is frowned upon, I then thought, a power battle sounds nice. It also sounds terrible. But really, I am often a stickler for time and want my group leaders to be too. So I imagine I would use her framing of you not meeting her at her neurodivergence as a way to agree to disagree and label it a nonnegotiable, therefore meaning this group is not the best fit for her. You also don’t mention if she is an individual client of yours because that could change things. How? I don’t know, but it would be way more complicated. Overall, I have the urge to get rid of her and to use her own framing of you not being able to adjust to her as a way to facilitate her exit.

Before that though there could potentially be a lot of grist for the mill, but I also worry it would annoy members and take up so much time and energy away from other things they could be working on that I wouldn't want to spend too much time on it, especially if her behavior doesn't change. If I were a group member, I wouldn't want to process it endlessly, and I would want consequences for a sibling not following the same rule I hold myself to. I always find it hard to truly "start" when everyone isn't there and would feel held hostage, as a leader or a group member. Hence...murder.

Joanna

Response 15—Debbara Dingman, PhD

Dear Dan, et.al.,

Thank you all. I am enlivened by this. This is AAP and AAPNet at our best. It brings me alive.

I am deeply sad. I have had a number of great therapists. My last great therapist died on Sunday. I heard today that my first great therapist entered hospice today.

I am soothed by the generosity and aliveness in this clinical conversation and the wisdom and kindness in this back and forth. Dan, I hope you are getting as much from it as I am.

Dear AAP community, please let us continue...

Best,

Debbara

Response 16—Kay Loveland, PhD

Wow Marilyn!!

Your response was so insightful and well said...all that and on the way to Turkey. I have really liked reading everyone's responses and finding myself wishing for a case of the week where we could learn from each other. Anyone else interested?

Kay

Response 17—Dan Goldstein, PhD

Hi Debbara,

I'm sad to hear that for you.

All,

Thank you to everyone who has responded and offered to consult. I am so relieved that my question was welcomed. I was hesitant to jump back in to express gratitude because I didn't want to stop receiving the messages. It has been so helpful for me to hear all the different perspectives. All of them have resonated with different parts of me. I am so appreciative of this community.

Warmly,

Dan

Book Review

I JUMPED AT THE CHANCE TO REVIEW THIS BOOK FOR *VOICES*. As a newly minted therapist at the age of 50, I attended my first Institute at the American Group Psychotherapy Association (AGPA) conference, at the Waldorf Astoria in the late 1980s. I had signed up for the 2-day, 12-hour psychodynamic process group. Jerry Gans was the leader. This is how I remember it: I was immediately transported to my childhood, 45 years earlier, in New York City, not far from that hotel. The group had barely begun when I froze and then started weeping. Uh oh! Too much? Too early? Jerry took this in and after a time remarked that I had given the group a gift, dispelling any shame I might have felt. Since then, I've attended dozens of such process groups as a member as well as a leader. But I will never forget that first group with Jerry. With shock, I realize that now, 30 years later, we are both 80 years old! I have never more appreciated the power of transference.

Addressing Challenging Moments in Psychotherapy offers Gans' gleanings over his 48 years as a practicing psychiatrist, reflected through innumerable vignettes organized into pithy "Clinical Observations" followed by his interventions to challenging moments, which he has called "Clinical Pearls." I have to admit, my first association to "pearls," clinical or otherwise, was a bit hostile: There was always a string of pearls, fake and real, that I was forced to wear, along with lipstick and girdles, during my budding adolescent years; and then there is the self-righteous phrase "pearls before swine." But Gans then recounts a teaching from his medical school training about clinical pearls, "They are the same size as rabbit turds" (p.4). We're invited to decide: pearls or turds!

Readers are easily drawn into this book after reading the Introduction, where Gans is personal, direct, and transparent. In his long and plainly successful career, he tells us he has heard 80,000 hours of patients' stories and supervised around 90 psychotherapists. I'm impressed, jealous, and convinced he has earned his retirement in

Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples
by Jerome S. Gans
Routledge, Taylor and Francis Group
London and New York
2022, 124 pages

2019! By the time I had finished reading the book I had alternately been his colleague in a peer group, his patient in long term individual and group therapy, and his supervisee.

This book is a smorgasbord of therapy stories with different themes. You don't need to read straight through from beginning to end. There are 20 mostly short chapters with intriguing and thought-provoking titles like: "Many natural reactions are not helpful and many helpful reactions do not come naturally" (p. 14). Hmm, ok, tell me more. What boundaries come to mind when he says, "It is at the boundaries that meaningful psychotherapeutic work takes place" (p. 24)? And, "There are no completely objective data in interpersonal relations. The way I am with you partly determines the way you are with me" (p. 11). So check out the chapter titles and see what intrigues you, what you are hungry for. I believe you'll find plenty to sate your appetite. While this book seems best suited for the novice therapist, there is still much for the seasoned therapist to learn, clarify, feel validated by, and maybe rue that we didn't know earlier.

Gans lists 12 challenging moments that all therapists, both novice and seasoned, can cringe from and identify with. These are my favorites:

- A patient introduces himself by telling you in an intimidating manner that the magazines in your waiting room are out of date —and that he wants current ones when he returns next week.
- You wonder how you will be able gradually to nudge a chronic complainer into self-reflection.
- You look at your appointment book and realize you are dreading the next therapy hour because it is with Marvin.
- You feel anxious when with 5 minutes left in the group session your patient mentions that she is feeling suicidal. (p. 3-4)

For me, the book's real nuggets (definitely not turds) are Gans' stories, throughout the book, emphasizing the importance and power of therapists' countertransferences. While he gives us a brief history on how early concepts of analysis focusing only on transference grew to include the critical use of countertransference, he uses the work of his own countertransference awareness, or lack of it, to describe the successes and some failures with individuals and groups. He lets us know that thanks to his own analysis and growing ability to metabolize his countertransference feelings he was usually able to avert harming his patients.

Clinical pearls, observations, and discussions of challenges like patient hostility, abrupt termination, and loss of compassionate neutrality with a couple all call on the courage of the therapist to recognize, accept, and then work with often initially unconscious reactions to their patients, no matter how unacceptable to one's self-image these reactions may be. Acting on them without awareness can shut down therapeutic work and lead to early termination.

Gans' mantra is that the therapy relationship is co-created between the therapist and patient. He's uncomfortable reveling in having a wonderful vacation with his created family and worries why, after returning from such a vacation, no group members sit next to him. Three quarters of the way through the group he gets in touch with how it wasn't okay to experience pleasure in his family, that to have pleasure was being disloyal. Sorting through this enabled him to engage in the here-and-now with group members and dispelled his imagined anger they might have had with him. He describes a couple of other vignettes involving money. One patient even was able to tell him he understood that Gans had issues around money based on Gans' references to his father. In another, he describes a situation in which he is aware that his discomfort with his father's busi-

ness practices helped him devise a way to deal fairly with a patient with whom he had inadvertently fallen asleep. After understanding and accepting such feelings we can find ways authentically to disclose them to our patients, thereby opening avenues for them to disclose their uncomfortable feelings towards us. I appreciate being reminded that healing for both me and my patient is only possible when I do the necessary work to learn why I love, hate, feel annoyed, or even feel sadistic. Without that honesty I often can feel like a fraud with the person I'm trying—and being paid—to help.

This little book, 124 pages, written during the pandemic starting a year after Gans retired, adds to decades of his writing about psychiatry, group psychotherapy, and therapy in general. A Google search brings up a ResearchGate listing of some 45 publications beginning in 1979. There's more from Dr. Jerome S. Gans out there. Happy reading. ▼

The writer of originality, unless dead, is always shocking, scandalous;
novelty disturbs and repels.

—Simone de Beauvoir

Psychedelics and Psychotherapy: Healing and Transformation

Spring 2024

Deadline for submission:

January 15, 2024

Direct questions and submissions to the editor, Carla Bauer, LCSW
crbauer01@bellsouth.net

or to the Guest Editors, Steve Eichel, PhD
steveeichel@gmail.com

and John Rhead, PhD
jrheadphd@gmail.com

See Submission Guidelines on the AAP website:

www.aapweb.com

or in any issue of *Voices*

PSYCHEDELICS—MIND/MOOD/COGNITION/PERCEPTION-ALTERING CHEMICALS THAT EITHER EXIST IN NATURE OR HAVE BEEN MANUFACTURED BY HUMANS—HAVE BEEN USED FOR THEIR SPIRITUAL AND HEALING BENEFITS FOR ALL OF RECORDED HUMAN HISTORY. Only recently has our culture—including organized psychology and psychiatry—begun to realize the potential and promise (and hazards) of psychedelics. In 1955, the same year that the American Academy of Psychotherapists (AAP) was born, R. Gordon Wasson kicked off the first wave of modern psychedelic exploration with his mushroom experience with a curandera in Mexico—a very interesting coincidence of events.

AAP came into existence when a collage of psychotherapists from different schools of thought came together to foster a particular and somewhat novel way of viewing the art and practice of psychotherapy. They came to view psychotherapy as a very intimate interpersonal process between a therapist and a client that is meant to facilitate the client's journey of deep introspection. Adding the use of psychedelic medicines into this model of psychotherapy can accelerate the journey for both client and therapist. It can also deepen and widen the inner territory being traversed in such a way that not only are psychological and interpersonal realms being explored, but spiritual realms as well. These explorations may facilitate the healing and growth of both client and therapist, and perhaps of the rest of humanity as well. They can also change the reasons for entering into the psychotherapy journey and the expected outcomes.

For this issue of *Voices*, we invite papers that explore how psychedelics have impacted you and your view of yourself, of life, of what psychotherapy is, and of how it should be practiced. How have psychedelics impacted your clients, whether used outside a therapeutic context (recreationally) or within one (i.e., organized psychedelic therapy)? What therapeutic benefits have you seen from psychedelics? What do you think may be possible as the current psychedelic tsunami sweeps the world, and what do you see as the potential dangers? What multicultural and multi-ethnic aspects have you encountered in psychedelic experience, research, and treatments? If there is some potential danger to you personally in going public with your experiences and ideas, the editors will consider anonymous publication.

How has your personal development or “person of the therapist” been impacted by innovation and stagnation in the clinical process? How else have challenges to the status quo in your life and person beyond practice impacted what you bring to your work? ▼

How has your personal development or “person of the therapist” been impacted by innovation and stagnation in the clinical process? How else have challenges to the status quo in your life and person beyond practice impacted what you bring to your work? ▼

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

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PLEASE PARDON OUR DUST...AS *VOICES* NAVIGATES SOME TRANSITION. Timelines and Calls for Papers beyond the Spring 2024 issue are not yet ready for publication, so watch our website for updates between issues.

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Direct questions and submissions to the editor, Carla Bauer, LCSW
crbauer01@bellsouth.net
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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.

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Submit via email, attaching the manuscript as a Word document file. Send it to Carla Bauer (crbauer01@bellsouth.net). Put "Voices" in the email's subject line, and in the message include the author's name, title and degree, postal address, daytime phone number, manuscript title, and word count. Please indicate for which issue of *Voices* the manuscript is intended.

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

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Full Membership in the Academy requires a doctoral or professional degree in one of the following mental health fields: psychiatry, clinical or counseling psychology, social work, pastoral counseling, marriage and family therapy, counseling, or nursing, and licensure which allows for the independent practice of psychotherapy.

- Specific training in psychotherapy with a minimum of 100 hours of supervision.
- At least one year of full-time post graduate clinical experience (or the equivalent in part-time experience) for doctoral level applicants, at least two years for others.
- A minimum of 100 hours of personal psychotherapy.

A person who does not fulfill the above requirements but who is able to document a reasonable claim for eligibility, such as a distinguished contributor to the field of psychotherapy, may also be considered for full membership.

OTHER CATEGORIES OF MEMBERSHIP

In the interest of promoting the development of experienced psychotherapists, one category of associate membership is offered for those with the intent of becoming full members. These members will be working with a mentor as they progress to Full Membership.

Associate Membership

- has completed a relevant professional degree
- is currently practicing psychotherapy under supervision appropriate to the licensure
- has recommendations from at least three faculty, supervisors, and/or Academy members
- has completed or is actively engaged in obtaining 100 hours of personal psychotherapy
- agrees to work with an Academy member mentor
- may be an associate for no more than five years

Student Affiliate

For students currently enrolled in a graduate degree program. Application includes acceptable recommendations from two faculty, supervisors or Academy members.

For information regarding membership requirements or to request an application, contact the Central Office. Membership information and a printable application form are also available on the Academy's Web site, www.aapweb.com.

EXECUTIVE OFFICES

aap@caphill.com
230 Washington Ave Ext, Suite 101
Albany, NY 12203
Phone (518) 240-1178
Fax (518) 463-8656

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