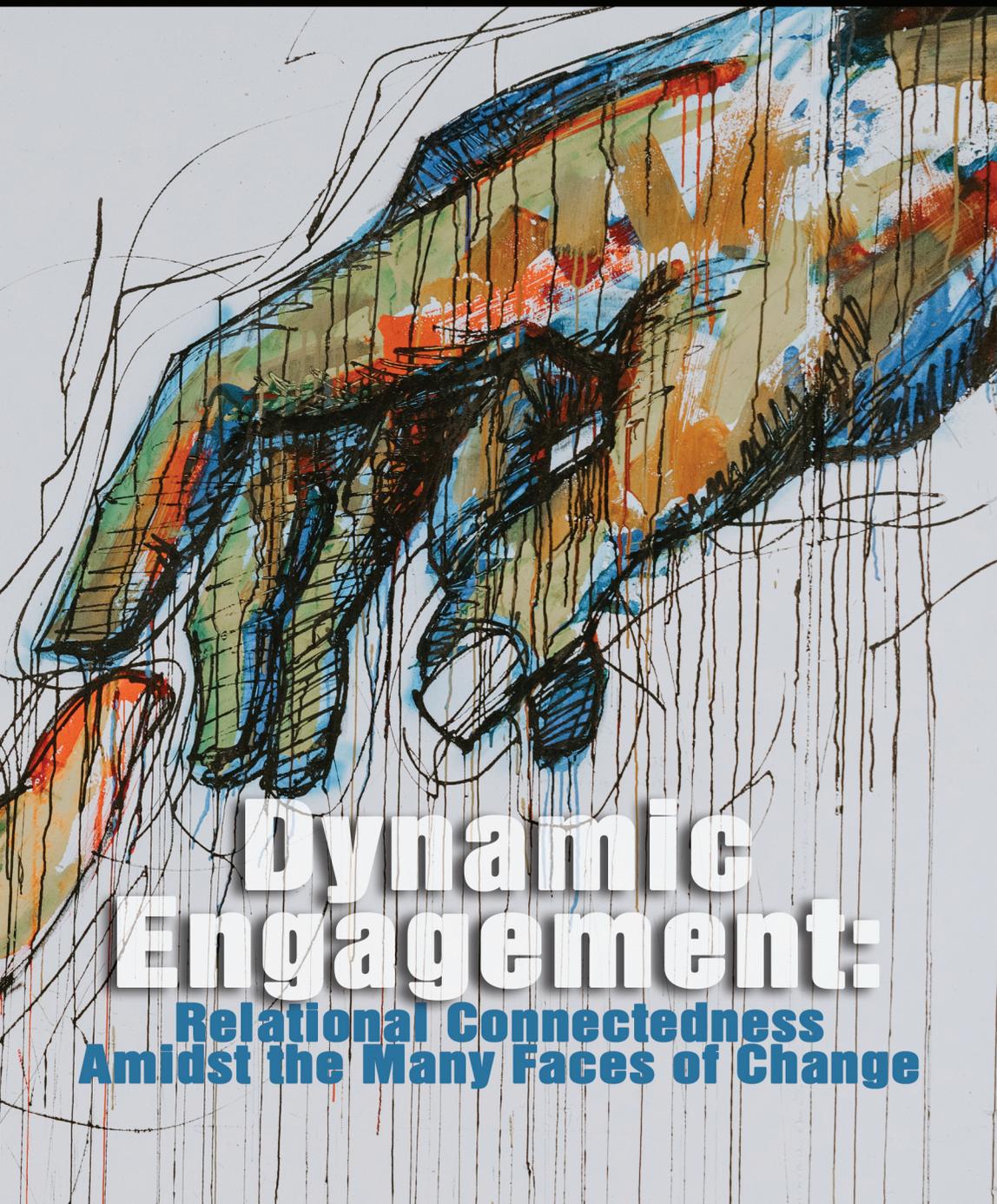


Journal of the American Academy of Psychotherapists

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SUMMER

THE ART AND SCIENCE OF PSYCHOTHERAPY



Dynamic Engagement:

**Relational Connectedness
Amidst the Many Faces of Change**

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

Voices: Journal of the American Academy of Psychotherapists

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Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

When things are changing around you, refusing to change doesn't change
the fact that things are changing around you.

—Rigel J. Dawson

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

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Carla Bauer



Change: To Engage or Disengage?

PER VOICES CUSTOM, OUR SUMMER 2021 THEME MIRRORS THAT OF THE APPROACHING INSTITUTE AND CONFERENCE OF THE AMERICAN ACADEMY OF PSYCHOTHERAPISTS: *Dynamic Engagement: Relational Connectedness Amidst the Many Faces of Change*. This theme set out to explore the question of how we stay relationally connected to each other amidst the many cultural shifts and changes taking place around us, challenging the status quo: changes occurring via the #Me Too movement, increased focus on gender as non-binary, Black Lives Matter and increasing awareness around racism and White privilege, to name just a few. These many winds of change are blowing strongly, requiring organizations, social conventions, and relational dynamics to respond. The impact is felt everywhere: in our society, in our organizations, in our relationships, and in our consulting rooms. How do we stay connected amidst all of these changes—especially if we do not speak to / think about / process these dynamics, an engagement that sometimes feels so much easier to avoid? How do we stay connected to each other if we are of a different ethnicity, race, gender identity, sexual orientation, age, socioeconomic level, religion, or political belief, especially when those differences become the focus of change? How do we bring dissimilarities and disparities into the open in ways that allow for both embracing diversity and finding common ground on which to build connection? How do we connect from the richness of our differences rather than let them divide us? And how do we navigate other relational changes perhaps more immediate to us, those arising within our family structures or personal relationships? Our theme holds all of these questions and more.

This theme is broad and timely, as change is in play all around us, calling us into engagement individually, organizationally, and culturally. Yet there was a demonstrated

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.

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resistance to writing about these issues. Many whom I approached to write indicated that they were more in listening mode, particularly around dynamics of racism and antiracism, which is in many respects both wise and refreshing—if not exactly music to an editor’s ears. Others, more steeped in addressing issues of diversity, were too busy or too tired to write. And no doubt there is a faction who truly want to disengage, tired of the focus on diversity, comfortable in the status quo of privilege and not wanting things to change. How do we break down resistance and engage—with the dynamics of change and with each other?

Faced with the initial dearth of engagement with our theme, I wondered—in addition to what to do about the issue if no one wrote—what I might write on this theme if not preoccupied with my own editorial role. My thoughts went down many avenues. I found myself pondering the amount of space and energy racial issues currently take up in my life—between a long-running book group focused entirely on Black writers and understanding systemic racism and White privilege, the Academy’s monthly conversations on racism, and the many efforts to diversify this and my other professional organizations—and contrasting that with the comparative absence of meaningful racial diversity in my immediate circles. We really do live mostly in silos of similarity, whether or not by design or ideology. How do we reach out and build bridges to connect those silos? I reflected, too, upon the outrage that has grown within me with each new reading and deeper insight into the blatancy of systemic racism throughout history and the complicit turning of blind eyes—unable to be dismissed as regrettable history when so brazenly ongoing. Witness the current proliferation of voter suppression efforts across our country. How might my anger drive me to engage further, to participate in change, and how does it shut down productive involvement?

And race is just one dimension in which the winds of change are blowing. I thought about the political polarization dividing this country—and families—and contributing to the prolonged grip of the pandemic. In my own family of origin, the prevailing dynamic is one of disengagement with these differences, sweeping them under the rug of safer interactions. We recently came together for a family funeral, our first gathering since lockdown and our increased divisions around pandemic responses and the presidential election. That we peacefully enjoyed each other’s company was a *détente* achieved by careful avoidance of any engagement around the issues that divide us—but is it truly relational connectedness if we can’t bring our whole selves? How will we—or will we—ever bridge those differences and engage each other more fully and authentically? How do we remain relational with people who are speaking a different “truth,” whether of political partisanship, vaccine conspiracies, or otherwise? How do we listen for entry points of understanding and engagement instead of shouting each other down? If it is so challenging within a family, how much more so among wider circles, where it is easier to other and disengage.

Then there are the many winds of change blowing around gender. Just in the period of editing this issue, I watched New York Governor Cuomo’s fall from office, the most recent in a long line of powerful men to get the wake-up call from #MeToo; coverage of the U. S. women gymnasts’ struggle to get FBI investigation into and protection from the ongoing sexual abuse by team doctor Larry Nassar; and a documentary on the U.S. women’s soccer team’s legal battle for equal pay—and sat with clients triggered by coverage of these abuses. How do we engage with women’s rising voices for change in the

status quo? Or with the emerging voices of the transgender community, still too often met only with violent opposition? While working with this theme, I sat with a young transgender client and watched his dysphoria begin to lift even before the bandages of a long-struggled-for chest surgery were removed, boosted by the external completion of a transition allowing him to come more fully into himself. Sitting comfortably with him, I thought back a decade or so, recalling my less comfortable introduction to transgender dynamics when observing the appalling reception of a trans woman newcomer by a philosophical organization to which I belonged. Strong, often irrational, opposition to her presence highlighted the organization's broader resistance to diversity—a resistance that ultimately resulted in both my disengagement from and the eventual collapse of the organization. While I admittedly experienced my own initial unease with the unfamiliar, I took the opportunity to engage openly with that individual and learn more about her and her gender identity struggles—and more about myself in the process. With engagement, discomfort dissipates, opening space for connection and growth amidst our differences.

Many potential directions to take this theme... and each brings a new set of questions. Every day brings another news story of how someone is trying to stop or reverse change, to preserve or restore a status quo that favors the few over the many, the homogenous over the diverse. How do we engage and respond? Do we embrace change and diversity, building bridges of connection, or do we retreat into our silos and our privilege, missing the opportunity to grow together through the richness of our differences?

Writers did ultimately emerge, and several offer their experiences of engagement with the challenging dynamics of diversity and cultural change. Penny Sterling kicks us off with her personal story of gender transition, expressed through a poignant blend of pain and humor that alternately reveals and shields her vulnerability in seeking to become her full self. Kathryn Van der Heiden takes us on a nostalgic journey through the history of *Voices* and the Academy across decades of change and takes a hard look at the challenging dynamics that we face today that call upon us to shake up the status quo yet again. She also shares two original poems on the challenges of racism and diversity. Michal Rubin and Karen Brown recount reaching across their own racial and ethnic divide to hold space together for an Academy conversation on racism and antiracism, including a poem co-written about their experience together. John Rhead shares his examination of his own White privilege in the wake of the murder of George Floyd and the ensuing spotlight on racism, including his shamanic engagement with Floyd and racism. He also presents a paper on what he calls *malignant othering syndrome*, which grew out of his reflections. Jillian Thomas explores staying connected amidst pandemic separation, with its backdrop of divisive upheaval, describing the conflicting pulls to engage with the bombardment of issues and changes that confront us daily or to retreat into an island of safety and comfort. And in book reviews, Grover Criswell reflects upon Isabel Wilkerson's (2020) *Caste: The Origins of Our Discontents* in which she compares systemic racism in America to caste systems in India and Nazi Germany. (What haunts me from this important book is Wilkerson's revelation that even the Nazis wouldn't go to some of the lengths of the Jim Crow South, from which they borrowed heavily. That's quite an indictment!)

Several authors explore dynamics of change closer to home, within personal relationships. In a pair of articles, Abigail Dixon and Kay Loveland share their story of a foster



child mentoring relationship that grew into an unexpected new family, a life-changing experience for both. Lloyd Mendelson and Don Murphy narrate the struggle to remain connected as a beloved spouse and friend fades into dementia; Dr. Mendelson shares several moving poems expressing his journey through his wife's decline. Wendy Graham pays a heartfelt tribute to the abiding impact of her recently deceased therapist, Academy member Ruthann Fox-Hines, and to a relationship now carried differently.

Avrum Weiss explores how men's fears of women impact heterosexual relationship dynamics, offering a taste of his new book, *Hidden in Plain Sight: How Men's Fears of Women Shape Their Intimate Relationships*, which brings a new relational lens to these dynamics. His work in relational dynamics is further exegeted in book reviews, where Matthew Leary gives us an appreciative reader's in-depth look at *Hidden in Plain Sight*, while Giuliana Reed and Steven Ingram use their own "couple" relationship as co-reviewers to illustrate the lessons from *Living and Loving Mutually: How To Break Free From Hurtful Relationship Patterns* (Weiss, 2020).

Finally, a potpourri section departs from our theme of change and offers some lighter reading for these dark and difficult times. Jerome Gans shares a humorous account of lighter moments across his career as a psychiatrist. And archival pieces from a 1979 issue of *Voices* themed *The Tired Therapist* bring both wisdom and humor fitting to the exhaustion that readers are expressing after a year and a half of pandemic life and telehealth.

Our Winter 2021 theme, *Pandemic and Its Vicissitudes*, will return to this most immediate lived experience and take the theme of change in a different direction, exploring how our unprecedented pandemic journey has forever changed us: personally, as therapists, as a profession, and culturally. We will look at how our long-awaited return to normal might prove to be more of a new adaptation to lasting change brought by this experience.

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

Not everything that is faced can be changed, but nothing can be changed until it is faced.

—James Baldwin

Thousands have already
sent in their names
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G.I. JOE
CLUB!"**



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**SPECIAL INSTRUCTIONS
"REMOVAL OF BOOTS"**

Pick up G. I. JOE and place in palm of left hand with toes up and head toward you. Grasp toe of boot between thumb and first finger of right hand and place second finger behind heel.

Point toe down Pull down and away and boot will slide off foot.

To protect the leg member against an extreme pull, it is advised that the foot be come out of the leg. It is made so that the foot on the leg.



Plenary Truths: One Trans Woman's Journey

SINCE MY MAIN RULE FOR LIVING IS TO NEVER REFUSE STAGE TIME, I of course said yes when invited to be a plenary speaker for the 2021 Institute and Conference of the American Academy of Psychotherapists, and again to writing for the companion issue of *Voices*, despite not knowing what, exactly, a “plenary” speaker was or what I had to say to an audience of therapists. For an example of the journal, I began reviewing the “Fiftieth Anniversary Issue: The Best of *Voices*” (2014), which offered a collection of articles from the esteemed history of the publication.

To be honest, I didn't make it all that far into the journal. Partially because it was using words in ways that befuddled my brain, but also because one of the early articles stopped me cold: “Interpretations and Child Therapy” by Haim G. Ginott, originally published in 1968.

I remember 1968. It's probably the first year where I can place things that happened in a chronological context. Some of it is simply because of how they shook the world: the assassinations of Robert Kennedy and Martin Luther King, Jr., Apollo 8 passing behind the moon, and the Mustang Shelby GT/Dodge Charger 440/RT car chase in the Steve McQueen movie *Bullitt*. Okay, maybe that last one affected me more than most folk. Also in the memorable category for me were winning a school prize for writing 24 book reports in a month, getting to watch the Pittsburgh Pirates play the New York Mets at Forbes Field, and realizing I was transgender.

Except, of course, I wasn't *transgender*, because that word had yet to be coined. But also because there was no one else in the world like me. At least, that's what it felt like. I grew up in a wealthy little town that was so very

PENNY STERLING says serious things in a funny way. She's written two solo shows and is writing a third. She's written a collaborative show and is writing a second. She also performs standup comedy upon request, has given two TEDx Talks, teaches public speaking, and has even preached two sermons, because she never refuses stage time. Penny lives with her cat Betty Smölket the Unfriendly Pet in a tiny little house in Rochester, New York.

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much in the middle of nowhere that it had to have its culture and entertainment imported, and what little queer culture there was in America the year before the Stonewall riots occurred was happening someplace else entirely and did not make it into the area.

Or maybe it did, and I didn't know it. Mom was a woman driven by fear, which colored everything she did, especially when it came to her family. Mom was 32 when she and Dad got married, which in that era meant she was in spinster territory. She never expected to get a husband, so she acquiesced to every demand Dad made in order to keep him happy.

Dad really only had one demand: When he came home from work he wanted a clean house, clean kids, and food on the table. Oh, and also that in the evenings he got to go out and do all the things he always did: bowling, volleyball, choir, etc.

Having been a parent, I now know that Mom's reaction should have been to say, "If you want kids, then at best you'll get one of the other two, and that's only if you get involved." But she didn't. Instead, she gave my dad what he wanted: a clean house, clean kids, and food on the table. It's just that one of the clean kids was often upstairs in their room with a sore bottom and crying, quietly, so that no one would come upstairs and give them "something to cry about."

Me. That kid was me.

I was boisterous, curious, and restless, which are pretty common traits for a baby. My older brother was much quieter and studious as an infant, which made things easier for my mom. When I was a teenager, she would tell me stories about this time of her life. I don't know why, but she did. Maybe it was because I was the only person who listened to her. Maybe she was trying to justify, or at least explain, the decade or so of abuse I received from her. Maybe both.

She'd tell me how my brother really didn't learn to walk or talk until I came along. Instead he would point and grunt, and my mom would give him what he wanted and then get back to cleaning and cooking. "You would never sit still," she'd tell me. "I'd just get so frustrated with you!" Her frustration turned to rage, which turned to violence, and I'd get spanked as a baby for being a baby.

And we haven't even gotten to the transgender stuff yet.

In my show *Spy in the House of Men*, I talk about my life in a series of stories, each with a title card. The earliest part of my life's story is called "The Fundamental Wrongness of Me" for a reason. In 1968, I figured out that a big part of that wrongness was that I was a girl in a boy's body.

Okay, so "figured out" is a bit of a stretch. In 1968, Mom rather drunkenly told me that I was supposed to be a girl. Her reasoning was based on a whole bunch of old wives' tales, but also, I think, because she was really hoping that I would be a girl while she was pregnant with me. She grew up with three brothers, and then her career before marriage was in offices where she was often the only woman. She didn't have many interactions with women, so she really wanted a daughter. She didn't get one.

Well, she did, but didn't know it.

And since my readers are presumably a bunch of people who look at human beings who reveal stuff like this and say things like "interesting..." and wonder if perhaps my gender divergence may be because of some subconscious desire to please my mother, let me just say that it's possible, maybe even probable, and perhaps even went back to my time in utero, because when she told me this, a whole bunch of dots connected for me.

Though what does it matter?

Here are some of the dots I remember connecting:

- Playing in a splash pool with the girl next door and asking if we could switch bathing suits because I liked hers so much better. I had taken mine off and handed it to her when my mom caught me and let me know she wasn't pleased with me in her traditional way.
- My father's constant criticism that I did things "like a girl," especially physical things. The way I threw a baseball, the way I punched, the way I walked, the way I laughed—all of these things met with his disapproval at one time or another, forcing me to change them.
- The first time I got to choose a Halloween costume I picked one that looked like the dresses Diana Ross and the Supremes wore on the Ed Sullivan show—a beautiful evening gown with sparkles, taffeta, opera gloves, and even a beehive hairdo wig! We were paging through the Sears catalog, looking at the costumes, and as soon as the page was turned to show that picture my finger pointed to it. Dad asked me, "Which costume do you want?" in a way that let me know that there was a right way and an extremely wrong way to answer (which would be "like a girl"), so I picked the closest acceptable costume on the page, and that's why I went trick-or-treating as Top Cat. Do you remember Top Cat? Probably not. No one remembers Top Cat, with good reason. He was a D-list character in the B-list Hanna-Barbera cartoon universe. Magilla Gorilla looked down on Top Cat; that's how bad of a cartoon it was. And I had to pretend to like him for years because of that choice.
- Playing with my GI Joes with the boy next door, and when it was time to come home, swiping one of his sister's Barbies (yes, the same girl as was in the pool with me) on my way out the door. But I didn't play with the doll. I just took her dress off and tried to get it to fit on my soldier doll.¹

All of that and probably some more popped into my head at the kitchen table that evening in 1968 when Mom said I was supposed to be a girl. Not that it mattered much, because there was no way I was going to tell my parents any of this. And there was no one else to tell, either.

Which leads me back to Haim G. Ginott, EdD. First, a short history of my interaction with therapy as a child: I had none, although I was threatened with it. The totality of discussions regarding mental health were as follows:

1. Mom telling me I was going to put her "in Willard."
2. Mom threatening me with getting my head shrunk.

I had no idea what either of those meant for a very long time. Through context clues I guessed that Willard was some sort of insane asylum (actually Willard Asylum for the Chronic Insane in Ovid, NY, 45 miles away from where we lived). I eventually figured out that getting my head shrunk meant seeing a psychiatrist. I didn't know it was a

1 It didn't fit. GI Joes were specifically designed by Hasbro to be on a larger scale than Barbies so that boys wouldn't be tempted to play dolls with sissy girls. So instead, I'd try to create dresses for them with cloth bags, or bits of felt and cut-up GI Joe fatigues glued together with the Testor's glue I was supposed to be using on my 1/25th scale Mustang Shelby GT and Charger 440/RT model cars. It went as well as could be expected.

metaphor. Basically, my mother was as afraid of psychotherapy as she was just about everything else in life. Honestly, she could have used some time away from her family where she could work out the many issues that seemed to make her life so fearful, and I definitely could have used time away from her. But neither of those things happened.

But now I wonder how things would have progressed if I had managed to get therapy as a neurotic child. Would I have even been able to use it well? Even back then, my relationship with authority figures/adults I liked (usually the same people) was to figure out what they wanted from me and make sure they thought I gave it to them.

So how would I have handled play therapy? When I look at Ginott's (1968) three areas of interpretation (anxiety, transference, and defense), my assessment of myself at that age is that all of my issues had a root of defense. My anxiety, transference, and defense would be interpreted as being those of a neurotic little boy, which would likely be what my therapist would be looking for and would be what I showed. In play therapy, I never would have revealed that my play involved making America's Movable Fighting Man into Drag Queen Barbie. I never would have revealed that the only moments of relief I had involved putting on my mother's clothes and pretending, just for a moment or two, that I could be myself. Basically, my defenses had defenses.

And here's the kicker: Maybe that would have been for the best? Maybe not getting my head shrunk was the right decision?

I'm not a historian or a researcher, and even when I am, I get things wrong a lot: For years I thought Steve McQueen was driving the Charger and not the Mustang in *Bullitt*. Please take that into account as you read this.

From my perspective today, the goal of therapy in the 1960s and '70s wasn't to get people to be the best possible versions of themselves as much as it was to get them to fit into society, which would mean my therapist would probably have tried to make me more like the cisgender boy I was pretending to be, rather than the transgender girl I was. Which really freaks me out.

And, from what I've seen written, that's what the shrinks were going for in their treatment of feminine boys.

In Richard Green's (1976) *Treatment for the Parents of Feminine Boys*, he recommends early intervention for boys who meet specific behavioral criteria of gender disturbance. He reports his success in having his patients become "less feminine and more masculine," noting approvingly that "feminine fantasy play diminishes rapidly and the boys become more verbally and physically aggressive towards their mothers in almost all reported cases" (p.684).

Green (1976) further cites Robert Stoller's (1975) *Sex and Gender, Vol. II: The Transsexual Experiment* as noting that this sort of treatment has the same outcome:

...when the boys, encouraged and taught to be masculine, begin preferring that mode, neurotic behavior—fighting with female siblings and peers rather than playing with and imitating them, physical attacks (intrusions, such as throwing objects) on mother, and nightmares and phobias—appears for the first time. (Green, p. 684)

They turned sensitive, caring kids into assholes and bullies, and congratulated themselves on it. As for me, I saved my parents time and money, because I was already there. As a child, I was confused, alone, and often aggressive. And when I hit puberty, I was worse. I distinctly remember looking forward to being bigger and stronger specifically so I could pick on kids the way I was picked on. As an adult, I was an abuser—of my

family, other women, and smaller, weaker men. I was constantly angry and aggressive. I was a bully. And I hated being that way. I was an abusive man, and I hated myself for it. I hated having people be afraid of me all the time. I hated hating myself.

But in Stoller and Green's views, I was a success.

When I went into therapy starting in my late 20s, I would, with great dread, blurt out that I would wear my mother's clothes as a child. Every therapist I had pre-transition waved this off as "something boys did," which filled me with relief—and pretty much kept me from doing most of the work I needed to do.

Maybe that's not entirely true: My most successful therapy involved addressing my abusive behavior. I didn't want anyone to be afraid of me, ever again. The reason I got into therapy in the first place was because I despised these parts of myself. Emotionally, I had two crayons to color with: fury and joy. And the latter was only used in rare and specific instances, such as the birth of a son or my team winning the Super Bowl. I spent a decade working to remove the toxic from my masculinity. I had told my therapist that my goal was to become the healthiest, least toxic, most masculine man I could be, because that's what he saw me as, and that's what I wanted people to see.

Instead, I finally removed enough layers of aggressive behavior, loathing, and self-doubt that I could finally admit I needed to get rid of more than the toxic in "toxic masculinity." I don't think it's an accident that I came to the awareness that I was not a man (I wasn't yet comfortable with calling myself transgender) while my therapist was on vacation: On top of not wanting to be transgender, I didn't perceive him as perceiving me as transgender, so I spent no time discussing gender with him until I started exploring it by myself. Once we started discussing it, he was crucial in my transition.

After these musings, my thoughts on therapy as a child went down the other path: What if I had somehow come across a therapist I could trust, who was patient enough, saw through the lies behind the lies, and helped me become the girl/young woman that I was? That would have been better. Right?

I'm thinking probably not. Even if I got a therapist that did not consider gender diversity as some sort of insanity to cure, it would have meant I would have become an unhirable object of scorn, derision, and fetishization, coinciding with the advent of the AIDS crisis.

And since I know I would have been an "anything that moves" kind of girl, there's a very good chance that had I transitioned, I would now be a square on a quilt somewhere. Or maybe even that's too hopeful. Maybe I would have died alone and unknown, in a hospital full of medical professionals too scared to care, or beaten to death in an alley by a roving gang of phobic men. Which also happened. And still happens.

Basically what I'm saying is that the way I've lived my life—48 years of being a deeply closeted transgender woman—may have been the best possible thing that happened for me.

And that thought fills me with all sorts of despair and rage. The life I wanted was never available to me. I never had and would never have had the opportunity to live a full life as the woman I am. Which is one of the reasons why I am so passionate about fighting the legislation designed to force trans kids to be the sort of bullies and assholes Green and Stoller championed.

I also wonder about those kids described in those studies. I wonder how many of them became aggressive because they picked up that this was what was wanted from

them. I wonder how much of the action was a response to the confusion and self-loathing they were feeling at being forced to change into someone else. I wonder how they grew up or even if they grew up, and what sort of damage they may have done to themselves and others because of this sort of conversion therapy.

Now that I'm in my 60s and cursed with perspective, I marvel at the amount of damage my generation has been involved with. A lot of it has been meted out, to the economy, the environment, and even to fashion (polyester Sansabelt bell-bottoms were once a thing, and we will never be able to undo that damage), but a lot of it was endured, especially by the nascent LGBTQ+ community. The struggles of queers have led to far greater acceptance, to the point where some older gay White men have begun siding with power in a disturbing way.

But in all of this, even inside that group that's still fighting marginalization, the trans/gender diverse community is being further marginalized. Some of the marginalization is openly hostile, some of it takes the form of concern trolling, where the arguments are couched in worries and described as "honest questions." But whether it's from TERFs' Gender Criticals or so-called LGB advocates, almost all of it is targeted at trans women (male bodies invading women's spaces, male athletes transing to dominate women's sports), and trans/gender diverse children, claiming parents and therapists are forcing kids to transition, forcing puberty blockers or surgery on them, or using terms like Rapid Onset Gender Dysphoria (ROGD)³ to try to generate (or, too often, elevate) fears about what it means to be transgender.

Dispassionate observations prove these fears unfounded: Since the International Olympic Committee started allowing transgender people to compete in 2004, there hasn't been a single transgender athlete to make it to the Olympics, let alone win an event (Dawson, 2019). In 17 years. That's a helluva clinical trial. And when transgender children are allowed to socialize as themselves, behavior did not differ in comparison to their cisgender siblings or other cisgender children (Gulgoz et al, 2019).

Plus, there's the anecdotal evidence provided by me. As I've mentioned, I grew up in a place and at a time where as far as I knew, there was nobody in the world like me, yet I knew who I was. I spent my life denying it, and countless hours in therapy trying to be the man I was supposed to be, yet I wasn't. I lived a life of quiet agony as a man. It did not fit me. At all. I'm much better and far more joyful living my life as a loud woman.

And that's the plenary truth. ▼

2 Transgender-Exclusionary Radical Feminists. Although I take issue with this, since none of what they espouse is actually feminism, nor is bigotry a radical concept. I prefer the term Feminism-Appropriating Reactionary Transphobes, but no one seems to like that acronym.

3 "The term "Rapid Onset Gender Dysphoria (ROGD)" is not a medical entity recognized by any major professional association, nor is it listed as a subtype or classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD). Therefore, it constitutes nothing more than an acronym created to describe a proposed clinical phenomenon that may or may not warrant further peer-reviewed scientific investigation....

"WPATH also urges restraint from the use of any term—whether or not formally recognized as a medical entity—to instill fear about the possibility that an adolescent may or may not be transgender with the a priori goal of limiting consideration of all appropriate treatment options in accordance with the aforementioned standards of care and clinical guidelines." World Professional Association for Transgender Health "WPATH POSITION ON 'Rapid-Onset Gender Dysphoria (ROGD)," Sept. 4, 2018

References

- Dawson, A. (2019, April 17). The biggest thing critics continually get wrong about transgender athletes competing in women's sports. *Business Insider*. <https://www.businessinsider.com/what-critics-get-wrong-about-transgender-athletes-in-womens-sports-2019-4>
- Ginott, H. (1968). Interpretations and child therapy. *Voices: The Art and Science of Psychotherapy*, 4(1), 40-43.
- Green, G. (1976). Treatment for the parents of feminine boys. *American Journal of Psychiatry*, 133(6).
- Gülgöz, S., Glazier, J., Enright, E., Alonso, D., Durwood, L., Fast, A. ... Olson, K. (2019, December 3). Similarity in transgender and cisgender children's gender development. *Proceedings of the National Academy of Sciences of the United States of America*, 116(49).
- Stoller, R. (1975). *Sex and gender, Vol. II: The transsexual experiment*. London: Hogarth Press.

It has to start from the playground and parents teaching kids that diversity is what makes us so wonderful.

—Jimmy Somerville

It may be hard for an egg to turn into a bird: it would be a jolly sight harder for it to learn to fly while remaining an egg. We are like eggs at present. And you cannot go on indefinitely being just an ordinary, decent egg. We must be hatched or go bad.

—C. S. Lewis



Voices:
The art and science of psychotherapy

Voices:
The art and science of psychotherapy

Voices:
The art and science of psychotherapy

A Cultural Sourcebook for Psychotherapy
access to tools

Walking in the Footsteps: the Relationship in Context

VOICES
The art and science of psychotherapy

CRISIS

Voices:
The art and science of psychotherapy

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What's in the Room?

Voices:
The art and science of psychotherapy
The Many Faces of Fear: Attachment, Trauma & Neuroscience Perspectives

TRAIL

Voices:
The art and science of psychotherapy

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ends



Finding a New Voice: Facing the Changes Before Us

WE ARE GETTING RID OF OLD COPIES OF *VOICES* THAT WE COLLECTED FOR MANY YEARS, AND THE PROJECT HAS BEEN QUITE A WALK DOWN MEMORY LANE. With every issue, I am saying goodbye to old friends and remembering colleagues who enriched me at a time when I was young and growing in the craft of being a psychotherapist. I find myself reflecting over my journey with *Voices*, with the American Academy of Psychotherapists (AAP), and with the field of psychotherapy, and how each has changed over time.

I have been practicing psychotherapy for years and began coming to AAP as a recent graduate in 1976. I honed my skills in at least 20 years of post-graduate training, studying and attending workshops with some amazing and challenging psychotherapists, many of them in the Academy. In those early years, I ate, drank, and slept the practice of psychotherapy. I could not get enough of learning how to best engage with colleagues and clients. I went to every AAP meeting there was and waited patiently for my time to actually apply for membership. In those days the wait was 6 years. I could not attend the summer workshop until I was a full member. The rules were more stringent then, but the wait was worth it. Much has changed in the intervening years. We now have scholarship groups in an effort to help new therapists find their way. In the early years we were all on our own to find our way if we were interested. That was the ethos when I came into the Academy.

In those days, it took a fair amount of courage to step into a community meeting and have a voice. The elders did not necessarily make it easy. On the other hand, we

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each had the invitation to push the boundaries of our emotional and intellectual potential. There was clear and definite pushback when we hid behind our resistances. I would leave each AAP meeting having learned something new about myself personally and professionally. It was not an easy process, but I gradually became more confident and self-assured and more willing to open up to what I did not know and wanted to learn. The growing pains ached. The rewards were plentiful. I learned how to speak my truth and to hold my own with mentors whom I saw as great minds and seasoned therapists. I respected their knowledge as I grew in my own. The collective wisdom of the elders rang like a bell inside of me when I was back in the office and my work with clients felt clearer and more honed.

I found that wisdom in the pages of *Voices*, also, and revisit it as I weed through these collected volumes. I recall the psychotherapists, some before my time, whose writing made me think. There were many different editors over the years, their names on file somewhere in the AAP archives. It was not just the editors that gave their wisdom but also the long list of contributors who taught me and pushed my thinking. As I peruse the copies, I notice that so many of the people that I admired, writers and editors, have since died. I miss them. They were eloquent, thoughtful, funny, and even crass at times. They were honing their craft. They were honoring the profession and sharing their experiences. Their writing was engaging, wise, and challenging. Reading their names and their writings, I am nostalgic.

The *Voices* volumes that we own go back to the early '60s. The writing was different then than it is now. Generationally there seemed to be more intellectual inquiry and dialogue about therapeutic theories and their impact on the craft of psychotherapy. During the late '60s the articles were about the encounter movement and the pros and cons of body work with clients. Even then, there were ongoing changes in the field. We were moving away from a psychoanalytic base and experimenting with new ways to get in touch, to find our personal expressions, and to guide our clients in finding their way out of places of trauma or feeling stuck and into a better understanding of who they were and how they were meeting the world around them.

The themes of *Voices* changed over time, as did the theories of psychotherapy, but the content remained rich and valuable. In the early years, many of the members of AAP were not only practicing psychotherapists but also taught at universities and colleges. As I re-read some of their articles, I am struck by their backgrounds and scholarly interest. Many of these former members were engaged in active research and in thinking about how to advance the field of psychotherapy at large. Their curiosity and courage are what strikes me the most.

Every 10 years or so the tenor of *Voices* changed as did the culture we lived in. New theoretical concepts and practices in psychotherapy were changing rapidly. As psychotherapists we would be much poorer in our understanding without our elders and mentors. Understanding the history of psychotherapy helps us to develop and move forward, theoretically and in practice. Sometimes as new theories develop people want to throw out and vilify the theorists that have come before. I find that practice reactive and disturbing. It is the past that gives us clues to the development of humankind. So do we always have to nullify the old in order to discover the new? Personally I think of growth and change as a series of stepping stones. Each theory is a building block that supports what is new. Without the base of knowledge, change has less meaning.

I am often amazed that *Voices* has been sustained for so many years. It has been a courageous, thought provoking, and deeply personal journal. The writers have encouraged so many of us to be the best therapists we could be. Since change is said to be the only constant it is not surprising that *Voices* has changed with the times. It has grown as we have grown. It is full of the breadth of change we have experienced and continue to experience as a culture and as a field.

We—individually, the Academy, and the field of psychotherapy—are once again in a time of change. This time we are opening the door to the deep importance of being more inclusive in our thinking, our actions, and our language, as well as understanding our unconscious complacency and complicity. We are facing now what we have needed to face as a culture for a long time. We are being asked not only to witness the injustices in our country but to step up and acknowledge the inequities that we have known about and been complicit in, whether actively or by ignoring them. These inequities have always been there, but they have become more visible and by their visibility even more intolerable. We are being asked to face our complacency and our unconscious bias. We are being pushed to adapt and to change and to be avenues for change. We are encouraged to own what we do not know about the other rather than othering them. What we don't know is our business to learn. Acknowledging our conscious and unconscious bias is our homework because as descendants from Europeans, primarily with white skin, we cannot ignore that we truly have been privileged. Of course this is not equally true across the board. Each group of immigrants is judged harshly by those who came before. The color of skin is not the only marker. Prejudice exists as people of all colors and races and language systems try to acclimate to a new land, a new culture, and a new language system. The darkness of human nature looks for reasons to vilify what we do not understand. It is as true on the playground as in our lives as adults. Our challenge is to learn how to be curious about the other rather than judging difference.

For years, the question was asked in AAP, by members and by the Executive Council, "Why don't we draw people of color?" The question was asked, but little changed. It is my opinion that we did not actively seek out those with whom we wanted to engage, namely people of color. Or were we simply giving lip service to inclusion without the hard work of getting to know the therapists of color in our communities and inviting them in? How many of us sought out the community of therapists in the community of color? We were trying to grow our Academy the way we always had, not fully realizing that it was going to take much more effort and interaction with those who were not naturally drawn to our meetings for a multitude of reasons. I suspect that because we were predominantly a White organization we really did not make enough effort to actively seek out colleagues whose skin or culture was different from our own. I include myself in that complacent way of approaching membership.

There is language for that now. With language comes the opportunity to be more aware. I am embarrassed by what I now see as a kind of laziness on my part to really reach out across the aisle of skin color and truly be curious and available for contact. I can use the excuse that I was busy building my practice. I could rationalize that I had clients from other countries and different language systems in my practice. I could exempt myself because I had experienced racism when my foreign parents were often told to "go back to where you came from" because though they were naturalized citizens, they never lost the accents of their countries of origin. I thought that I could excuse myself

because I had read much of the Black literature of the time in high school and was angry about the suffering I read about. I thought I was aware, and I believe that I was, but I was not pushing myself to look beyond my discomfort zone. I share my process not as justification but with the knowledge that I could have done more. I should have done more. I want to do more.

The first step is acknowledgment. The second step is rapprochement. The third step is true inquiry and vulnerability. The fourth step is knowing and owning what I cannot know because I am not Black, Asian, Latino, or Native American. What I am is willing to hear the depth of pain of another fellow human being. I am willing to just stand there and hear the difficulties and fears of dying that people have faced for no other reason than the color of their skin or the accent in their speech. I know that the subtleties of language can be racist and prejudicial in and of themselves. I catch myself changing my words when they are inappropriately tinged with racism. Habits can be changed. It takes attention and willingness to do so. It takes time and practice and patience.

These are times in which we must allow ourselves to open to the realities before us and feel them to the best of our abilities. I need to allow myself to know a modicum of what people of color fear in their daily lives, fearing being killed or hurt because of the color or their skin. I need to listen and let in the fear with which Black people live in daily life. I need to be curious and attentive. The same is necessary to change as an organization. If we can own our unconscious racism, we can learn how we perpetuate the isms in our culture. If we can own our mythical fears about others different from ourselves and the impact our lack of ownership contributes to the mythology we have learned and unconsciously embody, if we start there and become genuinely interested to know the other, then we will see that we have an abundance of opportunities for making changes. Listening is the first step. Genuinely caring about the narrative of injustice and its impacts. It is in genuine conversation and owning the mythologies we carry that the change can be made, one step at a time. We need first of all to be moved.

When I look back at the history of AAP and of psychotherapy that I see reflected in these old volumes of *Voices*, I hold hope that we can once again change with the times, growing as persons, as therapists, as an organization, and as a field by embracing the journey. ▼

Change will not come if we wait for some other person or some other time.
We are the ones we've been waiting for. We are the change that we seek.

—Barack Obama

Human Contact

Kathryn Van der Heiden

Being equal requires curiosity
Heartfelt inquiry
Genuine empathy
A desire to get to know the other
To enter into their world view
To understand the intricacies
Of their language and experiences
Allowing our own to fade into the distance
As we listen with our ears, our mind and our hearts.

It is only after a while
Listening
And waiting
That we can begin to experience
How we might be the same
Though our circumstances
And experiences
Have been different.

Timing is everything
Genuine interest is everything
It is only then that we can open
To our differences of experience
And share in the commonality
Of being human.



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Tapestry: Poem for Conversation About Racism

Michal:

I open the door, the window, the imaginary skylight I wish I had. I am in pursuit of escaping the pandemic cellar. Surrounded by the virtual input of riotous sounds of protests, the chants calling for justice, I crave a real conversation; I want to talk, to ask, to get to know beyond the masked protests. The urge to talk about black and white, the urge to poke at my own biases, to rattle, to disturb the unnoticed in me, is awakened. The newness of the isolation has morphed into languishing, the new hallmark identifier of the pandemic ails. But the urge of rattling myself is the antithesis to the greyness of languishing.

This is not new—the need to poke at my own biases, challenge them, fight with them. Sometimes, I must admit, I indulge in my biases, a relief from the tension created by change, though lately such indulgence leaves me nauseated. So I wrestle, engage, grapple, scuffle with my biases daily, but in a more structured way, participating in three groups; one of them is the monthly Conversation about Racism of the American Academy of Psychotherapists (AAP).

For a reason I can't quite explain at the moment, I took the opportunity to lead one session of this conversation with Karen Brown as co-leader. What I didn't expect was that in preparing the group with Karen we created a womb for a deeper and kinder dive inwards. With Karen I felt a contained spaciousness to explore my biases, fears, and confusion as they were showing themselves at that moment in time. As the conversation deepened, we decided to continue our dialogue through back-and-

Karen Brown



forth poem writing. I wrote a stanza, Karen responded with a stanza. Together we were weaving a tapestry, one thread knotted with the other, the colors separate yet jointly birthing an image. Our dialogue lasted a couple of days and as the poem emerged, we decided to use it as the opener for the group.

Karen:

This has been a challenging time for me as for most of us. It has allowed for reflection and greater awareness, cocooning and coming out with wings perhaps. I am growing old as a single woman. That no longer feels empowering. COVID, social unrest, economic inequality... have taken my confidence.

When Michal reached out to me, I found that I was able to say things that I never before admitted to myself. Writing further facilitated the unconscious process. I am a person of color raised with White privilege and have been confused as to who I am and how I fit in for much of my life. My mother is a Holocaust survivor which further complicated my reality. I feel grateful for the chance to explore further and this experience has helped in that way. I look forward to continuing the journey—to be raw at times, to not know. I live in the in-between, where binary notions of reality do not fit.

KAREN KOENIGSBERG-HAMMOND BROWN comes from a background in experiential psychotherapy and intermodal expressive arts therapy with over 25 years of experience. Karen is currently in private practice and teaches and mentors new therapists. She earned her BA in psychology at the University of Missouri, Kansas City (1983) and her MA in clinical mental health counseling from Appalachian State University (1993). The child of a Holocaust survivor and a Native American, Karen has thought about religious, racial, and ethnic identity for most of her life and finds herself outside the binary definitions of identity. She continues to explore the complexity of identity and its impact on community. karencounselingnc@gmail.com

Poem for Conversation About Racism

Walking through the slit that opens
into a Black world
lugging my White notions
I limp awkwardly, wanting to disappear
an unnoticed knot in the wall,
oh God, I say, make me a good imperfection,
an acceptable construction mistake,
White. White. White.
I am.

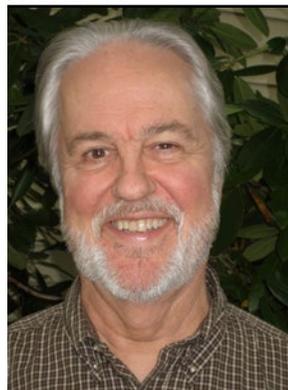
How to know you?
Stories reaching back to antiquity.
Language dissipates into thin air.
My ears ache.
I want to know you.
I am afraid to ask.

White questions, I fear,
are the unveiling of my “otherness.”
Please, I mumble to myself,
I am not a racist, I am a racist, I am not a racist.

I am a racist.
My Whiteness is like chalk erasing my Otherness.
A disguise.
The dark places,
I’ve been told to look away,
I do not have the language to find you or myself.

But a dream finds me,
a raft in the turbulence of
not knowing,
pieces of self-portrait emerge,
dark and light, clear and blurry
awakened,
“It’s you,” the dream says,
facets bleed into each other
the beauty and the beast that
you are,
and it says even more,
which I forget,
but I remember
the tap, the nudge,
“Just keep going,” the dream says,
just as I wake.





Dynamic Engagement Beyond the Usual Boundaries

LIKE MANY WHITE PEOPLE I have been challenged to do more self-examination by the murder of George Floyd and its aftermath. Conferences and workshops, some sponsored by psychotherapy organizations and some not, have given me support in this self-examination process. Conversations with friends and family have also helped.

The professional workshops were often disappointing. I expected a gathering of psychotherapists to focus on the unconscious causes of racism. Some of this happened, but much more emphasis was placed on learning to notice the ways in which certain ways of speaking, called micro-aggressions, were hurtful to people of color (POC). These events came to feel more like etiquette classes than meaningful challenges to explore our unconscious processes.

In response to this disappointment, I did what I often do—I wrote a paper. Its topic is what I chose to name malignant othering syndrome (MOS) and it is primarily a theoretical piece about the ways that unconscious feelings of inferiority drive us to find ways to feel superior to others as a compensation (Rhead, 2021, concurrently published in this issue). This powerful defense mechanism in turn leads to all manner of discrimination, and ultimately genocide, against members of groups to which we have concluded we are superior.

I think that MOS is a valuable concept and I hope that reading about it will encourage and support people to examine how it may apply to them. Writing it has certainly stimulated such a process in me.

My process began with a revisiting of an old theme—the way that my being White has given me an unfair advantage financially and the extent to which I have been

JOHN RHEAD is both a psychologist and a spiritual explorer, apparently by natural inclination. He has formal training in psychology but not in spiritual exploration and discovered in the third decade of his life that these two predilections could be combined through his involvement with psychotherapy—as a researcher, client, and practitioner. He found that this combination is particularly powerful and synergistic when psychotherapy is combined with the use of psychedelic substances.

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successful in not letting myself be too aware of this. I had all kinds of stories I told myself about how hard I have worked and how frugal I have been in explanation and defense of having earned more than I need to live on and even hiring an investment advisor to make sure I can keep and even expand that financial surplus to retire someday. When the notion that White culture needs to make reparations to non-Whites became a more salient feature of the public dialogue it made sense to me and seemed like a good way for the federal budget to be used for something much more meaningful than funding a huge military. However, it did not take long for me to realize that perhaps those reparation funds should come from my own retirement accounts. This realization quickly became something of an obsession with calculating the percentage of my accumulated wealth that might be legitimately mine versus the percentage that was the result of my unfair advantages and needed to be redistributed (i.e., given back).

As I contemplated what my own personal version of economic justice might look like, mostly in terms of how much I need to give back and to whom I need to give it, another question emerged. This question has some relationship to the concept of unconscious shamanism, a topic I have raised before in the pages of *Voices* (Rhead, 2014). Just as my awareness of grave injustices perpetrated by members of my race has moved from primarily unconscious realms into more consciousness, so perhaps has my awareness of shamanic reality become more conscious as I contemplate the horrors of racism and its possible cures.

My awareness of shamanic reality comes from three sources: (a) personal experience, (b) workshops on shamanism, and (c) experiences others have reported to me both inside and outside of psychotherapy. My most memorable personal experiences have occurred shortly after the death of a loved one in the form of their coming to visit me. Some of these visits were in dreams and some, the more convincing ones, were not. In a recent shamanism workshop the participants were invited to take a shamanic journey to visit their teacher (a non-physical being whom those who study shamanism usually discover fairly early in their studies/journeys) and ask about how to strengthen the relationship with their teacher. My teacher told me three things: (a) come to visit me more often, (b) remember that our relationship is not only for your benefit but also for mine, and (c) remember that I am real. I have had a number of psychotherapy clients report visits from recently deceased love ones. One reports having had conversations with dead people all her life—a very interesting capacity for which I have very little envy given that many of those conversations are unexpected and uninvited.

The shamanic aspect in my life of the current social turbulence brought on by the murder of George Floyd took me somewhat by surprise. I simply woke up in the middle of the night and found myself apologizing to George Floyd. I imagine this apology was triggered by a dream from which I had just awakened, but I have no memory of the dream. Fairly quickly I found my apology expanding spontaneously to Floyd's family and friends. This was a little startling, but it felt natural in some way and even started to feel good. When another spontaneous expansion opened things up to all African Americans, and perhaps all Native Americans, it started to get a little frightening. I had an image of myself being drawn down into some endless swirling tunnel of guilt. I was worried that I might not get back to sleep that night and that perhaps I would spend the rest of my life consumed by guilt. I was relieved when I discovered that I could simply make a decision that I had done enough apologizing for one night and let myself get

back to sleep. The next night the apologizing started up again after one of my nocturnal bathroom visits but this time by a conscious decision on my part so that it felt less likely to get out of control. These apology sessions continued for a few nights and then morphed into something more like prayer.¹ I began to pray for the wellbeing of all African Americans, going back 400 years and including those currently living and those not yet born. As I have continued to do this, I have been reminded by some kind of inner voice that this prayer alone is not enough and does not relieve me of the moral obligation to help change what I can in the external world.

One of the ways I attempt to integrate listening to my inner voice with making changes in the external world is through the practice of psychotherapy, where I try to make room for the kinds of shamanic or spiritual realities that are important in my own life, with the expectation that these realities will be as valuable to my clients as they are to me. It seems analogous to making room for the personal unconscious and the collective unconscious. Like any part of the totality of consciousness that we can bring into awareness, I think we contribute to the healing of each individual and to the world as a whole. The current renaissance in psychedelic-assisted psychotherapy holds the promise to greatly accelerate this healing (Richards, 2015). ▼

References

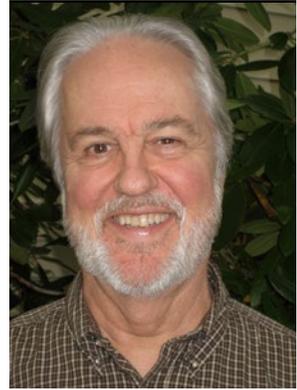
- Rhead, J. (2014). Unconscious shamanism and psychotherapeutic healing. *Voices: The Art and Science of Psychotherapy*, 50(1), 69-71.
- Rhead, J. (2021). Malignant othering syndrome. *Voices: The Art and Science of Psychotherapy*, 57(2).
- Richards, W. (2015). *Sacred knowledge: Psychedelics and religious experiences*. New York: Columbia University Press.

Tolerance, diversity, and inclusion are not political opinions. They are non-negotiable human rights—hard fought and secured in America.

—Andy Dunn

1 Also known as “holding in the Light” in Quaker circles and probably pretty similar to making a person the object of Loving-Kindness meditation.





Malignant Othering Syndrome: Causes, Consequences, Treatment, and Prevention

Introduction

IN THE MOST GENERAL SENSE, THE TERM “OTHERING” REFERS TO THE SIMPLE ACT OF PERCEIVING ONESELF AS DIFFERENT FROM ANOTHER PERSON OR GROUP. Othering becomes malignant when that perceived difference is taken as evidence of one’s being inherently superior in some emotionally significant way to the other individual or group. It is considered malignant because of the harm it can cause to the person who is othering, to the group or individual being othered, and to society in general. Because of these various effects it can be considered a syndrome, and the afflicted person can be described as suffering from what I am terming *malignant othering syndrome* (MOS).

The three most common underlying dimensions of difference on which MOS manifests are intelligence, morality, and courage. While perceiving oneself as superior to others on one of these dimensions (or a derivative dimension based on one of them) might simply be an accurate perception of reality and therefore an example of non-malignant othering, it becomes MOS when the perceived difference is interpreted as an indication of one’s inherent superiority.

It is also possible to combine dimensions to increase one’s presumed superiority. White supremacy could become White/Christian/nationalist supremacy and produce churches in the United States whose members are all White U.S. citizens. They could then perceive themselves to be superior to all others who do not meet all three of these criteria.

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The cause of MOS is a combination of psychological and spiritual dynamics, which in turn seem to be a result of a variety of experiences that lead people to see themselves as defective or inherently inferior to others. Such experiences can arise from very early experiences in the family and also in the culture into which a person is born and grows up.

Psychological Dynamics

The core belief of the person suffering from MOS is that they are inherently inadequate or defective in some significant way. This belief is usually instilled quite early in the course of psychological development by significant others in the family or the culture of the individual afflicted with MOS. In more benign cases there is a perceived inadequacy along some particular dimension, such as intelligence, attractiveness, or athletic ability. This allows one to at least imagine how one might be different in order to feel adequate. In more severe cases the person feels inherently defective in a very generic way, so that there is no way even to imagine how one might be different in order to repair this defectiveness.

Regardless of the source or severity of the underlying belief system, the core psychological dynamics of MOS are denial and compensatory projection. In order to relieve the pain of the underlying belief in one's inherent inadequacy or defectiveness, the first line of defense is an attempt to deny that it exists. Complementing this denial is the projection of one's perceived inadequacy or defectiveness onto others.

Spiritual Dynamics

Many religious and spiritual belief systems offer support for the belief in one's personal inadequacy or defectiveness. Concepts such as "original sin" and "chosen people" are manifestations of this support. It is hard to imagine a better concept than original sin to validate the belief that one is inherently and generically defective. Similarly, when someone else is perceived to be uniquely chosen by God, it seems only logical to assume that they are in some way more adequate in the eyes of God than is oneself, thus reinforcing the belief in one's own inadequacy in a very powerful way.

On the other hand, some religious and spiritual belief systems assert that the perception of oneself as separate from all other humans, or even all other life forms, is itself delusional. If one accepts such an assertion, then it becomes impossible to perceive oneself as inadequate relative to anyone else since there really is nobody else. When the accepted truth is that we are all one, then there is nobody to whom one can compare oneself. The near universality in world religions of some version of the Golden Rule, "Do unto others as you would have them do unto you," may reflect the implication "because they actually are you!"

Social Dynamics and Consequences

All MOS is harmful both to the person afflicted with the condition and to the others upon whom they project inferiority. Those who are the object of this projection can be

harmed by anything from humiliation to social/economic injustice and murder.¹ The one who is afflicted with MOS is harmed in two major ways. First, in untreated MOS, the underlying feelings of inferiority remain unconscious and can cause great discomfort and even depression. Second, the harm done to others because of MOS generates guilt in the person afflicted with MOS, albeit unconscious, that further reinforces the original feelings of inadequacy that are the underlying cause of the condition.

Not only is MOS dangerous to the person afflicted and those upon whom that person projects inferiority, but it is also harmful to society in general because it is contagious. Once projections of inferiority are directed powerfully and repeatedly at people, often over generations, those people may not be able to completely reject these projections and therefore may respond with reactive MOS. This reactivity seeks to compensate for the extent to which the projections of inferiority have been introjected by those who are the object of these projections. Being the object of racism may induce responses based on the perception that one is superior to the racist person because of their racism, thereby othering the racist in turn.

In the absence of a belief in the unity of all of humanity, a variety of powerful social dynamics emerge from MOS, especially since the condition is highly prevalent. In non-malignant othering, the perception that others are different may simply make them more interesting to get to know and generate a desire to interact with them. However, when the othering becomes malignant, it can lead to anything from social anxiety in the presence of the other to mass murder.

When the person afflicted with MOS becomes strongly invested in perceiving the other as inferior to themselves the person or group thus being othered is usually powerfully affected. The intensity of this effect is partly related to the overtness of the expression of the perception of inferiority being projected and partly to the significance to the other of the particular type of inferiority being projected onto them. The social dynamics can become quite complex when the person or group being othered has their own belief in their inferiority. This can lead to intergroup MOS, again with consequences anywhere from social anxiety to mass murder.² It is particularly difficult for members of a group to escape from feelings of inferiority when many of the members of the group share a belief in their inferiority. Such a belief is likely to be primarily unconscious and communicated between group members quite covertly.

Examples

Racism is probably the most prevalent manifestation of MOS, followed by ethnocentrism and religious intolerance.

The increasingly extreme dichotomization of political parties, especially in the

1 The coronavirus pandemic has brought to public awareness the longstanding disparities in the United States between the general health of White people when compared to African Americans and Native Americans. These disparities are usually attributed to shocking inequities in terms of access to healthcare. However, a more subtle factor may also be part of the picture when one considers MOS. The negative projections directed at these minorities by those who are trying to find a way to see them as inferior may actually impact physical and mental health.

2 Mass killings in the United States, usually by a single person with an automatic weapon who kills a group of people of a particular ethnicity or religious, are becoming more common. These are particularly horrifying when they occur in a house of worship.

United States, is an example of MOS based almost exclusively on perceived differences in belief systems. This political phenomenon qualifies as MOS because the perceived differences are taken to be an indication that one's beliefs as a member of a particular political party are evidence that one is superior to members of other parties, usually in terms of intelligence, morality, or courage. Increasingly there are examples of ardent supporters of a given political party who cannot articulate any specific beliefs associated with their party, but are certain of their superiority to members of other parties.

Such political MOS is exacerbated by two factors. First, the politicians who represent a particular party exploit the dynamics of perceived superiority to gain loyalty and support from the members of their party. Second, the complexity of the issues a person living in a democracy must examine in order to decide how to vote can be overwhelming, thereby making it attractive to simplify matters by deciding that the leaders of one's political party are always correct in their approach to any issues. The desire to simplify very complex issues can be attractive to politicians as well as the voters who elect them.

MOS within the political arena sometimes includes conspiracy theories about clandestine groups to which harmful intentions and negative traits, such as pedophilia, are attributed. Such theories are often seen as paranoid in nature. Interestingly enough, the two fundamental features of paranoia are delusions of grandeur and delusions of persecution. These two features are very easily related to the tendency of MOS to involve inflating one's self-image while seeing the other as morally inferior because they are perpetuating the persecution of one's innocent self.

It has been theorized that the current surge in anti-Asian hate crimes in the United States is a function of the rhetoric of the former president, Donald Trump. His ongoing malignant othering of people from other countries, combined with his blaming the coronavirus on an Asian country, certainly are consistent with this theory. However, the hate crimes, including mass murder, currently being directed at Asians in the United States may have deeper roots from half a century ago.³ The Vietnam War led many young American men (and a few women) to participate in the genocide of large numbers of innocent non-combatant Asians in Vietnam, Laos, and especially Cambodia, where the term "carpet bombing" was coined. This atrocity continues to manifest itself today in the birth defects still being caused by Agent Orange. The impact on the American soldiers who participated in the war was made obvious by the enormous number of them whose guilt caused them to commit suicide shortly after the war.⁴ While suicide may have relieved the guilt of those soldiers the rest of American society, literally and figuratively the children and grandchildren of those soldiers, is still grappling with it as a collective. One way to repress agonizing guilt is to distract oneself with the malignant othering of Asians.

Some conspiracy theories sometimes attribute evil, or at least ill intentions, to those who are wealthy. It is interesting to note, however, that wealth can cut both ways. One can feel superior to those who are wealthier by attributing snobbery and superficiality to them. One can also feel superior to those who are less wealthy by assuming that their

3 Perhaps three quarters of a century, if one considers Hiroshima and Nagasaki. Even longer, considering treatment of the Chinese builders of the transcontinental railroad, mid-19th century.

4 I have always appreciated Edward Tick's (2014) suggestion that PTSD might stand for Post Traumatic Soul Disorder.

relative poverty is a result of laziness or other character flaws.

Particularly toxic examples of MOS can occur when religion is invoked. An example is the doctrine of the Church of Jesus Christ of Latter-day Saints (Mormon) held until 1978 that Black people were the descendants of Cain and that they were being punished by God for Cain's murder of his brother. This doctrine relieved Mormons of feelings of guilt about racial injustice, including slavery, that Black people were experiencing in society. It also justified their great restrictions of Black people's participation in the Mormon church, thereby causing Mormons to actively participate in racism.

Very toxic MOS can also occur on a much smaller scale when a bitter divorce occurs between two people who have children together. A very intense version of what is known as "alienation of affection" can be triggered when each parent tries to convince their children that the divorce was entirely the fault of the other parent, often escalating to extreme characterizations of the other parent as defective, if not outright evil. The most toxic case of such MOS in a divorced couple was reported to me by a client who was one of the couple's two daughters. The marriage had some tension from the very beginning because the parents came from two different ethnic groups that had a long history of bitter antagonism and mutual malignant othering, leading their families to be very resistant to accepting a new in-law from the other group. After a bitter divorce the two young children lived with the mother, who grew increasingly disparaging of their father's ethnic background. This pattern became even more malignant as her daughters matured and ultimately led to the mother harshly demeaning her daughters for being children of a person of their father's ethnicity. My client's presenting complaint was a pervasive feeling of inadequacy in spite of being intelligent, attractive, successful in her profession, and the mother of a child who was flourishing in every way.

Ongoing feuds across generations of the members of two groups, whether at the level of two families (e.g., the Hatfields and McCoys), two ethnic groups, or two nations, offer an example of an interesting and powerful combination of psychological and spiritual dynamics. At the psychological level the usual dynamic of seeing one's own group as superior to the other group is present. A more subtle spiritual dynamic can be seen in the way in which one feels deeply joined with the members of one's own group, including past generations. This deep sense of connection is a very attenuated version of the universally desired spiritual experience of unity with all of humanity. Although it is only a sliver of the satisfaction one might feel in a complete experience of unity, it is still very compelling for those who have never had the complete experience, or who have repressed any memories they have of such experiences. The ongoing feud provides the only satisfaction of the desire to experience even partial unity while simultaneously reinforcing the sense of a lack of unity with the members of the group that is being othered in the feud. This malignant othering of a group of people makes it all the more difficult to ever open oneself to complete experience of unity.

In some cases the assignment of a psychiatric diagnosis can be an example of MOS. A dramatic historical example is the Canton South Dakota Indian Asylum, where over 400 Native Americans from all over the United States were involuntarily committed between 1902 and 1934 (Burch, 2021). In some cases the precipitating event was a contentious encounter with a representative of the Bureau of Indian Affairs or simply appearing in public while under the influence of alcohol. A wide variety of psychiatric diagnoses, some quite bizarre, were used to justify incarcerating these people for the

remainder of their lives.

A more current example sometimes shows up in modern psychiatric hospital adolescent units. An adolescent who reports despair and anxiety is referred by their parents to a psychiatrist, who deems these symptoms to be severe enough to warrant a formal diagnosis of a psychiatric disorder that is based on complaints of depression or anxiety. The severity of this diagnosis then is used as a rationale for medication and hospitalization, sometimes involuntarily. It is interesting that the presenting complaints of depression and anxiety are often found to be entirely based on the adolescent's reflecting on their future as they learn about the possibly catastrophic results of climate change before they are 25, deaths of children from starvation as a result of endless proxy wars in poor countries, mass killings based on racism, the pattern of rising dictatorships that brutally suppress those who champion anything like democracy, and a pandemic that threatens all of humanity. One could argue that those who do not feel anxious and depressed are the ones worthy of a psychiatric diagnosis. In this situation one might argue that the psychiatric MOS of depressed and anxious adolescents who despair about their future could be a way that their parents and psychiatrists sustain their own denial.

Treatments

Treatments of MOS fall into two basic categories, based on the psychological and spiritual dynamics noted above.

Traditional psychological treatment involves psychodynamic treatment to bring into conscious awareness the underlying inferiority complex and then finding ways to resolve it without resorting to malignant othering. It may then extend into group, family, or couples therapy to repair damage done to others by the previously untreated MOS.

A more modern form of psychospiritual treatment may also be employed, either alone or as an adjunct to psychodynamic treatment. Such psychospiritual treatment focuses on the pursuit of spiritual or transpersonal experiences that involve two elements: (a) the experience of unity or union, in which one knows through direct experience of the essential unity of all humans, and even all of nature,⁵ and (b) an undeniable affirmation of one's intrinsic worth, often associated with a deep sense of purpose or meaning in one's life that is directed toward the healing of humankind through love. Many spiritual and religious groups have for centuries offered rituals and practices to facilitate such spiritual or transpersonal experiences, and some of these (like Mindfulness-Based Stress Reduction) have been validated by psychological science. Modern psychological research has also produced a plethora of support in recent years for psychedelic psychotherapy, in which compounds like LSD and psilocybin have been used in the context of

5 The experience of unity with all humans is usually associated with blissfulness and rapture. However, it should be noted that the dissolution of ego boundaries in order to experience one's essential unity with humankind is not always entirely blissful. It can also involve direct experiences of overwhelming anguish as one experiences the suffering of large groups of people who have been the objects of massive torture and genocide in recent history, as well as ancient history. These experiences can be particularly painful when the victims are children. A much smaller version of this phenomenon might occur when a White supremacist in the United States experiences the agonies of African Americans over the last 400 years. In such situations part of the treatment can be the suggestion of saying daily prayers on behalf of those who have been harmed.

intensive psychotherapy to facilitate the experience of spiritual or transpersonal experiences.

Prevention

Clearly the primary requirement in the prevention of MOS is the preemption of the development of feelings of inferiority. This starts with child-rearing practices that affirm intrinsic worth. These practices need to take place in the family, in schools, in religious organizations, and in the community at large.

Inoculation is also a possibility. While psychedelics can be used as an adjunct to transpersonal types of psychotherapy for MOS, they can also be used to facilitate transpersonal experiences outside of psychotherapy that can help prevent the development of MOS. As laws restricting the use of psychedelics are being loosened in many areas, the opportunities for their use in this preventative way are increasing. Government agencies, spiritual and religious communities, and private companies might all come to offer such opportunities to develop immunity to MOS. If herd immunity can be achieved then the social consequences could be enormous and might include the elimination of war, hatred, and injustice.

When two groups have come to relate to each other with mutual malignant othering, such as the above example of feuding, there is always the possibility that some members of each group might be willing to meet with some members of the other group for the purpose of improving relationships between the two groups. The intention of such meetings is sometimes described as reconciliation or depolarization. The basic mechanism of action in these groups is the direct experience of the common humanity of the members of the other group. This direct experience could also be described as an antidote to mutual malignant othering between the two groups. It is reasonable to expect that such direct experience of common humanity might also generalize to other groups not included in the original feud. A friend and colleague has been a member of such a group for a number of years. Consisting of Israelis and Palestinians, the group meets once a month to explore their common humanity. One of the factors that appear to contribute to the healing process in this group is the way in which members have come to appreciate the courage and commitment manifested by all members as they continue to reveal themselves more deeply to each other. It is a factor that is present in a general psychotherapy group but is all the more significant and powerful in a group that is so inherently divided from the beginning.

Any reduction in the prevalence of MOS can be expected to reduce suffering in those who have been afflicted by it. It can also be expected to increase the probability that war and other destructive human behaviors will be reduced at a global level. ▼

References

- Burch, S. (2021). *Committed: Remembering native kinship in and beyond institutions*. Chapel Hill: University of North Carolina Press.
- Tick, E. (2014). *Warrior's return: Restoring the soul after war*. Boulder, CO: Sounds True.

We Are All Carrying It

Kathryn Van der Heiden

We are all carrying
In the small spaces in our minds and bodies
The uncertainty of the times
We yearn to be led
With purpose and with heart
Not with self-service and greed
We are carrying the anxiety
That comes with a time
In which what has been known or imagined
Has been shattered
Black bodies hurt, maimed, incarcerated
Or worse yet killed for having a thought
A belief, the color of their skin
What we know in our hearts gets ignored
And vilified
By many
Our civil war has never really ended
And we pay a price in uncertainty
About the world we thought we lived in.



The Islands of Change

No man is an island, entire of itself.

—John Donne

THE INVITATIONS AMUSED ME INITIALLY. “Let’s have a virtual happy hour on an app called Houseparty. We can all catch up and have fun! Who knows when we can all ever be together again?” or, “Want to have a Zoom lunch in between clients?” At first, these invitations seemed silly and maybe even a bit over the top. Surely, the world wasn’t going to stay in quarantine forever. Hopefully, in a couple of months I’d be back in my office with my clients, able to have my friends’ reunion in Chicago, and actually eat lunch sitting across the table from colleagues. Besides, with the amount of time I was spending on my computer screen seeing clients or assisting my daughter with virtual school, I wasn’t sure I wanted virtual playdates. Ironically, my daughter did and was smarter than I was about going about it. “Mommy, may I use my iPad to help Daniella with math? Then we are going to play Adopt Me for a while.” (A game in which kids can adopt any pet, real or imaginary... I believe Alexis has narwhals, unicorns, dogs, cats, rabbits, and more. I stopped paying attention after she got to 50+ animals. Even imaginary, that was too much for me.) I suppose I did what I often do and retreated within myself to weather the storm. There wasn’t time to process all the changes occurring at breakneck speed as I had businesses to run, a child to educate, and what felt like a million other things dual working parents face daily in taking care of their marriages, homes, and lives. Without consciously realizing it, I withdrew and tried to become an island.

I can clearly picture the copy of John Donne’s poem

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hanging in my childhood home, superimposed over a picture of an island. I would stare at it wanting to be an island, reciting the long since memorized lines in my head and wondering why, at 13, I felt like an island if no one could be one.... I had plans. In a few years, I'd be off at college and my real life would begin. My family of origin had fragmented into separate islands several years prior. It began with my parents' divorce and my father working long hours, seeing us only 6 days a month. It cemented when my very Catholic mother became convinced that she was going to go to Hell for not saving her marriage and becoming a divorcee. Her breakdown and subsequent hospitalizations were not a topic of conversation I wanted to indulge in with anyone, nor did she want us to. I pretended everything was fine, continuing to get good grades, play soccer, and do gymnastics. My brothers and I tried to help around the house more and be responsible for ourselves, like getting to school on time and not asking for anything. I really wanted to be an island, self-sufficient, serene, and beautiful. I didn't want to need people because people left, got sick, and just sucked according to 13-year-old me. I was a fucking island and could prove John Donne wrong.

Fast forward to 2021 and a year and a half into the pandemic. My professional organization, the American Academy of Psychotherapists (AAP), has a call for papers on "Dynamic Engagement: Relational Connectedness Amidst the Many Faces of Change." I want to write something, but the April deadline comes and goes. There's so much change going on and I am treading water keeping my businesses going, getting my daughter through virtual 4th grade, hanging out with my husband...just treading, treading, treading. I miss my friends. I've relented and had virtual happy hours and Zoom lunches, and FaceTimed people more than I ever thought possible. I'm no longer trying to be the island the 13-year-old me wanted to be. I love my people—my family, my friends, AAP—I miss them and the virtual substitutes have become critical to all of our wellbeing. The deadline for papers gets extended, yet I miss that one too, but I like the topic and keep thinking about it. How have I stayed connected to my family, friends, and clients during such tumultuous times? How have I sustained my businesses which were so reliant on going to a brick-and-mortar office and yoga studio? How have I adapted to a virtual platform that I both hate and love? How have I responded to the bigger changes in the world around me?

It feels like the world has changed dramatically and not only due to the pandemic. The #MeToo movement, Black Lives Matter, increased awareness of racism and White privilege, more education about gender being non-binary, and acceptance of non-traditional relationships seem to have moved many to examine their lives, prejudices, and roles in perpetuating hate. At times, it is incredibly exciting to be part of such big shifts, and I welcome the change with open arms. At other times, it is overwhelming. I want to be an advocate; I want to be part of the solution, not the problem. It's hard though. I work a lot. My family needs me. My clients need me. I am losing myself in the equation. I know I need to center myself, reach out, and accept or offer more invitations. I am no longer 13, but the abundance of change makes me feel unsure. The solid ground I thought I stood upon feels ever shifting. Being an island isn't working so well, and so I reach out.

Texting, emailing, phone calls, FaceTime, Zoom, Houseparty, presenting at and attending a virtual conference, and getting together with other vaccinated people are my outlets and avenues of connection. It is imperfect and still a bit unnatural at times, not

my first choice on how to interact with people, but it works. We connect, catch up, cry, and laugh. The love is not gone. The distance has not shattered the relationships. Some are altered, I notice. There's an awkwardness with some people that I never thought would be there, but we are working through it. I feel criticized at times by some who have handled their practices differently than I did. I feel mom-shamed by some who think they know the right way to parent my child or are simply projecting their parenting insecurities onto me. I also feel support, encouragement, and connection with people I love and care about, and some I hardly know. I know I have given support, encouragement, and connection to many as well. My clients express more gratitude towards me and my work ethic than they ever used to. My friends and family appreciate the increase in phone calls, emails, and texts since visits have mostly been delayed. Now that more of us have become fully vaccinated, more in-person possibilities are available. I am grateful for these opportunities, yet still hesitant. My 10-year-old is still not old enough for the vaccine, and the estimated approval for her age group may or may not come before autumn.

Ironically, this limbo feels just as hard, if not harder, to negotiate than the shutdown of March 2020. I feel pressure to be excited about places reopening and to do things that I am not sure about. I have friends attending marches, concerts, and rallies, or vacationing, and there is hope that future conferences will be in person. I get calls asking why my yoga studio has not reopened yet. Perhaps I didn't get the memo that it is safe to resume normal life again? In addition, as I try to further educate myself on current issues, I find myself hesitant and irritable. Will the justice system change now that George Floyd's murderer has been found guilty? Does Bill Cosby's release from prison mean the prison system is being fair to a Black man or unfair to women? Is it sexism that we hear about statues being erected to George Floyd but very little about Breonna Taylor getting equal representation? Why is the Wayans brothers' comedy *White Chicks* still thought of as acceptable (and a sequel being considered) when it is two Black men dressed in drag and wearing make-up to look like White women? Do we really need to shame people for not agreeing with our politics? Is there no empathy for those we do not agree with, and why do the media and internet have so much power without accountability? I don't want to hear hate speech, nor do I want to be overly censored. It feels like a time of contradiction and confusion, which makes me want to pull my head back into my shell and just focus on the things I have some control over. Yet here I am, writing through my reluctance.

Each man's death diminishes me, for I am involved in mankind.

—John Donne

Donne's words echo in my head.... Writing through my reluctance...living through my experience...relating to others during times of great change...I don't want to sit by and be silent. I don't want my voice to be lost. I write this because to not speak or write makes me feel complicit with some of the systems that are broken. There has been so much death. Death due to the pandemic, murders, and sexual assaults, and in some ways, a death of innocence. Clients share their losses with me as I feel my own mounting up. I think that is where the difficulty lies. As much as I want to engage with others and be able to relate to them, communication has broken down in many settings. Smart, kind people are afraid to speak for fear of repercussions or fear of saying the wrong thing

and getting tongue-tied. Ignorant, unkind people are speaking too loudly at times. I alternate between trying to understand why many are so angry and lashing out without accountability and at other times feeling like they are not worked up enough about grave injustices that are occurring globally. I miss the simpler times of growing up in the 1980s in the Midwest pre parents' divorce and believing that if I worked hard enough, lived by the Golden Rule of doing unto others as you would have them do unto you, then I would be okay in life. I still believe in treating people as I want to be treated and that it is good to work and play hard, but lately implosion feels imminent. Will these times of great change tear us apart before rebuilding is possible and make friends look like enemies? I hope not. I will continue to work on my limitations. I will continue to bear witness to my clients' pain and try to live my life by example. The only way we will stay connected is to keep listening and speaking our truths. It may not sound like much, but whatever the forum, be it in person or virtual, we can engage, we can relate, and we can endure change and the unknown, together.

*Hold fast to dreams
For if dreams die
Life is a broken-winged bird
That cannot fly.*

—Langston Hughes



In not my, but our collective hands, is held the promise of change.

—Mark Sanford



From Daughter to Foster Child to Daughter to Foster Child to Daughter: What Makes a Family?

WHEN LOOKING BACK ON MY CHILDHOOD, I HAVE TO SEARCH DEEP WITHIN MY BRAIN TO FIND ANSWERS THAT MOST PEOPLE ALREADY KNOW ABOUT THEMSELVES. It is like a game of hide-and-seek. You see, the way that I subconsciously and consciously chose to cope with the amount of trauma and stress I faced at a young age was to store most of the memories in the distance, far enough away that I do not have to face them. This happens to be both a blessing and a curse. Finding answers requires me to piece together hundreds of tiny puzzle pieces to see only fragments of a giant picture that is nowhere close to being finished.

My relationship with the foster system began when I was only 18 months old, thus I do not remember the very first years of my experience. I also do not know the exact causes of social services intervening, other than what I have been told by various members of my family, all of whom have different versions of the story, pointing the finger elsewhere. Although I have accepted that I may never know the whole truth about what transpired that led my siblings and me to end up in foster care, I do know what happened while being bounced back and forth between my family, foster homes, and group homes.

A well-known fact about the system is that many children do not stay in the same houses very long, and I was no exception. I was in many foster homes and group homes, most of which I do not remember. I would not call most of the placements “homes.” The majority of them only felt like a place to sleep and stay warm. These are the homes that, even as a child, I could tell took in foster children for the money that comes with the job. Sadly, in my experience, that is why a lot of people decide

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to foster.

One foster home treated me like their personal maid. I was around 7 years old at the time and was required to get up extremely early and stay up exceptionally late caring for their many animals. This included anything from milking goats, shoveling feces, cleaning horses, and killing chickens, to dragging and hiding dead horses. I was terrified to refuse because a few days after arriving, I witnessed one of the older children being pushed into a wall and dragged by her hair when she refused. At this home, my basic needs were not met. My clothes were always dirty and worn, there was no time for personal hygiene, and often I was left trying to find something that I could make or eat on my own. I found myself living off of ramen noodles, milk, eggs, and bread. My experience with this family left me extremely confused, angry, and heartbroken. I decided that I would never again allow myself to become a victim of the system and of foster families who were exploiting children for their own gain.

I learned very early on that the caseworkers did not care. They were there to make sure that I had a roof over my head, nothing more. When I would try to tell my caseworkers that the families were not as amazing as the foster parents made it seem, most times, I would be blown off as a young child not getting my way. This was when I learned that having behavioral problems allowed me to be moved somewhere else. However, this also came with a downside because, with behavioral issues, it was easy to slap a mental illness diagnosis on me and put me on unneeded medication, making me a child that needed to be placed in a therapeutic home. “Therapeutic” does not mean that the foster parents have any additional training. It simply meant that they had to fill out some paperwork once a week, take me to therapy, and make sure medications were administered. These extra responsibilities allowed the foster parents to be paid more money, which really meant more families in it for the money would take someone like me.

Of course, there were a few amazing foster families along the way that went above and beyond to make me feel like I was loved and a part of their family, at least while I was there. However, the feeling of someone loving me felt so strange that I didn’t trust it at all, so I found myself sabotaging these placements. Not because I did not want to be there but because I needed to test just how much they really cared about me; if the family loved me at my worst, then I knew they really loved me. None of those families ever tried to work with me through my long-developed problems. After acting out, I was always sent to the next home with all my personal belongings in trash bags.

In addition to foster homes, I have also been placed in long-term treatment facilities. These placements were meant to help children deal with behavioral issues and overcome their underlying problems. They were meant to teach coping skills and help children deal with past traumas. However, in my experience, these places were not helpful and only fueled my anger and frustration. Instead of listening to me express what would make me comfortable, they tried to force me to write a “life book,” which may be helpful for some but was not beneficial for me. One particular place told me that if I did not write a life book, then I would never leave the facility. This tactic only shut me down more. I actually took steps back from the counseling, even things that were somewhat helpful, and became more closed off during sessions.

Another issue I experienced at these treatment facilities was that they did not respect my need for personal space to calm down when upset. They insisted on me talking about what was going on in the moment, which only caused me to become more upset. Addi-

tionally, I am the kind of person who does not like being touched when mad; even when it is meant to be soothing, it still triggers me. The staff at these centers had been told this by other staff, therapists, or me; however, many chose to ignore this information. These unwanted touches typically ended in me becoming physically restrained, because I would become defensive and physically aggressive. The physical restraints sometimes lasted hours because, of course, it required me to be touched, which only added fuel to my anger and turned it into rage. Having my feelings and needs ignored in these treatment centers added another layer of trauma, making me even more closed off.

I was never given any sense of stability as a child because of the constant moving to new families and group homes. Being raised in this type of environment caused me to fear adoption. Of course, I wanted a family to call my own. Who doesn't want parents that they feel loved by? However, the instability and experience of being abandoned by everyone I grew a bond with caused me to become afraid of being adopted for fear of the inevitable abandonment that follows. Sure enough, when I did finally find a family to adopt me, it only lasted for about 2 years. The adoption ended for many reasons, but the major issue came about when I told them I was pregnant. I was 15 at the time, so I expected some unhappy emotions and reactions. However, I did not expect to hear the woman who had adopted me as her daughter say she adopted me for me, not for me and a baby, which made me feel like I was never truly seen as her daughter. Not only was I attached to her, but I was also attached to her two older daughters, with whom, thankfully, I still have relationships. Although I do not always show my affection overtly, this does not mean that I do not build bonds and love for people. So, this loss just added another layer to the walls I built, closing myself off to others.

Luckily, I have had one person in my life who has done everything she could to stay connected with me throughout the many moves and the long disconnects. Kay and I met when I was in a respite placement that brought in therapy dogs. I instantly fell in love with her dog Misha, and I like to think that Misha fell in love with me as well. Of course, I noticed Kay but did not pay nearly as much attention to her as I did Misha. At the time I met her, I assumed Kay was just another adult who would be out of my life in the blink of an eye. Thankfully I was wrong; Kay became one of the most important people in my life. She became my role model, my best friend, and the one person I knew I could always count on for anything.

While at one of the treatment centers, we had a bake sale that raised money for the therapy dogs and got to take an outing to walk with the dogs as a reward. I have always had a love for animals and also knew that Misha would possibly be there, so I was eager to participate. The minute our bus arrived at the park, I started looking around at all the dogs—and there she was! I stepped off the bus and yelled “MISHA” and ran over to her. I walked with Kay for the event, and as we were walking, she asked, “Would you like it if I was your mentor?” I had no idea what a mentor was, but I was eager to find out; so, I said, “Yes, but what’s a mentor?” This was one of the smartest decisions I have ever made, without really knowing what I was doing.

Kay became my support system. While at the treatment center, she would come almost every weekend and pick me up to visit with her at her house. She introduced me to new foods, like Thai, which is still one of my favorites. She did things with me on the holidays, even though I do not think holidays are that big of a thing for her. We made messes in the kitchen baking bones for the dogs. We would watch movies while



snuggled on the couch, eating popcorn or ice cream that she always bought specially for me. She went to the store at 1 o'clock in the morning to get me feminine products and pretended they were hers so I did not get embarrassed. She tucked me in and read me books at bedtime, and when I did not want to be alone at night, she would assure me that I was okay and give me one of the dogs to snuggle with throughout the night. She even brought my stuffed dog, Tiny, all the way to the treatment center when I left it at her house because she knew that I could not sleep well without him. Out of everything Kay did for me throughout my time at the treatment center, the most important thing she did was make me feel loved, safe, and accepted.

There was a long time that Kay and I went without contact because I had moved placement, and when I asked about her, the caseworkers would act as if they had no clue what I was talking about. However, I knew that the relationship that Kay and I shared was real. I knew that Kay truly loved and cared about me and had to be trying to reach out to me. She definitely could not have forgotten about me because I could not forget about her. Fortunately, I was right. Kay had been trying to reach out to me!

By the time Kay and I were finally reunited, my first adoption was going down the drain. When I told Kay about it, I asked her if I could come live with her. I had always wanted Kay to adopt me, but my fear of being abandoned kept me from telling her so. I was so nervous asking Kay to do something as big as opening her home up to me and my child to be, especially after not seeing her for so long. I was also very scared to tell Kay I was pregnant, fearing she would be disappointed in me. Instead, Kay was incredibly supportive throughout the pregnancy. She helped me get set up with a doctor and find support groups, and she pushed me to continue school. She even allowed my boyfriend to move in with us so that the baby and I would still have his support. She proved yet

again that she loved me unconditionally.

I found a mother in Kay that I never expected to have, although I do not call her “Mom,” because calling someone mom seems so strange to me. I call her Kay, and my children call her G. Kay. However, just because I do not call her mom does not mean that I do not see her as my mother, I truly do. A mom to me is someone that accepts and loves you no matter what mistakes or problems you face. A mom is someone that goes above and beyond to make you feel special and supported. A mom is someone who will always have your back. I know I have all of that in Kay. I am so thankful that I have Kay; everyone needs a Kay!

Me creating a family after having the lifestyle I had has been very interesting because I actually never wanted kids or a husband. Yet now they are the most important things in the world to me. When my son was born, I felt like I finally had something and someone that no one could ever take away from me. However, those old feelings were still bubbling under the surface, causing me to subconsciously keep others away from him. For example, I rarely let Kay hold him, and I would not let his father do very much with him unless I truly needed him to. Thankfully, both Kay and my now husband were very respectful and understanding of my behavior and have helped me to work through it.

I now have another child and have been married for 5 years. I believe that my crazy experiences with foster care have taught me to be a better mom, partly because of seeing and experiencing things that I would never want my children to go through. Also because of having someone like Kay to guide me and show me some of the ways to be a loving parent. I know that being a spouse to me is not always easy because I still shut people out often. My husband is understanding of it and gives me the space and time I need to process things. The system taught me that there are many cruel people in this world, but having a family like my husband, children, and Kay has taught me that for every cruel person, there are twice as many amazing, caring, and loving people. ▼

Sometimes it's the smallest decisions that can change your life forever.

—Keri Russell





Changing Perspectives on Family: Becoming a Mother, Grandmother, and Mother-in-Law in One Year

BY AGE 60, I HAD LONG GIVEN UP ON THE IDEA OF BEING A MOTHER, A GRANDMOTHER, OR A MOTHER-IN-LAW. YET, IN ONE YEAR, I BECAME ALL THREE. How did that happen?

My upbringing and experience of family was dramatically different from Abby's. I was born to well-educated professional parents, both sociology professors at the local college. They were well respected in the community and provided a stable home geared toward academics and athletics. My father was warm and nurturing, my mother efficient, organized, and contained. We lived at only two addresses and had only one phone number for my entire life. I knew they would always be there if I needed them but also knew they valued independence and self-sufficiency. My mother didn't seem to love parenting until we were adults, but she did a competent job for someone who had lost her own mother at a very early age.

I did not have children during my first marriage as both my husband and I were busy establishing our careers: he as a lawyer and I as a clinical psychologist. We were married 10 years, decided we were better off as friends, and had a respectful divorce. I married again and was briefly stepmother to a young boy with Down syndrome whom I loved deeply, but the marriage disintegrated fairly quickly after I was diagnosed with multiple sclerosis (MS). I became pregnant during that time but lost the baby to a miscarriage, and soon after went into early menopause. I knew my days of being a biological mother were gone. I was very ill with MS, and in and out of the hospital. I realized that I was unable to care for myself, much less a child. Several years later when my health had improved, I married an incredible man and we had 12 amazing years

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together, and it was during that time that I met Abby.

For a few years I had been volunteering with my dog Misha at the local hospital's children's psychiatric unit. On one of the visits to the unit, I met a 10-year-old girl with long blond hair named Abby who was there for problems with anger. I was informed that she had used the fire extinguisher on the staff at the group home treatment center where she had resided for a few months. Abby did not appreciate or approve of the practice of prone restraint used on the children and was insulted and enraged when they used it on her. The fire extinguisher was her revenge! Although I did not say it at the time, I understood her reaction and admired her defiance of something she thought was wrong. As I remember, Abby was not particularly interested in me but fell in love with my dog Misha, and she was gentle and seemed to know a lot about dogs. Misha fell in love with her as well, and I had a hard time getting her to pay attention to the other children. I learned that Abby had been in foster care, group homes, and treatment facilities since the age of 18 months. I felt a connection with her during that visit, never imagining that we would meet again or how we would change each other's lives.

About a month after I met Abby, I was participating with Misha in a fundraising walk for the therapy dog program when the bus for the local group home treatment center pulled up and children exited the bus. This was the same facility where Abby had resided before her hospital stay. When the bus door opened the first person I saw running toward me was Abby, saying, "Misha, Misha, Misha!" Of course Misha ran towards her and they hugged, and Misha wagged her tail wildly. I asked Abby if she would like to walk with me and hold Misha's leash. She eagerly agreed. We talked about her group home, her activities there, and about her interest in dogs. She was not forthcoming with any details about herself or her life, and I understood. I was just someone whom she had met once. However, somehow, I just felt like Misha and I were supposed to be in her life. I asked if she would like for me to be her mentor, and she responded "Yes," then asked, "What is a mentor?" I explained that I would be someone who would visit her at her group home and that maybe we could do things like go to a meal or a movie. She readily agreed and said that mostly she was bored a lot of the time.

Misha and I started to visit Abby. We went for walks and played games, and she told me a little about her history, but few details. I learned that she was very smart and defiant and hated to be told what to do, especially if it made no sense. For example, the staff told her that escapes from the locked cottage were impossible as the windows were break proof. Abby insisted that this was incorrect, and when the staff insisted, she took a chair and broke the window! One time when I came to visit Abby, I heard screaming coming from the Quiet Room and found that four staff members were holding her down in a prone position. I felt immediately upset and furious as I watched her cry and knew that this kind of treatment would be very triggering to a child with a background of trauma. I entered the room and said that I was Abby's mentor and that if they would allow me, I was sure that Misha and I could calm her down pretty quickly. The staff knew me so they backed off. I said Abby's name and told her that Misha was there and that she was scared that someone might be hurting her. I asked her if she would pet Misha, and she immediately started stroking her; within 15 seconds she was calm and had stopped screaming and crying. I was determined that I would get Abby out of that environment at least for some fun and socializing.

I asked the staff if I could take Abby home on weekends, and they were delighted as

evidently she was quite a challenge. My husband, Bruce, was fine having her come even though he was being treated for stomach cancer at the time. Thus began about a year of weekends with Abby. We had some ups and downs, but really very few downs and quite a bit of fun and laughter. We took the relationship slowly, neither of us making many demands on the other. The dogs acted as intermediaries for physical affection, love, and a common interest, and were ever present on trips, activities, and events. How our relationship evolved and deepened over the next 6 years has been a constant surprise to me, teaching me invaluable lessons about myself and the different meanings of family.

I knew that Abby had an insider's look at foster care and that the meaning of family has changed for her over the first 21 years of her life. I expected that she might be able to be more open writing her experiences than talking about them. I asked if she would be willing to write this article with me and we sent each other a list of questions. Abby's questions to me felt just as important as my answers, so I chose to include them as a way to share with you my evolving perspective of family with Abby, Zach, and their two children.

Abby: How did you decide that I was different from the other kids you and Misha had visited? What drew you to me?

Kay: What first drew me to you was the way you were with Misha, your kindness, gentleness, and interest. In addition, Misha was a very good judge of character, and I had never seen her so drawn to a child. I had been informed about your aggression, temper, and defiant personality. Although I did, over time, witness those things, they seemed to me to be traits that allowed you to get through all the difficult times: being taken from your family, having little to no control over your life, moving from setting to setting with no say so as to where you would go or with whom you would live, and constant disregard of your true needs. I was also drawn by your obvious intelligence and your sense of humor. We seemed to find the same things funny on many occasions. I was amazed at your resilience and strength which also seemed to cover a desire to be known, to be safe, and to be loved. I could tell, though, that you had almost given up on the possibility of having those things. You were not going to take crap from anyone even if it got you in trouble time and time again. To be honest, I admired that part of you as I am often so worried about hurting others' feelings that I sometimes let people get away with things that are not OK. For all your bravado, a few times, when you thought no one was looking, I would glance at you and see an incredibly sad and lost expression. I wanted to be someone in your life that you could trust really cared about you.

Abby: When your husband, Bruce, was going through his treatment for cancer, did my presence give you some relief on the weekends that I stayed with you?

Kay: The answer to that is easy and unequivocal, "Yes!" For the first 2 years of Bruce's treatment of chemotherapy, he was still functioning pretty well and we occasionally ate at a restaurant or attended movies, but when you were with us I had something else to think about that did not center around cancer and Bruce's inevitable death. I did not expect that you would fill an emotional gap or make things all better, but we had fun together and seemed to have a mutual respect for each other. I can think of two inci-

dences during that time that were keystones to the development of our relationship and still give me a chuckle.

On one of our first weekends together I took you to the mall, and we had a good time looking around. We looked at some clothes, but you mentioned that I was showing you old lady's clothes, and I laughed. When it came time to leave for home, you were in a card shop and refused to leave and became quite defiant. I remember feeling a bit puzzled as to how to handle the situation. I certainly did not want to put my hands on you and force you, as I knew that would lead to disaster! I remember standing by you and saying, "Abby, you are smart and stubborn, but for right now, I am bigger, smarter, and more stubborn. I am going out to the parking lot and going home and you can choose whether you want to come with me or not. You are plenty smart enough to figure out how to get back to our place if you choose to stay." I walked away not knowing what in the world I would do if you stayed. After a few minutes, I looked back and saw you following me nonchalantly as if nothing had happened.

The second incident still gives me giggles and was perhaps an important turning point in our relationship. Bruce had gone to bed early, and we had stayed up watching a TV show. After the show, we both got ready for bed. At about 11:00 you came into my room and said, "I need something." "What is it, Abby," I asked. "I need a Tampax," you replied. Although only 10, you had evidently started having periods some months ago. I explained that the days of having periods was long gone for me and asked if some toilet paper would be sufficient for the night. "No way!" you uttered with certainty. I checked to see if the neighbor's lights were on and knocked on their door, but no one answered. We piled in the car and drove to two different drugstores, but they were both closed. Finally, we found a Kroger that was open. We found the section with sanitary supplies, and I asked, "Which kind of tampon do you need, Abby?" You looked at me with dismay, "I don't know. At the facility they just give them to me in a brown paper wrapping." Faced with this dilemma, I proceeded to buy a box of every kind that was available, which was, surprisingly, quite a few. We proceeded to the checkout counter where a young man who looked to be about 17 was leaning up against the cash register. He looked up as we approached. You tugged on my hand and said, "You have to tell him that these are all for you." You looked quite embarrassed, and I could definitely understand the gravity of the situation. I approached the check-out counter and placed the many boxes on the conveyance belt and said with conviction, "Yes, these are all for me." You and I were laughing as we exited the store. I stopped and looked you in the eyes and said, "Abby, no matter where you are or who you are with, I want you to remember this moment and remember that there is someone out there that loves you!" You didn't say much but I could tell that you understood.

Abby: What was it like for you after I left the group facility in Asheville and moved to several foster families, another locked facility, and then was briefly adopted by another family?

Kay: When I heard you were leaving, it was very hard for me. I had thoughts of wanting to adopt you, but Bruce was dying at that time, and you had already commented that I was "too ancient" and that you wanted a younger family! You first went to a foster home where the woman seemed nice. I visited you there with Misha and thought you were safe

and relatively happy, but of course, I did not know how things really were going as you were usually pretty private about your life. I don't know why you were taken from that home, but you ended up with an older couple. I spoke with them on the phone several times, and they did seem to genuinely care about you and even wanted to adopt you. Misha and I visited there as well to make sure you were all right and because we missed you. You always seemed happy to see us, especially Misha. From what I was told by your social worker, you had an altercation with the foster mother one morning when she tried to physically get you out of bed. You told her that if she continued grabbing you, you would get triggered and hit her. She continued, and you hit her. The next thing you knew you were at school being greeted by your social worker who took you to a locked facility, where you stayed for a year. They told you that you had to stay until you told the therapist all about your history of trauma. You told the therapist that you did not know her or trust her and that it would not be good for you to go over all of those memories. You pointed out that Medicaid would only cover 364 more days of your stay and that you had a roof over your head and meals and said that you were not going to share your trauma history.

Your social worker called me and told me that you were at the facility, and I was upset at what seemed to me to be a completely unfair consequence for you. You had been doing well at school and at the foster home, and the foster parents definitely should have known not to physically grab you. You had even warned them, and it should have been written all over your information packet. Misha and I soon made our first trip to the facility to visit you. We were shown into a small room with no games or toys, and they left and locked us in. We played with Misha, but I was frustrated that I was not allowed to see your room or talk to any staff about your progress. The atmosphere certainly did not seem nurturing or friendly, and what you told me about the other children at the facility caused me great concern. I wanted to break you out immediately, but there was nothing I could do.

I wrote to your social worker after the visit and expressed my concerns, "I am worried about Abby and do not think that this setting is working out for her. She does not trust the therapists and refuses to talk about anything difficult. Her therapist is having her complete a trauma workbook, but Abby just skips the parts that might cause emotional discomfort. I don't think that the other girls who are there are a good influence, and Abby does not seem happy at all."

We visited again shortly before you were released...almost a year later, just as you predicted. I was able to take you shopping for some books and clothes, and we had Thai food, which was your favorite. Although the elderly couple who had been your foster parents wanted you back, you were very angry at what you saw as a complete breach of trust. You wanted nothing to do with them. I do not remember your next placement, but you ended up with a family that eventually adopted you. Although I tried to find you and left messages with your social worker, I did not hear from you for about a year. I kept trying but eventually had to just hope that you were happily adopted and doing well. I finally heard from your social worker, who said you were happy, loved the family you were with, and had asked the mother to adopt you. Unfortunately, that relationship deteriorated over the next year. I finally received a call from you that things were not going well, that your adopted mother had some mental health issues, and that you and she were having some difficult altercations. During one of the altercations you called the

police and your social worker came to pick you up, and that night I received a call from her. “I have Abby here and she says that she has always wanted to be with you. Will you take her?” she inquired. I paused for a few seconds and a myriad of unanswerable questions raced through my mind. Could I handle being a parent of a 15-year-old? What would happen if my multiple sclerosis became worse and I could not take care of you? Was I the right person for you? Would I be able to provide what you needed, emotionally and physically? At this point in time you were 15 years old. I was 63, and it was the summer of 2015.

Abby: When did you know that you wanted to adopt me?

Kay: After I caught my breath, I said, “Yes, I will take her.” The social worker then told me that you had something you wanted to tell me first before I decided. “What is it that you want to tell me?” I asked you. “Well, I am 2 months pregnant,” you responded. I may have stopped breathing for a few seconds and then I asked what your plans were about the baby. You proceeded to tell me that you were going to keep the baby and raise it; no way was it going to be in the foster system. Your other choice was to go to a home for pregnant unwed mothers. I took another breath and told you that you could come live with me and we would work it out. The next day you showed up with the social worker, your garbage bag of clothes, and your boyfriend. He wanted to move in as well but was hesitant to ask, so you and I discussed it and then brought it up with him. He said that he wanted to be responsible and have you both finish school. He was a year ahead of you. His plan was that after graduation he would get a job to support you and the baby. While he lived with us, he would drive you to doctor’s appointments and to school, be there for the baby after he was born, and support you in any way possible. We all decided that he would move in. After a few weeks of important tasks such as school enrollments, finding a doctor and a visiting nurse, and getting adjusted to each other, I had a conversation with you. I asked, “Abby, what do you want out of living here with me? Do you want just a safe place to be for a while?” I remember the scene clearly. You were sitting on the yellow couch, Misha beside you, and you looked at me. “I want you to adopt me,” you said, as if this was something I really should have known all along. I had known in my heart from the first time I met you that I wanted you as a daughter but took seriously the comment that you had made early on that I was ancient and you really wanted a younger parent. On that day, however, when you expressed what you wanted, I was all in. I was not certain whether I was just a last-ditch hope or you really felt safe enough with me to risk a family relationship, but we wasted no time in trying to get the adoption started. Little did I know the mass of confusion and disorganization we would face in trying to get this adoption accomplished and the barriers we would face in trying to become of family.

Abby: Did you become more aware of the dysfunction and disorganization of the foster care system when you tried to adopt me?

Kay: Watching you being yanked from home to home and facility to facility was incredibly frustrating. Being taken from your own family at such an early age, how in the world were you ever going to be able to form attachments to any human, if at the drop

of a hat you could be taken from one placement and switched to another with no warning and usually not even knowing why? I was told that the older foster children have an incredibly low chance of being adopted, especially as, over time, they get labelled as behavior problems. Who wouldn't have behavior problems in those circumstances? At one of your group homes, I had numerous children begging me to adopt them, and my heart ached knowing that most of them would age out of the system with no place to call home.

I think that trying to complete your adoption was one of the most frustrating things I have ever dealt with in a system that is supposed to help children. Because your initial foster placements were in one county, your last foster home in another, and my address in yet a third county, we played a continuous game of "Who's on First?" No county wanted to take responsibility for home visits, records, or paperwork. I made over 100 phone calls and e-mails to the three counties to attempt to get answers. Your previous adoptive mother had consented to adoption but not relinquished adoption, so still had custody of you, so she was a fourth party we had to include. I finally had to hire a lawyer to help straighten things out and get things moving, but even she had difficulty. Nevertheless, we persisted and finally the adoption was final—you were my daughter! I could not fully ascertain your real feelings, but you seemed relieved; at least that was my best guess.

Abby: What was it like becoming a mother, a mother-in-law, and a grandmother all in one year?

Kay: I had given up all thoughts of being any of those three wonderful things and envied my friends with families. Throughout the years I had mentored many young girls, one from first grade through high school, and she even lived with us for a year to attend school in Asheville.

All of a sudden, I had a daughter, but I knew from the start it would not be a typical mother-daughter relationship. You were already 15, extremely independent, defiant to those in authority over you, and had recently experienced a failed adoption. I knew better than tell you to call me Mom. I knew that title would have to be earned very slowly over time, if ever. You also had your boyfriend living with us, and he provided an amazing amount of support and companionship for you, so in the beginning I felt a bit on the outside looking in. I would hear the two of you giggling in your bedroom as you went over possible names for the baby, and I wanted to be in on the fun! We were all a bit careful around each other for a good while, not wanting to rock the boat or cause a big argument. I was the one who arranged things such as school admission and visits from the home health nurse, and I tried to figure out what being a good mom to you should entail. I had lived on my own for several years since the death of my husband, and all of a sudden to have two more people in the house, and then a baby several months later, was quite a change! The main thing I wanted to provide for you and Zach was a sense of stability. I wanted you both to know that I would be there if you needed me and to make sure that you had all you needed for a healthy pregnancy. From my upbringing, the one thing that I remembered that moms did was to provide a good dinner every night. My family sat at the dinner table and discussed events of the day. So every evening I would dutifully cook a healthy meal, a task that I found, at times, difficult and taxing. One

evening, a month or so after the baby was born, Zach asked to speak with me, which was unusual. He said, "Would you mind if we didn't eat every meal together? Sometimes we are involved with the baby, and we can cook in the kitchenette that is attached to our room." He looked at me with a bit of trepidation, and I started laughing. "You mean you don't want me to cook every night? That's fabulous!" We laughed and worked out a more convenient schedule for all of us.

The baby arrived in March, and you had asked that I be in the birthing room. Misha was allowed in the pre-birthing room, a first for the hospital, but she was well known for her therapy dog work. I was surprised and honored that you wanted me there. I wasn't sure whether the invitation was because you needed me or thought that it was the right thing to do. You wanted to have a natural birth, so I knew you would stick to that no matter what! Labor was induced due to high blood pressure, and it was difficult due to the baby's large size. He was stuck for a good while in the birth canal. You were in a lot of pain, and I was standing near you, rubbing your arm and talking to you. At one point you looked at me and pleaded to make someone help the horrible cramping in your legs. I felt the helplessness of a mother who could not take away the pain of her child. The doctors decided that they were going to do a Caesarian and had the equipment ready. I asked them for a bit more time, which they allowed. Finally you birthed the baby, and I was the first, along with Zach, to see him enter the world. What an experience for all of us to share! Never had I imagined being a grandmother, and my eyes filled with tears as Zach took his son and looked lovingly at him and placed him in your arms for the first time.

Of course, I had fantasies about being a grandmother, especially since all of you were living in the house. I imagined hours holding that little baby in my arms, rocking him, feeding him, baby-sitting while you and Zach took some time off...I quickly found out that those particular fantasies were not going to come true. You were extremely reluctant to let anyone hold your baby. He was yours, and although Zach occasionally put him in my lap for a few minutes, for the most part I could only get close to him sitting next to you. When I asked why you were so wary, you said you really didn't know and didn't understand, but it was just that way. I knew that I should not push and that it surely had something to do with your own experience of attachments and abandonments. We still had fun together, and I loved watching him grow, crawl, learn to walk, and develop a personality. Of course, I took hundreds of pictures. I was so proud of how loving you and Zach were with him, as I had some worry that your traumatic past might influence your parenting in a negative way. But I must admit, my arms still ached to hold him and rock him and cover him with grandma kisses!

You and Zach informed me that you wanted to get married, and although I knew that you were both incredibly young at 16 and 18, I agreed with the decision. The odds would be stacked against you for so many reasons, but you were both determined people. We went to the courthouse for the ceremony, joined by the baby and Patrick, my boyfriend. We had to wait a while for a few other ceremonies to be performed, but eventually it was your turn, and the judge pronounced you man and wife. You looked so young and beautiful and Zach so handsome. Since you had reconnected with some of your biological family, some of them were there, including your father and his wife, plus Zach's family. Afterwards, Patrick bought everyone breakfast, and I marveled at the attendance of your biological family members along with our relatively newly formed

family. The birth of the baby seemed to mobilize many of your biological family to become more involved in your lives.

When Zach graduated high school, we had a family meeting, and he decided that he could best support the family by joining the military, something that he had always wanted to do from an early age. We all agreed, and he left for boot camp in Oklahoma, and you were left here with me and the baby. We grew closer during that time as Zach was not there as your main source of support. I enjoyed the times we had together just hanging out, playing with the baby, and talking about your future plans. You tried having the visiting teacher come to our house so you could finish high school, but the process left you frustrated and you decided to quit. I worried about your future plans to be a doctor, but figured with your determination, you would get high school done somehow, sometime. When Zach successfully finished boot camp, he came to Asheville to drive you and the baby to Oklahoma to the base, and suddenly I was an empty nester. The house felt so quiet, and the dogs kept looking for you. So did I. Of course you did finish high school and are now taking college courses in preparation for nursing school. I am so proud of you both. We are definitely family and I was so happy when you asked me to come to California to be there during the birth of your second child, a daughter. You and Zach are great parents, and the children are both doing so well. I know it hasn't been easy, and there have been many ups and downs, but I have watched you both gain in maturity both individually and as a couple over time. You recently moved to the base in North Carolina, bought your first house at ages 21 and 23, and are wonderful parents to two children. I must say I feel a motherly pride!!!

Abby: Was it and is it hard to have a closed off child? What changes have you noticed in me between when you met me when I was 10 years old and now that I am 21?

Kay: I expected that you would be closed off based on your foster care history and the dynamics of your birth family, the trauma you had experienced, and the abandonment you had faced. I realized that what helped you survive was your independence, emotional distance from others, and your own sad feelings, stubbornness, anger, and intelligence. I realized that Misha and Bodhi, our dogs, provided you an outlet for your more tender feelings without the danger of human interactions, and your relationship with Zach also gave you emotional support. I did not think that you would really view me as your mom for a long time, if ever, but realized that you liked me and felt safe with me, and that was enough for me at the time. Yes, there were times I wanted to put my arms around you and comfort you, or have you tell me the horrendous things that happened to you in the past so I could more fully understand what made you act in certain ways. I wished that you could feel comfortable enough to be your full true self with me and not worry that I might abandon you when I saw the more difficult parts of your personality. Nevertheless, we almost always had a good time together, laughed, and marveled at the baby's accomplishments. I could feel you starting to care for me and feel safe and loved, and that was a gift. You were changing from a hurt, angry young girl to a young woman who could love and a mother and wife who would do anything for her family. You handled your husband's 9-month deployment to the United Arab Emirates while pregnant with your second child, dealt with postpartum depression, and made it through and even sought help when things were really rough.

Although you are only 21, you and Zach now own your first house and you are studying to be a nurse, all while taking care of two children under 5 years old. I marvel at your determination and your patience. You have reached out to me on several occasions to ask for help or advice, and this is definitely something that has changed over time. You have forgiven members of your biological family for their shortcomings and established good relations with some of them and good boundaries with others. You tell me often that you love me. When I asked about writing this article together you agreed because you want to make a difference for other children who have to experience foster care and treatment facilities. You are still Abby, but you are becoming the Abby that you were always meant to be: intelligent, loving, confident, and beautiful—and still unwilling to take crap from anybody. I am lucky to be your Kay. ▼

We do not need to know the beginning of a child's story to change the ending.

—Fi Newood

Never believe that a few caring people can't change the world. For, indeed, that's all who ever have.

—Margaret Mead

IT WAS ONE OF THOSE FORTUITOUS MEETINGS, LEADING TO A NOW 53-YEAR FRIENDSHIP. The two of us walked into the first session of a graduate class in our PhD program at Florida State University, sat next to each other, and thus it began. Quite soon our wives, too, were friends and later devoted aides in our combined dissertation research, surprisingly allowed by our committee. But the real tale here is a love story lived by Lloyd and Nahid and witnessed by Don.

Nahid, whom Lloyd calls Nana, is an intelligent, beautiful, and quick-witted woman whom Lloyd met in California soon after she arrived from Tehran. He said of that meeting, "I looked across the dinner table at her for the first time and thought I had discovered fire." That fire has barely dwindled over 57 years.

Smart, confident, and resourceful, Nana was a devoted wife and mother. In addition, although she was a trained chemist, she developed a successful drapery and upholstery business, a niche which served her well when she fought diligently to keep the historic Fox Theater in Atlanta from being destroyed. The theater was spared the wrecking ball, and Nahid subsequently made all the draperies which still hang there.

Sadly, this beautiful person has been fading away for several years into the abyss that is dementia. For 4 years following her diagnosis, Lloyd cared for Nana at home, something he would have continued had not another crisis intervened. He suffered a ministroke. As much as he hated giving up, he knew he needed to heed the advice of his doctor and his children and admit Nana into a memory care facility. The thought of witnessing his beloved being escorted into that unknown, however, was too overwhelming and his children took that burden from him.

Lloyd's visits with Nana have followed an unpredictable course. On occasion she seems to know him, and she responds lovingly, although rarely speaking. At other times, she ignores or even reacts angrily towards him. And then the pandemic descended. Nana was already disappearing behind layers of confusion and mystery, and now came the added layer of having to visit with her through a window. Lloyd has spent many bittersweet visits talking with her and passing her much loved fruit through the barely raised window. She always eats it, but

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understandably, Lloyd suffers from being able to touch only her hand.

Going through this vale of tears has prompted Lloyd to put written words to his experience. Hence these three poems, written at three different times as Nana's dementia has progressed and Lloyd has struggled to maintain this most precious connection even as she slips away.

The Road Not Taken

Variation on a Poem by Robert Frost

Two lovely women diverged in a yellow wood,
And sorry I could not court them both
And be one traveler, long I stood
And looked at her American beauty as long as I could
To where she disappeared in the undergrowth;

Then took the Persian, as just as fair,
And having perhaps the better claim,
Because her smile beguiled and wanted wear;
Though as for that the passing there
Had worn them really about the same.

And both that morning equally stood
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence;
Two lovely women diverged in a wood, and I—
I took the Persian one less traveled by,
And that has made all the difference.

Window Tears

Dementia drips endlessly upon the human spirit.
No one knows how large its hourglass or how much sand remains.
My plan was to die an old man in her arms, but
Great Nature has won yet another argument.
She now sits in a wheelchair in a home that neither of us recognizes;
with no admission because a virus has come to town.

The window visit has become our weekly tryst.
Sitting in a wheelchair at the window with the caretaker at her side, it seems
at first as if I were courting her again; her chaperone nearby.
I loved those early years when I was first stricken with the sheen of her Persian hair.
Having surrendered speech and clarity of thought, her smile remains, and
As long as I have that smile to hold on to, I am not down.

There is a small opening between the window and the little ledge where I
extend my arm into the room, and we touch hands.
We laugh and cry as one, and for a brief moment, we become lovers again.
When this weekly ritual ends, she departs for lunch and a nap;
me somewhere between enough and more.
I always thank her for choosing me.
The pain is more than I can mention
To have to share my wife with dementia.
I will remember her as the loving maestra who conducted our family
orchestra, and the apple strudel mama that she was to our children.

Late-Stage Dementia: Note to Self

“Dementia” does not describe the moment.
More like “invasion of the body snatchers.”

Now, in these lingering days, her spirit has departed and taken her smile with it.
I am left to care for her body which I have loved for these 57 years.

I bring watermelon and green seedless grapes, and I wonder where her spirit could be.

Is it “somewhere over the rainbow,” or maybe, “swinging on a star or carrying moon
beams home in a jar?”

Here on earth in a quiet room (too quiet), I massage her legs, hold her hand, and tell her
my day.

I am tired, too tired to be daunted by the grief, and so I command myself,
“On your feet, soldier! On your feet!”



References

- With acknowledgement of use of Robert Frost’s (1916) “The Road Not Taken” and of Burke and Van Heusen’s (1944) “Swinging on a Star” and Harburg and Arlen’s (1939) “Over the Rainbow”:
- Burke, J., lyricist, and Van Heusen, J., composer. (1944). Swinging on a star [Song]. Bourne, CO: Music Sales Corporation. For *Going my way* [Film].
- Frost, R. (1916). The road not taken. In *Mountain Interval*. New York: Henry Holt and Company.
- Harburg, E.Y., lyricist, and Arlen, H., composer. (1939). Over the rainbow [Song]. New York: Leo Feist, Inc. For *The wizard of Oz* [Film].



On Anchors and Loss

LIKE MANY, I EXPERIENCED SHIFTS IN RELATIONSHIPS AS A RESULT OF THE PANDEMIC LOCKDOWN IN 2020. I like to think that I fared the pandemic fairly well: I got a trial run of what life would look like when my spouse retired in the future; I figured out how to nurture succulents, grow vegetables, and make bread with the help of a bread machine. My relationships with my girlfriends grew closer thanks to the Marco Polo app, and my marriage sustained the passing of my mother-in-law and the subsequent work of boxing up, donating, and selling of the property that had been the family homestead for the last 35 years. I'd check in frequently with my therapist during this time. I'd send her notes about what I was doing and my awareness in my interactions with those around me (namely, my spouse). I spent much of 2020 doing things to keep my mind off of the heartbreak that was outside of my tiny castle. I donated excess household goods and contributed to the food banks. I campaigned for change, read about White supremacy, and trained my ass off to become a Jazzercise instructor. In all of these things, I never considered that my therapeutic relationship would be a casualty of the pandemic.

I sat in denial of this realization until I got brave enough to email my therapist late in 2020 to candidly say that I was aware that our therapeutic work together had ended and that it saddened me. The ending came about for two primary reasons: Ruthann had progressing COPD and it was—well, progressing. We spoke about it at the beginning of 2020 as an aside. Additionally, there was no way I could be near her given her fragile health status so the termination of our therapeutic relationship occurred electronically. In many ways, the universe was

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affording me much grace with an ending that way. I was granted the time to send many emails to thank her for helping me change my life for the better. We remained connected as two women who respected and loved each other, having traveled a long journey together. That connectedness remains as a gift that anchors me. What follows was written in reflection upon anchors and loss on the occasion of her recent death, in acknowledgement of the profound impact Ruthann had on my life, in honor of the woman who served as an anchor, as my therapist for over 11 years.

I believe that Ruthann's epitaph of helping people help themselves is resoundingly true in my life. I remember being at the 2008 Savannah Institute & Conference of the American Academy of Psychotherapists (AAP) and riding the elevator up with her and asking her if I could schedule a consultation. I was looking for a therapist and thought, on a whim, that she might be a good fit for me. Truthfully, I first saw Ruthann Fox-Hines when I was a sophomore at the University of South Carolina a million years ago and sought therapy at the Counseling & Development Center. I was struck by her appearance, her cheekbones specifically, her smile, and this presence that just communicated to me that she could get shit done, quick-like. It would be years later that I'd tell her about my observations of seeing her for the first time, and she chortled infectiously. Of the many things I will miss the most, her laughter, which was often a delighted shriek followed by waves of chuckles, is definitely one of them.

I think that, as helpers, we all hope to know that we tried to make this place or the people we help feel better. She did that for me. Ruthann anchored me and, more importantly, taught me how to anchor myself. She'd remind me to pray and imagine white light around me for protection. She'd tell me that the saints really worked like attorneys, interceding on our behalf with God. I loved this, having been raised as a Catholic but leaving the church when it became clear that it was just a system of oppression for others. I loved that she went to Mass daily when she was well; it reminded me of my Gramma. I loved that there were markings on her front door that stated very clearly what she believed in, and she did not suffer fools. I loved that I'd walk into her family room and see the mobile that Ed Sharp made at one of the AAP Summer Workshop arts and crafts auctions hanging in the corner. I felt special when I'd find something fox-themed that I gave her for Christmas still displayed in her home, well after the holidays.

She held space for me when my dad died unexpectedly 10 years ago. She listened to me rant and melt down when I had come to a session, shortly after his loss, parked at the house beside hers and got mad at her for not being there. It was really my fault because I was at the wrong fucking house. She was firm when it was clear that I was having a delayed grief reaction and making decisions that made sense at the time (closing my practice, changing jobs, almost destroying my marriage) that would have long term implications. And she took no shit from me when I told her that I didn't want to do structures because they were painful and I was tired of leaving therapy feeling like I was a box of mismatched puzzle pieces. She's who I called when I discovered a betrayal, and her first words to me were, "Well, shit." She helped me sort through the trauma of my cancer treatment and the reluctant hope of my mother's sobriety. She's who I'd go to for help in sorting out my thoughts, my feelings. She'd listen to my latest lists of how I believed I had been the recipient of undeserved bullshit, and she'd tell me the truth: I had a choice in how I spent my time and energy. She helped me choose my words, slow down, listen, and learn how to respond in a way that would seem as if I, too, did not suffer fools.

A few years ago, she was hospitalized from her worsening COPD. I remember trying to back out of therapy with her at that time. I had experienced many losses and didn't want to be near another one. We talked about it, and I told her that I wanted to run the other way from grief and her. She sat quietly and then said to me, "Well, the choice is yours but maybe, instead, we could use the remaining time I have left to do some work." She challenged me to lean in instead of run, and it made me better. I think one of the biggest lessons I learned from her is that I had a choice in how I spent my time. And she was so very intentional in how she spent her last bit of time.

The pandemic officially ended our therapeutic relationship last year. I checked in with her via email often to let her know how I was doing. She was excited for my renewed commitment to my health and my desire to teach Jazzercise. She was thrilled I had moved on from kettlebells and CrossFit-like stuff; she didn't like the idea of me flinging heavy weights around. She was pleased that I didn't over function (too much) or that I was more aware of my tendency to do so. She knew that I loved her and that she had made my life better because I told her so repeatedly, via email. I hear her in my head, all the time, and it helps me. A friend sent me a picture of her a while ago and apologized because I think he knew it might be painful for me. I told him, "It's okay; I carry her with me, always."

Thank you for letting me share who Ruthann was and will always be for me: an anchor. I am ever so grateful to have been able to do some of the most profound, healing therapeutic work in my life to date with someone who was such a force of good light, wicked humor, and compassion. ▼

Loss is nothing else but change, and change is Nature's delight.

—Marcus Aurelius

They always say time changes things, but you actually have to change them yourself.

—Andy Warhol





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Understanding Conflict in Heterosexual Relationships:

Men's Fears of Women in Intimate Relationships

Author's Note: This article addresses a dynamic common in heterosexual couples. The article does not address parallel dynamics in same sex couples but is not meant to imply that heterosexual couples are the norm.

TOM AND LISA ARE HAVING AN ARGUMENT. Lisa is hurt and angry. Tom can clearly see that Lisa is upset, and her tears make him surprisingly uncomfortable. While Tom would like to feel more empathic, there is something about Lisa's strong feelings that is distressing to him and gets in the way. Because Tom is uncomfortable with his own strong feelings, he begins to emotionally withdraw and detach to protect himself. For reasons he doesn't fully understand, it becomes increasingly important to Tom to remain rational and unemotional, and he is increasingly critical of, and irritated with, Lisa for being "too emotional." Lisa can feel Tom withdrawing, and the more he withdraws, the more anxious Lisa becomes and the more urgently she pursues him, trying to find a way to make some kind of emotional connection with him. Now they are locked in a mutually destructive cycle; the more Lisa pushes for the emotional connection she yearns for, the more Tom detaches. The more Tom tries to control his own fear by detaching, the more anxious Lisa gets.

This argument may be painfully familiar to many of you. It has been extensively discussed in the literature on couple's psychotherapy as the "distancer/pursuer" or "wife demand/husband withdraws" (WD/HW) pattern" (Schrodt & Ledbetter, 2007). Rather than helping couples work through things and feel closer to each other, this is the kind of conflict that devolves into an

increasingly destructive power struggle, with each member trying to “win” (whatever that would mean) rather than making a genuine effort to understand each other and work towards a mutually satisfactory outcome. Each member of the couple believes that he or she is doing their best, yet together they seem unable to avoid repeating that same unhappy ending, again and again. When this pattern repeats over years or even decades, couples can lose hope of ever being able to work things out between them.

Gottman (2018) asserts that this pattern is responsible for 75% of the conflict in heterosexual relationships, and attributes it to the dynamics of avoidantly attached men partnered with anxiously attached women. While Tom in the example above does appear to be avoidant and Lisa looks anxious, I believe this common pattern in heterosexual relationships can be better understood through an understanding of men’s fears of women in intimate relationships.

Men are often uncomfortable when women have strong feelings. This is particularly true when women are upset in some way, but men can also feel uncomfortable when women are excited, full of joy, or even really turned on. Women understand this and learned long ago to suppress their own excitement in order not to make men uncomfortable.

Men are particularly uncomfortable whenever their partners are feeling anxious or distressed. It does not even have to be about them. Women can reassure their male partners endlessly that they are just upset, not upset with him, but that makes little to no difference. Men still feel compelled to curtail the expression of these emotions in their partners.

Why is an openly emotional woman so destabilizing for many men? Why don’t men just ignore their partners and go off and do their own thing until she’s over it? Why do so many men find women’s emotions impossible to ignore? As with most things having to do with relationships, the answer is complex and multi-layered.

On the simplest level, men are raised to feel responsible for women’s happiness. If their partner is unhappy, men believe they have failed in some critically important way. Men are also often less familiar with and less able to talk about their own feelings, so they feel disadvantaged when the conversation with their partner becomes more emotional. This is something like an American travelling abroad who wants other people to speak to them in English, rather than trying to learn at least some rudiments of the language spoken in the country they are visiting. Men are generally less emotionally fluent than their female partners because our culture stereotypically considers the world of emotions to be feminine territory. From early childhood, men are often derided or mocked for showing any sign of emotions other than anger (the one emotion allowed to men): “Big boys don’t cry.” “Don’t be a Sissie.”

Men are also averse to their partner’s strong feelings because they know from painful experience that emotions are contagious. Being around other people who are having strong feelings is as contagious as a yawn. When women are more emotional, men are likely to feel the internal stirrings of some of their own feelings that they are uncomfortable with and have learned to suppress. For men, being in an intimate relationship with a woman can be like being in alcohol recovery and hanging out with your friends at a bar.

On some level, men recognize that they are not as emotionally well developed as their partners. Women seem to have stronger emotions, have an easier time expressing their feelings, and be more empathic in responding to other people’s feelings. Research does

generally confirm that women are more emotionally expressive than men across a range of emotions and across numerous cultural settings (May, 2017), although not nearly the magnitude of differences as hyped in books like *Men are From Mars* (Gray, 1993). These differences in expression of emotion between men and women are not innate; they are largely taught (Wester et al, 2002). Girls are socialized, primarily by their parents, at ages as young as 4 months old to be more emotionally expressive, while boys are often subtly conditioned to suppress any displays of emotion (Rivers & Barnett, 2013).

On a more unconscious level, many men are often scared that there is something wrong with them when it comes to emotions. Men worry that they do not have the kinds of feelings they should have—the kinds of emotions they see their partners expressing. My father died when I was a young man. I loved my father and was very close to him and decided I wanted to give his eulogy. My biggest fear was not that I wouldn't be able to get through it, but that I would not cry, which would confirm my worst fear about myself, that I was a cold, heartless son-of-a-bitch. I sobbed so much during the eulogy that the Rabbi repeatedly tried to pull me away from the lectern. Although distraught, I also felt an enormous sense of relief. Interestingly, Freud theorized that when little girls saw their brother's or father's penis, they would feel envy and judge themselves to be inadequate. On the other hand, little boys witness their mother's and sister's open display of emotions a lot more than little girls see a penis—thank goodness—yet it does not seem to have occurred to Freud that those boys might feel emotional envy and judge themselves to be emotionally inadequate.

Paradoxically, men also worry that if they ever were to give full rein to their feelings that could be dangerous. Women tend to suppress their emotions because they are afraid that if they open the spigot, they will never be able to shut them off. Men, on the other hand, tend to worry that if they relax their guard and give in to what they are feeling, the murderous rage they feel could get out of control and result in violence.

Consequently, men work hard to manage women's emotional experience in the service of protecting themselves from the discomfort—or even danger—of their own feelings. When a man's partner is upset, that becomes the single preoccupation in his life, as if nothing can happen until this situation is resolved. This is not a process that men are conscious of, they are just aware of getting increasingly uncomfortable and feeling an urgent need to do whatever they have to do to get it to stop.

Men's first line of defense is to treat their partners' expressions of emotions as if they are problems that need to be fixed, most often taking the form of reassuring their partner when she is upset, minimizing and explaining away her feelings. Leading with what they know, men offer heartfelt, well-intentioned solutions to their partner's distress and then are baffled, if not resentful, when told they are not listening. Baffled, men then repeat verbatim what their partner has just said, proving conclusively to her that, while he may have been listening, he did not hear her.

When their problem solving is insufficient to soothe their own emotional disequilibrium, men often respond by clamping down even tighter on their own emotional responsiveness. They get very rational and concrete, and focus on refuting the details of their partners' complaints, rather than being able to hear or respond to the underlying request for greater connection.

In addition to using detachment in an effort to soothe themselves, men often try to shut off the problem at the source by actively suppressing their partner's level of emo-

tional expression. They may criticize their partner for being “too emotional,” or shame her for being “hysterical” and “blowing things out of proportion.” Men do everything they can to control the argument by keeping things on the turf where they feel comfortable and competent: sticking to the “facts,” remaining rational, and keeping all feelings out of it. Men act as if a woman who is expressing emotion is drunk, and they are the self-appointed designated driver. The more she drinks, the more sober they are determined to be. Men hold themselves up as the model for women to follow: logical, rational, and most importantly, in control of their feelings.

Men’s emotional withdrawal is very disappointing to women, particularly because they initially got some of the emotional connection they were looking for early in the relationship, or because they were getting enough of that connection to believe in (or convince themselves of) their partner’s potential for more. In either case, their partner is no longer giving them as much of what they want in a relationship, yet they know that he is capable of more. It can feel like a bait and switch to women, like their partner only gave them what they wanted as long as they played hard to get, and as soon as he got what he wanted, he started to withdraw. Sadly, women often learn that the more fully they are themselves the more likely their partners are to be intimidated. In response, women learn to diminish themselves, to be less fully who they are (Jack, 1993). As one woman in my office put it, “There is a lot of who I want to be, but if I’m fully me it doesn’t work in this relationship.”

Women learn pretty quickly that the most effective ways to get their partners to emotionally reengage are either to withhold the reassurance they normally provide, and/or to escalate their level of emotional distress. Both of these strategies can be effective because they reactivate men’s fears, which lead men to do an about face and start leaning back into the relationship.

It is terribly frustrating to men that all of their efforts to lower the emotional temperature in the relationship only seem to raise the heat. The more controlled and stoic they become, the more emotional their partners get. The more they withdraw, the more she pursues. I have had a number of men tell me that, in a desperate attempt to get away from the emotional dysregulation they feel in an argument, they have literally locked themselves in another room, only to have their wives pursue, yelling at them and pounding on the door.

It is difficult for women to be understanding or to respond compassionately to their partners’ emotional withdrawal because compassion requires an empathic understanding of another person’s experience. Men aren’t socialized to think much about their internal lives so they typically don’t know a lot about it, and they are not very practiced at communicating. Women are often left to conclude that the problem is that they are too needy and that their partner is either incapable or unwilling to give them what they want.

Experiencing themselves as having little overt power in the relationship, women resort to the only form of power that is safe for disempowered people, which is to claim their power subversively in private spaces where it would be dangerous to express overtly. There is an old story that slaves used to spit in their owner’s soup right before serving it, a myth which was revived in the best-selling book *The Help* (Stockett, 2009), in which a maid who is horribly shamed and humiliated by the woman she works for makes the woman a “chocolate pie,” that is actually full of her own feces. As women grow increas-

ingly frustrated in their relationships, they begin unconsciously wielding the only subversive power they have by conditionally withholding some of the emotional responses they understand their partners are highly dependent on. They provide less of the support, approval, validation, and reassurance that men don't even realize they are dependent on until it is withheld.

Both partners are confused about how things have gotten so much worse. Each of them tends to see the increasing conflict and decreasing satisfaction in their relationship through the lens of their own experience, and neither of them understands enough about their partner's internal experience to be able to make meaningful shifts in the dynamic.

The good news is that while it takes two people to create these destructive patterns, either partner can change those patterns just by doing his or her part differently. If either partner is willing to do his or her part differently, an opportunity is created for things to go better for the couple.

For men, the work is to forgo their familiar protections of defensiveness and stonewalling. One of the most effective ways for men to learn how to be less defensive is to work on becoming more comfortable with the interdependency of intimacy and less afraid of conflict in their relationships. Boys start out just as attached to their early caregivers and childhood friends as girls are. When men lose the close relationships of their youth they suffer horribly (Joiner, 2011). Men's choice to pursue the external power represented by their fathers at the cost of being able to give freely and receive love results in an atrophied development, both emotionally and interpersonally, which creates a love-hate relationship with intimacy. Men are scared of women because they are not at all confident of being loved for who they are and they worry that the love they receive is conditionally dependent on all of the caretaking they do. No amount of reassurance from their partner is likely to change that as long as they continue to feel insecure about how deserving of love they truly are. Accordingly, for men to become less afraid of women in their intimate relationships, ultimately, they are going to need to become more fluent and proficient in intimacy.

For men to get better at intimacy they have to relinquish some of the privilege inherent in the withdrawn, avoidant defenses they've utilized and allow themselves to be more aware of, and then risk acknowledging, some of their own emotional dependency and need for intimate connection. Men need to learn that although their withdrawal is initially effective in reducing their level of emotional distress, over time it creates enough distress in their partner to escalate her emotional reactivity, which is exactly what he was trying to avoid to begin with.

In order to learn not to use withdrawal as a defense, men need to learn to become more skilled at conflict, to see it as an opportunity to connect rather than as a threat so that their fear of conflict doesn't trigger their fears of abandonment and lead them to withdraw. Since men superficially misunderstand conflict with their partners as a behavioral problem, they tend to seek behavioral solutions, typically starting with an apology. Apologies are not generally effective relationship repair, because they are most often a thinly veiled attempt to prematurely bring the argument to a close and stop their partner from being angry at them and restore the status quo without ever giving a full hearing to their partner's feelings. These false apologies don't come from the courage to really look within in an effort to understand your part of a conflict, and they do not in-

clude a genuine expression of empathy for the impact of your behavior on your partner. They are simply a defensive maneuver, designed to get your partner off your back. The real message is not “I’m sorry,” but rather “Please stop being angry at me.”

Men tend to escalate to the defense of stonewalling when they are emotionally flooded and feel they need to take drastic action to protect themselves. Men can work on this by learning how to more effectively soothe themselves when they are emotionally overloaded. This is where individual therapy can be very helpful, and having other men to call who can help you soothe yourself so that you can reengage productively in the relationship.

Just as men need to relinquish the privilege that comes from withdrawing from conflict, women need to learn how to refrain from using the destructive defenses of criticism and contempt. This can start with an understanding of the core role that men’s fears of women play in heterosexual relationships, which helps women have increased empathy for men’s positions. This can lead them away from being afraid of the posturing and blustering defenses that men use to a more compassionate position, which in turn should lead to more intimacy, which is what women want and men need. Women need to learn that pushing hard with a man who is scared just leads to more withdrawal from him and pain for both. Women can learn to be less aggressive in their pursuit of contact, to pay more attention to how it is going with their partner and make appropriate mid-course corrections. When a woman is hurt or disappointed with her partner, it goes much better if she can talk about her feelings without blaming or indicting him for the failings that led to her disappointment.

Another thing that women can do to work towards being less critical of their partners is to learn to forgo the enabling they do when they “help” their partners. I put the word “help” in quotation marks to recognize that these well-intentioned efforts are a double-edged sword that can hurt as much as they help. Women help their partners as the only means available to them to get some of what they need for themselves and their families. Women want to feel cared about and know that they are important to their partners, so they help their partners by reminding them repeatedly of the dates of their anniversary and her birthday, sending him links to gifts she wants to spare him the anxiety that comes with having no idea of what to get her and spare herself another year of disappointment. When women try to talk about their own sexual desires and preferences, they risk making their partner feel inadequate and afraid to approach them, so they help their partners by exaggerating their sexual passion during lovemaking. Women want a partner who is a devoted parent and are often frustrated by their partners’ repeated failures to show up and be engaged with their children. They help by intervening with the kids to smooth things over when their father disappoints them or behaves badly.

Women are very aware of the ways in which they help, and they are often resigned to getting their needs met in these indirect ways after repeatedly being met with withdrawal and stonewalling when they try to talk more directly. Their male partners, on the other hand, are largely unaware of the ways in which women help them. Their partners help them so seamlessly that men come to take it for granted and don’t even notice it, leaving their partners even more resentful. Men typically are unaware of how much help they are getting until conflict between them reaches the level where their partner starts to withdraw some of the help she has always offered or threatens to withdraw it altogether.

When a relationship has devolved to the point of contempt or stonewalling, the journey back can be daunting, but “a journey of a thousand miles begins with a single step” (Lao Tzu, *Tao Te Ching*, Chapter 64). In this case, those single steps consist of acts of appreciation and validation. I have been observing what makes long term relationships successful for decades, and what I’ve concluded is that it is simple acts of kindness and validation, simple gestures, that let your partner know that you know who she is and that she matters to you. Gottman’s (2018) research confirms that it takes five positive interactions to counteract one negative one and keep a relationship on track.

When relationships start to go bad, it’s not necessarily because there is an increase in conflict, it is just as likely to be because couples stop validating and reassuring each other that they are loved and important to each other. We like to think of ourselves as being essentially self-contained, secure, and not needing this kind of reassurance from anyone. The truth is that we all need it a lot more than we let ourselves or anyone else know. Being in an intimate relationship with someone is one of the riskiest, most vulnerable things we can do. Being intimate with someone means that you will inevitably and repeatedly be hurt in ways that you could never even imagine when you were alone. For men, it recreates the early fears of abandonment they experienced with their mothers.

As a man, you can learn to tolerate this vulnerability by practicing acts of kindness and reassurance on a regular basis. To start with, learn how to be more proactive about, and take more responsibility for, maintaining good connection in your relationships. This might not come naturally to you, not having had much practice when you were younger. I’ve even had some guys write it down on their to do list: “Do something to let my wife know how much she matters to me today.” So try that tactic if it helps you. Try not letting a day go by without doing something to let your partner know that you are thinking about her, love her, and appreciate how much better your life is with her. There is no known toxic limit on expressions of love and affirmation.

When you and your partner fall out of the habit of spontaneously reassuring each other, you both need to learn how to find your way back to each other in a more intentional, deliberate way. This will feel awkward at first, but you each need to learn how to do in a more conscious, deliberate way what is no longer happening spontaneously. Equally important, you need to learn how to be intentional about expressing your appreciation for the reassurance you are receiving from your partner. Often times I see the healing process in couples fall flat when one person takes a risk to be more open or intimate, and their partner doesn’t reciprocate simply because it’s been so long that she has learned to protect herself by not noticing all of the disappointing, hurtful interactions and simply did not notice that her partner was doing something different this time. If you like what you are receiving from your partner, slather on the appreciation. It’s hard to overdo it. ▼

References

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- Gottman, J. (2018). *The seven principles for making marriage work*. London: Seven Dials.
- Gray, J. (1993). *Men are from Mars, women are from Venus*. New York: Harper Collins.
- Jack, D. C. (1993). *Silencing the self*. New York: Harper Collins.
- Joiner, T. (2011). *Lonely at the top*. New York: St. Martin's Press.
- May, C. (2017). Are women more emotionally expressive than men? *Scientific American*. Retrieved June 9, 2019, from <https://www.scientificamerican.com/article/are-women-more-emotionally-expressive-than-men/>.
- Rivers, C., & Barnett, R. (2013). *The truth about girls and boys: Challenging toxic stereotypes about our children* (Reprint ed.). Columbia University Press.
- Schrodt, P., & Ledbetter, A. M. (2007). Communication processes that mediate family communication patterns and mental well-being: A mean and covariance structures analysis of young adults from divorced and nondivorced families. *Human Communication Research*, 33(3), 330-356.
- Stockett, K. (2009). *The help*. New York: Amy Einhorn Books/Putnam.
- Wester, S. R., Vogel, D. L., Pressly, P. K., & Heesacker, M. (2002). Sex differences in emotion: A critical review of the literature and implications for counseling psychology. *The Counseling Psychologist*, 30(4), 630-652.

It is not the strongest of the species that survive, nor the most intelligent,
but the one most responsive to change.

—Charles Darwin

RARELY READ A PSYCHOLOGY BOOK THAT FEELS BOTH WISE AND PRACTICAL, but that is what I found in Dr. Weiss's book *Hidden in Plain Sight*. The book is full of insights into men's psyches and seeks unrelentingly to humanize struggles men experience in relationships, especially with women. Like a good father, Dr. Weiss expresses warmth, insight, and compassion about men's hidden fears and the struggles they cause while simultaneously encouraging men to lean in, learn more about themselves, and take responsibility for their behavior in relationships. I learned about myself in this book, and I look forward to recommending it to many of my clients, both men who might be willing to look a little deeper at themselves and women who are experiencing frustrations in their relationships with key men in their lives. What more could you ask for?

Dr. Weiss endeavors in the book to take on a prodigious task of exploring and explicating how men's socialization in a patriarchal system shapes their unconscious views both of themselves and of women in their lives. In this task, Dr. Weiss may actually have three or four books of material to explore rather than just one. Yet it seems by drawing especially from feminist relational theory, attachment and object relations theories, systems theory, and psychodynamic views about defense mechanisms, along with support from empirical research, Dr. Weiss weaves together a complex, intricate pattern of how men's earliest experiences and ongoing socialization lay a foundation of multi-layered fears of women in their psyche. In doing so, he steps beyond a shallow understanding of men simply being commitment-phobic or unemotional, highlighting a variety of layers of intense emotions that men experience, often without their conscious awareness. For that alone, this book is a worthwhile read.

The book is broken into four sections: what do men's fears look like, the progression of men's fears of women, the impact of men's fears of women, and resolving men's fears of women. Dr. Weiss highlights seven fears men have of women, which he indicates men are progressively more unconscious of, including being dominated and controlled by a woman, being entrapped, failing to protect and provide for, women's emotions, being inadequate, being abandoned, and ultimately of being feminine. At times, Dr. Weiss seems to describe these fears as hierarchical, with the fear of being feminine (and thus not masculine) as a fear underlying all others in men in

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Book Review

Hidden in Plain Sight: How Men's Fears of Women Shape Their Intimate Relationships

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patriarchal societies. At other times, it seems like these fears can co-exist, intermingle, and have some substance of their own. While it's hard to have certainty with regard to unconscious processes, I am pretty sure that for myself and many men that I have worked with, the fear of inadequacy and fear of abandonment have been just as strong, if not stronger, motivators for defensive behaviors in relationships as a fear of being feminine.

While it would take too long to list and discuss all of the pieces of this book that I found insightful and/or useful, a few key insights are worth mentioning. Fairly early on Dr. Weiss shares the observation that boys are often raised by mothers who experience frustration with their fathers' lack of emotional availability. He does a nice job here of laying the foundation of men's conflict about the pleasure of their closeness with their mother and the divided loyalties and competing sense of fear and love for closeness with a woman. In addition, while his focus is more on men's fears of women, Dr. Weiss does discuss some aspects of women's socialization in experiences with men. In chapter 5, he discusses women's socialization to withdraw affection to attempt to gain more connection. And in chapters 11 and 16, he discusses women's escalation of affect, criticism, and contempt as parts of the pursuer/withdrawer cycle that often occurs in the romantic relationships that I see in my practice. Moreover, I think that his identification and discussion of men's fears of inadequacy, fears of abandonment, and fears of being feminine provide deep and practical insights into almost universal experiences men have by virtue of their socialization to separate from their relational and feminine experiences.

Dr. Weiss's descriptions of men's fears of women breathes some lifeblood into the cultural image of the cold, emotionless man. Internally, men often feel flooded when in conflict with their significant other. Dr. Weiss refers to several findings out of John and Julie Gottman's research lab about couple dynamics, but one other that would further support some of the author's observations is that when in conflict, men show higher levels of physiological arousal and their arousal level stays high for much longer than women's. I have heard many men describe feeling like that, uncertain of what to say or do next to avoid escalating the conflict further. Like Dr. Weiss describes in his discussion of men's fears of women's emotions, they feel terrified of making things worse. There's a scene in the movie *X-Men 3: The Last Stand* when the mutant Jean Grey has lost control of her phoenix power and is annihilating down to the molecular level anyone or anything that comes anywhere close to her. The mutant Wolverine, who has incredible healing powers, is seen going up towards her, having pieces of him blown away, and then quickly regenerating due to his mutant healing. I have experienced and heard men describe feeling like that in the midst of a heated conflict with their partners, like something essential in them was being blown away and they were trying to reconstitute it. I think Dr. Weiss captures this experience and puts some language to it in several places in his book.

I especially appreciate Dr. Weiss's candor about some aspects of his own journey in working through his fears of women, with which he begins grabbing the reader in the preface. One of his strongest insights, in my opinion, is his willingness to name and recognize that men's work to come to some resolution of their fears of women is never done. We can always slip back into angry, self-reliant, intellectualizing, narcissistic, and withdrawing defenses in conflict. He does not delude the reader with the notion that you can overcome your fears, and in fact, cautions us against too quickly trying to get rid

of them. He discusses and acknowledges both that sometimes our fears can be adaptive and also, maybe more importantly, that they are the product of a kind of early and ongoing socialization, including in preverbal experiences, that is “very resistant to extinction” (Weiss, in press manuscript, p. 70).

In many books like this, I have found them to be long on description and discussion of the problem and short or vague on what to do about it. One of the wonderful things about this book is that Dr. Weiss has some wise and practical advice for men in helping to resolve some of their fears of women. Some of the advice in chapter 14 (Men Helping Themselves) on developing awareness and curiosity about your fears and chapter 15 (Men Helping Each Other) about discussing and learning about your fears in conversation with other men lays the groundwork for an extremely useful chapter 16 (Couples, Men and Women Helping Each Other). Chapter 16 is a chapter that I would like to have written, would like to memorize and have with me in each couples session I conduct, and would like to give as required reading for each couple I see. It's that good.

There are also some things that I would have liked more of in this book. I would have liked Dr. Weiss to begin with more of a definition of patriarchy for the reader, especially in a psychological sense. Also, he notes quite poignantly that one of the places men struggle in developing masculinity is that masculinity is often defined by what it isn't (aka masculine = not feminine). While ultimately he contends that people feel more coherent when they have less rigid gender roles (and less gender role conflict), and so men should embrace qualities like warmth, nurturance, and intimacy that are typically thought of as more feminine, I do wonder if it would have been helpful to put forward a more interdependent, relational view of positive masculinity as some guideposts or directions for men on their journey. Finally, I would be curious to be able to sit with Dr. Weiss and discuss his focus on fear as guiding men's relational experiences in the light of other authors, like Dr. Brene Brown or Dr. Steven Stosny, who focus more on shame as a guiding emotion in men's relational lives. How does he see fear as similar to and/or different from shame? How does he handle both? How does he deal with times, for example, when men are actually acting inadequately to the needs of a relational situation, and they know it, rather than just fearing it?

Finally, I have to say that there was one part of the book that I didn't like as much as the others: Chapter 12 (The Sociocultural Impact). While I appreciated Dr. Weiss's attempts to draw attention to intimate partner violence around the world and hypermasculinity in the political realm, I think that these topics warranted entire books unto themselves, and the insights Dr. Weiss tried to provide with his theory of men's fears needed much more exploration and explication in regard to the sociocultural phenomena that he was trying to explain. I also believe that there are likely other sociocultural impacts worth exploring, like how hypermasculinity can shape community involvement or the orientation and conduct of businesses in the economic world. The observations and associations about political affiliation and hypermasculinity, in particular, feel a little obvious and cherry-picked, without enough consideration of the multiple factors that might influence the observed phenomena. If I were a conservative-oriented White Republican man, I might read that last section and feel pigeon-holed, dismissed, and/or derided, and would be unlikely to take in the more helpful messages about myself in the rest of the book.

Overall, I highly recommend reading *Hidden in Plain Sight: How Men's Fears of*

Women Shape Their Intimate Relationships. The book offers a great deal of depth, insight, and wisdom about the fears that underlie men's struggles in intimate relationships with themselves and others. It would be a helpful resource for men interested in understanding themselves better, women interested in understanding their heterosexual partners, and therapists who want to explore richer ways to work with men and heterosexual couples in therapy. ▼

Men are afraid that women will laugh at them. Women are afraid that men will kill them.

—Margaret Atwood

If there is no struggle, there is no progress.

—Frederick Douglass

We cannot change anything until we accept it. Condemnation does not liberate, it oppresses.

—Carl Jung

IN MARCH OF 2020, THE NATION WENT INTO A COMPLETE LOCKDOWN to control the spread of a deadly new virus, the origins of which have yet to be determined. The structures and rhythms of our lives changed dramatically overnight. Businesses shut down, many lost incomes and homes, children stopped going to school, college students were sent home, and parents tried to manage full time jobs while also becoming full time teachers or overseers of on-line learning. Most kids hated it. So did most parents. Many mothers quit their jobs to take care of children, further burdening women, who generally are responsible for managing home life. This silent killer stalked us day and night everywhere we turned. For a while nothing felt safe. Hundreds of thousands of lives in the United States alone, millions globally, were lost as the medical community scrambled to discover best treatment protocols, not to mention find the necessary equipment and supplies to help the patients that filled hospital ICUs beyond capacity. These challenges stressed even the most stable of relationships. Sales of online self-help divorce agreements rose by 34% (Savage, 2020). Family lawyers surveyed in April and July reported a 25% to 35% increase in requests to start divorce proceedings from the same time the previous year (Lehmann, 2020). In England divorce attorneys reported a significant increase in the number of women initiating divorces, with 76% of new cases coming from female clients, compared with 60% a year ago (Savage, 2020). The publication of *Living and Loving Mutually: How To Break Free From Hurtful Relationship Patterns*, by Dr. Avrum Weiss, could not have been more timely. Steven Ingram and I decided to review the book as a couple, a role new to us.

Steven: Ugh! The stress of seclusion, confinement, and craving for nurturing connection! A couple of weeks ago I ate at a restaurant in Lexington, Kentucky. Ordered ribs, slow cooked for 8 hours, BBQ rub succulent and moist. I also had the obligatory vegetable for balance—broccoli—which they slathered in a smooth lava of gouda cheese sauce. This is what came to mind after reading Avrum's little book. You know how you eat at a restaurant and want to tell everyone to go there? That's how *Living and Loving Mutually* strikes me.

Giuliana: When the book arrived in a flat brown envelope from the publisher, I couldn't imagine what was inside. I

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Book Review

Living and Loving Mutually: How To Break Free From Hurtful Relationship Patterns
by Avrum Weiss, PhD,
Lasting Impact Press,
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was expecting a tome, knowing that this book would address the surfeit of hurtful relationship patterns endemic in marriages that reports suggest have worsened during the pandemic. Instead of a tome, this is a short book.

Steven: I had the same impression as you. I was expecting a 300-page tome on relationships. I'm delighted that the book is short. I think that by the time most of my clients reach for this book, they are desperately looking for answers and have no time to read a long book.

Giuliana: Yes. I love that this book is so accessible; its short chapters address very specific problems. The writing is clear and not bogged down by clinical language. Flip to a page, any page, and you're sure to find something you've struggled with in the past, or currently struggle with, wherever you look. The implied pervasiveness of these issues is immediately comforting and normalizing. (You mean other couples go through this?) Its simplicity is brilliant. The clients I've recommended it to have been in relationship crisis. On every page, the book goes to the heart of some of the most common conflicts that get couples stuck.

Steven: Yes, the book's structure makes it easy to find the chapter that addresses where the reader hurts. It covers five areas: early relationship issues, communication, conflict, sexual intimacy, and love. Each is the tip of an iceberg as deep as a couple is willing to explore. Its small size is deceptive because it contains such a rich mixture of flavors that can quicken a couple's appetite for deeper understanding as they see themselves in some of many patterns described in the book.

Giuliana: The theoretical structure bears addressing. In the past decade or so, much in the field of psychotherapy has focused on childhood trauma and its impact on attachment styles, and by extension, on our most intimate relationships. *Living and Loving Mutually* is written from a relational perspective instead. This honors the lived experience of each person involved. Too often we keenly understand our own experience but fail to understand what the other experiences. A relational approach has the potential to minimize the blaming or pathologizing of either individual by equally honoring the experience of all involved. That's refreshing.

Steven: Just like my ribs were cooked long and slow for hours, this little book has been distilled over many, many years of psychotherapy practice, study, and research. It's a rich compilation of simple portrayals of complex dynamics in couples' relationships.

Giuliana: The final two chapters take the bold step of advocating an "understanding [of] love as a behavior rather than an emotion" (p. 84). I literally gasped when I read this. Hollywood and its happy endings notwithstanding, I instinctively felt the spaciousness and freedom implied by this statement. People in long term relationships can fall in and out of love with each other many times. But we can choose how we behave towards each other in those dark periods. While it's clear that the author is in no way skipping over the lasting impact of childhood trauma, he appropriately suggests the necessity to address these issues in individual work.

Steven: I like what you said. The book is empty of blame. It instills hope because Dr. Weiss encourages couples by directly and gently suggesting that there's something new they might try.

Giuliana: I am amused that both of us had similar ideas about how to use the book in our practices. I imagined leaving a stack of them in my waiting room, with a sign saying, "help yourselves," much as I might do with a bowl of candy.

Steven: Yes. I thought of buying a whole stack of them to use in my practice. I really like how he uses images to help us understand dynamics. His use of men "being in the doghouse" (p. 60) is an illustration of a common joke in relationships that can be deepened and provide insight.

Giuliana: While the book seems to imply that it's mainly written for men, I find that it's an equally important book for women. Deep understanding leads to connection and intimacy. It's important for women to know, outside of the immediacy of a volatile marital fight, what challenges and fears men face in intimate partnerships. In their own words. From a neutral source.

Steven: I really liked the way that we prepared for this book review by applying these chapter headings to our own early relationship. I experienced my history as people telling me what I was doing wrong. You shared how my behavior was affecting you. You opening up to your backstory allowed me to understand and connect with you, which empowered me to respond with my heart. Thank you.

Giuliana: I agree. Having Dr. Weiss's framework in mind helped me take more risks to be vulnerable with you. For example, it was hard telling you that it bothered me that you would send the Zoom invitation just a couple of minutes before we were scheduled to meet. I decided to tell you the story behind that anxiety, which brought up painful memories from my childhood. Instead of being defensive, you were very empathic to my anxiety and agreed to send the invitation earlier. We've grown to know each other more deeply because of these kinds of interactions and subsequently have moved into a friendship, having started out as acquaintances.

The strain the pandemic has put on our couple relationships is undeniable. However, digging deeper, with the help of *Living and Loving Mutually*, can allow all readers to use the here and now (present moments) to recall the there and then (lived experience) and connect with the person with whom we are most wanting to connect. Perhaps, review this book for yourself and talk with your partner about it. Or maybe, like the writers of this review, practice reading it with someone you trust as a way to deepen your understanding of yourself and to discover what kind of connection is possible within your couple. ▼

References

- Lehmann, C. (2020, November 7). Pandemic drives couples to divorce or to seek help. *WebMD: Health News*. Retrieved from https://www.webmd.com/lung/news/20201207/pandemic-drives-couples-to-divorce-or-to_seek-help
- Savage M. (2020, December 6). Why the pandemic is causing spikes in break-ups and divorces. *BBC: The Life Project*. Retrieved from <https://www.bbc.com/worklife/article/20201203-why-the-pandemic-is-causing-spikes-in-break-ups-and-divorces>
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A great relationship is about two things: First, appreciating the similarities, and second, respecting the differences.

—Anonymous

THIS IS ISABEL WILKERSON'S SECOND BOOK. Her first was *The Warmth of Other Suns* for which she won a Pulitzer Prize. In that book, she traced the migration of Blacks out of the South into the North. Ironically, when that book was published the migration was reversing with many leaving the North and venturing back South. This current book is about the cultural infrastructure that keeps racism in this country rigidly in place and resistant to change. As she states, "Caste is the bones, race the skin" (p. 19).

Early in the book she graphically describes caste in this way: "Caste is the wordless usher in a darkened theater, flashlight cast down in the aisles, guiding us to our assigned seats for the next performance" (p. 17). While the drama seems simple enough, the structure is about how power gets perpetuated with clear definitions about who has it and who does not. Deviation from the hierarchical role, especially for those pushed to the bottom, carries dire penalties as reminders to keep them in their place. Caste is an artificial structure based on the presumed supremacy of one group over the presumed inferiority of another group. Race in the United States has been the visible agent of the unseen force of caste. She points out that there have been many minorities who were initially pushed to the bottom of the caste system in the United States, the Hungarians, Polish, Germans, Irish, Italians, and Jews, yet they all maneuvered into being seen as some shade of White and a part of the accepted establishment. Even when they failed to be on top, even when they felt some prejudice was still directed their way, they reached for the values of being White and saw themselves above those below them, often the Blacks. There may be many shades and steps on the hierarchical ladder, but the top has been White and the bottom has been Black. James Baldwin once said that no one was White before they came to America and likewise, no one was Black. These are the discriminations totally forged by the grab for power in a caste system, with the prescribed advantages and disadvantages.

While most cultures have had hierarchical levels of caste, note the varied roles on the television series *Downton Abbey*, she describes three that have been prominent: the caste system of India, that of Nazi Germany, and racism in the United States. The nuances of each of these

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Book Review

Caste: The Origins of Our Discontents

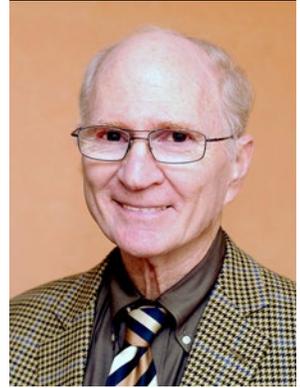
by Isabel Wilkerson,
Random House,
New York
2020, 496 pages

societal structures were different, but all promoted forms of degradation that dehumanized groups they considered inferior. Among the disturbing parts of this book is when she documents that the Nazi Germans studied American racism as they designed their approach to what became an awful discrimination against the Jewish people and a number of other groups they considered substandard. While their resulting actions were horrendous, we cannot minimize that regrettably racial scapegoating and the resultant violence against people of color (POC) have been a part of our societal structure since early in our national history.

What this book has helped me understand is that even though I have never considered myself a racist, I have been a part of a caste system that generates racism. Since the family I grew up in was lower middle class, the notion of White supremacy would have been a foreign construct, but we certainly saw ourselves as part of the solid White majority, even if lower on the ladder. The racism in my family was not very overt but more a racism of omission. I don't recall any deprecating language being used, but neither was anything positive. There were no people of color in my neighborhood, none in my school, none in my church. All I knew was they were grouped in a neighborhood 5 miles from where I lived. All of this is not quite true, I knew that this dismissal had some negative assumptions attached; it just wasn't expressed with blatant anger. The accepted attitudes never seemed strange to me that Blacks rode at the back of the bus or had their own section at the baseball games or weren't allowed in the swimming pool. Growing up in Tulsa, Oklahoma, I much later learned how big was the silence when in all my years of school and time in church, nothing about the Tulsa race riots of 1921 were ever mentioned, any more than how we stole the land from the Indians. Caste writes its own history and edits the facts to weave a specific propaganda. The coded stories are then passed from one generation to the next.

The wonder of this book is that it enables us to see our society and ourselves in ways we may have missed and with a depth that gives new light to the system of caste in which we have all been trapped.

Wilkerson ends by saying, "In a world without caste, instead of a false swagger over our own tribe or family or ascribed community, we would look upon all humanity with wonderment... A world without caste would set everyone free" (p. 388). ▼



The Lighter Moments in Being a Medical Student, Psychiatric Resident, and Practicing Psychiatrist

FORTUNATELY THERE ARE TIMES IN MEDICAL TRAINING AND PSYCHIATRIC PRACTICE WHEN THE LIGHTER SIDE OF THE HUMAN CONDITION MAKES AN APPEARANCE. The ability to enjoy human foibles—both the therapist’s and the patient’s—should not be construed as insensitivity, unprofessionalism, coldness, or sadism—although it could be any of the four. The lighter moments that I will expand on here are to be taken as a needed and temporary escape from the relentless mining of emotional pain that is part and parcel of the psychotherapeutic process.

The pre-clinical years prepare one to interview and examine patients. The first patient one examines is memorable. Students feel so indebted to the patient for making possible the learning of one’s profession that they tend to idealize the patient. The emphasis on trying to remember all the steps of the patient interview and the physical exam can interfere with the student’s grasp of the patient’s actual reality. My first patient’s name was Rochester Sorrentino. I soon learned the names of his three brothers: Syracuse, Buffalo, and Albany. I remarked to the patient that these were uncommon and curious first names. The patient’s reply: “My parents loved New York State.” As part of the mental status exam I asked the patient if he knew the four seasons of the year. The immediate reply: pheasants, hockey, baseball, and golf. The patient’s red face, bulbous nose, and prominent cheeks suggested that he had an alcohol problem, which was confirmed when I asked him about his sleeping habits. His answer: “I usually stay up until midnight and watch the Late Show with Johnny Carstairs.” I managed not to laugh but did bite the inside of my mouth very hard. It turned out that in

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addition to his alcohol problem, this unfortunate man had an IQ in the low 80s.

The third year of medical school ushers in the exciting and anxiety producing opportunity to do a partial physical exam for the first time. Standing around the bed of a woman in congestive heart failure, our instructor asked for a volunteer. Dave Smith, a hard-working classmate from Joliet, Illinois, raised his hand and began listening intently to her heart with his stethoscope. What seemed like a long period of time transpired when suddenly Dave's face flushed. Simultaneously, a few of us noticed what was wrong. Despite Dave's concentrated listening to the patient's heart sounds, he had neglected to put the ear pieces of the stethoscope in his ears. Of course he was mortified, and while the rest of us felt badly for him, we were also glad the discomfiture was his and not ours.

I trained to be a psychiatrist at the Massachusetts Mental Health Center in Boston. One of 28 first-year residents, we came in July of 1968 to learn from many distinguished psychiatrists, pre-eminent among them Elvin Semrad. At case conferences he would interview patients we had been working with for months. He had an uncanny way of relating to very sick patients by using simple language to address profound suffering. For example, he would ask hospitalized patients about their hospital experience, "Tell me, did you get what you came for?" and, before we knew it, these patients were divulging material that we hadn't unearthed in months of sitting with them. We residents were so impressed with Dr. Semrad's seemingly magical ability to have patients reveal their innermost thoughts and feelings that some of us immediately left the case conference and began to employ Dr. Semrad-like questions in hopes of duplicating his results.

During one September night of my first year of residency, I was doctor on call for the hospital. I was asked to see a 28-year-old woman who had been a patient of the chief resident for 2 years. Over that period, she had been hospitalized several times and knew the workings and personalities of the hospital inside and out. I was asked to evaluate her request for sleeping medication. In those days, before the supremacy of biological psychiatry, we were taught that we were the medicine and the patient was the text, a text that we should know from cover to cover.

The patient's room was dark, and in a far corner she was curled up on her bed in a fetal position. Still very new to psychiatry, my evaluation of her request for medication could easily have been mistaken for a complete patient work-up. After about 25 minutes of asking her every question that I could pull out of my still small bag of tricks and getting absolutely nowhere, I decided that it was time to pull out all the stops and ask her a Semrad-like question. So I asked her, "Tell me, what is breaking your heart?" From across the dark room came the sharp retort, "Don't give me any of that Semrad shit!" I immediately got up from my chair, went to the nurses' station and told them, "Give her whatever she wants for sleep."

Another memory from my first year of psychiatric training. I was in a rotation with the other residents to be doctor on call. That position, which occurred once a month, entailed being responsible for dealing with any problems or emergencies that arose in the hospital overnight. Late one evening, I was called upon to deal with a psychotic patient who was threatening to scald staff members with a pot of boiling water. When I arrived on the scene, two night-nurses, a social worker working late, and a mental health volunteer were frightened and not sure how to deal with the situation. Not sure myself how best to proceed, I said to them, "Go into the nursing station and stay there for 20 minutes." When I joined them, one of the nurses asked me, as if I possessed some kind of

superior wisdom, “Why 20 minutes?” My answer, “So the water can cool off.”

I was in analysis for 3 years from 1969-1972. My analyst, like many in that era, did not say much. I remember coming out of one session when she hadn't said a word and thinking, “That was a great session.” Years later, I had befriended a beloved analyst at the club where I play tennis. One day he asked me who my analyst, long since dead, had been. I told him her name, and he said, “I'm so sorry.”

During the first year of analysis, I mentioned during one session that I had heard a rumor that she was having an affair with Erik Erickson, the noted psychologist and psychoanalyst. She said nothing. Three years later, in my last year of analysis, I heard another rumor, this time that she was having an affair with Sid Levin, an analyst whose wife had recently died. Without missing a beat, my analyst said, in her Viennese accent, “Vhat, me be unfaithful to Erik?” I was so glad to learn that she did have a sense of humor. Up to that point, as best I could tell, there had been no indication of one.

After finishing residency, I was working in the out-patient mental health clinic of Peter Bent Brigham Hospital. I interviewed a 55-year-old woman with rheumatoid arthritis in front of other therapists and the administrative staff of the clinic. This woman had a history of repeatedly giving the administrative staff of the clinic a hard time. In asking the woman if she would like to participate in the interview, I told her about its purpose: to learn what it was like for her to be a patient in the clinic, to learn about her as a person, and to give me the opportunity to teach the staff about understanding psychological data. It was felt that this type of humanizing interview might help the staff be less reactive to her. Near the end of the interview, as was my custom, I said, “I have asked you a lot of questions, I wonder if you have any questions for me?” “Have you ever watched Columbo on TV?” she asked. “No, why do you ask?” She said, “You remind me of him.” “In what way?” I asked. She said, “You are not as dumb as you look.” I surmised that she was not too pleased with the interview.

I performed a mental status exam in my capacity as a liaison psychiatrist in an acute rehab hospital that produced another humorous response. The patient was a highly intelligent, very obsessional organic chemist who thoroughly considered my questions before answering. Question: “You go into a store, purchase something for 43 cents and give the clerk a dollar. How much change would you expect?” Answer: “56 cents.” Same question a second time. Second answer: “56 cents.” “How did you arrive at that answer?” Patient's reply: “Isn't there a 2% sales tax?”

In another liaison psychiatry memory, I asked a devout Catholic woman what she did for fun. Eyeing me suspiciously, she said, “What do you take me for, Doctor?”

One of my psychotherapy patients who had difficulty expressing directly any positive feelings she had about me would do so with her excellent sense of humor. One day she said to me, “Dr. G, I really like your tie. Do you make all your own clothes?” I couldn't help but respond with an appreciative laugh.

A young, naïve, highly devout Catholic woman worked as an office manager for an internist, then an obstetrician and, at the time I saw her in psychotherapy, a dermatologist. When she started working for the dermatologist, he gave her a notebook with the office's policies and procedures which she familiarized herself with. After working for him for about 6 months, she said, “Dr. Smith, I don't understand one of our policies. Why do I have to schedule a patient with a rash within 24 hours? A rash doesn't sound to me like a medical emergency.” The doctor answered seriously and matter-of-factly,

“In 24 hours the rash could be gone.” In that moment, this young woman matured at an astonishing rate!

Some patients are experts at being vague. Sitting hour after hour with such folks has the effect of turning one’s brain into mush. It’s challenging to get through the patient’s generalizations; there seems to be no risk of getting at emotional truth. To such patients, I often would say, affectionately, “Do you think you could be a little more vague?” The question often elicited a Cheshire cat-like smile as if to say, “You found me out. Sure, I can do that, I have a doctorate in vagueness.”

In the acute rehab hospital that I mentioned earlier, I did a consult on 55-year-old diabetic woman who had had a stroke. What struck me most was her incredulity that *she* had suffered a stroke. I said to her, “Ms. Smith, I notice that you can’t believe that you had a stroke, but do you know that strokes are not uncommon in people with diabetes?” She pulled herself up in the bed and said forcefully, “But Doctor, I have taken every precaution.” “What do you mean?” I asked. She said, “I drank my urine every day.” Not wanting to interrupt her narrative or induce shame, and joining her incredulity, I replied, “And you still got the stroke.” With that reply, she noticeably relaxed.

About a year ago, as a session of one of my therapy groups began, I realized that I had forgotten to put in my hearing aids. Since the group was meeting in my home office, I said to the group, “Excuse me, I am going upstairs to put in my hearing aids. I think that will enable me to do a better job as leader.” As I returned to the group, there was animated conversation, some of which focused on the implications of my hearing disability for their treatment. One member said, “I’m not worried about his hearing; I’m worried about his memory.”

And finally, there was the 89-year-old spry Jewish grandmother whom I saw in consultation for her depression. She had never been depressed before and seemed sharp as a tack. I performed a mini-mental status exam. One of the questions involved my giving her three words to remember that I would ask her to recall 5 minutes later. Then I proceeded with the rest of the exam with questions involving attention, concentration, capacity to abstract, judgment, reasoning ability, etc. In the course of the interview I learned that she had been taking Reglan, a drug that increases gastric motility but also is known to cause depression. I concluded that Reglan was the cause of her depression and suggested that she talk with her internist about finding another medication or approach to her GI problems. As she walked to the door to leave the office, she turned around and with a wonderful smile asked, “Doctor, aren’t you going to see if I remembered those three words?” I said to her, “Mrs. Goldstein, after a thorough examination I have concluded that one of our mental statuses is completely intact!” We both had a chuckle. ▼

Summer, 1979

Reuven Bar-Levav

Invigorating the Tired Therapist

BEING TIRED IS NATURE'S WISE SIGNAL FOR THE RETURN OF THE SWEET RESTORER, BALMY SLEEP. Exhaustion, deep fatigue, and the sense of being drained of all strength—these usually have other roots. Good, healthy sleep restores us after too much work, but when work itself is too much no amount of rest will bring back the lost bounce nor relight the dimmed sparkle in one's eyes.

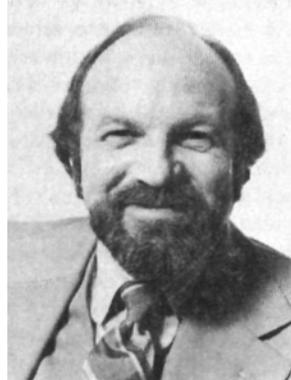
The tired therapist is first and foremost a tired person. Those days, which I remember as if they happened a hundred years ago, seemed endless. They were filled with self-pity, deep hurt, and the almost constant wish to be cared for and loved by another. I collapsed at the end of each day as if it were a week long. I was not just tired, but sick and tired.

I am still sometimes tired in the morning now, wishing I had another hour of sleep. But at the end of ten or even twelve-hour days, I am generally fresh, full of energy, and eager to do things. There isn't enough time for everything. It's exactly the opposite of what it used to be when I dreaded free time and weekends, fearing that the emptiness within would surface. Not so now. Helping my patients work through their pain and their many fears is still a tedious task and the endless repetition often becomes boring. But not a day goes by in which the miracle of re-awakened life in others does not touch me deeply too. I make a living this way, but it is an exciting way to live. It is not tiring, but restoring.

If the heart of a man is depress'd with cares,
The mist is dispell'd when a woman appears.

—John Gay, *The Beggar's Opera*

Not only a love affair can be an antidote for depression. Being a therapist often serves that same function also. In a recent issue of *Voices* I found a sensitive and candid piece written by Dorita Araoz (1978) about her search for meaning out of "depression—the dark night of the soul." She first answered the ringing bells of the convent, marriage was supposed to bring happiness, then motherhood. She finally hoped that becoming a psycho-



DR. BAR-LEVAV is a well-traveled busy psychiatrist who practices in Detroit.

therapist and working with the depression of others would bring the yearned-for solace. But this too, obviously, failed to fill the void. Samuel Johnson (1934) wrote that "Life is a progress from want to want, not from enjoyment to enjoyment" (p.53), and when one's existence is so perceived, the result is not merely tiredness, but a sense of being sick and tired. Storage is impossible in an incompetent vessel, and only fools would hope to restore that which was not stored in the first place.

I work with my patients as I worked with myself, trying to complete the process of individuation which was begun soon after my physical separation from mother occurred. I had been torn away, suddenly thrust into the cold world. Suddenly there was no longer anyone to anticipate my hunger nor to regulate my temperature. The surrounding fluid which comforted and protected me from cold breezes and loud noises suddenly vanished. Overwhelming fear had overcome me, but there was no escape. I could not have "known" its nature, but perhaps I sensed my fragility. Might I not simply dry out, or would my life substance just ooze out of me? I was incomplete, non-whole, yearning to re-unite, or at the very least be held and "loved" perpetually. What I really yearned for was the sense of being protected and cuddled, looked after, unceasingly accepted, always unconditionally welcomed.

Like all men and women anywhere and anytime, I gave up these yearnings only when I had to. Hope dies very slowly. Harsh reality forced me to give up many of these wishes while still in infancy, some in childhood. But powerful remnants of these yearnings remained in me as an adult, as they do in all people until they are worked out in or out of therapy (Bar-Levav, 1975). Only after this long process of self-completion was essentially finished did I begin to efficiently hold those emotional supplies that came my way. Only after the structure was basically firm, without much oozing, could I effectively store my strength and also restore myself, so I would not constantly be tired. I could contain most of my allness only after I had essentially constructed most of my wholeness. This construction job is the biggest of them all; it lasts all life long.

I remember an occasion at a recent meeting of the American Academy of Psychotherapists when a large group of good people offered love and support in a well-intentioned attempt to give strength and solace to one who was often calling much attention to his yearnings and pain. All that was poured into him was soon lost without effect. The container was unable to hold those riches. They were barely of momentary use to the recipient, which is always disappointing and tiring for the givers, whose efforts yield such meager crops. Work is differentiated from toil by its usefulness. The sense of futility and exhaustion is especially pronounced when giving is also motivated by an unspoken wish to be given to oneself. Hope springs eternal, and it is nourished both by illusion and by delusion. If someone else's unsatisfiable yearnings could somehow, magically, be satisfied, one's own might also not have to be given up. As long as hope of full-filling oneself from the outside can be maintained, despair and depression can be kept at bay. Recognition of one's existential aloneness in the world can be the first step towards self-fulfillment, but no one ever gave up delusions that offered solace until there was absolutely no choice.

When we, therapists, tire excessively it may well be not from too much work, but because we work in a way which yields too little for our unconscious needs, whose very existence we may deny. Such work is experienced as bearing relatively little fruit and as unrewarding, even when the monetary returns are good. Not only is the attempt to fill

others with love and concern doomed to fail, but we, too, may need to plug the cracks in the structure of our own ego before we are able to contain the joys of our work. Frustration and a sense of tiredness and exhaustion are expected results when dedication, devotion, and good intentions are poured into others by us, while we really expect others to do this to us. When the work becomes a burden, it is probably time to examine the basic assumptions and tactics of our particular efforts, as it might be useful to check our hidden expectations. One of the two, or both, may be at the root of the tiredness.

Extra energy is required for work that goes counter to the tendencies which are natural to our physical and psychological state of being at any one moment. In conformity with the basic laws of physics, more force is needed to perform work against resistance, internal as well as external. In his beautiful descriptions of *Zen in the Art of Archery* Herrigel (1971) shows how terribly arduous and painstaking the process of mastering is. But once mastered, when the “full presence of mind is reached” it all becomes clear.

Bow, arrow, goal and ego, all melt into one another, so that I can no longer separate them. And even the need to separate has gone. For as soon as I take the bow and shoot, everything becomes so clear and straightforward and so ridiculously simple. (p.70)

Suzuki’s remark in the Introduction addresses the issue less allegorically:

If one really wishes to be master of an art, technical knowledge of it is not enough. One has to transcend technique so that the art becomes an “artless art” growing out of the Unconscious. (p. vi)

A Zen master might describe the essence of Zen as “sleeping when tired, eating when hungry.” When the psychotherapist, the instrument of therapy, has sufficiently mastered his self and made it more complete, he no longer needs to override the wisdom of nature. His work becomes easy and invigorating, not tiring, for being with, and for, a patient no longer takes anything away from oneself.

The man, the art, the work—it is all one. The art of the inner work, which unlike the outer does not forsake the artist, which he does not ‘do’ and can only ‘be’, springs from the depths. (p.51)

References

- Araoz, D. Response. *Voices: The Art and Science of Psychotherapy*. 1979, 14 (2), 66-67.
- Bar-Levav, R. Do you love me, Yafah Booltyanski? *Voices: The Art and Science of Psychotherapy*. 1975, 11 (3), 16-22.
- Johnson, S. *Boswell’s life of Johnson*. G.B. Hill, Ed., revised: L. F. Powell, Oxford Univ. III, 1776-1780. New Jersey: Prentice Hall, 1934.
- Herrigel, E. *Zen in the art of archery*. New York: Vintage Books, 1971.

Summer, 1979

Lawrence Tirnauer



DR. TIRNAUER delights in working with Alison Cheek because she is supportive of him when the chips are down and helps him to understand many of the things he does intuitively. Perhaps most important is her willingness to deal with negative feelings in a respectful way, her willingness to share her own feelings, and the generally comfortable ambiance she creates.

The Tirnauer-Cheek Checklist on How to Keep Fatigued

Feel responsible to the person who has referred the patient.

Avoid being clear about your fee, when you expect to get paid, and your policy about missed appointments.

Always sit in the same chair, facing the same direction, with the same posture. Never get up and walk around. Consider any physical movement on your part synonymous with “acting-out.”

Consider yourself to be the only one who can help a patient with a certain problem.

Maintain some image of what the “truly loving,” “truly insightful,” or “truly tough” therapist would do with this client.

Expect to feel like a warm and loving therapist most of the time.

Expect yourself to usually know what to do when you are being emotionally assaulted by a patient.

Expect yourself to usually have some clarifying statement, especially with couples and families who are involved in major emotional struggles.

Always try to be fair to everyone, especially when working with couples and families.

Consider yourself to be derelict when your mind drifts off to other people, other places, other times.

Expect to escape feeling bored, guilty, hateful, aroused, or confused. Consider these evidence of your failure.

Consider any strong feelings you have towards your client as evidence of your over-involvement.

Have a fixed technique you always use when a certain problem comes up in therapy, so that you end up functioning on automatic pilot.

Be sure to have answers for most patients' questions.

Be very alert and responsive to every effort put out by withholding clients.

Feel it is your responsibility to be "encouraging" to your clients, especially those who give you little reason for encouragement.

Ignore your own feelings, and primarily focus on your client's feelings. Tell yourself this is being "responsible."

Let your appointments run over their allotted time, and yield to requests for appointments outside your preferred working schedule. Tell yourself this is being thoughtful, responsible, devoted, or considerate.

Maintain some notion of a "pure" therapeutic relationship, one that should not be "contaminated" by your feelings.

Convince yourself that patients are "fragile" or have "weak egos" and thus must be related to delicately.

Imagine the bad things the patients will say about you to important colleagues if you fail to help them.

Expect yourself to understand most dreams.

Assume your "negative" feelings reflect something neurotic or unprofessional about yourself.

Compare yourself frequently with most of your heroes.

Feel obligated and responsible for keeping all suicidal patients alive, and all self-destructive patients from hurting themselves.

Feel a sense of responsibility to be an especially loving person to people who have had tragic or unfortunate lives.

Alison Cheek



ALISON CHEEK is in private practice and works as a co-therapist with Larry Tirnauer. She particularly enjoys their work together because Larry's brilliance in technique stays rooted and grounded in an awareness of his own feelings and experience, and his respect for them.

Consider it “unprofessional” to look for pleasure in your work.

Never seek help from colleagues when confronted with a difficult problem with a patient. Consider such requests as “burdening” your colleagues, or evidence of your own incompetence.

Remember your failures frequently.

If you are a minister consider yourself as having a special responsibility to provide “moral guidance.”

If you are a psychiatrist consider that you have a special responsibility to deal with medical problems.

If you are a social worker remind yourself that you should be able by virtue of your training to help people with the practicalities of their lives.

Maintain some image of what a “good” ending is in psychotherapy.

Expect to get to the point where you no longer feel like a “failure” with patients, whatever that may mean to you.

Always be available for friends, family, and neighbors for off-the-cuff advice and consultation.

Expect to get to the point where all your time and financial struggles with patients work out well.

Imagine that your colleagues have all had better, deeper, and more effective personal therapy than you have had.

Keep most of your time throughout the day tightly scheduled.

Always work through lunch hours.

Bring professional books and journals home to read. Take them along on every vacation. Expect to get caught up someday.

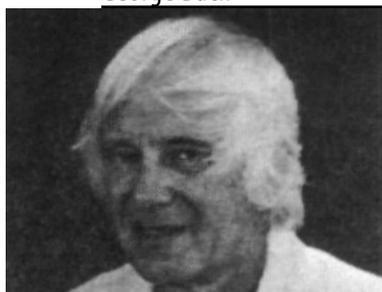
Do not take winter vacations out of a sense of responsibility to your patients. Tell yourself this will be disruptive of good therapy. Never take days off. Pride yourself on never being sick for a day.

When all else fails: try harder.



Summer, 1979

George Bach



The George Bach Self-Recognition Inventory for Burned Out Therapists¹

FEELING BURNED OUT STRIKES A DISSONANT NOTE FOR THE DEDICATED AND COMPETENT PROFESSIONAL PSYCHOTHERAPIST. One way of coping with the stress of cognitive dissonance is by the denial of incongruity between role-image and feeling-experience. A second way of coping is by elimination of the problem: Disenchanted with the field, one simply leaves it for new pursuits. *The field is burned out, not oneself.* However, when the basic faith in the value of the profession remains intact the disenchantment is specifically personal. *Then* it can be very difficult to become fully aware of how deeply burned out one has become.

The following items are offered as aids or cues for self-assessment of one's current level of "Burned-Out-ness." If lately, you have not just occasionally, but repeatedly felt or thought the way described in an item, check the True column. If rarely or never, check False. Whether you will consider yourself mildly or more severely "burned out" will depend on how painfully you experience your level of B. O. or how tolerant you are of one of the occupational hazards inherent in our profession.

Readers interested in helping to create a data bank for statistical research purposes are invited to send in their B.B.O.I. answers (list item number and how you checked each) to *Voices* (215 East 11 Street, New York, N.Y. 10003). Names are voluntary but please furnish your age and number of years in the practice (full or part time) of psychotherapy or related people-helping services.

¹ Dr. Ernst Beier (University of Utah) and Dr. Herb Goldberg (California State University at Los Angeles) contributed several items and encouraged construction of this inventory. Francis Greenburger (New York) helped in the selection of items.

GEORGE BACH is a fellow of the American Psychological Association. He is well known as an author, lecturer, and workshop leader.

The B.B.O.I. (Bach Burned Out Inventory)

True False

- 1. You feel exhausted and in a daze after seeing three or four patients in a row.
- 2. You daydream about earning a good living some other way.
- 3. You feel like warning young people, including your own children, against becoming a therapist.
- 4. You do not like to talk about your work experiences.
- 5. You do not like to pick up the telephone, or call the exchange for messages.
- 6. You feel isolated from the mainstreams of current and novel professional ideas, theories, methods.
- 7. You delay for long, returning calls from patients, potential future patients, or referral sources.
- 8. You care little about whether or not your patients improve.
- 9. You begin to believe that the concerns of your patients are really trivial, superficial banalities.
- 10. You allow yourself to suffer boredom without attempting to create some stimulating, relevant dialogs and interaction.
- 11. You let the patient ramble on and on as if in a social or gossip session—let them bend your ears.
- 12. You can't wait for the session to end and tend to terminate it just a little too early.
- 13. You are too heavily burdened with concerns other than those of your patients.
- 14. You hate emergency calls at any time.
- 15. You avoid being socially identified as a psychotherapist.
- 16. You enjoy legitimate excuses to cancel patients—such as illness.
- 17. You neglect billing procedures.
- 18. You get really angry at slow-paying clients.
- 19. You drag your feet at processing claims.
- 20. You let correspondence from colleagues and referral sources lay about.
- 21. You behave inappropriately, unprofessionally, without concern about getting caught or censored.

True False

- 22. You experience impatience with analyzing or facilitating patients' communication and become more directive, even dictatorial.
- 23. You have given up explaining to others the nature of your work.
- 24. You feel cynical about the work of colleagues, seeing them as ripping off the public.
- 25. You refuse to acknowledge, let alone analyze or work through, your own countertransference fantasies or actions.
- 26. Every problem starts to sound the same.
- 27. You have a routine answer/technique for every problem.
- 28. You find that 20 minutes are more than enough and scoff at the tradition of the 50-minute hour.
- 29. You watch the clock rather than feel the process.
- 30. You feel that basically people cannot change and that the human condition is hopeless.
- 31. Previously outrageous, anti-scientific approaches begin to look more attractive to you (e.g. "Eastern approaches").
- 32. You have no desire to write even a short article (let alone a book) about any aspect of your work.
- 33. The only hour you truly look forward to is being with an erotically stimulating patient.
- 34. After verbally making the appointment you fail to enter it in the appointment book, and thus "forget" having made it!
- 35. Shortly after your workday begins, you are thinking about what you will have for lunch or with whom you'll spend the evening.
- 36. You think more often and more intensively about the growth of your investment yields than the growth of your patients.
- 37. You seem to prefer referring patients away than to keep them.
- 38. You see therapy as a way of providing funds for business investments, retirement funds, etc.
- 39. After picking up messages, the first phone call you return is to your real-estate agent or stockbroker, ahead of your patients.
- 40. You prefer to hold on to familiar long-term patients who like you, avoid taking a chance with new faces.

True False

- 41. You have lost any interest or curiosity about the fate of your former patients.
- 42. Holiday Greetings, Christmas cards, etc., from current and former patients have become a nuisance.
- 43. Even though the consultation hour drags on you are content to just sit it out.
- 44. It's not funny anymore; you fail to chuckle or laugh with or at something during every hour. (When you stop laughing, it's time to get out.)
- 45. Your social isolation has increased to a point where you rely on making your patients your friends.
- 46. Your reaction to suicide threats is increasingly numb.
- 47. You feel no inner resonance to your own experience while "observing cases."
- 48. You keep your patients waiting while reading *People* magazine.
- 49. While your patients are talking you are staring at and admiring your art collection or aquariums.
- 50. Your notes are nonexistent or perfunctory.
- 51. You can't remember your clients' names and begin the session by asking them: What do *you* remember from our last session?
- 52. When meeting former clients in settings outside your practice, you fail to recognize them.
- 53. You excuse yourself in the midst of a therapy session to check up on the progress of a football or baseball game, horserace or boxing match, or just to have a little nip.
- 54. Seeing therapy as a social ladder, you court high-status clients.
- 55. You find the psychological problems of wealthy and powerful people much more interesting than those of the average person.
- 56. You do not like to work with "losers."
- 57. You wish you were receiving rather than giving therapy.

End of the Bach Burned-Out Inventory



OUR THEME, *Hope and Rebirth*, spans two seasons of just that: We write during the winter holiday season of hope and joy, and we publish in spring, nature's time of rebirth. Themes of hope and rebirth are reflected in the multiple religions that celebrate these seasons as well as in nature's return of the light in the winter solstice and its season of growth and fertility in spring.

Just as winter holds both darkness and the season of hope and joy, in celebration of the return of the light, so we stand hopefully in the waning of pandemic darkness, looking toward the return of the light in our lives.

We are tired! Therapists and clients alike—exhausted by isolation, adaptations to telehealth, relentless political and racial unrest, and especially by the prolonged uncertainty of when we will finally escape this pandemic holding pattern and breathe freely again. Feel safe again. Be together again. Therapists and clients alike report increased struggles with anxiety and depression, sometimes fear and despair, as pandemic darkness lingers on. We are eager to look beyond the heaviness that has weighed us down for too long. We turn now toward the light, seeking hope, joy, rejuvenation, and restoration.

For this issue of *Voices*, consider, in pandemic darkness and in times before: Where do you find hope? From what do you draw strength? How do you refuel and rejuvenate? What restores your energy or renews your spirit? What sustains you? Did what brought sustenance and rejuvenation in the past hold up against pandemic distress, or did you have to find it in new ways? How have you embraced play or found joy even amidst the darkness? How have you taken care of your person or the therapist? Perhaps you have found restoration in spirituality or nature. Perhaps in music, poetry, art, or literature. Perhaps humor has sustained you.

Where do you find hope in the winter holiday season, and for what do you hope? What rebirth do you seek in the coming of spring? Where do you find light?

Consider, too: How have you seen hope and rebirth in your consultation rooms (in pandemic or other times)? Where do you see them in the practice of psychotherapy? What rebirth have you witnessed? What keeps hope alive—for you, for your clients, for the world?

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

Deadline for submission:
January 15, 2022

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

See Submission Guidelines on the AAP website:

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Deadline for submission:
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Carla Bauer, LCSW
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The great challenge of this century . . . is that of understanding the other.

—Charles Taylor: *Dilemmas and Connections*

Nothing that is human ... can do without the idea of the alien, to protect itself.

—Adam Phillips: *Terrors and Experts*

IN THIS ISSUE OF *VOICES*, we explore the borders and walls we erect in our minds and with each other—barriers we use to turn ourselves into strangers. Inner and interpersonal forms of estrangement are unavoidably linked. Those we alienate may be our friends, enemies, family, professional colleagues, larger community, people

diverse from us in any number of ways, or strangers that represent disowned parts of ourselves.

From micro level to macro, facing what feels alien can stir up diverse feelings, including fear of loss of identity, power, or pride; helplessness, ignorance, or vulnerability; feelings of superiority or guilt, of failure, shame, or self-loathing. Facing the other can be met with varying forms of resistance: scapegoating, aggression, othering, projecting, sub-grouping, etc.

Consider your own experience and that of your clients: What are our borders and walls for, what are they meant to protect us from, what and who are they designed to exclude? How do we use them to prevent us from understanding the other? How do our inner and interpersonal barriers mirror actual borders and walls between neighborhoods, cities, states, and countries? What are we afraid of in the other? What are we disowning in ourselves when we reject the other?

We are hard-wired to seek connection, and through connection, communion. Yet we repeatedly default to behaviors that distance us from the other. As we examine our cherished borders and walls, our profound attachment to our distortions, and we begin to imagine what it's like being someone else, we are changed. Estrangement, when challenged, may be replaced by feelings of kinship or fellowship we have tried to disown.

For this issue, consider how these dynamics show up in your life and practice. Consider, too, how large and small group process can facilitate facing the other and breaking down walls.

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

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

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

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

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

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

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

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

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VISION STATEMENT

Our vision is to be the premier professional organization where therapeutic excellence and the use of self in psychotherapy flourish.

MISSION STATEMENT

The mission of the American Academy of Psychotherapists is to invigorate the psychotherapist's quest for growth and excellence through authentic interpersonal engagement.

CORE VALUES

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

FULL MEMBERSHIP

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.

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- 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

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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.

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