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# Borders and Walls: Facing the Other

*Founded in 1964 by John Warkentin, PhD, MD and Thomas Leland, MD*  
**Voices: Journal of the American Academy of Psychotherapists**

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Journal of The American Academy of Psychotherapists

# VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

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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*



*Voices: Journal of the American Academy of Psychotherapists*

i

*Table of Contents*

v

**Editorial**

- |                             |             |   |
|-----------------------------|-------------|---|
| <i>Othering the Otherer</i> | Carla Bauer | 1 |
|-----------------------------|-------------|---|

**Articles**

- |  |                   |    |
|--|-------------------|----|
| <i>Whose Map? The Geography of Othering</i>                | Rhona Engels      | 5  |
| <i>Incorporating Cultural Awareness Into Psychotherapy</i> | Myrna Lashley     | 13 |
| <i>Walls Destroyed</i>                                     | Jillian M. Thomas | 18 |

*Psychospiritual Dynamics of Borders and Walls*

- |   |            |    |
|---|------------|----|
| <i>in the Russian Invasion of Ukraine</i> | John Rhead | 23 |
|---|------------|----|

*Borders and Walls: Can an Interview Be a Bridge Between?*

- |  |   |    |
|--|---|----|
|  | Diane Shaffer, Hallie Lovett,<br>and Bradley Lake | 28 |
|--|---|----|

- |                     |                |    |
|---------------------|----------------|----|
| <i>Commentary 1</i> | Robert Schulte | 43 |
|---------------------|----------------|----|

- |                     |               |    |
|---------------------|---------------|----|
| <i>Commentary 2</i> | Haim Weinberg | 44 |
|---------------------|---------------|----|

- |                     |                     |    |
|---------------------|---------------------|----|
| <i>Commentary 3</i> | Molly Walsh Donovan | 44 |
|---------------------|---------------------|----|

*A Constructive Ethic in Eliminating Othering, Borders, and Walls*

- |                                |               |    |
|--------------------------------|---------------|----|
| <i>In Pursuit of the Other</i> | Ann L. Colley | 47 |
|--------------------------------|---------------|----|

- |                 |                  |    |
|-----------------|------------------|----|
| <i>Tic Talk</i> | Marilyn Schwartz | 55 |
|-----------------|------------------|----|

*Dreams: A Descent Into a Realm Without Barriers*

- |                          |                   |    |
|--------------------------|-------------------|----|
| <i>Meeting the Other</i> | Elizabeth Wallace | 63 |
|--------------------------|-------------------|----|

*The Function of Metaphorical Walls: Therapeutic Reflections*

- |                                |               |    |
|--------------------------------|---------------|----|
| <i>Across the Generations:</i> | Susan McClure | 67 |
|--------------------------------|---------------|----|

*A Discussion About Sex Borders and Boundaries*

- |                          |             |    |
|--------------------------|-------------|----|
| <i>From the Archives</i> | David Doane | 75 |
|--------------------------|-------------|----|

*Ethics: An Expression of Love*

- |                   |             |    |
|-------------------|-------------|----|
| <i>Commentary</i> | Brent Moore | 79 |
|-------------------|-------------|----|

**Poetry***Memorial Day, Palisades Amusement Park*

- |                |    |
|----------------|----|
| John Gualtieri | 12 |
|----------------|----|

*Peace From Simmered Fury*

- |                        |    |
|------------------------|----|
| Kathryn Van der Heiden | 22 |
|------------------------|----|

*Freud, 1938, Vienna*

- |               |    |
|---------------|----|
| Lewis Lipsitz | 46 |
|---------------|----|

*A Crossing*

- |           |    |
|-----------|----|
| Tom Large | 62 |
|-----------|----|

*To My Client About Why I Called the Police*

- |               |    |
|---------------|----|
| Lewis Lipsitz | 74 |
|---------------|----|

## Calls for Papers

*Psychotherapy and the Arts*

Deadline January 15, 2023

101

## Voices

*Subscribe to Voices*

102

*Guidelines for Contributors*

103

*The American Academy of Psychotherapists*

104

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Carla Bauer



## Editorial

### Othering the Otherer

**O**UR THEME, *BORDERS AND WALLS: FACING THE OTHER*, EXPLORES THE BORDERS AND WALLS WE ERECT IN OUR MINDS AND WITH EACH OTHER—BARRIERS THAT TURN US INTO STRANGERS AND SET THOSE WHO DIFFER FROM US APART AS “OTHER,” OFTEN DEEMED INFERIOR. Inner and interpersonal forms of estrangement are unavoidably linked. Those we alienate may be our friends, enemies, family, professional colleagues, or larger community, or people diverse from us in any number of ways, or they may 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: 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,

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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when challenged, may be replaced by feelings of kinship or fellowship we have previously tried to disown.<sup>1</sup>

Per *Voices* custom, our Summer theme mirrors that of the approaching Institute and Conference (I&C) of the American Academy of Psychotherapists. Conceived against the backdrop of the 2020 U. S. presidential election, this pandemic-postponed conference and journal theme recognized that we would gather for that year's conference holding the intensity of the many ways borders, walls, and othering pervaded that election climate. Two years later, the theme and the holding remain, sadly, just as relevant and intense—if not more so. To our own increasingly polarized political backdrop and the many walls and examples of othering, scapegoating, and sub-grouping evident there, we now add parallel dynamics around pandemic behaviors (controversies around isolating/distancing, masking, and vaccines), as well as our individual and collective reactions to the horror unfolding in Putin's invasion of the borders of Ukraine. Therapists and clients alike are holding all this and more from the world's struggles with facing the other. The burden of carrying this angst pervades our organizations just as it sits heavily within individual hearts. It is reflected in the increased anxiety, depression, anger, and despair manifested among therapists as in our caseloads. This can't not be present at our conference, whether voiced or silent.

As a member of the co-themed conference planning committee, I'm grateful that we did not have to start over from scratch in planning our rescheduled conference, as the program was ready to roll out by the time of postponement and is a rich one that I would have hated to see scrapped. But it would have been well worth starting over if it meant being able to declare this theme obsolete after the passing of the election that inspired it. Not even close! While the literal motif of borders and walls might not be quite as prominent today, the underlying dynamics of othering have only expanded and show every sign of being with us always. Sadly, othering is a timeless theme.

The increasing polarization of our political landscape has become both microcosm and macrocosm of othering, bleeding over into all realms of social and interpersonal interaction. What was once a two-party dynamic of negotiation, compromise, and living with differences has become one of bully platforms, disagreement settled by violence, and politics as total war. Partisan to the extreme, politicians struggle to come together even around things they actually agree upon in substance. Neither party can bear to show the perceived sign of weakness in compromising. Both are locked into bombastic rhetoric, unable to waver from script even when it clearly does not fit the occasion. They need a good couples therapist! We can no longer agree to disagree; opposing views become a call to war in a zero-sum game—one that may well destroy democracy for good. That is a heavy dread to hold.

The dynamics of us vs. them trickle down into our organizations, social interactions, and interpersonal relationships, as we too become locked in the divide. Even those who "don't do politics" can't escape the fallout as the "other" is encountered closer and closer to home. Organizational dynamics become fraught as some seek diversity and equity while others cling to privilege. Friend groups and families are increasingly divided

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<sup>1</sup> The preceding paragraphs are drawn with minor modification from the call for papers for the issue, which was in turn developed from the co-themed Institute and Conference call for proposals drafted by program chairs Rhona Engles and Tom Burns. The editor acknowledges this borrowed/shared theme development.

around political differences, as the other now includes everyone we disagree with, even when they look like us, share our genetic code, sit across the holiday table.

Interpersonal walls and othering transcend politics even as exacerbated by recent polarization there. Former codes of engagement have given way to new freedoms of expression devoid of any respect or regard for other opinions. I'm a lifelong southerner, where we have a history of cloaking cutting remarks in niceties, "bless your heart." That indirectness is hardly an ideal model for authenticity in facing the other, but what a contrast to the bully pulpits of social media! There are many other, nonpolitical, ways that we build walls between ourselves and others, protecting ourselves from our vulnerabilities. And sometimes we are wise to build them. But protection comes at a cost if we miss out on the enrichment to be found in encounter with the other. It is in putting ourselves out there—dirty laundry and all—that we find our points of commonality and connection, beyond our differences.

We can't miss the widespread othering going on all around us. But what do we do with it when we see it in ourselves? I recognize, for example, that I hold the political other differently today than in times past. For most of my life, I lived and worked in environments where my politics were in the minority, with rarely a thought to those differences. The views held by conservative family members or former bank colleagues were seen more as differences of fiscal policy than of core human values, not important to our relationships. As political polarization becomes an increasing threat to democracy, however, or to the rights of the many versus the privileged few, my tolerance becomes challenged. As the stakes rise, my ability to agree to disagree fades, and I struggle to face this other. While I welcome rational conversation about different views—now a rarity—I can't listen to the old friend who spouts irrational reasons why she won't wear a mask or get vaccinated, couched in vague political notions of freedom absent actual medical reasons, much less to those who parrot baseless lies and conspiracy theories. It's difficult to maintain even family connections amid differences in politics and values that now feel dangerous and abhorrent. I can't sit around the holiday table and ignore such differences. Have I become, then, the other or the otherer? I don't like seeing this intolerant, othering side of me—even if it comes from the very part of me that embraces difference and diversity. While I'm more likely to quietly disengage than to overtly other, sometimes there is just too much at stake to stay silent, fiddling while Rome burns, watching what can indeed happen here.

Our consultation rooms may be one of the last bastions where we face the other with equanimity and authenticity, where we listen and reflect the other without trying to impose our own views. Even with politics entering the room more often than previously, the argumentation stays outside as we listen for what is important to our client, this other. Sometimes, we even take away valuable nuggets from the other's perspective that we would not have given ear to elsewhere. Maybe, just maybe, if we can continue to face the other in this way in our offices, both we and they will in turn better face the other out in the world with a little less othering.

For this issue, authors explored the functions of borders and walls, from protection to exclusion, and the dynamics of othering.

Rhona Engles offers her tale of how encountering an upside-down world map led to exploration of how long-lived and far-reaching othering is, how embedded in our geography and language. Myrna Lashley gives voice to the history and continuation of racial

othering of African Americans and discusses strategies for raising cultural awareness in our clinical work with diverse clients. Jillian Thomas and John Rhead share their respective reactions to the bombardment with trauma that currently surrounds us, in particular that in Ukraine, and their different ways of coping and holding hope.

These authors having voiced just some of what I&C participants may be holding as we gather this fall, Diane Shaffer's interview with Hallie Lovett and Bradley Lake explores how the Large Group Process structure of that conference might help us hold these and other hard dynamics, in community. They reflect together on how coordinated large and small group process might facilitate facing the other, breaking down walls of separation, and building bridges as we work through our own organizational and interpersonal struggles with diversification and othering. In their commentaries on the interview, Bob Schulte, Haim Weinberg, and Molly Donovan add their own reflections on Large Group process.

Ann Colley further examines the roles of borders and walls in social configurations, looks at how dynamics such as implicit bias function as walls in racial othering, and imparts some of her models for moving beyond othering. Marilyn Schwartz describes her own life journey of moving toward the other, learning more about herself through engagement with the other in her love of travel.

Moving from macro issues to the micro realm, Elizabeth Wallace narrates her experience of facing her unknown known when a client names an observed trait in her previously shrouded in denial. Susan McClure presents clinical vignettes in which dream work with clients explores what is happening below the barrier of conscious awareness. David Doane offers his own dream of how a psychotherapy session becomes a rich meeting of the other. Brent Moore shares his personal journey through the protective internal walls of grief and loss. Steve Eichel and Lauren Gardner talk together and with readers about their observations, as sex therapists from different generations, of the personal and cultural boundaries and walls surrounding sexuality.

Last but not least, from the *Voices* archives, we reprint Grover Criswell's 1970 essay on ethics as an expression of love vs. a fixed set of rules. A new commentary by Penelope Norton further explores this perspective, partly through the lens of Robert Kegan's constructive developmental theory. John Gualtieri, Tom Large, Lewis Lipsitz, and Kathryn Van der Heiden round out the issue with original poems on our theme.

Our Winter 2022 theme, *Impasse, Intrigue, & Inspiration: Effecting Change Through Psychotherapy*, will shift our focus more directly to the consulting room and the experiences of impasse and resistance, intrigue and puzzlement, and inspiration and breakthrough as we face the other in psychotherapy.

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

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It is the otherness of the other that fascinates me. What can I learn from him? What does he see that I do not, cannot?

—Elie Wiesel



## Articles

### Whose Map? The Geography of Othering

AT SOME POINT IN OUR LIVES, MAYBE AT MANY POINTS, THE EXISTENTIAL QUESTION, "WHERE AM I?" INEVITABLY COMES UP. Taking the question literally brings me to the reassurance of maps, wondrous creations, that in their use of color, design, and texture, are works of art in themselves. In addition, they locate us in space...for me, a particular dot of lower Manhattan, for instance. Maps collapse time. Looking over a map of Manhattan instantly brings up memories of the more than 55 years I have lived there—the street where I enjoyed my first restaurant meal as a fresh immigrant from Montreal, another street where I went for my first run, the corner where my daughter had a tantrum, lay down and refused to budge, and so on. Any map...city, country, world, makes the world comprehensible and tells me I am here.

There are other things a map is for. For instance, a map of the Alps reduces not only the dizzying feeling of unbordered space but also the emotions real rock and sky might spark. I feel no fear staring at the Alps on my desk, but 16 years ago, trekking up a narrow, slushy trail, icy rock on my left, a drop of 7,000 feet through clouds on my right, gave me a first-hand understanding of how fear can wonderfully concentrate the mind.

A world map orients us in space based on the cardinal directions of north (up), south (down), east (right), and west (left.) Recently, a patient of mine, a graphic artist, mentioned almost in passing that the cardinal directions, along with the size and placement of countries on a world map, reflect the biases of the creator, that a map is a fiction reflecting how we view ourselves in relation to others.

RHONA ENGELS, LCSW, ACSW, has been in private practice for 38 years. She feels lucky to be in a profession in which she gets to have significant and intimate conversations with people she comes to love and helps to change, and who have changed her. She agrees with Adam Phillips that "psychotherapy is a conversation worth having if it shows us aspects of ourselves that we didn't know we could value."

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To begin...it turns out that putting "north" at "top" and "south" at "bottom" is completely arbitrary, as is east/left and west/right. In fact, all of these concepts are human constructs. They help orient us in time and space, but one of the downsides is that they also invite us to read a map as reality so we can justify othering or helplessly resign ourselves to being othered. When looking at a map, would you rather have your country appear at top or bottom, left, right, or center? And where would it have to be placed to offend you? Which brings into question what it is we might be afraid / wish to feel without these notions: submissive/dominant, all-powerful/helpless, strong/weak, invincible/fragile, immortal/mortal?

We transform arbitrary notions of direction into hierarchical constructs denoting position and rank. Historically, this tendency seems to be constant, though which words and locations on the map are favored, depend on who is on "top" or "bottom" at the time. At one point, most maps depicted "south" on "top." That's because the then dominant Chinese, who invented the compass, used it to point south, their sacred direction.

The Chinese conquered then left. The Europeans conquered and colonized. At the peak of 16th century imperialism, they used their compasses and the North Star, the only fixed star in the "Northern" hemisphere, to navigate, and since then, maps have become Europe-centered with "north" at the "top." Then, 19th century American imperialism took over, so that since then, world maps show the Americas centered, with Europe pushed to the right and Asia to the left.

In the dominant European/American context, north is associated with up. We talk about heading "up north." "True north" is equated with authentic values. We imagine it at the "top" and associate it with spirit, purity, eternity, goodness, heaven, superiority, riches, whiteness, and dominance. Also, coldness and father. South/bottom is "down." We talk about going "down south," and we speak of something "going south" to indicate ruin or failure. It connotes body, impurity, sexuality, mortality, evil, hell, inferiority, poverty, darkness, blackness, and the submissiveness of low caste. Also warmth and mother. On the "down-low," refers to keeping something, usually homosexuality, secret because of shame and/or fear of judgment by the dominant other.

Apparently, we humans have a built-in drive for othering. The necessity for boundaries and coordinates to situate ourselves in time and space quickly takes on a need to be king/queen (more usually king) of the castle. Even in rebelling against this notion, we uphold it. What happens when you refuse your allotted caste on the world map? Stuart McArthur, an Australian, got so fed up with his country being referred to as "down under" that he created a "south up" map. (See illustration.) It places Australia at just about the center of the page, with the United States looking a bit puny, pushed down and to the left, Russia and China shunted down and to the right, and the Asian and African countries, pushed even further to the right. He even added "South lives. South dominates," though he did it by placing his country "north," front, and center. He turned the tables but used the same table. Same hegemony.

It is jarring to realize that our concepts of north, south, east, west, as well as up, down, center, front, etc., are value laden and arbitrary. It is disheartening to know that we use them not only to help situate ourselves in time and space but also to define our value to each other. Put another way, "In the animal kingdom, the rule is eat or be eaten, in the human kingdom, define or be defined" (Szasz, 1973). Racism, a societal system that

promotes economic and social othering, becomes a visually convenient way to define the other as less than in order to justify scapegoating and exploiting. We use a world map the way we use skin color, to define a country as better, dominant, on top, and another country as subservient, less than, on bottom. We categorize, and we evaluate. With the map's aid, we also take control of territory, objectifying earth in a way that allows us more easily to colonize and ultimately destroy it.

Another insight from cartography is that there is no “up” or “down.” My friend Elliott, a scholar of the origins of modern yoga, writes about the posture Seated Forward Bend:

Insofar as our sense of direction in this pose is based on the posterior of the body turned to the west and the anterior of the body turned to the east, we find ourselves lost. The back faces up, and the chest faces down. But in our disorientation, we apprehend that up and down, front and back, the cardinal directions—all orientation in space—is nonsense. We’re part of the divine cosmos. (Goldberg, 2016, pp. 438–439.)

Realizing the arbitrariness, the “nonsense,” may open us to a sense of oneness with the universe, what Freud (1930) more skeptically referred to as the “oceanic feeling,” an openhearted sense of being at one with our fellow humans, animals, rocks, and sky, of being part of something deeply meaningful beyond ourselves. I think, though, that you had better have a self to lose, because to really experience the arbitrariness of boundaries can also be terrifying. It can lead to a fear of loss of self, of fragmentation, even annihilation.

With the potential blessing, comes a potential curse.

Perhaps we defend ourselves from this feared disintegration by putting our faith in “up,” “down,” “inside,” “outside,” etc. as if these concepts were real. We, especially in the West, insist on our individual boundaries...our separateness, individuality, uniqueness, and our superiority. That makes philosopher Charles Taylor’s (2011) statement “The great challenge of the 21st century is that of understanding the other” a major challenge (p. 24).

We are complex creatures. “I am large. I contain multitudes,” wrote Whitman (1855). We are friendly, with a tradition of welcoming the stranger. We seek out the other. We travel, including to the moon and outer space, wandering out of curiosity about and desire for the other. We create families and communities. We seek to lose ourselves, at least a little, to break or transcend or get around boundaries. How else could we acquire knowledge beyond ourselves? How else to fall in love, create art, music, literature, etc... and come up with the concept of God or that which is beyond us?

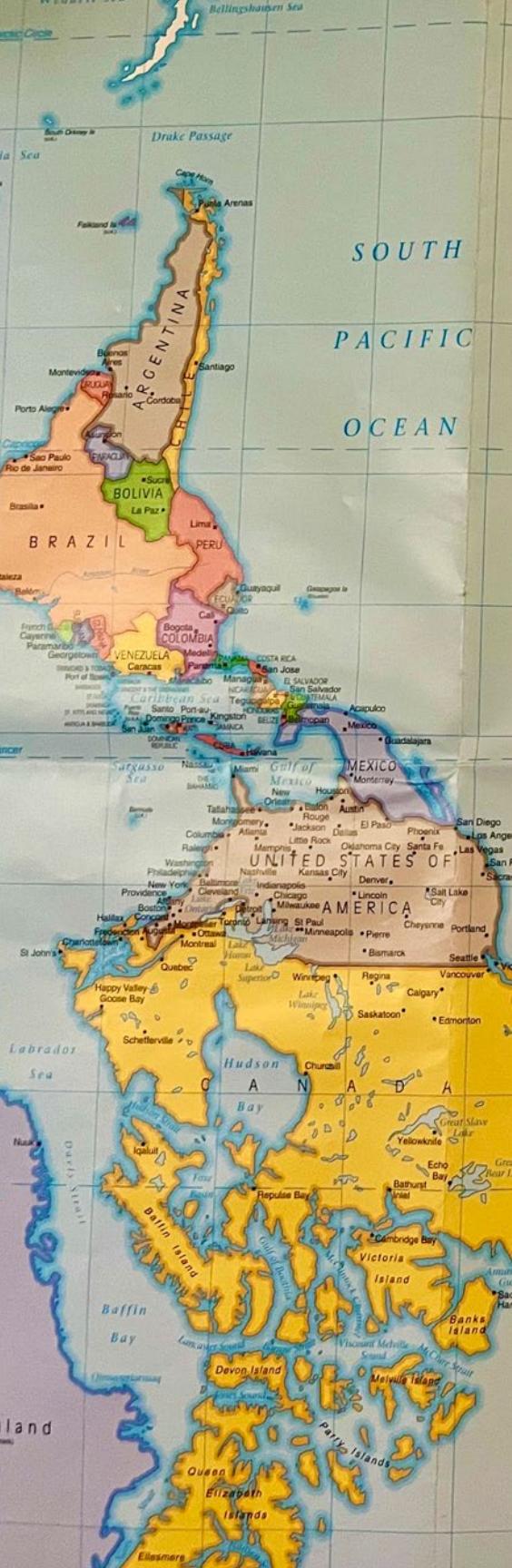
However, facing the other can also be experienced as a profound threat. Indeed, Taylor (2011) emphasizes that in opening ourselves to the other, we will not only fear losing ourselves, but must, in fact, lose part of ourselves. In the process of understanding the other, we are changed, and change, if you are very attached to your individuality, your familiar self, can be experienced as death or annihilation. This is true even when intergenerational experience shows that immigration, for instance, results in overall enrichment. This terror of loss of self when one’s own boundaries are rigid or fragile, can promote murderous forms of othering that become self-perpetuating.

To fear of loss of an endangered sense of self and an innate drive for supremacy, let’s add the contradictory drives of Eros and Thanatos, first discussed by Freud (1920). The

# Upside Down World Map



SOUTH  
PACIFIC  
OCEAN



NORTH PACIFIC  
OCEAN



Traditional World Maps are drawn from the perspective of the first European explorers and cartographers – with the Northern Hemisphere at the top. We think it's time to break with tradition and show the world from the perspective of all those people living in the Southern Hemisphere. After all, there is no ancient geographical feature saying "This way up".

ARCTIC

ANTARCTICA



• Capital • City/Town

Abbreviations:

B-HERZ - Bosnia and Herzegovina  
KO - Kosovo  
LIE - Liechtenstein  
LUX - Luxembourg  
MAC - Macedonia  
MONT - Montenegro  
RUS FED - Russian Federation

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## SOUTHERN OCEAN



## INDIAN OCEAN

### OCEAN

## SOUTH ATLANTIC OCEAN



story is that we have a large drive for life, love, desire, and connection, for beauty and transcendence, all in tenuous balance with an equal drive towards death, hate, revenge, violence, and destruction. I sometimes imagine us humans as the renaissance image of Fortuna, a blindfolded woman in flowing robes, holding a tenuously balanced scale, which may, at any moment, tip one way or the other. When these contradicting forces remain unconscious and unintegrated, we have good reason to fear the power of Thanatos in us, especially as we have created a potential for atomic Armageddon, and planet destruction is well on the way.

It's not just about how we use ranking to dehumanize, exploit, and kill each other. We use animals, plants, water, and air as objects to be exploited, thus colonizing and desecrating them as well. As Freud expressed it:

Not content with this supremacy, however, (man) began to place a gulf between his nature and theirs. He denied the possession of reason to them, and to himself he attributed an immortal soul, and made claims to a divine descent which permitted him to annihilate the bond of community between him and the animal kingdom. (Freud, 1917/2001, p.140)

In my search for explanations to help me understand why we need to rank and other, even in the service of our own destruction, I found an origin story that oddly resembles the biblical narrative of Adam and Eve's banishment from Eden. In *Sapiens*, Yuval Noah Harari (2015) states that among the many human species thriving in pre-historic times...Neanderthals, Denisovans, etc...Homo sapiens very quickly developed an outsized brain. Other human and animal species had time to find their place in the world order. Homo sapiens' outsized smarts developed too quickly for time and experience to soften the hubris that came with their huge brains. They spread out of what is now southern Africa quickly killing off nine other species of humans, thus committing the first mass genocide, along with hunting many animals to extinction. They destroyed plains and forests, eventually modifying over half the planet's land area.

They are we.

We are their direct descendants. Our drive for power, dominance, and violence seems to have been part of our makeup from the beginning. From the start, we identified with the aggressor in the service of dominance and self-preservation. With our sophisticated brains, we have consigned our unmetabolized projections onto others, then scapegoated and, often, murdered them. We have inherited megalomaniac pride and rage accumulated from our beginnings, and we continually repeat the othering we do not want to remember. We other and get othered over and over.

Growing up as part of the Jewish community in Montreal, I was frequently taunted for having "killed Jesus." At the same time, I took for granted that I needn't speak French, and I naturally expected people to speak to me in English, even though 80% of the city was and is francophone. My people were othered for hundreds of years, but that hasn't prevented us from othering. In Prague, I found formerly Jewish communities where all trace of Jewish presence had been erased. Not only had so many vanished into the Nazi death camps, but survivors who returned to their homes were expelled by those who had stolen and were living in them. Several years later, I visited the Israeli occupied West Bank, parts of Jerusalem and Bethlehem, where Israelis have established settlements and usurped Palestinian homes.

We carry within us both victim and perpetrator.

Maps reflect back to us all the opposing forces we Sapiens have carried from our very beginnings. Exquisite artifacts, they mirror our capacity for beauty. When not used to other, the cardinal directions help us understand and navigate our world. A map sparks curiosity about other lands and people, reflecting our potential for empathy and love, for our capacity to transcend our own immediate boundaries of self, tribe, and country. At the same time, a map exposes our drive to rank, value, and other in the service of a potentially fatal aggression.

Our huge challenge, familiar to us clinicians as part of our work, is to integrate these opposing forces, to own our hated and feared projections as part of ourselves, to come to terms with what we have been through and what we have done to each other and our planet, to live with our guilt and the trauma to the human, and not only human, soul we have hurt and damaged. We are dangerous for the planet, and even more dangerous for our fellow humans. If we are to be honest, we need to broaden our vision to include both our glory and our history of supremacy and lethality that, ultimately, we all share and unequally bear. ▼

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To learn how to read any map is to be indoctrinated into that mapmaker's culture.

—Peter Turchi

Memorial Day  
Palisades Amusement Park  
New Jersey, 1955

John Gualtieri

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On the cliffs above the Hudson River, they  
built a great salt water pool.  
A waterfall roared at the deep end. They  
created tiny waves, a sandy beach, a tiny ocean. They  
put up a chain link fence to separate the pool  
from the pruned trees, rides, games, food stands.

I played in the sand while space ships spun round.  
My mother, in a bathing suit, read a book while lying on a blanket.

Where he was safe or not,  
I saw another boy, darker than me, in a corner,  
throw sand, scramble, unsettled.  
His mother stood close, outside, at the fence.

I can see her today holding her purse, straight  
with her face impassive, her eyes concerned.

Perhaps she couldn't pay  
the entry fee, or she didn't like the sand.

I understood later  
they must have given the boy a break  
and let him in.



## Incorporating Cultural Awareness Into Psychotherapy

AM A MEMBER OF THE DIVISION OF TRANSCULTURAL PSYCHIATRY AT MCGILL UNIVERSITY IN MONTREAL. Although we have a common purpose of teaching interventions through a cultural lens, we do not all share the same perspectives and interpretations. Members share a multiplicity of views, which benefits us all and exposes students and others to whom we provide consultations to a richness that might not otherwise be available.

I am often asked by colleagues, “How do we help them?” *Them* refers to those who have been othered and racialized, mostly Black, Indigenous, and people of colour. What follows is an overview of what I try to impart to my students and supervisees.

We know that empathy is the cornerstone of good therapeutic interventions, but how does one empathize with what one does not fully comprehend? Not a week passes without someone from a racialized group asking me whether I am accepting new clients and/or whether I could make a referral to someone who fully understands the experiences of Black and Brown people and has the necessary expertise to address those realities.

I explain to my students that understanding is not merely cerebral. It means challenging most of what we have been taught about the other and, by extension, of ourselves: recognizing the myths on which we have been raised and comprehending how those myths influence and govern our interactions with others.

Referencing Black clients, we discuss the history of Black people, thus helping students view and interpret issues through a lens that even we, the professionals, seldom acknowledge. We grant that while there are many Black communities, with varying histories, they are all joined by their blackness and the stereotypes surrounding it. It is not that we are not privy to this history; it is

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that we have not been taught to accord it the same weight given to its interpretations.

To situate the reader, I shall speak to the basic history my students and I explore.

The African diaspora lives in the aftermath of colonialism—a colonialism that started in the 15<sup>th</sup> century when the Portuguese expanded into Africa and brought individuals into Europe for enslavement. Eventually, the demand for labourers on sugar plantations in the New World was so great, that the capture and selling of black Africans became a valid commercial enterprise, with stocks in human cargo being traded on the world's money markets.

Erasure of the identity of those enslaved and their descendants started the moment individuals were forced onto slave ships. Individuals embarked with clan and tribal memberships intact. However, upon disembarkation they were transformed by their captors into “Africans”—a concept that was foreign to the captives. During enslavement, family units were broken up and sold without regard to affiliation or needs; mothers and fathers were sold separately to different buyers, and children were sold away from their families and friends. Traditions, cultures, and religions were not respected, and individuals’ names were changed to reflect the preferences of slave owners.

Despite the abolition of slave importations (1807 in the United Kingdom and United States), Northern states such as New York, working with foreigners, continued the practice into the 1860s. Once on North American soil, persons were sold into other jurisdictions (Southern states, the Caribbean, Canada, etc.). Additionally, there was a lucrative movement of persons from Africa into such places as Brazil and Cuba (Harris, 2021). The abolition of slavery (1834 in the British Empire; 1865 in the United States) did not bring solace to those previously enslaved, as new laws supporting ostracism and racism were enacted. Coupled with the fact that few of those enslaved had been provided with basic education, most were not only penniless but illiterate. Thus, the previously enslaved remained under the control of their former masters, forced to work for them for meager wages.

Jim Crow laws in the United States, laws supporting racial segregation in other countries, law-enforcement practices, racially-based medical diagnoses and practices of “helping” professions, poor educational instructions, even racially-charged religious pronouncements, and other systemic and structural acts of racism and discrimination laid the foundation for the continued dehumanization and vilification of Black individuals.

Rosalsky (2021) chronicles one manifestation of hurt, aggression, and continued intergenerational trauma, as seen in the treatment of Haiti, which abolished slavery in 1793 and won its independence from France in 1804. However, in 1824, Haiti was forced to pay France (assisted by the United States) reparations for the “crime” of self-liberation, which robbed France of the income—calculated as between \$20 and \$30 billion in today’s dollars—due to them from the spoils of slave labour. It took Haiti 122 years (until 1947) to dispose of the debt. However, under the Slave Compensation Act, England’s last compensatory payment for loss of property to slave owners and their descendants only ended in 2015. No compensation was ever provided to those formerly enslaved or their descendants (Manjapra, 2018).

The dehumanization of Black individuals has been the feeding ground of an inter-generational trauma that persists until the present day. Unequal policing and legal injustice have resulted in what some refer to as modern-day lynchings. In addition, everyday occurrences of micro-aggressions, stereotyping regardless of financial and ed-

ucational status, ensure that anxiety and other social determinants of health are rife within this community. For example, many of the social determinants of health can be directly linked not only to such stereotypes as the belief that Black youth are older than they really are—and treated as such by authority figures—but microaggressions such as touching the hair (without permission) of Black women and the continued availability of such things as bleaching creams to lighten the skin of Blacks to force it closer to the accepted hegemonic norms of whiteness and beauty. These types of dehumanization and othering lead to such things as anxiety, hypervigilance, stress, addictions, displacement, anger, and intergenerational trauma, all of which can result in persons making decisions that often are not in their best interest.

Families often share stories such as this with their offspring, not only to acquaint them with their histories but to help them to develop ways to address systemic racism. Interestingly, this information and the need to develop appropriate skills can result in the re-traumatization of the storyteller as well as the learner. As I tell my students, the tentacles of colonialism and systemic racism are present in the interview room long before the therapist and the client greet each other.

By way of illustration, let us consider the case of Myriam and Norman (not their real names), a Black Muslim couple married for several years. Both had a secondary education and were employed in low-paying jobs. They often encountered racism and Islamophobia in the workplace, in particular, and in society in general. Their school-aged children, Leah and Kamran, also complained of racial mistreatment by students and teachers. For instance, Leah spoke of being told her cornrows were ugly and having her hair fondled—by teachers and students—without her permission. Kamran related that once during a fire drill, a teacher turned to him and said, “Mohammed, what did you people blow up this time?” All of these indignities eventually gained a hold over Norman, and he often displaced his rage unto his family, especially Myriam. The conflicts eventually led to bouts of conjugal violence resulting in the involvement of social services and the judicial system. Myriam was told she should immediately vacate the family premises and move into a shelter with her children until a permanent place of residence could be procured for them. However, after a week, Myriam stated that she wanted to return with her children to the family home. When told that such a choice could lead to her losing her children to placement, she stated that her decision was based on the fact that if she or any member of the family were exposed to racial animus while engaged in daily activities, they could turn to each other for immediate comprehension, support, and comfort. Conversely, such support was not available when such occurrences arose within the shelter, leaving her and her children extremely vulnerable. As far as those providing therapeutic assistance in the shelter, Myriam was of the opinion that her sessions were spent trying to educate the therapist about the reality of the effects of everyday racism and microaggressions, which she reasoned were a major contributor to the defragmentation of the family and most likely the underlying cause of her husband’s rage and sense of helplessness. The therapist, however, only wanted to focus on the conjugal violence as a stand-alone issue (using a Eurocentric perspective) without taking into consideration what role systemic racism played in the plight of the family. In other words, the therapist was demonstrating how even those who are trained to help often stay safely within the teleological norms of White hegemony.

The televised murder of George Floyd forced many to squarely face some of the

above-mentioned realities and engage in new behaviours. Thus, whereas previous demonstrations had been supported and attended mostly by those who had a vested interest, individuals of all political persuasions, ethnicities, and genders gathered en masse to validate and challenge the suffering and degradations to which Black peoples have been subjected for centuries.

Nonetheless, there are, undoubtedly, some psychotherapists who question racialized persons' veracity and perceptions of some of these degradations and, by extension, the depth of their emotional pain. Such questioning has resulted in racialized therapists struggling to accommodate the onslaught of requests for assistance by racialized clients.

At McGill, we also explore the importance of intersectionalities. A student once asked whether it was ethical, for the comfort of the therapist, to choose which aspects of an individual upon which to focus. Clearly, we cannot ask an individual to slice themselves into bits. Imagine forcing an individual to pay attention only to those parts of themselves that others have decided are important and acceptable. For example, would we suggest a mixed-race Black/Indigenous person be concerned about transgenerational effects of slavery but not the injustices and trauma of displacement and residential schools? Is persecution based on the sexuality of the same individual more valid than persecution based on their blackness and indigeneity? Such options are neither available, desirable, nor acceptable to the individual—nor should they be to anyone else. No one is expected to have expertise in everything. However, the historical precedents shaping the current functioning of our clients must be acknowledged. We must become comfortable with uncomfortable situations and provide space for clients to develop strategies to confront their lived experiences. Creating this space will also help reduce racial battle fatigue and other psychophysiological issues.

In a workshop aimed at students and professionals in mental health disciplines, community organizers who work with ethno-cultural communities participated as co-teachers. The organizers challenged everyone to question the Euro-centric training to which we have all been subjected and which has consistently identified the interests of the other based on perceptions and comparisons of the so-called normalcy of White hegemony. Thus: The needs of women reflect the needs of White women; the histories of humans are those of White humans, and so forth. It was emphasized that working with ethno-cultural communities demands an understanding not only of their lived experience but of the history leading to such experiences.

One tool in understanding clients' experiences is to develop *cultural humility*—recognizing that we do not know, learning what we do not know, and implementing what we have learned. This will then allow us to develop culturally safe spaces wherein clients can unabashedly share their experiences with us.

I have had to develop personal strategies to address the violence of racism, especially when emanating from those who mean well. For example, I am aware that although as a woman of colour racism is not mine to solve, I must be patient with those who engage in racist behaviours in order to help them to understand the pain they are causing as well as protect my self-worth. Some of those strategies:

- Protect the feelings of representatives of oppression.
- Don't be the angry Black person.
- Don't be the angry Black woman.
- Develop internal resilience through reformulation of others' words and actions.

- Establish credentials quickly to exhibit the fact of my knowledge.
- Smile to reduce tensions and anxieties—mine and others.
- Be careful using the word “White” so that people don’t think they are being called racists.
- Do not correct, and thus embarrass, racists in public—especially at friendly gatherings.

The above being stated, no one is free from the myths of the effects of colonialism and systemic racism. On several occasions, I have been forced to question and check myself! Why, for example, did the phrase “that’s how White people are” enter into my thoughts and with such derision? Yes, it may have been after someone told me—almost with surprise—that I was “so articulate” or somehow suggested that any high-level knowledge I possess could only have come from being exposed to teachers of Western European background, or when in court as a professional, having the disheveled woman of White European ancestry sitting in the courtroom being automatically identified as Dr. Lashley. Regardless of the reason, no matter how justified my anger, as someone working to reduce systemic barriers, I must not fall prey to the impulse of endorsing the myth of the malicious and evil White person. Therefore, on such occasions, I remind myself that there are many persons of White European descent who have been, and continue to be, allies in the fight for social justice. I further remind myself that I am in the process of helping to train others to use their knowledge, influence, professional acumen, and education to fight the scourge of racism. It should be mentioned that although this stance does nothing to reduce the immediate anger, hurt, and sense of isolation, it does bring me some comfort and furthers my determination.

What this has taught me is that we cannot stay angry with and/or judgemental toward each other forever and that, as painful as it may be, we must all challenge and destroy the myths we have learned about each other. We, people of colour, must recognize that not all of those born into the dominant sector are our enemies and racists devils. Indeed, many of them have bled and been ostracized in protecting our rights to matter. Similarly, those who by dint of pigmentation have been imbued with unearned privileges must internalize the importance of history in the lives of those othered and recognize that they are not the devil’s spawn whose lot is to be beholden upon the largesse of White ideology.

We must develop a vocabulary to discuss these issues. Only with these understandings and mutual respect can we set about the task of dismantling the existing societal norms that have entrapped us all and work together to co-construct a new society in which we interact with equity, true diversity, and full inclusivity. ▼

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## Walls Destroyed

THE FIRST TIME I SAW IT, I JUST PAUSED AND STARED. Stopped my bike and stared open mouthed at the destruction. It brought tears to my eyes. Were our neighbors alive? That burnt down house didn't look like it would leave survivors. How didn't we hear the fire department in the middle of the night? How could such massive destruction happen in just a few hours? As I stopped and stared, with more questions than answers swimming through my head, I was rooted to the spot. Absentmindedly, I had gotten off my bicycle. My heart felt heavy, and my head started to hurt. A home can be a sanctuary, a history, and the place we become rooted to. To think how quickly this home could be irrevocably changed into ash and rubble was startling and unsettling.



A few days later, it was a relief to hear that even though the fire alarms did not go off, this tragic fire did not claim any victims. The family's dogs barked until they woke the owners and escorted everybody to safety.

*The roof, the roof, the roof is on fire! We don't need no water let the mother fucker burn...*

—Bloodhound Gang

My utter despair at the sight of the burnt down house was compounded when Russia invaded the Ukraine. That first week, I watched the news with horror, not wanting to see the utter destruction Russia was inflicting on innocent people and places but unable to turn away. Not Europe! No, we were beyond this! Cold War worries of the imminence of World War III swam in my head as I relied on my shaky U.S.S.R. history knowledge to explain to my 11-year-old what was going on. Clearly, we are not beyond this. As Ukrainian President Volodymyr Zelensky gave me hope, I still felt a sinking pit in my gut. His words, demeanor, and refusal to leave Ukraine had me googling endlessly a man I had known very little about previously. However, looking into the cold, hard eyes of Vladimir Putin as he justified genocide instilled a deep fear and reignited my distrust of authority. As discussions swirled about what NATO, Europe, and the United States should do, I became frustrated by the inability of anybody to do anything. I



watched families being torn apart at the Ukraine/Poland border. Women and children were allowed to leave, but men had to go back to fight. I listened to the pleas of mothers in bomb shelters, read of the atrocities Russian soldiers were committing on behalf of Russia and Putin...the murder, the rapes, the homes on fire...

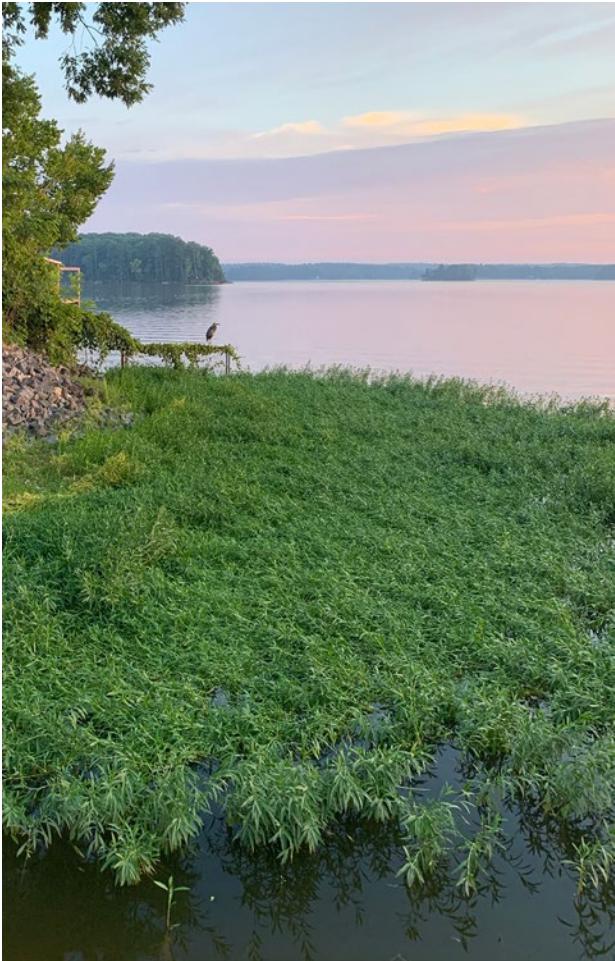
How do we end this? How do we get leaders to stop othering entire countries and groups of people and attempting hostile takeovers? How do I explain to my child this conflicted, messed up world she is living in? I do my best and put one foot in front of the other by taking her to school, going to work, enjoying family dinners. There is no answer. There is no justification for the destruction, devastation, and utter horror occurring. No history lesson is going to explain this, and my fears for my fellow human being living in the Ukraine or Poland are real, just like my sorrow for the homeowners of that burnt down house.

*Indulge your taste for diversity and inclusion. Declare that you are a force for good and will not settle to accept what is unjust for humanity. Dare to say that you will be a difference maker and help change the narrative for generations to come.*

—Germany Kent

It feels so small and insignificant: the daily grind of going to work, walking my dogs, and feeding my family. My clients tell me similar stories; they don't know what to do with so much pain and anger infiltrating their lives. Nothing feels like enough, but remaining still doesn't seem to help either. Each morning as I drink coffee on my dock and watch the sunrise, I think...I do yoga...I offer my heart through my sun salutations. I offer healing thoughts and prayers as I meditate. I ask the universe to heal, to send positivity and light to those spreading darkness and pain. I pray for the predator and the prey. I watch as my doodle chases the blue heron from our dock and listen as the blue heron squawks an expletive laden response to Wrigley's audacity to chase him off of his chosen home. I pet Wrigley as he looks proud of reclaiming our dock from Blue. Maybe herein lies the answer and we are way less evolved than I thought we were. Maybe we are all dogs chasing birds off our territory, so jealous that we cannot fly that we won't share our ground space with them. Wrigley runs off the dock to run the perimeter of the yard. He will bark a certain pitch if he encounters a snake. He is a good dog who loves his pack completely, more of a lover than a fighter.

Earlier in the year when South Carolina had a substantial snow fall, the first one in years, he intercepted every snowball my husband, daughter, and I launched at one another. He was completely disapproving of our snowball fight, clearly telling us that we don't fight amongst ourselves. His dislike for Blue also lets me know he doesn't like to let certain outsiders into our tight pack. Birds, snakes, and cats are unacceptable. People and friendly dogs are okay. Is it really that simple? Has Wrigley unlocked the mysteries of man's desire to fight, subdue others, and command them into compliance? In his desire to keep his pack safe, chasing away the birds and cats and killing snakes makes perfect sense to him. I will never get him to see the majestic beauty of a blue heron standing stock still on the roof of our dock, sleeping in our reeds, or taking off into a glorious flight. There are no peace talks with him, no desire on his part to live and let live unless Blue chooses another dock to occupy each evening. The war will continue, and Wrigley will win the battle each morning claiming his home while Blue wins the battle each evening determining it is his home as well.



The otherness of different species makes sense to me, but co-existence is still a goal. The othering of different people based on race, religion, gender, or whatever defining feature baffles me. Do we not have more in common than our differences? As far as I can tell, my clients and I want peace. We want to live in a world in which we can raise our children with hope, work an honest day's work, afford to go on vacation once in a while, and be kind to fellow human beings. We don't want to see hatred and violence prevail, witness people being slaughtered and death and destruction everywhere. That post-apocalyptic vision haunts me as do the images on television of a once beautiful country and the burnt down house down the street. I cannot shake the unsettling feeling that more death and

destruction is headed our way. I can put one foot in front of the other. I can be kind to all people. I can hold myself and others to a standard that our world needs to co-exist. Hopefully, others will do the same.

Just as Blue reclaims his home every evening, the neighbors will rebuild their beautiful home. Hopefully, the Ukrainian people can hold off the Russian invasion and begin to reclaim and rebuild their homes...and all the walls that have been destroyed. The physical walls anyway. The heartbreak and destruction won't be forgotten, and the walls of othering are harder to remove or to heal. All we have is each other, doing the same, condemning the madness, anger, and hatred that is prevailing. Only then might we be able to survive this difficult time in history.

*Hope is a helium balloon. It is a wish lantern set out into the dark sky of night.*

—Sharon Weil

**Peace From Simmered Fury**  
2020 Kathryn Van der Heiden

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It is not good to lead  
From a place of anger  
It muddies the water of  
Thought, of action  
Meaning at its core  
Becomes veiled  
Lost even  
In the sounds of fury

It is best to wait  
Ponder  
Let simmer  
Thoughts of outrage shared  
Can be wasted  
And the word  
Revenge  
Does not slide easily  
From the tongue  
It is sticky  
It falters and lingers  
On the palate  
A sour taste

Let anger cool  
Let mind clear  
Let words of sages  
Help us reflect  
On the fire that ignites  
So quickly  
And give it space  
It can be cooled

Justice can be served  
Try not to punch  
Tear, howl and plan evil  
In return for evil  
Let us wait, breathe and pray  
Take our own counsel  
And that of others more sage  
Than ourselves  
And wait for the time to act  
With peaceful yet clear  
Intent to create change  
Instead of building walls.

John Rhead



## **Psychospiritual Dynamics of Borders and Walls in the Russian Invasion of Ukraine**

As psychotherapists, particularly when working with couples and families, we frequently see the most amazing and complex walls that have been constructed between people who are undeniably in close relationships with one another. In individual therapy we encounter the internal walls erected within the psyche of the individual. In both cases the therapy contract is usually some form of working with our clients to dismantle these walls. If we were gurus in an ashram rather than psychotherapists in an office, the contract would be framed in terms of helping someone overcome the illusion of separateness from other humans and from all of life.

Walls guarding against interpersonal or intrapsychic intimacy, and supporting the illusion of separateness, wreak havoc in the lives of individuals and the people closest to them. Sometimes psychotherapists attempt to integrate spiritual principles into psychotherapy, perhaps even unconsciously (Rhead, 1996; Rhead, 2014), and sometimes gurus attempt to integrate psychotherapy principles into their spiritual teachings (Kornfield, 2020). Integrating the principles and practices of psychology with those of spirituality can potentially lead to powerfully useful understanding and healing for individuals and for all of humanity (Rhead, 2012).

Russia's brutal invasion of Ukraine is entering its eighth week as I write these words. Terms like genocide and war crimes are increasingly being used to describe what is taking place. While I am participating in activities in the world that I hope will reduce the suffering that is taking place, my psychologist's mind is spinning with curiosity and speculation about how to understand what is happening. Participating in Zoom meetings with psychotherapists from around the world, including both Ukraine and Russia, feeds this intense curiosity about why this new holocaust is unfolding.

JOHN RHEAD was born in the United States in 1945, catching the aftermath of WWII and positioning him in the generation of young men who went to Vietnam to do things very similar to what young Russian men are currently doing in Ukraine. Although his participation in the Vietnam era was on the protest side, the events in Ukraine have been predictably triggering of his feelings from 50 years ago. He still has hope.

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Clearly part of what is taking place can be seen as an extreme version of what I have previously posited as malignant othering syndrome (Rhead, 2021). In this syndrome, one comes to view other individuals or groups as inferior to oneself or one's reference group as a defense against unconscious fears of one's own inadequacy. Such inadequacy is often framed in terms of intelligence, courage, and morality, although many other frames are possible. Once one has established one's superiority to the other it becomes easier to rationalize treating the other badly, if for no other reason than the belief that the other does not deserve to be treated well. A feedback loop can now arise in which the unconscious fear of inferiority is exacerbated by the underlying moral inferiority reflected in having treated the other badly. This exacerbated fear of one's inferiority then triggers additional malignant othering.

As the Ukraine debacle is unfolding, I find myself very curious about the conscripted Russian soldiers who are perpetrating the atrocities, whether firing artillery rounds at residential neighborhoods and hospitals from a distance, executing individual civilians face-to-face while their hands are tied behind their backs, or raping and murdering women while forcing their children to watch. My curiosity expands out to the friends and family members of these soldiers and the dilemma of how they deal with the news of the atrocities being committed in their name, and suddenly I flash back over 50 years to my own history with such a dilemma.

In the late 1960s young men of my age, including some who were friends of mine, were conscripted to fight in the U.S. invasion of Vietnam. When reports of atrocities committed by these good American soldiers began to surface, I was initially quite certain of their source: communist propaganda. Then when some of these reports were verified as true to my satisfaction, I blamed it on our military conscription methods. I assumed that a few bad apples, morally deranged young men who should never have even been allowed to possess a firearm, were mistakenly allowed into uniform. Then when the scope of the atrocities being committed made it clear that it was not just a few bad apples, I reassured myself that if I were in Vietnam, I would have the courage and moral integrity to refuse to participate in such atrocities. Then my friends, whom I perceived to be courageous and moral young men like me, began to come back from Vietnam and tell me the horror stories of what they had done to innocent civilians. These stories broke through my defense mechanisms. Clearly there was no way to rationally continue to tell myself that I would never have done such things had I been there. At that point my inner psychologist began to explore, both in myself and others, how we humans come to behave so badly.

The literature offers some well-known theories and explanations of bad behavior in the interest of compliance and conformity: e.g., Milgram's (1974) shock experiment on obedience to authority and Zimbardo's (1971) prisoner experiment simulating role reversal between prisoners and guards. Then there is Elliott's 1968 classic blue eyes vs. brown eyes discrimination experiment with third graders (Peters, 1985), which might be viewed as an example of malignant othering based on perceptions of inferiority and superiority. To this body of literature, I add explanations derived through my own lens of psychospiritual conceptualization.

As I now reflect on this question with regard to the behavior of Russian soldiers in Ukraine, I revisit the theories I have already explored in the articles I have cited above. These theories all revolve around just a few premises: (a) that we are all inherently one

at a spiritual or existential level, and we will do extreme things, consciously or unconsciously, to try to experience that oneness; (b) that we all have an inherent desire to contribute to the healing of the world, sometimes conceptualized as finding meaning in one's life, and we are all susceptible to the delusion that we are making that contribution when in fact we are doing the opposite; and (c) that we all desire to feel loved in a deep and existential way by some kind of divinity, and we sometimes do very harmful things to others in a misguided attempt to earn this love. These spiritual beliefs may not be universally held, but they ground my thinking and provide a framework from which to understand behaviors I observe in the world.

Reflecting on the behavior of Russian soldiers in Ukraine I notice that an old psychological concept, cognitive dissonance, comes to mind and makes a potentially valuable addition to the concepts noted above. The concept of cognitive dissonance seems to have applicability to the understanding of soldiers committing atrocities, as well as to the understanding of how their friends and family try to cope with the awareness that these atrocities are being committed.

Going to war has two obvious and inherent risks: death and deep existential regret for causing death. Awareness of these risks would seem likely to stimulate a reluctance to participate in war. However, the above-noted misdirected drives for oneness, meaning, and love tend to counteract this reluctance and create a sense of ambivalence or uncertainty about the wisdom of a decision to participate in war. At this point, cognitive dissonance can tip the balance of the ambivalence. The very fact that the stakes—death and regret for causing death—are so high can make the difference. The thought of taking such a very great risk is completely dissonant with the thought that it would be a very bad decision. One way to resolve this cognitive dissonance is to conclude that it must indeed be a very good idea to take the risk. This resolution is made easier to the extent that one's inherent drives for oneness, meaning, and love are primarily unconscious. The fact that killing other humans is seen in a negative light by so many religions and spiritual belief systems can create cognitive dissonance that can only be resolved by increasing one's certitude that it is the right thing to do in some larger context. The general term for such a larger context is “holy war.”

A similar dynamic around cognitive dissonance can also be seen in the way that friends, family, and countrymen of soldiers deal with the news they hear of atrocities. The thought that their soldiers are committing atrocities is quite dissonant with the thought that their soldiers, and their country, are of high moral character and that what they are doing is in the service of their country and the greater good. In this way I imagine many Russians are having the same struggles I had when first learning of the atrocities committed by my friends in Vietnam.

There is also a possible legacy version of cognitive dissonance for Russian soldiers. Many countries have histories that include morally questionable behavior on the part of their militaries. Vietnam is an example for the United States. For Russian soldiers this type of history is much more recent. Only 5 years ago, much of the world was outraged by the murdering of civilians in Syria by the Russian army. Thus Russian soldiers in Ukraine not only have ancestors who committed war crimes against innocent civilians, they have contemporaries who have done so. Some of them might even have a personal history in this regard, having themselves participated in the atrocities in Syria before their current involvement in Ukraine. Such an historical legacy means that the psycho-

logical circumstances are already in place that could trigger malignant othering. To the extent that one's ancestors or contemporaries have behaved in a way that might indicate moral inadequacy<sup>1</sup>, it is likely that one will have doubts about one's own moral adequacy. These doubts would be even stronger if one has personally engaged in the recent past in ways that might indicate moral inadequacy. Fears that one might be inadequate in this way, especially when these fears are unconscious, can trigger malignant othering. In this case the object of the malignant othering would be the members of a group that one has harmed, in the present or the past. In this case the malignant othering not only compensates for the unconscious feelings of inadequacy but also provides something of a rationale for continued harm to others, since their perceived inadequacy makes them more appropriate targets. It is a process of malignant othering that simultaneously can resolve some of the cognitive dissonance involved in the tension between seeing oneself as a morally adequate person while at the same time seeing oneself as behaving in a manner that indicates moral inadequacy.

All of the above brings to my mind Lenin's (1902) famous work: *What is to be Done? Burning Questions of our Movement*. In the current situation I would define our movement in terms of those of us who would like to help heal the world through psychological and spiritual principles and practices.

The terms "raise awareness" and "expand awareness" are sometimes seen as merely idealistic fantasies of old hippies, but they do represent some things that might have genuine healing value for our species. Much of the core of psychotherapy as it has evolved over time has to do with expanding one's awareness to include the knowledge that unconscious processes, whether individual or collective, exist in all of us and significantly influence our behavior. With this knowledge, one can engage in activities such as psychotherapy to bring more of the unconscious into conscious awareness. This expanded awareness in turn gives one greater conscious control over one's behavior. It can also serve as an invaluable aid in knowing what brings deep happiness and what brings painful regret.

In a manner similar to psychotherapy, many spiritual practices are intended to bring into conscious awareness the spiritual forces and entities that are believed to be universally present in our lives. These forces and entities can do more than simply help us make more informed choices about how we live our lives in pursuit of happiness and avoidance of regret. They can also provide direct assistance in impacting the world in a positive way. As noted above, there can be significant cross-pollination between psychotherapeutic pursuits and spiritual pursuits, sometimes unconsciously so (Rhead, 2014).

While the expansion of awareness sounds like a very broad and ambitious intention, sometimes it can be undertaken in small and concrete ways. I have a fantasy in which the selection and training of the members of a society who are authorized to carry and use lethal weapons—soldiers and police officers—would start with a screening to exclude those who present with strong beliefs based on malignant othering that cause them to devalue certain other groups of humans based on nationality, religion, race, and the like. Those who pass this initial selection standard would then have a significant component

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1 An example of this can be seen in malignant othering of Blacks by Whites in the United States. Especially for Whites whose ancestors were slave owners, there can be an unconscious legacy experience of felt moral inadequacy because of enslaving others that can trigger malignant othering of Blacks by Whites. The same dynamic can also exist between White Americans and Native Americans.

of their training revolve around psychospiritual education. The first lesson in the education would describe the reality of unconscious psychological processes and invisible spiritual forces and entities and would encourage trainees to seek to expand their awareness to include these realities. The concept of legacy-induced malignant othering would be included in this lesson. The second lesson would address the various ways one can achieve such expanded awareness and would encourage (perhaps require?) that trainees engage in one or more of these processes.

In addition to those who wield power through the possession of lethal weapons, we might consider those who wield political and economic power. Requiring candidates for political office to have meaningful experience in the expansion of awareness in the ways noted above would be difficult, but just imagine the potential impact (Rhead, 2009). In my fantasy, the combined principles of psychology and spirituality could facilitate a diminishing of walls between people, a reduction in malignant othering of our fellow humans, and the healing and transformation of humanity and society. ▼

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One day there will be no borders, no boundaries, no flags and no countries  
and the only passport will be the heart.

—Carlos Santana



DIANE CHRISTIE SHAFFER is a psychologist practicing in Swarthmore and Philadelphia, Pennsylvania. Before private practice, she spent 12 years in college counseling and was the groups coordinator at Swarthmore College. Diane often envisions the groups that shape her clients' lives. Her curiosity about groups began as a 5<sup>th</sup> child born to parents who came to the United States from Glasgow, Scotland, shortly after WWII. Diane is also the co-chair of the American Academy of Psychotherapists 2022 Institute & Conference.

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## Borders and Walls: Can an Interview Be a Bridge Between?

Interview: Diane Shaffer, Hallie Lovett, and Bradley Lake

THE 65TH INSTITUTE AND CONFERENCE (I&C) OF THE AMERICAN ACADEMY OF PSYCHOTHERAPISTS (AAP) WAS PLANNED AND READY TO GO IN NOVEMBER 2020, A WEEK AFTER THE PRESIDENTIAL ELECTION. *In the 2-year lead-up to the original conference date, the committee wondered how the election results would unfold and how they might impact the dynamics of our particular program. What would we be holding, individually and collectively, as we gathered? The committee was confident that the theme of "Borders and Walls: Facing the Other" was bound to be relevant regardless of the election outcome. Fast forward 2 years, and the committee is ready to present our pandemic-postponed program as the 67th I&C in October 2022. As in 2020, the external forces surrounding this conference are hard to predict. However, like all psychotherapists, we persist because we are humans in need of connection and greater understanding, as well as personal and professional rejuvenation. To meet these objectives, psychotherapists often turn towards our psychological organizations where in community with others we take on the enormous task of absorbing and metabolizing the effects of global, local, and personal events that impact our lives as well as the lives of our clients. These individual and collective needs are all the more present given the last 2 years that have included, among many other events, a global pandemic, a racial reckoning, climate change, and a widening gap between political extremes resulting in conflicts and wars across the globe.*

*From its inception, this I&C program planned to utilize the modality of Large Group (LG) to facilitate the experiential learning component that is at the core of the mission of the Academy, in place of some of the commonly*

Hallie Lovett



Bradley Lake



*offered Community Meetings (CM), leaderless large group meetings. This article's intention is to shed light on the LG process. To meet that objective, this author interviewed Academy members Hallie Lovett and Bradley Lake in 2019 and again in 2022. Hallie and Bradley will be two of the five facilitators at our meeting in Memphis. They will be joined by three other faculty members from the National Group Psychotherapy Institute (NGPI) in Washington, DC, Dr. Ayana Watkins-Northern, Mr. Robert Schulte, and Dr. Victoria Lee. My hope is that you will enjoy the conversation as much as I did and will come away with a greater understanding of Large Group process and excited anticipation for this I&C experience.*

*I am writing as a person who has been a participant, not a leader, of a Large Group. More specifically, I am a 56-year-old White cis woman, a child of immigrants, a mother of two sons in their early 20s, and a psychologist. My first experience in a facilitated Large Group was when I was enrolled in the 2-year training program at NGPI from 2010-2012. That seminal experience has stayed with me and has shifted the way I practice psychotherapy. Put simply, while working with individuals on their internal processes, I am always wondering about the small and large groups in their lives (e.g., families, communities, cities, states, and countries of origin). I often wonder and explicitly explore how these groups shape each person and how the person relates to these groups, especially in terms of proximity to or distance from power, agency, privilege, marginalization, etc. As a therapist who comes*

**AFTER 40 YEARS IN WASHINGTON, DC, LONGTIME AAP MEMBER HALLIE LOVETT** now practices psychotherapy in the beautiful Green Mountains of Vermont, the site of her earliest group experiences. One early experience of how the personal is political, and therefore group embedded, involved being cut from a Little League team at the age of 11 in 1958 for being a girl. Group process, large and small has been a professional and personal focus ever since.  
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**BRADLEY LAKE** has been providing individual and group psychotherapy and supervision for almost 35 years and living as a human for over 63 years. Bradley defines himself as a very verbal introvert and as a result is both drawn and resistant to groups—choosing individual sports through childhood and early adulthood, dancing professionally with companies which fostered a strong and keen sense of group work, and living in his current group of husband, two children, and three dogs (filling a sectional sofa quite nicely and requiring group as a whole skills). With arms extended, Bradley attempts to hold the macro/large and micro/small group worlds for himself and others.

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*to AAP to keep exploring these factors in my own life so that I can work with my clients more effectively, I have found the Large Group to be a unique and profound source of self-other understanding and awareness.*

*While reading the article, it might be helpful to picture the room in which the Large Group will take place: a ballroom in which the chairs will be set up in a spiral. The five facilitators will take their seats in different places around the spiral. As a participant, where will you take your seat? In the inner-most chairs? In the middle rows? At the outer edges? Are you seeking visibility? Invisibility? Familiarity? Comfort of proximity to someone? Or perhaps comfort through distance from certain others? The Large Group provides many ways for us to get curious about ourselves while simultaneously providing a unique lens into others. It is my hope that while reading this article some of your questions about Large Group may be answered, and it is my assumption that some questions will remain unanswered. I hope you bring what you know and what you don't yet know with you to the conference.*

## Interview

**Diane Shaffer:** Hallie and Bradley, on behalf of our 2022 I&C Committee, thank you for doing this interview and for your vital roles in the upcoming I&C. In anticipation of talking to you, I spent time recalling the excitement I felt anticipating my first experience of Large Group at NGPI back in 2010. What remains from that first experience was an early interaction with LG that revealed something fundamental about the way I operated in the world: a particular self-other awareness that had previously been outside my consciousness despite years of individual therapy and grad school training. I'm wondering if you both could share an early seminal moment that you had as a participant in LG.

**Hallie Lovett:** Yes, I liked the way you said this, Diane, and what it made me think of is the way that Large Group can facilitate the opening of an aperture that allows ordinary individual and group therapists to be situated in the larger world in a way that just isn't available in individual therapy or in group therapy.

**DS:** Yes.

**HL:** And, I think Diane was describing how it really allows access to aspects of our unconscious that we just couldn't touch in those other contexts. As you have described in our discussions, Bradley, sometimes they come out and up in the outside world. But then you don't have the container of the Large Group to learn about them and understand them in the presence of attentive witnesses. I had an emergent thought last night when I was going to sleep, of how really good I feel about the way Bradley and I represent a good model for the Academy because of my enthusiasm and experience in Large Groups and his willingness as someone who has been less involved but, crucially, is curious, open, and willing to find out more. Diane, this is the spirit that I think you and your co-chairs have cultivated and modeled in the entire conference committee over these past 3.5 years.

**Bradley Lake:** I had the same exact thought last night. As I was reading these questions, I was thinking, "My Goodness, do I have anything to say? Because my experience is far

more limited than Hallie's, with respect to Large Group." I will be saying more as we go forward about my own experience with Large Group, which is not all within the clinical realm.

**HL:** Your perspective is so important, Bradley, because it represents many Academy members' relationship to Large Group.

**BL:** So, if you think about it as a baseball game, Hallie's in the eighth or ninth inning, and I'm like in inning two or three, rounding the bases. [Laughter]

**DS:** *Hallie, can you say more about what you mean? Like, sometimes it comes up in the outside world?*

**HL:** Well, I was thinking of taking a page out of Bradley's book of life experiences with Ellie [Bradley's daughter]—traveling for tennis and other family events where the two of you get to the "other" experience in multiple, painful ways, but you don't have a community to process and learn about it in the moment, in real time.

**BL:** So, just when I was thinking about this and free associating around your first question, Diane, I was thinking about a tiered process. Years ago, in graduate school, I had a great opportunity in the counseling department at University of Maryland College Park to run groups. I had a wonderful supervisor who would occasionally sit in, and one day she asked me, "How is it that you track the way you do in group? Because it's so interesting, and it seems so organic." And I thought about it, and I thought, "Well that's pretty simple. I was a dancer for years, in companies, and it was always a three-dimensional moving entity."

In thinking about your question, I thought about the time when I danced with this very odd and brilliant guy, Kenneth King, who was a big-wig postmodern choreographer. The way he did auditions and our rehearsals was that he would give us two or three phrases, and we would practice them. We would rehearse at night; therefore, the room would be dark and our eyes would be closed. We would have to dance amongst our company members for about 20 to 30 minutes, nonstop. Then when we went out to the community to teach other dancers, that's the way we taught. So it would become this larger collection of people—a community—who had never had this type of improvisational experience. There was a boundary of space and time, only two or three movements, and no awareness of where anyone else was in the room.

**DS:** *Wow!*

**BL:** That became this very organic piece, an experience. You just started to trust yourself and trust the unconscious movement that would come forward.

**HL:** Bradley, could you touch each other?

**BL:** We would undoubtedly touch one another, but it was not the goal. The attempt was to do these phrases without context. But, of course, we would metaphorically and

literally bump into each other. And at times it would be very messy—people would be bumping into each other. I remember teaching this once in New York at the 92nd Street Y and...there must have been like 100, 120 dancers in the room, and I was the only one who had vision, seeing what was going on...and the same people would just keep on bumping into each other, repetition compulsion in movement. It was fascinating.

**DS:** *Oh, that is fascinating!*

**BL:** And I think that's a Large Group experience.

**HL:** It most definitely is a Large Group experience, Bradley. There is a container—you are all dancers there for a learning experience—and there is a facilitator, you.

I'd like to share what was for me an early seminal moment in a Large Group. It was the first year that I was a member of the LG faculty at the National Group Psychotherapy Institute. You have to be a silent observer for those first 2 years, in a kind of apprenticeship that is very valuable. In this role, I was seated at the outer edges of the spiral. This wasn't the first Large Group meeting; it was probably the second or third of the conference. An older [participant] came in just as the group was going to begin. I knew she had been complaining about back trouble, and she had something to sit on with her to place on her chair. She came in the door just as the group was about to begin, when everyone else was already seated, and looked like she didn't want to sit in any of the chairs that were left at the outer edges of the spiral. So I got up from my seat and steered her in toward more of the center, the second or third layer, where there were some more comfortable chairs. The group started, and as she had done before, she proceeded to take up her role in the group and in her life as a complainer. Now this woman was an experienced therapist. Later on in our Large Group team meeting, one of the more experienced faculty members said, "What was that all about? You know, you helping her?" I said something about noticing her sore back. And the faculty member just said, in the nicest, simplest way, "You don't do that. We don't do that. Once you take your place as a consultant, you stay there."

**DS:** *Oh, wow!*

**HL:** And then we went on and talked about the ways in which this woman was not only stuck in this really limited role repertoire for herself, it was the only role she could take. And then the group responded to treating her that way. But what it did was it really opened me up much more to the limitations of how I was really stuck in being helpful.

**BL:** Wow!

**DS:** *That's very powerful. Now, just out of curiosity, did this faculty member say it to the Large Group or just to the LG team?*

**HL:** It was actually only the large group team meeting. So there were only about seven of us there.

**DS:** *Interesting.*

**HL:** I forget exactly how it then went within the conference, but the Large Group team was able to weave this recognition in, and she did get to a somewhat different, a little more differentiated, place. Of course, the work that she did in her small group likely supported this shift in her awareness as well.

**DS:** *Wow!*

**HL:** And, hopefully, I am a little more differentiated too.

**DS:** *Well, in my experience with you, Hallie, I have found that you are not a helper per se, even though you can be tremendously helpful. But listening to this story helps me to realize that you've empowered me to ask you for help when I need it.*

**HL:** Thanks, Diane, I certainly have worked on this issue. I think it had a lot to do with my feeling like I didn't know what I was doing as a new LG team member. I was really searching for the right way to do things, and I learned a good one that day.

**DS:** *So, in Large Group, there are some structural differences from the Community Meetings that are traditional in AAP meetings. Can you explain what some of these are and the significance of these structures?*

**HL:** Bradley, I had a simple-minded binary response to this that you and I could flesh out, maybe? The two things that jump out to me structurally are the spiral seating arrangement and the presence of consultants. Do you have other thoughts about that?

**BL:** I think those are absolutely crucial. I do think that the nature of exchange is different.

**HL:** Yes. I just wrote myself a note about another difference. The goals are different, I think.

**BL:** Umm, can you say more?

**HL:** Well, I'm thinking that the Large Group is more of an educational or learning format than the Community Meetings have been. The CMs have typically been more intimate because of the power of some of the subgroups, where many members feel like they already belong to something. Along with these experiences, there are simultaneously other people who feel they don't belong to anything that is going on. The LG is much more characterized by what the Large Group theorist Patrick de Mare (1991) refers to as Koinonia, the sort of impersonal attachment or sense of less personal fellowship that helps people to think more outside themselves. And that's a much clearer emphasis in the LG, that it's a learning community, and that is a big difference.

**BL:** I do, too, and I think that is what I was amorphously feeling.

**HL:** It's not that it might not have some therapeutic dimensions and some intimate moments, but the focus is on learning—and learning that is much more about dialogue—and the sense that something new is going to be created. At least that's the hope.

**DS:** *Hallie, I want to make sure I heard you correctly, did you say the Community Meetings are more intimate because of sub-grouping?*

**HL:** Well, I think they are more intimate because people actually know each other at a more intimate level in some or even many cases. I think of the traditional AAP family or ongoing established peer process groups as subgroups. Obviously, within the membership there is intermarriage within and between the groups. In fact, I was thinking at the very beginning of our composing the LG team for the conference in October, that Bradley and I are a mixed marriage within AAP. And that together we are inviting other people in, the people from the National Group Psychotherapy Institute (NGPI). Out of the gate we had this experience of Meet the Fockers! That whole idea of who is in and who is out? Who's in the know? Who are these people? How do you get in? Who would you like to exclude? I think that's present in the Community Meetings, but members have more resources when wounded or confused—you can talk to someone in the hospitality suite, or at a meal, or with someone you're acquainted with even in the hall between meetings.

**BL:** Yeah, it feels like the story that people have with one another is more aligned, dimensional, and continued from previous chapters in the Community Meetings than a Large Group experience. I think in most Large Group experiences you can have, at best, the same people with you for one conference. You have so much more of that in an ongoing year-to-year, conference-to-conference experience. There are also other ways of being with one another, such as the hospitality suite, meals, or things like that. So whether it's the encapsulated bookend Community Meeting or Large Group, the story, I think, and the landscape within that, is different. There's more continuity within the Community Meeting because of, I think, the continuity and consistency of relationships and the experiences between people.

**HL:** So, I think in addition, with the spiral seating, which I think we're going to stick with, immediately you've taken away some of the face-to-face aspect of a typical Community Meeting. Which actually makes me...I had a question, Diane...about the opening experience. That's such a key part to the developmental movement of the entire conference. During the opening experience [Community Meeting] you can see everybody and then we will move into this context where the face-to-face piece is interrupted.

**DS:** *Right.*

**HL:** And it's not enclosed, the circle isn't enclosed. What does it spiral into? Madness? Or creativity? I think it's just more anxiety producing and the point of that is—what can be learned from this?

**DS:** Right.

**HL:** The challenge is to work with these disruptions not only as ruptures but as opportunities for repair. I think that perhaps the biggest problem that we'll face is a shift from catharsis, if you will, to learning. Not that they're mutually exclusive, but what has carried the weight in AAP for so long has been affective discharge.

**DS:** Yeah.

**HL:** And when we were lucky, some learning would come as a consequence of that, but the Large Group format really shifts that emphasis to learning.

**DS:** *That's so well said and so true to my experience.*

**HL:** Fortunately, the way your program format is set up with the companion component of process groups, they [participants] will have places to go to have a more intimate experience where it will be easier to work with and process more intense affects.

**BL:** Hallie, what you're talking about, it brings up for me a place that I'm trying to stay curious about, which is what are people going to do with the well-worn path of the affective discharge?

**HL:** Right. I think that's our wildcard, right now.

**BL:** Yeah.

**DS:** *Bradley, can you say that again?*

**BL:** I think my experience at AAP is more limited than Hallie's and perhaps different. I was in AAP for a while and had a really bad experience and left for a while. Part of what I struggled with was the affective discharge and how it felt dangerous to me. Now, part of that was, I think, what was going on at the time in AAP, but also a part of that was where I was developmentally both as a clinician and maturationally as a person. So there was a lot of internal and interpersonal chaos. I experienced chaos within AAP, and I got targeted, and then I fled. Those free-floating particles, mine and others, just feel dangerous to me, especially if I can't have access and a relational connection to somebody or to an entity or to a group. So, now I try to stay in the place of being curious and relationally engaged, as opposed to trying to keep it at bay, or to control it and redirect it. I am curious what's going to happen if and when the affective discharge happens in ways that feel like fireworks going off.

**HL:** Well, Bradley, unfortunately, I think you're part of a fairly large cohort of people who were basically driven away from AAP by those kinds of experiences. And I think that has been an important part of the developmental arc of the organization. One lens through which to view this is to see the Academy as having gotten stuck for a time in a kind of protracted adolescence, which as we all know, is not highly regulated and cer-

tainly not a well-integrated stage. I think in the absence of any kind of leadership in the Community Meetings, people sometimes felt thrown to the wolves. And that is one of the big differences, I think, with Large Group. There will be, there have to be at certain moments, interpretations and interventions. There is also a container with appointed facilitators or consultants, and for so long the container was so loose, so variable, within AAP. It made sense that people had to go back to their family groups, if they had one, and did a whole WTF routine to try to metabolize those “free-floating particles.” Or, more sadly, people who weren’t really sufficiently attached said, and a lot of people whom I respect said, “I am getting the hell out of here. This is a dangerous place.”

So I think the conditions are going to be better with the format envisioned. You’ve got the process groups spliced in to further process the intense experiences that are bound to happen, and I think that the organization is more mature. For example, what happened in the Community Meetings at the 2019 Summer Workshop, where there was a racially-based rupture, was certainly very intense. At the same time, there was more capacity for us to come back into the room together. The addition of the diversity group, I think, was able to help not only the persons of color better metabolize what had happened but helped the entire community to speak up, because the solid presence and voices of the “others” shifted the awareness of the work to be done, ever so slightly, to a more multi-sided reality. More room was created. Some of the more bullying voices got addressed, and while intensity ran high, there was more room for complexity and confusion to emerge. There are still hurts to be addressed on every side. We’ve been interrupted by the pandemic from meeting in person, but even in the Community Meetings that have been held by videoconferencing, I think there’s a better level of integration. I mean, that’s not saying that things can’t go haywire, but I do see some development there. Does that address your concern?

**BL:** My concern? Yeah, yeah absolutely.

**DS:** *So I find myself getting really curious about my earliest experiences. I only came to I&Cs for the first 10 years because I was still in grad school. So my first two meetings were in Santa Fe in 2004 and Toronto in 2005. In Santa Fe, a lot of the Community Meeting was about the finances and there was some scapegoating going on, and then in Toronto it was centered around [a leadership issue] at the time.*

**HL:** Right, right.

**DS:** *And I was not affiliated with anybody or any group in the Academy yet. What I found myself doing as a newcomer was feeling a deep need to be part of this chaos. I think that need came from unfinished work from my family of origin. At the end of each day in Santa Fe, I would go back to my hotel room so filled up and would end the day crying by myself, which was a coping mechanism I developed as a child in my family of origin. In our family, you hid your stress and your emotions. I think in some ways AAP was replicating and transforming something familiar to me, and I wanted to be a part of something that did aggression so out in the open, in a weird way. Does that make sense?*

**HL:** Right, yeah.

**DS:** And I think that chest beating that I witnessed in some of the Community Meetings felt strangely more adaptive or at least cathartic than what I'd ever experienced in my family. So even though it wasn't, well, even though it wasn't wonderful, it was still like, "Oh, this is a lot better than trying to guess what everyone is feeling."

**HL:** That's fascinating.

**BL:** Wow!

**HL:** You were able to pull something very important for yourself out of what was happening. It's so interesting listening to you describe that period in your life, Diane, because you didn't have the Summer Workshop experience at that time either.

**DS:** Right.

**HL:** Well, it's a good question, would it have helped with the integration? Were you a member during that period?

**DS:** *I was a student member because I had just started my doctoral program, and I was just a year into my first experience of individual therapy. So my first therapist was the person who helped me integrate those experiences.*

**HL:** Oh, great. Thank goodness.

**DS:** *But I also just want to go back to something that Bradley said earlier and that is, as I get older, I really no longer crave that affective discharge. I want something different. In the decade of my 50s, I'm a more active listener and more curious about subtleties that I just wasn't privy to before.*

**HL:** Yeah.

**DS:** *And that's what I'm craving from AAP at this point, to give me more of that.*

**HL:** Well, this is more of the focus of the Large Group. And that's a big shift for AAP for this conference.

**DS:** *Did each of you have some initial fears or resistances that you recall experiencing in Large Group, and therefore you might anticipate others might experience? Or maybe you didn't, maybe you didn't have fears.*

**BL:** Oh, I certainly had fears and resistances. I think because I've had so many fewer experiences of Large Group than Hallie, for me, it was overwhelming at first. I am not only an introvert, but I also love, adore, and cherish intimate one-on-one exchanges. Those are the ones that energize me. Those are the ones that I feel I can wrap my arms around comfortably. So just the word large is somehow equated to overwhelming. Part of the journey for me in a Large Group experience is to gather myself. A part of that, I think,

is simply reducing stimuli. So I quickly picked up on how I was impacted and stirred up in me. I remember the first time I ever sat in a Large Group experience, and gathered myself, and at some point, organically said, “I have a very complicated relationship with my own racism.”

**HL:** And nobody wanted to hear it. Nobody.

**BL:** Right! But that was simply by what I was picking up and how I sort of titrated it down to my own voice. That is a process for people, however it is; there's levels of comfort and discomfort in being in something larger than a dyad or a triad or small group experience.

**HL:** The way I feel about you, Bradley is I feel like the wheels are always turning. You're always thinking, and not that you're not always feeling too, but...that you're, and I don't know if this is a sensible athletic analogy or not, but I think I'm much more of a fast twitch person and you're more of a slow twitch person. What you eventually say has more parts to it, even if what comes out is the “lead statement.” That statement is pregnant.

**BL:** Interesting.

**HL:** Now obviously you have both kinds of muscles. I think for me, I go into big things like groups, or onto a team, feeling very energized, and I think that's both an advantage and a disadvantage for me because when I joined the Large Group team, I was old; well, I was your age that you are now, Bradley. I was a seasoned person and therapist, and they were very inclusive, so I was part of something as a consultant in a more leadership role out of the gate and this made things much easier for me. It was also very important and useful for me to be a silent observer initially so that I had to keep my fast twitch reactions to myself where they had time to coalesce. So, yeah, I don't know if this is helping or not, Diane, but there is another thing I have noticed visiting here, with my brother and my brother-in-law who live in this gated community in Sarasota. We [my family of origin] come from very close to the “other side of the tracks,” so that is always, that's always part of who I am, which helps me a lot in Large Group settings. That early experience helps me to know in a very organic way that things are not always the way they look, and that people are different. There's something about that lived experience that really helps me in Large Group, so that nothing feels alien to me, really, in terms of what people come up with.

**DS:** *So interesting, I'm really identifying with your experience, Hallie. And Bradley, it's helpful to hear what you're saying, because I really didn't know what I was getting into when I first went into Large Group. I thought it would be more like a therapy experience. But unlike small group, in small group I can be quite shy and observant, and then in the large group I felt calm immediately. I remember associating my calmness, and I said it out loud, to feeling like I was sitting in church. There was something about it that felt very familiar to me. And, Hallie, I too come from a family where my parents had no money when they came to this country and then they gave us all a brilliant education. And now I have*

*two siblings who are relatively affluent and my sister and I, who are not so much. So there's this feeling like in Large Group, I just, I am fascinated by all the differences. It makes me feel so alive.*

**HL:** Calm and alive, wow. Where did your parents come from, Diane?

**DS:** Glasgow; they emigrated from Glasgow in 1952.

**BL:** I did not know that about you.

**HL:** I didn't either. So you're an immigrant, I mean, you're a first generation American.

**DS:** Child of immigrants, yes.

**HL:** And you don't look like one.

**DS:** Right, and I didn't always appreciate that. I looked like an American but didn't always feel like I fit in, which has been a piece of my work in my own therapy. I have always felt more aligned with others who have had a recent immigrant experience. I am much more aware of all the loss that is invisible. I am also much more aware of the amount of privilege my white-skinned parents had coming from an English-speaking country where they were able to be the first in their families to go to college because Scotland had state-funded higher education.

**HL:** Right, right, that's right. Wow! Well this is a wonderful answer to that question because we've got the whole range, right, of experience. And it doesn't come in right here, but I think it's going to be our job, the job of the consultants, to stay very, very attuned to who's invisible or who isn't speaking.

**BL:** Yeah.

**DS:** And that leads into my last question. In the past 2 years, many White people, myself included, have been on a steep learning curve about the extent of historical racial trauma on Black and Brown bodies in the United States and around the globe, as well as the pervasive and systemic racial differences in many aspects of U.S. society. Sadly, I have had too many conversations with BIPOC therapists who have shared that they hesitate to come to predominantly White psychotherapy conferences. In light of these conversations, I experience our AAP conferences differently now. Thanks to these colleagues, I am more aware of when a BIPOC attendee gets co-opted to "work" for the group. I know this phenomenon can happen to a person of any race in a group, but when it happens to a racial minority there is an important difference because of the way Black and Brown bodies have been historically treated in our country. Instead of getting professionally fed and learning something, the idea of a BIPOC person leaving drained, discouraged, and more isolated is obviously not an outcome anyone wants. Is this something that the two of you are noticing, and if so, how do we think about this in the Large Group space?

**HL:** This is a stray thought, and I'll come right back to your question, Diane, but I'm remembering, did you watch the recent Cornel West interview?

**DS:** *With Myrna Lashley?*

**HL:** Yeah.

**DS:** *No, I couldn't make it.*

**HL:** Yeah, I'm not checking your homework! [laughter] I was glad I had the time to do it because one of the things that he [West] referred to was the rise of what he feels...he called it gangsterism in leadership around the world. And an increasing tolerance for gangsterism, and, of course, Putin comes immediately to mind. But it's obviously also so related to the history of race in our country as well. And he was talking about the moral dimension of leadership, and I thought it was brave because he said as a Black man, that while he can understand some things about Clarence Thomas, he can't understand his abdication of morality. So anyway, I just thought his use of the words gangster and morality was both strong and very apt, along with his willingness to challenge a member of his own tribe, if you will. And that is very much the challenge to those of us who are White—to find first the awareness, and then the courage—to understand and challenge the complexities and limitations our Whiteness imposes on us.

**BL:** I was just thinking about, just directly in your question, I was thinking about my experience over the past years at NGPI in the few Large Group experiences I've had, where...the White leaders and consultants find a clear way to be asking the White person to do their work, as opposed to asking the person of color to do the work.

**HL:** That's true.

**BL:** And I think that that is something we're going to have to be aware of. And I think in particular, that's going to be something to be aware of for Hallie, Bob, and myself, and not be asking Victoria and Ayanna to do that work.

**HL:** This is very important.

**BL:** And I think it is...in true definition of the word allyship, it is a modeling of allyship. Because that is what I ask people to do in other settings, I ask them to join me in being allies by doing our work. So, I think it's going to be something so deeply alive in this group. I actually think it's going to be so deeply alive.

**DS:** *Yeah, which piece, Bradley, is going to be deeply alive?*

**BL:** I just think racial issues.

**DS:** *Oh, yes.*

**BL:** I mean they're deeply alive.

**HL:** Well, yes, and the enduring urge to get the people of color, to get any "other," to do the work.

**BL:** Yes.

**HL:** There will be pressure to do that; I think you're right. Part of our job will be to put forward our plan or pitch that the Large Group has a stated goal of increasing possibilities for reparative dialogue. And this is important, so that you don't just create an opening for the denigrated other(s) to speak; you're creating an opening for the person doing the denigrating to wake up.

**DS:** *I love that; thank you for speaking to that.*

**HL:** And I agree this is going to be the big difference, the racial elements, but it can be any "other," right? This can come up in many places, but I think race is going to be right up there. There is also already quite a bit of emergent evidence about the denial of social privilege within the Academy, and this has been a hard sell. And how do we treat political differences?

**BL:** Well, it's interesting, and it's not the same, so I want to be thoughtful and careful at the same time. But I certainly have experienced, not within the Community Meeting as much—though I've witnessed it, not with me—but outside of it when there's such a desire to join me that I'm not heard. So, I remember once in the Community Meeting standing up and talking about my own journey as a gay man, married to a man, raising children of color who are adopted. And then at the banquet, I've had at least three different people come up to me and talk about how meaningful it is, about somebody in their life that has an adopted child. And that the adopted child was always White, you know; they were from Russia. It was like they didn't hear and see me.

**DS:** Yes.

**HL:** They heard one thing; they heard one part.

**BL:** Right, and the piece that didn't stay with them was something not only about sexual orientation but about race. And so I think there is a key piece in AAP that I do think is a huge growth edge. I'm not saying there isn't movement, because I think there is movement. There's certainly a big attempt, and I'm not on the frontlines of it in any way, shape, or form, but I think there is a big attempt by both having BIPOC experiences and having White people show up to do their work. There is a big growth edge about stepping into this place of vulnerability—not just comfort, but shame, guilt, fear. Yes, I think it's going to be so...it's always alive...I think it's going to be deeply alive in the fall. One of my fears, to be honest with you, is that, with an organization like AAP that is largely White and privileged, people are going to take up the mantle of feeling othered by the infiltration of the Large Group experience upon them by doing something

differently and then, unconsciously or consciously, equate it to a parallel neutral, equal process, to the othering that people of color experience. I think that could be very dangerous and hurtful, because it's not true. They are not equal experiences.

**HL:** That they're going to emerge as victims? Your fear is that there'll be a coalition of people who emerge as victims? That they've been infiltrated by this force. Is that what you're saying, Bradley?

**BL:** Yeah, and that they'll try to take up the mantle of being othered.

**HL:** Yeah, that's what I meant by victim. Oh dear!

**BL:** Yeah, and...I guess I do join and feel very much like other people, like people of color do. I think that's going to be our work to, you know, be open, curious to that. Certainly one way that it comes up for me in the work that I do in the corporate world is when another guy, another White gay man, on an executive team will say, "Yeah, Bradley, I mean, you and I know what it feels like to feel oppressed and to feel othered. And so, you know, we have similar experiences to Black people."

**HL:** Oh, you're saying it gets equated.

**BL:** Yes.

**HL:** Oh, no!

**BL:** And my response is always, well, "As a White gay man, I'm still a White man that has a lot more privilege than a Black man or a Black woman," which is just absolutely, absolutely true.

**HL:** Right, right.

**BL:** So, I mean, I think that a Large Group is probably a better way than Community Meeting to get to some of this material.

**HL:** Would you repeat your last sentence, Bradley?

**BL:** I think that the Large Group experience does more, to your point, Hallie. It works as a psychoeducational orientation. It creates a better container or a more useful container to get to this than what I've experienced in Community Meetings.

**DS:** Bradley, Hallie, I hate to say this but we have to end here. There is so much more to say, but I hope we have addressed some readers' questions, concerns, and resistances. I will end by saying that I am excited to have had the opportunity to envision this conference along with my co-chair, Steve Sorrells, and our program co-chairs, Rhona Engels and Tom Burns, and our whole committee. We have an amazing panel of plenary speakers on Thursday that, I believe, will set the table for all of the participants to come into the experience of Large

*Group with a lot of feelings and a lot to say. And lastly, I know the conference would not be possible without the two of you and Ayana, Bob, and Victoria as our facilitators. Thank you. Can't wait to see you in Memphis.*

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## Commentary 1

THANK YOU, HALLIE, BRADLEY, AND DIANE. YOU HAD ME AT “BRIDGE.”

*Bridge: Noun. 1. A structure built over something so people can cross. 2. The place on a ship from where the vessel is steered. 3. Anything that joins or connects us together as humans, cultures, nations, and galaxies. 4. Verb. In modern analytic group therapy, “bridging” is the process of linking empathic connections in the service of a group’s task.*

The visionary design of the AAP 2022 Institute & Conference, the special place of stewardship that the Community Meeting and now the Large Group experience will have in navigating our journey, the open invitation extended to all, far and wide, to attend the meeting, and a mindful awareness of the risks and opportunities for connection make “bridge” a metaphor par excellence.

I was born and raised in a small community in rural Iowa near the Mississippi River bordered by cornfields that extended for miles and miles. Iowa is a Sioux Indian word for sleepy people. My own social identities skew hard towards the privileged, like most of my hometown tribe of White, Christian, European descendants. Before us were the Ioway, Illini, Otoe, Missouria, Sioux, and many other tribes. For my first 18 years I did not understand that genocide was part of the history of the fertile farmland I had tilled and called home. But I did know that I would leave one day.

By 1972 I had a driver’s license, a 4-door Impala, a high school diploma, and an acceptance letter from Western Illinois University to enroll as a theater major. On August 18 of that year, I drove past 15 miles of ripening cornfields to cross the only bridge I had ever actually seen in person. MacArthur Bridge was a toll bridge, built in 1917. It allowed foot and auto passage to pass over the Mississippi to reach Gulfport, Illinois, and beyond, if one was so inclined. And I was. When I left, I paid a one-way toll of 25 cents.

Part-immigrant, part-pilgrim, part-refugee, part-colonizer, part-space alien, I mark my launching into adult life by those 47 seconds driving a ’68 Impala across the rickety MacArthur Bridge. Worth the wait. Worth the risk. And the rewards. And that is my hope for the upcoming Large Group experience at the I&C.

A postscript: The two-lane MacArthur Bridge was replaced in 1993 by a much sturdier five-lane version and renamed the Great River Bridge. It took a decade and \$49 million dollars. The Mississippi looks the same. But it has, in fact, changed. Still great, but more vulnerable, more precious.

Along with the Mississippi and those who came before us, I will be holding our collective greatness, vulnerability, and preciousness in mind until we can meet in Memphis on the bridge that is Large Group. Safe travels all.

—Robert Schulte, MSW, CGP

I AM NOT AN ACADEMY MEMBER AND HAVE NEVER PARTICIPATED IN AN AMERICAN ACADEMY OF PSYCHOTHERAPISTS CONFERENCE, so it was interesting for me to read some of the history of the organization reflected through this interview. From it, I gathered that there are two concerns regarding the Large Group (LG): how to deal with destructive processes, such as scapegoating and bullying, that have previously occurred in the organization and how to deal with the difficult social processes around racism that currently divide the United States.

In a way, Hallie and Bradley tried to calm down the concerns by emphasizing the container quality of the LG, reminding us that there are appointed consultants who will take care of dangerous dynamics. However, they forgot to mention that the Large Group exerts strong regressive forces and that the LG is a weak container that cannot always hold these tensions.

I agree that the LG can be a wonderful space for experiential learning about social dynamics, the social unconscious, and what it means to be a citizen. It is actually the best arena for what Foulkes (1964) called “ego training in action” (this might be the place to mention that Hallie, Bradley, and the Washington School apply the Tavistock model, which is based on Bion’s ideas, while I come from a group analytic model, founded by Foulkes). However, LG is not a good place for people with a weak ego structure, since the pressures that they may encounter might be overwhelming. Participating in a Large Group comes with risks. The individual may leave the LG with feelings of being at a loss, identity diffusion, or loss of hope.

There are indeed a lot of opportunities for repair in the LG, and I am sure that the consultants will use each of them to work through the conflicts and tensions. However, perhaps it's also important to prepare individually for this intensive experience. In order to be able to profit from participation in LG, one needs a relatively stable self, an ability to stand high levels of frustration, and an ability to tolerate uncertainty. To get the most out of a LG experience, I find it helpful to pay attention to my emotions, thoughts, and sensations, before, during, and after the group; check how I feel vis-à-vis other group members, subgroups, and facilitators; experiment with different (physical) positions in the group; and set goals or define what I want to reach in the group.

I wish us all a fruitful learning experience.

—Haim Weinberg, PhD, CGP

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BRINGING WHAT HAS COME TO BE KNOWN AS LARGE GROUP (LG) TO THE ACADEMY (AAP) IS A NOBLE EXPERIMENT, AND I APPLAUD THE COURAGE OF EVERYONE INVOLVED IN MAKING THIS HAPPEN. As with any coming together of different individuals—whether in psychotherapy or in marriage or in life—it invites uncertainty. The Large Group walks a fine line between chaos and containment.

This interview (discussion) is an excellent introduction to the vagaries of the LG. Each of these three participants—Diane, Hallie, and Bradley—has come to this with a different set of experiences—both in LG and in life. Hallie speaks of teams she's joined, Bradley describes a dance image of Large Group, and Diane adds her very personal experience of LG. They all point out the dangers (pitfalls) of making assumptions about others and, also, how easy it is to fall into that.

My own initiation into LG was at a group therapy conference in Belfast, Northern Ireland, over 20 years ago. The Good Friday Agreement of 1998, between the Protestant Loyalists and

the Catholic Republicans, had gone into effect in 1999. It had brought an uneasy peace to the small country after decades of fighting. The conference included both Protestants and Catholics, as well as several participants from the United States who were there as faculty. While we Americans couldn't differentiate between the members of the two factions, they were immediately identifiable to each other. The tension between them was palpable as we gathered in the Large Group setting. It was unclear what would transpire or even what the goals were. It was fractious in the beginning, but, ultimately, with the help of a skillful leader who was independent of both factions, there developed enough containment so the group was able to achieve real communication.

Since that time, I've had the opportunity to participate in many Large Groups, both at the American Group Psychotherapy Association and as part of the faculty at the National Group Psychotherapy Institute at the Washington School of Psychiatry. It is nearly always an anxious experience for me, and I must admit to an initial skepticism that has given way to respect for both the power of the LG and the intense work of the consultants.

One goal of the LG is to provide an opportunity for the individual to find her/his own way and a place and voice in the larger society of the group. These are important tasks for us all at this point in history, both our nation's and the world's. The experience of the LG can evoke, as Diane, Hallie, and Bradley have indicated, an awareness of one's differentiation from others, one's otherness, and one's reaction to the otherness that undoubtedly arises in this setting. One can experience existential aloneness in this setting in ways that can be surprising. In bringing together 100 or more people to be, to think, to feel, to associate, and to talk, there is, inevitably, a possibility of mayhem but also an invitation to strive for an understanding of the group's behavior and one's own behavior in it.

The consultants play an important role in trying to bring perspective to the experience. The task of the LG is to study its own behavior in the here and now. It is meant to be a free associative experience, not an interpersonal one. I imagine this might be frustrating for AAP members who so value and seek personal connection. The consultants' role is to help the group understand its process, to track the underlying dynamics, and to posit motivation and purpose—not a small or easy task.

This is, as I said above, a noble experiment for the community of AAP. While one can read infinitely about the LG, each person will have a unique experience that will be totally unpredictable. You may have carefully prepared, yet once there, you're flying solo. You may find a multiplicity of parts of yourself—some you might love, some you might hate—and through dialogue of the group, you may come to learn more about all those parts—in yourself and in others—and hold them with more curiosity and acceptance. Hallie spoke of the developmental arc of the Academy. At this point on that arc, I think AAP is ready to take on this challenge.

—Molly Walsh Donovan, PhD, CGP



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When the winds of change blow, some people build walls and others build windmills.

—Chinese Proverb

## Freud, 1938, Vienna

Lewis Lipsitz

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“...men are not gentle creatures who want to be loved...; they are on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness.”

—Sigmund Freud, Civilization and Its Discontents

Vienna, 1938, Freud, 82.

Nazis and their allies parade in the streets,  
flag after flag and those raised arms,  
ceaseless enthusiasm and hatred of the Jews.  
Incoherent fury of centuries alive once more.  
They called the old analyst’s work  
“a pornographic Jewish specialty.”

He’d worked fifty years in the exquisite old city  
struggling to free the human spirit.  
Lately, he’d become more pessimistic.  
Neurosis was the price of civilization.

The Nazis insisted he absolve the police  
before they allowed him to leave.  
“I can heartily recommend the Gestapo  
to anyone,” he wrote.  
And the old Jewish pessimist,  
leaving Vienna remarked, “Today  
they are content with burning  
my books. In the Middle Ages  
they would have burned me.”



## A Constructive Ethic in Eliminating Othering, Borders, and Walls

MY SOCIAL LOCATION IS ONE OF AN AFRICAN AMERICAN FEMALE, WOMANIST, MOTHER, PSYCHOTHERAPIST, ADJUNCT PROFESSOR (SOCIOLOGY, COMMUNICATION, LEADERSHIP), MINISTER, DEI (DIVERSITY, EQUITY, AND INCLUSION) CONSULTANT, DAUGHTER, SISTER, AND FRIEND. So when I am considering the purpose and implications of borders and walls, it is from the intersection of a class, a gender, and a race that have been marginalized, oppressed, demonized, and killed. Although I am a part of a marginalized and oppressed community, my current class location (educated and financially middle class) allows me a few privileges to which persons on the lower SES stratification within my communities do not have access. However, despite these minor resources, my lived life remains from the edges of society.

My goal in this article is to examine, debunk, and overcome our embedded stereotypical biases which create borders and walls. Oxford Languages online dictionary defines *border* as a boundary, line of separation, edge, or to be very like or come very close to being (something): e.g., bordering on genius. It defines a *wall* as a physical and/or mental structure that is used to enclose, protect, separate, and/or divide. These two words within themselves are benign; they suggest mechanisms by which people, communities, societies, and nations define a space for a person or multitude of people as their own. These words are useful on micro and macro levels of life, allowing individuals, communities, organizations, and governments a level of autonomy to exist, based on a defined set of rules, regulations, and agreements. Additionally, as psychotherapists, we encourage and help our clients build skills in setting healthy boundaries. Walls protect us from the outside elements of the world. They allow us to have privacy and space within our structured

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family and/or living spaces, organizations, communities, and nations.

Eric Law (2000) reminds us that we all belong to exclusive organizations by the mere fact of living. These organizations range from churches, friends, schools, professional disciplines, and workplaces to ethnicities, cultures, and communities. According to Law, “The question is not whether these organizations or communities to which we belong are exclusive because they are exclusive by nature” (p. 16). The question is what will be the response and/or reaction when the “Other” attempts to find a place within these exclusive entities? Borders and walls create structures that protect us, set boundaries, and create community. Yet, under certain conditions, they can produce rigid and impermeable barriers that exclude those outside and isolate those within. How does one find oneself behind these barriers? What would cause a person, community, or nation to set such structures? My premise is that through human woundedness (spiritual, mental, physical, and emotional), structures on micro and macro, intrapersonal and interpersonal levels are constructed. These constructs are then further weaponized through stratifications of class, gender, and race. Thus, a challenge arises when someone who is not a part of an organization or community attempts to enter it.

These social constructs are present in our communities from the moment we are born. Our communities begin to shape what we believe about ourselves, the world, and our family and develop the foundations by which we see, walk, work, think, and breathe. They inform what type of living institutions we will develop and how we will fortify the borders and walls. They color the decisions and choices we make interpersonally and intrapersonally. What do I mean by living institutions? Individuals build internal entities by which they govern themselves, based upon religion, cultural identity, traditions, life experiences, and beliefs, to name a few factors. Individuals then connect with similar living institutions, which then build and extend into community institutions to further perpetuate their systems and/or beliefs. As a person who resides within the intersection of marginalized communities based on class, gender, and race, it has been imperative to build borders and walls and living institutions for survival.

For example, growing up I was taught that White people, for the most part, could not be trusted and were evil. You tether that to my lived experiences of racism and microaggressions, and it was not hard to make these beliefs a mainstay in my life. Yet, as I began to have experiences and opportunities that moved me beyond my family, I was presented with a different perspective. Additionally, the more education I acquired, the more my embedded teachings and thoughts were challenged, especially as I began to take a deeper dive into the man, Jesus, who became my role model for living. What I saw was not a religion that he was proposing but a way of life: to live with all humans, not merely the ones we believe are the same as our community.

## **Othering and Unconscious Bias**

*Othering* is a term that encompasses the many expressions of prejudice based on group identities. It is a framework by which systems are created and upheld that create environments of group-based inequality and marginalization. Oftentimes we use othering as a way to fortify our borders and walls, which then become corrupted into impenetrable forcefields grounded in implicit/unconscious biases. *Unconscious bias* is the process of associating stereotypes or attitudes towards categories of people, which

can result in actions and decisions that are at odds with one's intentions or explicit/core values. This can lead us to make biased and unfair decisions in every realm of our lives: e.g., when some women clutch their bags when Black men walk near them, or when we automatically make assumptions about a person by their attire.

As psychotherapists, we are ethically bound to ensure that we are aware of our own biases that influence the ways we listen, guide, and assist. We all have unconscious bias. It's called unconscious because it is not something we do deliberately; rather, it is an involuntary process based on socially constructed beliefs. Unconscious bias can occur even when individuals know or believe the stereotype to be false. It is the result of social conditioning that begins in childhood through implicitly and/or explicitly taught beliefs. These beliefs are cemented through life experiences, attitudes, exposure (or lack of) to people who are different from us, and other factors that influence how we perceive and relate to the world around us. Most people don't want to believe that an unconscious bias could influence their actions into racist, classist, and/or sexist behaviors. However, the evidence of unconscious bias is all around:

- A 2015 study revealed that favorable treatment of boys over girls in elementary level math and science classes (e.g., receiving more attention, encouragement, and feedback than girls) influenced high school course selection for both boys and girls. Teacher preference encouraged boys to enroll in advanced math classes while discouraging girls. The results show that this type of bias influences the long-term career choices of girls and contributes to the gender gap in academic degrees, such as those in the STEM fields. (Lavy & Sand, 2015)
- As documented in "Mental Health: A Report of the Surgeon General" and its supplement, "Mental Health, Culture, Race and Ethnicity" (U.S. Dept. of Health and Human Services, 1999 & 2001), racial and ethnic minorities have less access to mental health services than do Whites, are less likely to receive needed care and are more likely to receive poor quality care when treated.

So, it is not a matter of whether we have biases; it is a matter of whether our unconscious biases become conscious so that we control and/or eradicate them, rather than them controlling us and thus perpetuating inequitable systems. It is essential to identify and deconstruct our biases to become effective, culturally responsive clinicians and organizations.

Thinking about my journey of unmasking and managing my biases, I must admit it is a daily discipline, as it is very easy to look around at what is happening in the world and fall back into taught and learned beliefs. Yet, my intersections propel me not to take the easy way out but to lean into the sometimes-uncomfortable space of questioning and moving from embedded to deliberate belief systems. One area that challenged me was the LGBTQIA community. I grew up in the church. My maternal grandfather was a Baptist minister, and we were taught that homosexuality was a sin, an abomination to God, and that all those who lived that life would go to Hell. For all my adolescent life, I believed this and many such othering messages. And then I went to seminary, an Evangelical Lutheran Church in America (ELCA) seminary, that unbeknownst to me was a liberal religious sect of Lutheranism. In my second year in seminary, the Christian church began having discussions regarding their stance on persons actively living a homosexual lifestyle and whether they could serve in leadership. The Lutheran Church created a guide for discussion groups to examine the scriptures to help those in the seminary to find our answers.

It was in these discussions that I was confronted by my biases and beliefs and reached

a crossroads of a crisis of faith. What I had been taught by the faith community on which I had founded my life was being shaken. My whole world and how I had thus far lived my life were put into question. How could what I was taught and believed not be true? If this wasn't true, then what else about my world wasn't true? I must admit it was very overwhelming and sent me into a mental, physical, and spiritual tailspin, almost a nervous breakdown. My God, my church, and my faith were everything to me! What did I do? Despite the turmoil, I leaned into the uncomfortableness, partly because of my God and my faith. I genuinely wanted to be like Jesus. I wanted to know the truth-- not my truth, not the church's truth, but Jesus's truth. My Lutheran colleagues had compassion, understood my angst, and helped me walk through my struggle. We discussed; we argued; we stayed. I cried; I listened; I prayed. And in the end, I was changed; my entire outlook on life was transformed. I was a better me. I was a better disciple of Jesus, not the Christian religion but of Jesus. That was the biggest bias I had to overcome, which helped me to question everything I believed about groups of people and gave me the tools to check my biases and help others do the same.

Biases themselves are not necessarily harmful; some people are biased toward vanilla versus chocolate ice cream, or basketball over football. These personal preferences and/or biases are harmless. It is the subconscious stereotypes and negative connotations we have about people that are harmful and have a negative impact. Many systems in our society are built and maintained upon biased views that negatively impact people of color, women, immigrants, persons who are differently-abled, LGBTQIA+, and people who live in poverty. Unconscious bias has a far-reaching impact, as noted in the example of girls in math classes. Consider the trajectory of a client whose concerns about micro-aggressions and inequities are continually ignored, minimized, and/or considered an over-exaggeration.

Wouldn't it be nice if once we were consciously aware of our negative biases, we could just turn them off! Unfortunately, it is not that easy. Although we cannot turn them off, we can unlearn and reframe our beliefs and social constructs to better reflect our believed core values. The first step toward understanding and then adjusting for one's bias is to determine what biases one may hold. The good news is that research has shown that the human brain has the ability to learn and reprogram. This reprogramming happens when new knowledge is acquired with new experiences and thus replaces previous ways of embedded thinking.

Have you ever found yourself in an argument with someone where you both believed you were right and neither of you could persuade the other? After leaving the discussion did you ever consider that you both had some truth to what you were saying? Whether you did or not, the truth of the matter is, that there are various ways to interpret something based upon the information, understanding, knowledge, and other factors that play into what you were discussing. When I feel I am 100% sure of my interpretation of an interaction, experience, or situation, I find it helpful to pause and intentionally reflect. I ask myself what caused the disagreement, was I really listening to the person, and did I not consider that there was possibly some truth in their statement. Is there another way to interpret or perceive the situation or person? Doing so releases me from a rigid way of thinking and provides an opportunity for me to learn and grow from others' perspectives.

Some questions I ask myself before jumping to a conclusion:

- Am I actively listening, or have I already drawn a conclusion before they have finished speaking?
- What is driving my interpretation?
- What other meanings or interpretations can be applied to my observations?
- Am I using the information the person is giving, or have I dismissed the narrative?
- Can I put myself in the other person's shoes?
- What are possible reasons for the person's reactions, words, or feelings?
- What can I do in this moment for the most productive outcome?

One primary role of mental health clinicians is to see that which is overlooked and to hear that which is not or cannot be spoken. To this endeavor in African American, BI-POC, and other marginalized communities, it takes a certain level of humility (mind-set), skills (behaviors), and knowledge (awareness) to achieve not only engagement of the client but also the best clinical outcome. Not only do I work on this in my life daily, but I also teach my clients this concept. There are many examples I could give, but I will give one that is present day. I have a brilliant 22-year-old son! Now like most parents, we want the best for our children, but we don't always listen to them, because we are older and wiser! Yet I must remind myself when I talk to him that he has a truth that I can learn from and need to consider.

Self-assessment by the clinician will help preserve the dignity of individuals, explore diverse values and beliefs, and develop and apply an inclusive approach to behavioral health care practice. Situating the lived experiences of the marginalized in historical and contemporary context enables therapists to recognize that the struggles of the individual client must not be reduced to individual pathology but rather are intrinsically related to forces at play within families, communities, and society (Ellison, 2013). Thus, the behaviors we encounter are not the problem but symptoms of how a person's intersectionality of class, gender, and race are manifesting in a fight to survive.

## **Reframing Mindsets in the Ethical Framework of Bonhoeffer and King**

*Let us not wallow in the valley of despair, I say to you today, my friends,*

*And so even though we face the difficulties of today and tomorrow. I still have a dream. It is a dream deeply rooted in the American dream.*

*I have a dream that one day this nation will rise up and live out the true meaning of its creed:  
"We hold these truths to be self-evident, that all men [and women] are created equal."*

*I have a dream that one day on the red hills of Georgia, the sons of former slaves and the sons of former slaveowners will be able to sit down together at the table of brotherhood.*

*I have a dream that one day even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice.*

*I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character.*

—Martin Luther King, Jr. (1963)

Dietrich Bonhoeffer and Martin Luther King, Jr. offer two models for reframing

mindsets based on conscious and unconscious biases and tearing down unhealthy boundaries and walls that separate people. Both had privileges, albeit differently. King came from a middle-class family with the means to pay for college and graduate school. Yet as he traveled and studied and experienced racism and classism, he found himself drawn to change the landscape for African Americans who were oppressed and marginalized due to racism. Bonhoeffer, a German White male, was educated and from a background of financial means. His paternal family lineage was one of educated professionals, and on his maternal side were prominent religious leaders. Bonhoeffer, a professing Christian, became an adult right after World War I, during a time of German nationalism and the rise of Hitler. For a while, Bonhoeffer had no issue with the anti-Semitism and pure race jargon, until he encountered African Americans in Harlem, New York, during the Harlem Renaissance and gained a new perspective.

It was both men's encounter with the "other" that led them to "a transformation of consciousness," which is when a person has a "self-appraisal in light of the horizontal [the social interaction between Black and White people] and vertical encounter [interpretation of God by the oppressed, which can be the catalyst for creative, culturally derived resources for survival]" (Williams, 2014, pp 80-81). Bonhoeffer, prior to his visit to Harlem was living a contradictory theology; he was putting his love of nation above his beliefs and core values as a Christian. Martin Luther King, Jr. espoused a love ethic. He stated many times that he believed the only path forward to true healing, restoration, liberation, and freedom, not only for the African American (and all marginalized and oppressed people) but also for the White racist was through love and justice. King explained that true love is not sentimental or gushy but rather "love is concretely relevant to human social action. Love expresses itself through respect for human personality, concern for personal and social freedom for all persons..." (Roberts, 2005, p. 16).

King identified "love seeking to preserve and create community, a willingness to go to any length to restore community, [and as] the only cement that can hold this broken community together" (Smith & Zepp, 1974, p. 64). Bonhoeffer, after his trip to Harlem, had a similar epiphany. Deotis Roberts (2005) helps us to understand Bonhoeffer's writings on love:

The Church is a community in which persons are not only together (that is with each other) but for each other. Being for one another is actualized through an act of love. This can be expressed in three ways: active work for our neighbor, prayers of intercession and mutual granting of the forgiveness of sins in God's name. (p. 50)

Now before you believe I am proselytizing, let me assure you I am not. The point that I am making here for us as psychotherapists in a world that appears to be bent on furthering the divide is that if we truly want to be a part of the solution, we must dig deep into ourselves. We, too, must decide if we are going to live by our core values or remain tethered to political ideologies of division and embedded teachings of unconscious biases. Are we going to step up to the plate of our profession and commit to "doing no harm," for all who come into our "safe" therapeutic spaces? Bonhoeffer and King were so committed to their values that they were willing to give their lives to the cause, and they did, literally. Are we? I'm not suggesting a literal death, but a mental, emotional, and spiritual death to othering. A commitment to doing the work we ask our clients to do: to go deep and evict the ghosts that conjure up fear that erect borders and walls that

exclude and isolate.

Although we have not achieved Dr. King's dream some 60 years later, we have made some progress toward this goal of equality for all. And I too have a dream. I dream that we in the mental and behavioral health field will continue to collectively work towards creating welcoming and safe environments that foster inclusion through improving personal intercultural humility, anti-sexist, anti-classism, anti-ablism, and anti-racist stances. Humanity's healing depends on those who are in the mental health field to reach all populations of people, especially African American and BIPOC populations. Our challenge is clear: all clinicians have the responsibility, the mandate, of creating racial equity in the mental and behavioral health field.

## Practical Steps

Now what? I could give you sites and books that help determine if you have biases, but I've already said we all do; that's not a maybe but definitive. We all have biases! The question is are we willing to step into the depths of the unknown and harken unto the call to be the change we say we want for our clients? Here are a few suggestions that can get you started:

- Take time and space to sit with yourself, with journal in hand, and think about the biases you have that are based on stereotypes. Write them down and consider where they come from. How are they bolstered?
- Be compassionate with yourself. As my personal example showed, we don't know what we don't know until we know it, and oftentimes we live with people and in spaces that simply bolster what we already know. It wasn't until I moved into a different space with different people and beliefs that I even considered questioning my beliefs. That's why this next step is super important.
- Get out of your comfort zone and meet different people, not just superficially but really connect with them; be intentional about opening your circle.
- Remember this is a journey, not a destination. Self-reflection, learning, and growing are lifelong endeavors.
- Be humble and open.
- Lean into the uncomfortable feelings, spaces, and places.
- Enjoy the journey; laugh at yourself and situations.
- Find your core values and live them.

My hope and prayer for all those reading this is that it ignites a spark of curiosity, aha moments, but more importantly a beginning of being the therapist for all clients that you want your therapist to be for you.

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Unless we are very, very careful, we doom each other by holding onto images of one another based on preconceptions that are in turn based on indifference to what is other than ourselves...I notice that I have to pay careful attention in order to listen to others with an openness that allows them to be as they are, or as they think themselves to be. The shutters of my mind habitually flip open and click shut, and these little snaps form into patterns I arrange for myself. The opposite of this inattention is love, is the honoring of others in a way that grants them the grace of their own autonomy and allows mutual discovery.

—Anne Truitt, *Journal of the Artist*



## In Pursuit of the Other

N RECENTLY TURNING 75 YEARS OF AGE, IT'S STRUCK ME HOW OFTEN MY MIND DRIFTS TO TRYING TO UNDERSTAND MANY OF MY LIFE-LONG PATTERNS. One such pattern is my fascination with people who are different from me in significant ways and how at times I will go to great lengths to seek them out. Ironically, this has resulted in two extremely different aspects of how I've lived my life. On the one hand, I've led a life shackled to my psychotherapist chair for hours, days, and years entering the external and internal worlds of others. However, on my weeks off from work, I've lived out a desire bordering on compulsion to venture to the most exotic places in the world to connect with others whose appearance, language, and customs are so different from mine as to be at times incomprehensible.

As I read the call for proposals for this issue of *Voices* focusing on the theme of borders and the internal walls we create to distance ourselves from others, it was not a big leap to consider how this issue is relevant to our work as psychotherapists. For certain, members of marginalized groups have far too often experienced themselves as "other" in our consulting rooms, no solace from the alienation they have felt in the world at large. Now with our living through an unprecedented time of sociopolitical strife and a pandemic, many clients have become other to us because of the ideas, narratives, and actions they've shared with us reflecting racism or other isms or in response to the pandemic, perhaps denying fact and science and showing disregard for the general good of the community.

I further envisioned this *Voices* issue to be filled with articles describing therapists' efforts to address the other in therapy as extremely challenging and painful work. An aspect of this work would certainly need to involve a therapist's self-examination of their own internal rac-

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ism and other isms and tendencies to other (e.g., projecting onto another that which is denied within oneself). Feeling the heaviness of this task made me wonder whether there might be other acceptable ways, given the seriousness of the issue, to address it. It occurred to me that maybe there would be value in mining or trying to understand the very opposite attitude, such as the lifelong interest and pursuit of connecting with the other that has been my experience. What if bridging the gulf between the other and ourselves could be understood not just as a problem to be solved but as a journey requiring learning about the most everyday as well as the most unusual aspects of another's life? What if one imagined this journey to be in the pursuit of joy?

## **Learning about Otherness**

I imagine that the felt desire and wherewithal to connect with the other are not innate, part of our DNA, but rather the result of learning and life experience. For sure, being more relational or extraverted might lead one to be more interested in connecting with others different from ourselves. But I suspect there are life experiences that are more important or even critical, such as learning what it feels like to be the other or othered.

In hindsight, I can recognize some important teachings early in my own life about being othered that have led to my yearning to connect with the other. The first lesson was understanding early on my place in the social order. I am a product of 1st generation Jewish American parents who were hell bent on assimilating into American life. That meant giving me a non-biblical name like Marilyn, a neutral last name like Miller, not living in a predominantly Jewish neighborhood or ghetto, and being given the clear message that education was the path to upper social mobility. Nonetheless, it was clear to me that Jews at that time were still the other, with restrictions in place in terms of neighborhoods you could live in, prestigious colleges you could attend, and organizations that would accept you as a member, etc.

Also, in my earliest years I felt the otherness of being a raging tomboy. Oh, how I've hated and still hate Freud's theory of penis envy. Really!!! For me, it was all about wanting to be recognized as equal and even superior to boys I knew around my athleticism and school performance. I wanted the rights and privileges of these boys and my older brothers. But clearly to be a tomboy in the '50s was to be the other and, in the face of criticism and shaming, to be othered.

Travel has played a significant role in my understanding what it means to be other. In a trip to southern India, I was dumbstruck by how frequently locals asked me to take pictures with them. My travel companions became increasingly annoyed by my being pulled away from the group for these photos, delaying their moving on. At first, I was delighted by these surprising invitations to be photographed with locals. But then I became aware that it was because of my otherness, my extremely white skin compared to their extremely dark skin characteristic of Indians living in southern India. Locals marveling over my pale skin and requests to take pictures with me began to feel painful as I realized how skin color is so integral a part of the caste system in India and how it marked my own privilege and hand in systemic racism in this country. For certain, this experience sensitized me to how complex feelings of otherness can be on either side of the divide: what gets said or not said, what gets acted out or not.



Another striking example of my learning about being othered through travel occurred during a trip to Japan. A few days after arrival, I decided to visit a traditional bathhouse. If you've ever visited one, you know that there are numerous bath customs and, in particular, a washing ritual. Though I had read up on this in advance, I was not prepared for what happened after I stripped naked. Keeping a close eye on the Japanese women in the room, I did my best to imitate what they were doing. In response, they began to stare at me intensely, then quickly averted their eyes, expressing a look of great disdain or fear on their faces. Beyond feeling self-conscious being butt naked, I couldn't help falling into a feeling of shame in response to their critical, rejecting looks. Only later did I come to understand that these women experienced me as the worst kind of other, a member of the Japanese criminal element. Apparently, they mistakenly believed that my left breast, rainbow colored from markings and bruising from a breast biopsy performed before my arrival in Japan, was a tattoo and evidence as it is in Japan of my membership in the Japanese version of the mafia. As I learned, there's nothing like an experience of being shunned publicly to fully experience your otherness.

## Learning to Embrace Otherness

Similar to the importance of life experiences in understanding otherness, it's essential to have experiences that teach us how to embrace the other in a way that fosters connection. In recent years, our professional organizations have recommended ways to become culturally competent to treat more diverse populations in our practices such as pursuing continuing education and seeking supervision and consultation. Professional licensing boards have required this further training for license renewal and have established standards of care for working with diverse populations (e.g., APA, 2017; NASW, 2019).

In the last few years we have experienced an unprecedented time that's included a worldwide pandemic, geopolitical strife, and social and political upheaval in our own country. Consequently, therapists have come to experience and be challenged by moments in therapy when clients have become the other for the reason of their sharing political ideas and beliefs and related actions which are vastly different from ours. Recent articles have been written to address how therapists can bridge what's become an ideological divide to protect the therapeutic relationship and provide challenging clients the help they're seeking. As an example, David Drustrup (2019) offers a concise clinical model to address racist narratives in therapy. His model emphasizes the importance of the therapist's listening, empathizing, and validating the client's ideas and narratives to foster the client's willingness to probe more deeply into understanding themselves as a racial being.

In my experience, travel has provided some of the best opportunities to learn about diversity and how to connect with the other. Flying across the world to remote places, I am guaranteed to be challenged to address otherness when no one looks like me, dresses like me, speaks my language, or eats anything that resembles anything I've ever eaten before. The greatest teaching in this is that you quickly learn the important principle that what people do that might seem strange, incomprehensible, and even unacceptable is in almost every case adaptive for them. It makes perfect sense in terms of the person's history, life experience, and values of their family and community.

An example of this was the horror I experienced in witnessing the fresh scars of a young Papua New Guinea adolescent after he had participated in the rite of passage of body cutting by his male elders. Although it was true that this occurred in a remote village in Papua New Guinea located several hours traveling by bush plane into the interior of the country, nonetheless, this body mutilation was occurring in the 21<sup>st</sup> century. But a few days later, as I learned of a massacre occurring in a neighboring village caused by a warring tribe, I came to understand how toughening up this young man was felt to be critical for his survival and that of his community, a way of adapting to the real threats of this part of the world.

Adaptive behavior has often been defined as behavior that enables a person to cope in their environment with the greatest success and least conflict with others. In practicing over the years, I have found that framing the client's problematic ideas or behavior as adaptive has been the most helpful strategy to me in dealing with clients who are other. Patients feel relieved and, importantly, accepted when they hear me say, "It's perfectly understandable why you feel the way you do and did what you did because it's a way you've learned to adapt to your situation: to survive, be successful, get along." This stance

allows for a partnering between me and my clients to understand the context and reasons for their adaptive, albeit problematic, behavior without judging it or even assuming that it must be changed. This perspective also makes it clear to the client that change is in their hands: It's up to them whether they want to understand the social context or deeper meaning of their behavior and whether they see any benefit to change.

Travel has, also, taught me how to connect with the other by learning how to address the power differential between me and others I've met on the road. As we've always recognized, there is an inherent power differential between therapist and client as the therapist holds the knowledge or expertise in this situation. Similarly, there is often a power differential inherent in exotic travel as it frequently involves a traveler of means connecting with an indigenous person leading a subsistence life. Struggling with this issue over the years in my travels has led to my coming up with some unique solutions that surprisingly work, with a little modification, in the office as well.

The first is what I call "turning the table." An example of this is how it goes when I find myself bargaining with an indigenous person over a craft item I love and want to purchase. Instead of bargaining by offering a lower price for the item, I begin the negotiation by slightly raising the price. The seller usually gets a bit confused and repeats their original price. I then offer an even higher price than before. At some point, the seller is so convinced I'm not understanding them or a bit crazy that they gather up some translators, their cousin, their aunt, and their mother to join them in helping to explain to me what the item costs.

When the selling price is told to me for the final time, I respond with a smile on my face, state my higher price and hand over the money to the seller. Now, at this point, the gathered group realizes that this is an intentional ploy to give the seller full advantage to show my appreciation for their craftsmanship, my wanting to support their community's economy, and express how much I've enjoyed interacting with them. Time and again what then ensues is the unspoken language of belly laughing and hugs over this unexpected, very human moment of connecting.

Another version of this turning the table strategy used in my travels has been inviting my personal tour guide to abandon my itinerary and instead, with their permission, take me to their village and their family home. As is the case, most local tour guides are separated from their families, which often include very young children, for weeks and months on end. Not surprising, my offer to these tour guides to go home has never been turned down. Trusting these strangers to drive me hours into the countryside to places not even on the map is a true leveling of the playing field. What happens time after time is my being welcomed and treated like a distant relative visiting from afar and given the opportunity to experience the real life of these locals and connect with them in a more authentic way.

Turning the table also has a place in therapy as a way of connecting, especially with clients who are members of a marginalized group and as such are treated too often as less than equal. What is required is our taking advantage of opportunities when we can allow the client to be in a position of being in charge and even have power over us (i.e., the power that comes from being the wiser or caretaking one in the relationship). These are the moments when our clients get to laugh at our foibles or our therapeutic missteps, or when they teach us a lesson that we greatly value, or when they provide us the support we need when we're facing a difficult or challenging time in our lives. These

are moments when the marginalized client feels seen by us as equal and valued.

Another lesson I've learned in connecting with the other in my travels applicable to my work with clients is the importance of finding points of commonality between myself and others. The strategy I've come up with to accomplish this is my version of "Dancing with the Stars." My experience has taught me that in identifying commonalities between myself and others, the most meaningful point of connection is something the other and I both love. In this regard, I have found my love of dancing has led to my easiest and surest way of connecting with people I've met on the road.

When traveling, I jump at any invitation offered to dance with locals. Over the years, I have found my way into dance halls and have accepted invitations to dance with local dance troupes performing among places in Irkutsk, Siberia; in Kochi, India; in a small Namibian village along the Chobe River; at the Virunga Lodge in Colline Gakoro, Rwanda, etc. Now the irony of this is that I am not a great dancer, especially being able to pick up dance steps I've never seen before. But I've found that dancing with locals is like trying to speak their language. It's understood that it's about my efforts to connect with them; all else is forgiven, and again and again I've found it opens their hearts to me.



Now, in my view, how this is relevant to the challenge of connecting with the other in therapy is that our identifying for clients those points of commonality we have with them creates, most importantly, safety for them to share ideas and narratives during the therapy hour that might otherwise not be spoken, or if shared might create a conflict that threatens the therapeutic relationship. Identifying these commonalities may prevent othering by both therapist and patient as it helps us to recognize that we're more alike than different in our desires, needs, and fears and as complex human beings. It's often been said that psychotherapy is a dance between the therapist and the client. As I've learned from my travels, it's our genuine desire to connect, experienced by our clients, that makes this dance possible.

A final lesson I've learned from travel about connecting with the other is the importance of giving back in return for the experience and joy of making the connection. An example of this is how I dealt with an ethical issue that I felt around taking photos of indigenous people and not offering anything meaningful in return. It had always been my habit to ask subjects for their permission to photograph them and to use their photos to accompany an article I might write in the future. But, at some point realizing that my asking for consent is not the same as providing a valued exchange, I began lugging along a printer on my trips to print and give photos to people I photographed.

To my surprise, this approach invited a level of connection I hadn't expected—big smiles and hugs of appreciation. On my trip into the far interior of Papua New Guinea, this practice led to one of the most touching experiences of all my travels. Little did I realize that many of the local villagers that I photographed there had never seen a photo of themselves. It was as if when they looked at their photos, they were seeing themselves for the first time in their lives.

I believe that a similar mutuality occurs in therapy exchanges and is especially healing when a client self-identifies or is experienced by us as the other. If therapist and client can both hang in there, holding differences respectfully, and partner towards illuminating an understanding of who the client really is, it's a powerful experience much like the villager seeing a picture of themselves for the first time. Whether sitting in my therapy chair or being in a faraway place, this experience of making the effort to truly understand the other and them seeing their true self through my understanding is the moment of real connection and what brings me great joy. ▼

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## A Crossing

Tom Large

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I come to a curb at 52nd street,  
my white cane feeling its edge,  
and a man who hasn't bathed in a while  
steps up close beside me.  
He talks to himself in obscenities.  
When the traffic sounds quiet down,  
I know the light is green for me.  
Then my sidewalk neighbor says,  
“I got you, man. Come on.”  
He strides into the street,  
waving his arms like a traffic cop,  
and shouting at the drivers before him.  
He calls back to me again,  
“Come on, bro. I got the cars all stopped.”  
As I cross the street I thank him,  
not so much for giving me  
help I didn't need,  
but for calling me his brother,  
another member of his family.  
“No problem, bro,” he says again,  
and already I am missing him,  
this passing Buddha who's now just a blurry shape,  
waving from the far curb  
as the mid-town traffic surges on,  
all that machinery of commerce and class  
filling the street between us.



## Tic Talk

**H**O HI, DR. WALLACE! I'VE BEEN MEANING TO ASK YOU..."

The young woman smiles and pauses before continuing. I realize that my interlocutor in the coffee shop queue is one of my group psychotherapy patients: a pretty young woman whose name sounds like a greeting in Italian, with her signature side ponytail, bright red lipstick, and flamboyant dress. She looks around the near-empty coffee shop and lowers her voice.

I anticipate a personal question coming. Extra-therapeutic encounters can be awkward, as if our roles have fallen away, and the patient's natural curiosity about the opaque therapist erupts into the public space, crossing a usual boundary.

"...if you have Tourette's?"

I am stunned. This is not the usual question about whether I'm married, have children, why I chose psychiatry. I know what Tourette's syndrome is—a genetic condition characterized by multiple motor tics, as well as vocal tics such as swearing—but I have no frame of reference for why she is asking me. Had I ever used a swear word in the group? Perhaps mistaking my confusion for embarrassment, she hurriedly reassures me:

"If you do, it's no big deal; my father and my daughter have Tourette's."

I hear that her tone is friendly, empathic, but I have no words as my mind is still reeling. I finally mumble, "No."

"Oh, so it's just a simple tic?"

I may have nodded my head in a daze, before hurrying to the elevator, disoriented and off-balance. The weekly group therapy session I co-lead with another psychiatrist is starting shortly upstairs above the coffee shop, a group

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where we seek to discover, *in vivo*, the unconscious interpersonal templates that each member brings to their relationships, a potentially painful but enlightening experience. Painful because truth disrupts.

It has never occurred to me in my 60-plus years that I might have a tic. I feel some mixture of outrage at this painful and unexpected observation, shame for not knowing, and anxiety that others could know something about me that I don't. Could there really be something so obvious about me that has been hiding in plain sight—and hidden only to me? I search my memory for clues. A number of patients over the years have commented on my “active eyebrows.” That is not news, and a trademark of sorts. Some have read my emotions—or so they thought—by the ups and downs of my brows. But no friend, relative, doctor, boyfriend, or even my husband has ever uttered the word “tic” to me.

Surely this young woman is projecting something on to me that is more about her than me, given her history with her father and daughter? I consider whether her observation is about transference: Was she unconsciously transferring qualities of her father onto me, her therapist? I tell myself that perhaps there is something going on in my face, but barely perceptible or invisible to others who are not so sensitized as she. Then a memory arises, from 20 years ago, when a psychologist who knew me referred a patient for therapy. I saw the patient once, and the psychologist reported back that the woman had a strange reaction, stating that I had scared her with my weird movements, and she fled. The psychologist herself said she saw nothing weird about me, and we wrote it off as an idiosyncratic reaction.

Unsettled for several days, and unable to dismiss or accept my patient's observation, I decide to ask a trusted, long-time colleague—someone who would know about tics. “Have you ever noticed that I have a tic?” I'm expecting surprise and confusion on his face, mirroring mine, followed by “Why do you ask?” Instead, he replies without skipping a beat, “Yes.” To my horror, tears start to flow, and I feel a sharp upsurge of anger and hurt: “Why didn't you tell me?” I feel betrayed, stung. But he replies gently, “Tic, schmic, everybody has something. Never occurred to me.”

I wonder if tact has held others back from telling me about my tics, or the assumption that I would already know—akin to pointing out a large facial mole. The expression “loss of face” suddenly makes sense to me, as I lose the familiarity of the face that I thought I knew so well in the mirror. I feel estranged from myself. As well as being a psychiatrist, I am a psychoanalyst who has spent years engaging in the type of self-reflection that is essential to working in my field. I have worked hard to know myself. But did I lose the surface in the quest for the depth? Did my focus on my internal world leave me blind to how others see me? And do any of us actually know the extent of what others see in us that we don't, or can't, or don't want to know about?

I began to read up about tics, entering the land of lost medical school knowledge. I recall that there are simple tics, unrelated to Tourette's, for which some treatments exist. A few weeks later, still self-conscious, I hesitantly tell my family doctor that I “may have a tic” around my left eye. He, without hesitation, refers me to an ophthalmologist.

In the weeks before the appointment I panic, wanting to cancel as I fear that the ophthalmologist will chastise me for wasting his time with this tiny little thing. Finally sitting in his office, I start to explain, when with one look he cuts me off: “Yeah, you have hemifacial spasm.”

Oh—I remember that from medical school. A real diagnosis, and so obvious to him. I feel the consternation of accepting that my body has movements that I’m unaware of and can’t control. I now search for signs of other tics. Is that why my mouth, not just my eye, twitches sometimes? I become aware that I often feel the urge to hitch up my left shoulder, due to tension, or so I have always thought.

A memory of my father surfaces from childhood—of him coming into the house from the farmyard, hitching up his left shoulder under the strap of his striped overalls, then hitching up his left hip with his left hand, and then kicking shut a stubborn cupboard door, the same one every time, with his left foot as he walks through the kitchen. This habitual sequence, which I recognize now as a tic sequence, was etched in my mind but never thought about before this moment. A picture of his face appears, his eyebrows bouncing up and down before he answers a question—like mine? I feel the image of my father, and the image of my body shifting just slightly, with this snippet of knowledge that my body is doing something that my father’s body did. The inevitability of my genetic heritage sinks in.

The “unthought known” is a term coined by psychoanalyst Christopher Bollas (1987) as a way of describing the vast region of implicit memory that is known but without words. It can include something as mundane as how to ride a bike, or more relevant to therapy, the quality of a relationship with a parent, or an early trauma that has not been registered in words and thus cannot be thought about. For example, children often “know” about family secrets despite them never having been put into words. A middle-aged man had never been told that his father was in jail before he was born, but the shape of the secret wafted through his household like a ghost and in his mind throughout his childhood. But his knowledge was without words until he shaped a narrative of his life in therapy, finally enabling him to then ask the right questions of his parents. He knew, but had no words allowing him to think about the secret.

I had never thought about my dad’s quirky movements before, though I knew them well as part of the unusual person he was. His quirks and jerks had never been attached to words, but were part of the gestalt of how I experienced him, part of my unconscious template. It is astonishing to me that numerous people in my life must have noticed my father’s tics, which weren’t exactly a secret, but had never spoken of them. Thus, I had never associated the word “tic” with my father, nor myself, until my patient spoke the word. It strikes me how aptly “quirk” and “jerk” convey in sound the explosive quality of the tic, which ends abruptly almost as soon as it begins, a dynamic flash that I had never picked up in the mirror. And I might never have, were it not for my forthright patient.

My intensely emotional reaction to my patient’s question suggests to me that my own tics were registered in my unthought known. Therapy has a great deal to do with putting words to what has been known unconsciously but not thought about, but usually in the direction of the therapist assisting the patient. The role reversal I experienced with my patient reminds me that relationships are inevitably reciprocal and that startlingly accurate observations of the therapist can come by way of patients. I experienced both the discomfort of bringing to awareness an unknown glitch (I have quite enough that I know about) and the pain of this oddity joining me to a parent who I had never wanted to emulate. I am reminded of the vulnerability and opportunity inherent in my work and the fluidity of roles. One of my analytic teachers joked that psychoanalysis is defined as “two people getting together in a room, and one agreeing to be the patient.”

My recognition of my father's tics also brings to mind the concept of *après coup*—a discovery after the fact of something that could not be understood at an earlier time, but is re-signified later. This kind of backwards understanding was referred to by Freud (1895) as “*nachtraglichkeit*,” and translated to the more aesthetic term in French. These ideas acknowledge that psychic time is not linear but a layering of experiences that are synchronic and atemporal. We are all time travellers, and as such I was suddenly transported into my childhood, understanding an aspect of my father in a novel way that connected me to a lifetime of unthought experience of my own body. But the plot thickens: I had hints of knowledge about my tics for many years. Did I also deny a vague awareness of my unwelcome inheritance until reality was baldly pointed out to me, by a daughter who also had a father with tics? Depth and surface swirl and mix; face and heart mingle. The distinction between superficial and deep is blurred.

As I sit in the ophthalmologist's office, I am reminded of the impact of my beautifully-named patient's innocent but astute question and the mix of unwelcome and helpful information that comes with discovery. My dismay and embarrassment about my tics led me to seek out the treatment that the ophthalmologist recommended, with little awareness that I was actually suffering. My regular Botox injections to arrest, though not cure, a condition that I didn't know I had reveal to me how much the tics had slowly but steadily drained my energy over years. I notice feeling more relaxed in sessions. The fight to resist the insistent neural firing to my facial muscles was a silent leak, like the insidious and cumulative drip of a tap. I know the depletion only *après coup*.

I could say the same about my neurotic parts. I imagine tics as the equivalent of a neurosis, pulsing emotional energy into neural networks that are rigid and limiting, but ever-familiar. I have spent my psychoanalytic years working to influence these circuits in myself and others, and to give birth to new ones, using words and the cradle of the therapeutic frame. I tell my patients that the old pathways never disappear but remain like old, brush-filled riverbeds, still vulnerable to flooding in the face of a storm. Aberrant circuits live on, connections remain, and tics never die. Thus, I rely on the neurotoxin, though not as often, as my muscles are weakening and less inclined to dance to the old neural beat. Knowing more, I feel some relief. ▼

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## Dreams: A Descent Into a Realm Without Barriers

### Introduction

DREAMS WERE ONCE SEEN AS INVALUABLE IN LENDING THE THERAPIST-PATIENT ENCOUNTER A THIRD AND UNFATHOMABLY DEEP AND ACCURATE PERSPECTIVE TOWARD WHAT IS HAPPENING WITHIN THE THERAPIST, THE PATIENT, AND THE FIELD THEY CO-CREATE. Therapists were asked to enter psychotherapy while in training in order to experience how their own dream process was unfolding, as it also chronicled the role of their unconscious in the psychotherapy process with their patients. Dreams were viewed as integral to the understanding of both the conscious and unconscious forces that shape and develop the field created by the therapist and client dyad.

Supervision has offered a safe and focused space for that unfolding field to be harvested and honored. When dreams are part of the fabric of the psychotherapeutic process, this field of information and interaction invariably expands to admit and integrate the wisdom of the unconscious process in both therapist and patient. Receiving and working with the dream on a consistent basis allows our consciousness to gradually accept and integrate an ever-greater understanding of who we are, both negative and positive, in a way that both deeply understands who we are and also asks us to grow. It is as if we are being sent a message from our core self about who we are and what is going on in ways we did not apprehend or understand during the day or days before.

The majority of psychotherapists today seem to view the study and interpretation of dreams as arcane and unnecessary and the symbolic form of communication inscrutable, even though the language of dreams is one all people speak. All of us dream night after night, so we all have access to this universal language of symbols,

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archetype, and associations in which our psyches give us back to ourselves with coherence and meaning.

In my experience, almost all clients accept the wisdom and understanding from a dream and view it as offering greater authority even than that of the therapist. Because dreams reliably reveal and amplify what has occurred in the therapeutic process, they provide an important point of view about the course of treatment, beyond information that we already have. The dream process engenders a conversation between our conscious identity and the unconscious that moves us towards wholeness. Dreams often depict us at different ages and stages of life, liberally juxtaposing past, present, and future in a way that scrambles our understanding of who we have been, who we are now, and who we might become. Dreams know no barriers, inviting us to embrace a much larger understanding of who we really are. Dreams reveal us from the inside out, incorporating aspects of our self that are either not known or being repressed or suppressed. Over the course of our lives, large portions of who we are become disowned. The dream process inevitably dismantles our self-definitions, leaving us at times stunned and other times grateful, as we outgrow old ways of seeing ourselves that are too narrow, too small, too rigid, or out of date.

Most talk therapy, being language based, only grants both the therapist and patient access to the left side of the brain. Working with the unconscious, either through the expressive arts or through dream work, also engages the right brain, depicting the patient's process in symbols and settings that are largely constructed like myths or fairytales. The dreamer is offered a metaphoric representation of themselves within a context that depicts the underlying dilemmas that need to be addressed in therapy. This dream depiction of them is one they have not heard, and it may or may not be accessible to the left part of their brain.

## The Motif of Descent

During the course of a therapeutic process in which dreams constitute the core of the work, dreams employ motifs that emerge and re-occur as they chart the course of the therapy. One of the most common motifs involves the archetype of descent. Descent dreams signify the breaking down of barriers to material that is often instinctually laden and reprehensible to the dreamer. This kind of movement of the unconscious into deeper and often frightening material harvests aspects of the client's personality structure and experience that have become ignored, repressed, or perhaps denied and projected. Figures in these dreams are often threatening to the dreamer. Religious and extremely intellectual individuals often have the most difficulty in encountering these parts of themselves.

## Clinical Snapshots

Here, I will synopsize my work with three clients in which dreams of descent were fundamental and pivotal to our work together.

## Howard

Howard initially came to see me with his wife, and we worked together for about 6 months. Both were extremely religious and involved in creating an evangelical primary school. His wife asked for more and more funding from Howard to fund the school and then decided to file for divorce. When she left therapy, Howard expressed a desire to work with me individually. He had done dream work years before with a Jungian analyst and said he was interested in exploring more depth work with me. We have met weekly or bi-weekly for 3.5 years.

Howard is a very reasoned and somewhat obsessive middle-aged man, one of three children born to a devout Catholic family in the Midwest. He describes his father as a natural athlete who was very demanding and his mother as seeing everything the children did as either good or bad. His brother was often in trouble, so Howard resolved very young to be good in order to stay in her good graces. He was the prized child in the family because he was smart, athletic, and worked very hard to please his mother and father. He described his activity of looking into other people's windows as an attempt to see what a normal family might look like, but his language suggested it was also sexually motivated.

Now divorced and having custody of their five children every other week, Howard is stretched as he balances work demands with family responsibilities. He says he feels rather impersonal and cold as he goes through life and would like to be happier and have more pleasure out of life. He earns an excellent income as an economist, in which he utilizes modeling as a tool for complex decision making as a consultant to large corporations in high stakes litigation.

From the beginning of our individual therapy, Howard has had many dreams of falling from a high place, coming down an elevator, or descending stairs in some remarkable ways. As our work unfolded, he began having dreams in which houses were depicted with elaborate layouts with stairs that took him to rooms where he discovered objects or people from his past. The following is an excerpt of a dream he had 11 months into our work:

*I am living in a very large house on the beach with my current family, but it seems different from the one I lived in when I was married to Emily. This house is much bigger and has more levels than the one we had. The top floors have a lot of electronic equipment and books and computers in them and it seems to be my work space. I do not allow any of the kids up there. The lower floors are where the family lives and where the cooking is done. It seems to be where the rest of the family is and where the real living is done. I want to be able to go down there, but I can't do it directly because there aren't any stairs...or I can't find them. I am trying to figure out a way to get from the upper to lower floors without going outside, where I have been using a sort of ramp to go down the stairs. I begin to try to construct a sort of makeshift ramp inside the house, which is a sort of metal thing, like a chute. I go down...I go down very fast and feel very out of control. There is a Black man down at the bottom of the chute near the kitchen and living area watching me who finds all of this humorous and seems to want to find an easier way to go up and down. He seems to want to help me out."*

Howard realized how emotionally removed he was from his family and from most of life, and his reaction to his dreams was one of excitement and a desire for increased emotional connection with himself and others. He complained that he no longer felt he had much in common with members of his evangelical community and he realized

how emotionally isolated he was. As our work continued, he continued to have dreams in which he was going down, and each one took him into another space within himself with which he had had minimal prior emotional connection.

Two years into our work, Howard began talking about his preoccupation with drinking and eating and his interest in looking at porn sites. He struggled in discussing it with me because he thought I would see him as bad and out of control, which is how he felt about himself. He said he was praying a lot, asking for God's help in dealing with all of these desires, but was beginning to panic as he sensed he was losing ground.

At this nodal point in our work Howard brought in the following dream:

*"I am dreading going down into the basement in a house in which I am living, terrified that objects down there would become either ghosts or witches. It felt literally like that feeling that there is a ghost in your house. I realized I needed to go down and see what was there but also knew I had access to a door to return upstairs. I remember you (therapist) saying to me in the dream that you thought it was good that I wasn't stuck down there."*

In the months that followed, Rob found himself spending more and more time on pornography sites when the children weren't with him, enacting all sorts of sexual role playing. He felt let down and disgusted with himself afterwards but was unable to stop. Most of our sessions were focused on reconnecting himself to his instinctual energies, in a sense detoxifying desire and pleasure and the enjoyments life offers us through our bodies. As we worked, he began to relax into the prospect of being able to integrate his feelings and desires into the rest of his life. Reflecting on this and other dreams like it, Howard wrote in his journal:

*"Going in the basement was not fun but necessary. It was like going into purgatory—dark, uncertain, painful, scary, and I felt displaced. For me, it was the lowest point in our work together because I lost my ability to regulate my instincts. I went from being very focused and driving myself hard and living in my head to being in a dark deep place in which I felt out of control."*

Howard rapidly emerged from this descent and has moved into an increasingly balanced, stable, and coherent way of living in which work, relationships, and his family responsibilities are more balanced and satisfying to him. He has begun dating someone with whom he enjoys sexual intimacy, and they spend time cooking and going places together as a couple and also include their children on weekends he has them. He has talked about terminating therapy in the next few months.

## Cecilia

Cecilia first entered therapy 2 months before the COVID pandemic began. Her previous therapist had died about 6 months earlier, and she was very isolated and becoming more aware that she needed to re-enter therapy. She wanted to continue working with her dreams.

Cecilia is 45 but presents herself and dresses in a manner that is more like that of a college student. She has not dated since college. She has had many jobs but currently works in a public library.

I found Cecilia to be a quick, bright, and literate, an insightful woman with a refreshingly honest wit. She writes short stories and views the world with good humor and wisdom. She shares her dream life as one more welcome addition to her rich inner world.

The following dream, in which she descended an apartment stairwell, occurred just a

few months into our work together. It was the first in a series of dreams in which Cecilia was depicted as living in a dorm or college apartment with friends from college as well as people of different ages, some of whom she doesn't know.

*"I am standing in a hallway which could have been in a dorm or perhaps an apartment house where some students live. As I walk down the hall, I see that some of the doors are open. I am looking inside them. One is well decorated and attractive, and I think that I would like to go in and look at it and perhaps get some ideas of how I could make my own apartment nicer. The next apartment I look into is a lot like mine—a hodge-podge of used and cheap furniture—and is not kept very well. I walk inside and see a young woman, college-age. Then, somehow, I realize this is my apartment and wonder why this woman is there. She seems to live there. She doesn't say anything to me but points to a staircase that goes down. As I go down there, I see that the place is full of discarded and dirty things that were being stored—and notice I experience some dread, not knowing what I might find."*

In presenting her associations to this dream, Cecilia began talking about her problems during her college years. It was her first time away from home and family and was a time of political and spiritual exploration. Cecilia became energized in our sessions when she recalled how open she was then and how free she felt to try new things. She had developed friendships that opened up her world, and she read a wide variety of books. In the middle of her narrative about her life as a college student, she stopped talking and began to cry. We sat in silence for some time. The dream and her emotional response to it had opened a door to begin experiencing her grief about the loss of that life after graduation. She had felt unable since then to create any kind of community for herself. She said she came to spend a growing amount of time in fantasy and has gradually become more withdrawn. As she continued with her associations to the dream, she pointed out how much the apartment in the dream reminded her of her current apartment.

In a later dream, Cecilia found herself living in spaces that she described as transitional housing or a long-term hotel rental like the Residence Inn. In each dream she was living with this same young woman from the previous dream and found that the young woman still lived downstairs but that their relationship had become interesting and rich. She appreciated the quirkiness of the woman and hoped she would be willing to leave the basement and go out and do things with her that were more adventurous.

Our work has moved rapidly since that session; her dreams have chronicled the change. In a recent dream she was going out to a bar and was well dressed and happy to talk with others who sat beside her, who were open and fun to talk to.

It is as if Cecilia's fantasy/college life, a dorm life, is moving forward, allowing her to move out into life and experiment. She describes herself as no longer stuck in time. Her substantial sense of self and creative way of seeing people are being integrated into her day-to-day life. In recent months, she says she experiences going back and forth between the younger more dynamic woman she was in college and who she has become. She has left her work at the library and is actively seeking another job.

### Rachel

Rachel was about to be married when she first came in for psychotherapy 8 years ago. She said that she had difficulty standing up for herself in her family with five siblings; three of the others victimized her or put her down, one sexually. Without the support or intervention from her parents, she adapted to the family by being smart, pleasing them,

and being very passive. Her chief complaint at the beginning of therapy was that she wasn't able to stand up for herself with her supervisor at the hospital where she did very high-level medical research. She found herself working long hours in an effort to please others rather than herself. She reported a series of anxieties and insecurities that she needed help sorting through. Rachel noted that she seemed to have a knack for finding herself in jobs with mentors who were as demanding as her father, who was a theoretical physicist.

Rachel eventually left her position in medical research during the time she and her husband were in the process of adopting a child from Colombia, South America. She is now in a supervisory position at a non-profit involved in social justice, which has been very involved in the interface of the White and Black communities. When she isn't working at the non-profit, Rachel listens to podcasts related to social issues and the environment, seemingly unable to spend time doing things for herself.

The following dream emerged about 6 months into her new position at the non-profit:

*"As the dream begins, I am falling...plummeting downward through the air. I have some awareness that this is a dream and that when I hit the ground I won't die. I stop falling and am now on a ledge. I have my dog, Molly's, leash in my hand, attached to her halter. She slips over the ledge, but I hold tight to the leash and think she's OK. Because the leash is attached to the halter around her chest, she's not being strangled as she dangles. I just need to pull her back up over the edge of the ledge. I am standing a few feet from the edge, holding firmly to the leash and leaning hard away from the edge. There is a large couch that I hold onto for extra leverage. But amazingly, Molly's weight is enough to slowly drag both me and the couch towards the edge. I slip over and am plummeting again, thinking-hoping that this can't really be happening and something else will prevent me from smacking on the ground and dying.*

*Now I'm plunged into water. I go down deep. The water is quite clear. It's calm and quiet, and time has suddenly slowed down almost to a halt. It's almost silent, but I can hear my own breath. Or maybe I'm listening to myself dreaming. Hmm. It seems I am not drowning—no real hunger for air, no water in my lungs. I am tempted to just stop and go back unconscious, right here, under water, now. Then I think of my therapist, Susan McClure, and seem to be aware of the symbolic meaning and the significance of being underwater and staying there. As I become more and more aware of this, I start pulling myself back up towards the surface—I know Susan will be very interested in this and I will want to discuss it with her."*

The following are Rachel's own associations and commentary on the dream:

*"My job at the non-profit brings me in touch with a lot of volunteers. There is a lot of confusion about who is going to do what as I am going painfully, slowly, through payroll, dealing with our governmental requirement for liability processing. QuickBooks isn't working, and I am fumbling with the laptop..Jackie was in pain and fading fast. Monique had a list of "To Dos," including going over a list of corporate cold calls which needed to be done with me, but she needed to leave to have dinner with her family and friends. She was waiting for me to finish my QuickBooks work. I sensed impatience and annoyance at how slowly things were going and how much time it was taking me. I felt it myself...and felt myself feel a bit shut down and less capable. I was in a vulnerable self in me that wants to please others and be approved of and liked but feels/knows that she's in over her head. That self*

*in me has fears that she is fundamentally unlikable...but if she asks directly for approval or reassurance it will only make things worse—suck up more time, increase annoyance, make people uncomfortable. She believes she should fake it and act like she's fine, like everything's fine, try to get through this and work harder next time...except that it feels so awful she just wants to hide her head under a pillow.*

*As I came home around 7:00 p.m. I could feel the constriction in my solar plexus—and there were tears underneath, though not imminent."*

What is perhaps most interesting about Rachel's recent dreams and associations to them is her spontaneous ability to talk about her awareness of different aspects of her psyche both inside and outside of the dream, as well as to include her relationship with me. She is aware of her wish to stay unconscious and that it is in conflict with her wish to become and stay conscious. This conversation, if you will, is now happening between them on a variety of levels, waking and sleeping, and is indicative of a long and deep relationship with herself to which she has been committed. She has become increasingly confrontational with me and frequently brings up ways in which she believes I have made mistakes. We talk about how much like her siblings she now sounds.

## Conclusion

All three of these clients have continued to weave together their understanding of themselves through their own dream work. It is a part of their inner life. Much of the energy and discipline they bring to their processes is born of their commitment to move beyond the barriers they have experienced in their relationships with themselves and others. This dream energy was calling them to live more deeply and less bounded by convention long before they came into therapy. Each has developed a canon of symbols and dream figures with whom they have become familiar, and they sense that there is a deeper authority within them that is supporting and guiding their growth.

Langs (1986) has aptly summarized the importance of including unconscious material in the psychotherapy process this way:

The vast literature on unconscious perception, unconscious cognition, and preconscious process...amply support the concept of unconscious processing prior to conscious experience for all incoming information, and the existence of a highly selective filtering and analyzing system that operates prior to conscious experience. (p. 25)

Participating in this approach to psychotherapy brings me into contact with that profound level of engagement in my patients' processes of becoming whole. As their therapist, I am invited into an ongoing dialogue in which the unconscious plays a central role in organizing and sustaining the psychotherapeutic field. ▼

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## To My Client About Why I Called the Police

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Lewis Lipsitz

The text message at 10pm  
in your cryptic language  
was difficult to figure out.  
Those urgent figures of speech:  
bridge collapse,  
a burning house.

My translator told me  
that in your  
language those words meant  
“the danger of death.”

But you explained  
later that was only one  
possible translation.

David Doane



## Meeting the Other

HAVE A DREAM—ABOUT PSYCHOTHERAPY AND THE BORDERS, WALLS, AND FACING THE OTHER THAT ARE IMPORTANT ASPECTS OF PSYCHOTHERAPY. In my dream, there is a psychotherapy session in progress. The psychotherapist in the dream looks like an ordinary guy, though he does seem to have a noticeably positive energy and self-confidence about him. He has a twinkle in his eye and an aliveness in his presence. As it turns out, he has some special abilities and a unique role in life.

Psyche is the Greek word meaning the life breath, the aliveness and essence of a person, sometimes called the soul. The Greek word *therapein* means to heal or make whole. The psychotherapist is literally a soul healer. Psychotherapy pioneer Dr. Carl Jung often referred to the soul and the importance of facing one's soul. Dr. John Warkentin would say psychotherapy was a "journey of the soul" (personal communication, 1980). Such statements alone are beyond the borders of today's usual definition of psychotherapy as the treatment of psychological disorder by psychological means.

In my dream, there are three people in the psychotherapist's office for this appointment—the psychotherapist, his patient, and a guest therapist. The patient is sitting directly across from the primary therapist, and the two of them have an established close connection. The guest therapist has an office across the hall and sometimes sits in on the therapist's appointments when she has an open hour, just as the primary therapist does with her. The two therapists have arranged to work with one another as consultants or co-therapists either by appointment or when open. They believe a consultant provides valuable benefits. The patient gets input from two therapists, the

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combined input being essentially binocular rather than monocular. The primary therapist has the benefit of input from a second therapist and can remain freer as a result of having a consultant. It's so easy for a therapist to get caught up in a patient's story, especially one that is heart-wrenching, and lose distance and perspective. Finally, both therapists deepen their own therapy skills in their working together. (I have been enriched as a therapist over the years by such consultative experiences as this with Drs. John Warkentin, Carl Whitaker, and Jim Guinan.) The therapist consultant didn't say much during this interview, but she was available and apparently spoke more and was spoken to more in other sessions.

There have been times when a graduate student in training was the third person in the room, initially listening and watching but eventually participating more and more. This gave the patient the benefit mentioned above and gave the graduate student the opportunity to be in a live session with an elder, which is a wonderful way to learn to be a psychotherapist. The patient had been informed of this practice arrangement at the beginning of therapy. He initially was hesitant in agreeing to it, since it was outside the borders that he expected, but had come to get a lot from therapy and be happy with it.

As a reminder, the primary psychotherapist repeated to the patient what he had stated in the intake session—that is, for the patient to say only what he is comfortable with anyone in the room hearing—and assured him that whatever is said in the room stays in the room. The basic border about confidentiality was in place despite the third participant.

The mood in the room was different than that in any other office. It was serious and yet not heavy. The psychotherapist knew how to be involved and yet detached, close and yet independent, caring without carrying. Those borders are difficult but very important to learn and maintain. That psychotherapist's care seems to be a given. What psychotherapists typically need to learn is to care in a way that is also taking care of self, care in a way that is not taking responsibility for, and care in a way that the therapist remains free, not burdened or bogged down. Psychotherapists either become clear about those borders or burn out. When I don't do a good job of taking care of myself, when I try too hard and carry too much responsibility, I'm dragging at the end of a day of appointments.

The psychotherapist in this dream session was enjoying his involvement and interaction. Several times he chuckled, mostly at how silly we human beings can be. The mood, initiated by the psychotherapist's demeanor, was warm and caring. He related to the patient in a way that was personally engaging. He listened closely to what the patient said and responded from what he was experiencing in his mind, body, and entire being. He told the patient how he was affected in the moment by what the patient was saying, such as to say he felt confused or close or surprised or not in agreement. When the patient responded to the therapist at one point by talking rapidly and what seemed evasively, the therapist told him that he felt himself turning off and pulling away from the patient and didn't want to do that because he felt fondness for the patient. The patient seemed stopped in his tracks and started talking about himself doing what the therapist described when he feels the other isn't pleased with him. They addressed that. In other words, the therapist related truthfully, openly, directly, and with care and tenderness. Interaction was more than personal; it was intimate.

The therapist's statements were about what the patient was doing or saying at the

time, in the room, not about what he had said or done or would say or do at some other time or place. For the most part the therapist stayed within the border of being present. His attention was to how the patient was dealing with an issue rather than focus on the issue itself or how the patient should handle it. He wasn't problem solving. He wasn't trying to get the patient to go where he thought he should go. He wasn't goal or outcome directed. He seemed clear about the border between process and content. His interest seemed to simply be to relate to the patient honestly and openly what he was experiencing here and now, the therapist's skill and knowledge always being part of that relating but not in the way of it. He trusted that out of that experience the patient would learn about himself and would grow.

The psychotherapist also made meta-comments during the session, that is, comments about what he saw happening. These meta-comments were brief teaching moments that were conversational and connected to what was happening in the room, not academic or lecturing, another border the therapist seemed clear about.

There was a feeling in the room of being held, a feeling that gave a sense of safety about being open and vulnerable. There was also a sense of timelessness, an outside of time feeling and wanting the experience to not end, though everyone was aware of the border of an ending time. The experience itself was dreamlike. It was an altered state of consciousness.

Borders and walls are part of life. Some are given to us, and some are created by us. Borders and walls are dividing lines or structures that separate one space from another, and do so either kindly or harshly. Borders, walls, regulations, and laws of society, of professions, and of religions are typically minimal standards to protect the public and keep everyone in line, or at least keep people where those in charge think they are supposed to be. Borders and walls can easily be a hindrance to creativity and aliveness, but the borders and walls in this dream of a psychotherapy session were supporting creativity and aliveness.

In this dream psychotherapy experience, the togetherness and closeness in the room was palpable. Borders and walls of separation seemed absent. Life can go two ways: the way of separation or the way of oneness, with separation leading to competition, us vs. them, and fighting, and oneness leading to kindness, compassion, and working together. This dream was a psychotherapy experience of oneness. The experience was beyond facing the other. The self-other border that separates was surpassed. What was happening was being with the other, even being one with the other. Eastern Wisdom tradition says there is no other. That oneness was present in this dream. Dr. Carl Whitaker would say that he looked across the room at his patient and saw himself (personal communication, 1973-1993). The relating that was occurring fostered healing and wholeness within the patient and between patient and therapist. It supported individuality along with togetherness. It was soul healing. It was what I consider to be true psychotherapy.

The lack of border or wall between psychotherapy and medicine became obvious without saying in this dream session. Medicine is that which heals or makes whole. Healing is two separated parts of a wound reconnecting and regaining wholeness, whether the wound be physical or psychological, and medicine is that which facilitates the healing. Psychotherapy facilitates healing of psyche or soul. Psychotherapy is medicine.

The psychotherapist in this dream session seemed parental. He of course wasn't biologically the parent of anyone present, but his persona was one of older generation and

wiser. He and the patient definitely were not peers or friends. That the therapist established the borders and walls of the therapy indicated in and of itself that he was in charge. Though older generation in presence and experience, the therapist was also very much with the patient. He never talked at or down to him. He was open and respectful with the patient, and the patient was the same with him. The interaction felt like good interaction between a father and adult child.

In awake life, there are parental features for me in the role of psychotherapist. When I am psychotherapist, whatever I feel, think, and share comes from and through the psychotherapist role and presence that I have taken on. The patient expects that of the therapist. There is a similarity in this to being parent with children. If I'm laughing, crying, angry, joking, or grieving with my children, it comes from and through me as father. I don't know how to not be that way. I'm never not father with my children, whatever their age, and I'm never not psychotherapist with patients.

Another important border in this dream psychotherapy experience was between inner and outer reality. The psychotherapist kept the experience one of relating in inner reality. When an outer reality issue or topic came up, the therapist would turn it back to inner reality, inner feelings, inner dynamics. He did this primarily by stating what he was experiencing in relation to the patient and what the patient was saying, leading the way for the patient to focus on what he was experiencing. Outer reality was outside the psychotherapy border, and the therapist didn't go there.

The term mountaintop experience refers to a peak experience, an experience that stays with a person and affects him or her for the rest of their lives. This dream psychotherapy session was one such experience. It was special due to relating that was personal, intimate, honest, open, direct, incisive, kind, and caring. The experience went beyond head and heart and became soul to soul. It was relating that went over and around usual rational borders and walls of relating. It went below the ego surface and got to the understructure. It was relating that was sometimes right brain and outside the box. It was sometimes confusing or challenging, pushing not only the cognitive framework but the whole life framework of the patient. It pushed him into a new way of seeing, thinking, and being. Dr. Jim Guinan said that psychotherapy for him was opening his unconscious to the unconscious of the other (personal communication, 1980), which seemed to be happening in this dream psychotherapy session.

I believe patients, whether they know it or not, are looking for and needing this kind of experience, that is, an experience in being that is different from usual social talk, an experience that has the power to knock them out of their lockstep, an experience more real and alive than what they have been living. This dream experience was such an experience. It was psychotherapy.

There are only occasional mountaintop experiences in awake psychotherapy. I know awake psychotherapy often goes on for many sessions that can be heavy and painstaking, very different from this dream psychotherapy experience. Only a few aspects of this dream experience happen in any one of my awake psychotherapy sessions, and many of these aspects have happened only briefly and occasionally over a many-year career. Yet experiences containing some aspects of this dream are the best of my awake psychotherapy, and I strive to allow and foster more such experiences. Sometimes awake reality begins in a dream.



## The Function of Metaphorical Walls: Therapeutic Reflections

### Introduction

SOME OF LIFE'S MOST VALUABLE LESSONS PASS US BY IF WE DO NOT PAUSE TO DELIBERATELY PAY ATTENTION. I think this is why I enjoy teaching graduate counseling students so much. Cognitive dissonance compounds over time if teachers fail to practice what they preach. The lessons on self-care become living, breathing words that derive from practical wisdom because they have been lived out by the teacher. The same could be said for a lecture on empathy. While empathy is a reified construct, just like every other word, it comes to life most optimally when a teacher models it. Empathy is experientially conveyed from one to another. Teaching is incredible in this way. My life dramatically changed for the better after I became a teacher because I reinforced lessons on myself before I delivered them to the masses.

Considering this theme of "Borders and Walls: Facing the Other," my first tendency was to draw upon client or student experiences. Maybe it is an axiom that communicating the challenges of others is easier than digging deep into one's own stuff. Then again, maybe it is just me. Instead, I will draw upon my personal experiences of facing the other. Perhaps my story will inspire a deliberate pause for the reader's own reflections.

### Borders, Walls, and Boundaries

In therapy, I have used metaphors of barriers and walls for my clients. At one point in time a boundary might have been necessary to protect us from something harmful. At another point in life that boundary might not be

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serving a person well. Time matters as we consider those safeguards that we use to protect ourselves. For example, while the ability to dissociate during parental abuse may have been the mind and body's adaptive response to a series of unthinkable situations, dissociation is not ideal during times of intimacy with a trusted partner. During these times, we should be available to experience the comfort, protection, and general sense of safety that comes with a healthy relationship. Yet, many of us keep boundaries that are templates of previous experiences. They become imprinted deep in our psyche to be used at later times in hopes of keeping us safe.



## Connection

Think back to the most exciting time(s) in your life. Mine was the birth of each of my kids. The most colorful adjectives cannot adequately describe what bringing life into the world feels like. Bonding that happens intuitively following birth is seemingly easy for many on the outside, but physiologically complicated inwardly. New neural connections are formed through reciprocity with caregivers, not only within the baby, but within the holder of the baby. I connected deeply with each of my children to the point that I could empathize with them with incredible ease.

Thanks in part to mirror neurons, I felt pain when they experienced pain. I also felt joy when they experienced joy. Bonding occurred with all of my kids effortlessly.

When my second daughter, Marley, was 18 months old, she was diagnosed with a cancerous brain tumor. One cannot picture all the millions of neural connections that formed within Marley's brain or my own that involved each other. The two of us were inextricably linked by blood and by experience. I have fond memories of singing to her, laughing with her, and touching our foreheads together. With a diagnosis of brain cancer, I only connected more fiercely with Marley. It is possible that we all hug our kids a little tighter when we perceive danger on the horizon, or even dream about our own mortality. Since humans are wired for connection, it makes sense that we cherish those who are close to us.

## Loss of Connection

What happens when connection ceases? On October 11, 2011, when Marley was 3-and-a-half years old, she passed away from complications due to the cancerous brain tumor. What happens when one is no longer able to physically face the other? What happens to those mirror neurons? My wife (Marley's mom) and I experienced tremendous pain by way of Marley's own struggles. As her cancer was labeled terminal, I remember wondering about the process of blunting those neurochemical signals that allowed me to feel what she felt. What does it feel like to live a slow death vis-à-vis your child, then go on to live your own life? It has been over 10 years now, and I am still figuring it out. One thing is for sure, I quit loving with the same fervor that led me to pursue my children so fiercely earlier in life.

To be clear, I did not set out one day to love less passionately once Marley became terminally ill. However, anecdotally, I can confidently write that a direct correlation exists between the joy that one holds to something and the degree to which it leads to pain when it ceases to empirically exist. (I use “empirically” here because I am a spiritual person; without it I would be hopeless.) In other words, the logical deduction looks like this: If I love less, I will hurt less. What about the opposite? If I love more, I will be more joyful. For the depressed person, the former tends to trump the latter. People who are depressed are just trying to get by from day to day, hour to hour, moment to moment. They are not trying to thrive or live optimally. Consequently, up go the walls, because if I do not let you in, then you cannot hurt me.

## **Death: A Foundation for Walls**

Death of a loved one does not necessarily have to lead to walls going up, but in my case, it did. Depression took over my mind and body shortly after Marley was diagnosed with brain cancer. She had a tumor resection shortly after the diagnosis. Because it was located close to the brainstem, the neurosurgeon could only remove part of it. Later that evening, Marley had a stroke, which left her paralyzed on the right side. A MIC-KEY button was surgically placed at her stomach so that we could give nourishment directly to her belly. A port was installed to give her chemotherapy more easily. With each surgery came a new reality. I was thankful for access to the technology and care that she received. I also felt a sense of hope slip away with each new therapy that did not work.

Hopelessness is a breeding ground for depression to take a grip. Coupled with the emotional blunting that I experienced, manifestations of despair surfaced. My wife experienced similar feelings but we happened to alternate with each other. When one was feeling high the other would be low, and vice versa. Although we were both torn to the core, we held on to each other. I was teaching several courses at local universities while working on a dissertation in psychology. I managed to teach my courses, meet deadlines, and appear somewhat functional. But my outward life felt like a lie. I was teaching cognitive dissonance to students while simultaneously living it out. Being authentic is important. Holding it together so as to not be a constant mess is also necessary. So, it felt like living a double life.

As therapists, an important part of the work we do is to honor other people’s experiences. After analyzing my own situation, I realize that part of my problem was letting anyone or anything get close to me. Even with medication, I was fragile. Distractions were a part of my repertoire, whether overworking myself or slipping into bed during the middle of the morning or afternoon. Once my metaphorical walls were built, I was quite proud of them. In a culture that lives out loud through social media, I was in a cocoon. It felt great inside there, except for the loneliness. Loneliness is a tricky beast. My disposition, specifically introversion, loves her. However, she cannot offer fulfillment. The next step is to remain in isolation but find supplements for people. This is a gateway for addiction. This paragraph began with a blurb about honoring experiences. Some believe that working with the lonely or the addicted is fruitless. I have so much empathy for those hurting people and try to not harbor condemnation toward those who dismiss them.

My supplement for people was isolation, a surefire way to perpetuate depressive symp-

toms. In retrospect, it is fascinating to think of my education and working knowledge of mental health, yet realize how disconnected I was from my own reality. The walls of depression felt too tall to climb. The most meaningful type of connection during this time was emotional connection. Some refer to this as connecting with the right side of the brain.

It was challenging for anyone to honor my experience because, frankly, what do you do when a young father loses his child? Do you leave him alone? Do you attempt to climb the wall? I am certain that I set land mines up around my wall so that it was dangerous to even venture near it. For psychotherapists working with the depressed, patience is key. Sometimes those land mines eventually get discarded, at least temporarily. If you find yourself near someone's wall, it is not for storming; remember its purpose. In therapy, it helps to simply notice the wall. Observe its metaphorical characteristics. What materials help to fortify it? What is the height? Depth? How has it protected the person in the past? How has it hurt the person? For those who belong on the outside of the wall, consider recognizing it with forbearance.

## **Experiencing Guilt During Joy**

The story of my family involves a dramatic plot twist. While Marley was still alive, my wife, Nikki, and I discovered that we were going to have another child. Nikki was pregnant with our third child when Marley passed away. The day that Marley died is when Nikki first felt our son kicking in the womb. Marley and Micah never met. However, many of their mannerisms and personality traits are very similar. They even look alike. The point here is not to solely point out the remarkable timeline. The timeline serves to demonstrate a point. Recall a statement made earlier in this article, "Time matters as we consider those safeguards that we use to protect ourselves." The joy that accompanies the birth of a new child could easily be eclipsed by the sadness of losing another. Insert the feeling of guilt here. I felt guilty for loving another child even though he was my own. In a twisted way, loving my new son seemed like betrayal toward Marley.

Allowing joy to permeate oneself can be incredibly painful given the right conditions. I have seen the mantra "choose joy" on t-shirts, coffee mugs, and bumper stickers. I think there is some truth in joy being a choice. Walls indiscriminately filter joy from entering or leaving. This is probably why many people choose to use substances to achieve euphoria, even if the sensation is fleeting. Nevertheless, our joy was blunted because we were still mourning a significant loss. These emotional experiences were best labeled as encounters. We did not seek either of them out. Instead, the floodgates of sorrow and anguish combined with great enthusiasm and joy. The simultaneous experience of opposing emotions is something with which therapists are keenly aware. The toll on resources that our clients undergo in such circumstances can be crippling.

## **Attachment and The Wall**

All the regular aspects of attachment theory were present in the delivery room when our son was born. When I hear the word attachment, the words that come to mind are protection, comfort, and safety. On the heel of what recently occurred, I knew that I could not guarantee my newborn child protection, comfort, or safety. I could only do

my best to love and care for him. These perspectives, while valuable to me, came at a high cost. I inherently knew that the more I loved my son and pursued him, the greater pain I would feel when he scraped his knee while riding his bicycle or got hurt by a friendship or worse. The wall came down for him, Nikki, and my firstborn daughter. I did decide to continue loving. Based on the size of my wall, this had to be a deliberate choice. Through quiet times of reflection, practicing what I preach to clients and students, I was able to make sense of my walls and make that choice. With hard work that involved intentional conversations with friends and the passage of time, I was able to let others in slowly. I shared my story with students. One of my greatest concerns through all of this was that Marley would be forgotten. I want her memory to live on.

Now, part of Marley's story and my experience gets to continue through you, the reader. My narrative is connected to you now. In connection, the walls come down a little further. ▼

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We are defined not by our borders but by our bonds.

—Barack Obama

Steve Eichel



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## Across the Generations: A Discussion About Sex Borders and Boundaries

WHAT FOLLOWS IS AN INTER-GENERATIONAL DISCUSSION BETWEEN TWO THERAPISTS OF DIFFERENT AGES AND GENDERS REGARDING HOW TOPICS OF SEXUALITY ARE ADDRESSED (OR NOT!) IN THE THERAPY ROOM. Our specialties overlap but are also different: Steve Eichel (SE) is a sex therapist and a psychologist. Lauren Gardner (LG) is a mental health counselor and counselor educator, and works heavily with trans and queer young adults. We started off having a series of informal discussions at professional conferences and are now preparing to present a workshop together at the upcoming 2022 Institute and Conference of the American Academy of Psychotherapists. In conjunction, for this article we prepared and exchanged questions with one another by email, then assembled our responses into the following exchange. The topics of boundaries, sexuality, sexual diversity, and how to address these in our work always interested us.

Readers are invited to reflect on their own generational identities and to, hopefully, glean something of value from both of our perspectives, 30s and 60s alike. Finally, in keeping with the tone, we admittedly approached these topics by painting with fairly broad strokes. The reader will hopefully be forgiving of the inevitable glosses that such broad brushes create.

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**SE:** I look around on social media, and it seems like many therapists are more willing now than before to admit, even broadcast, their sexual and gender identities and preferences. How does that affect the therapy process?



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**LG:** Making the personal public is very popular right now. We have Brené Brown as a dinner-table name, and vulnerability and openness are being recognized for the good things they are. People come out as gay or trans on social media because that's where their social lives exist. But we need boundaries. I have identities that I'd prefer most of my clients not know about, and I think that protects both of us. They may not want to share certain things with me, now or ever, and I respect that.

Some younger therapists especially seem to be making a successful niche out of doing this broadcasting in their marketing or profiles. Some even get on TikTok and make videos that I feel are blatantly unprofessional, but that's seen as edgy and accessible. Too much inappropriate disclosure, as we know, can undermine a therapy relationship. But what's inappropriate is highly contextual. The balance is in tasteful, purposive, boundaried self-disclosure. At best, we can model authenticity for our clients. But I think that means cultivating intentionality in how we bring our identities into the therapy room or into the public sphere. Being "kink aware" doesn't mean telling a client our own personal kinks!

**SE:** Speaking of kink and non-mainstream sexuality, according to a number of studies, compared to previous generations, millennials and Generation Z are more comfortable experimenting with a range of sexualities and gender expressions (Franzese et al., 2021; Moreno, 2005). How does this impact how we work with families, millennial adults, and the upcoming generation(s)?

**LG:** I hope that the newest generation of psychotherapists is getting good sexuality and gender diversity education in their training programs. There are more types of gender and sexuality than anyone could possibly inventory,

but some familiarity with sexual diversity seems essential. More seasoned therapists need to be getting this in their continuing education, but I worry they aren't. Polyamory, or instance, shouldn't be a niche. It should be common knowledge at this point. I also have a concern about the major cultural fault lines that surround gender and sexuality. These topics are lightning rods, and this is why I don't personally work with families. Affirming these identities over a political fault line is virtually impossible.

I've also noticed "Cis-het" being used more and more among trans and queer folks as a derogatory. ("Cis-het" means cisgender—identifying with the gender they were assigned at birth—and heterosexual.) So I think some of the shame has gone away, but also shaming can show up in a different way. The old defaults and norms of conventional heterosexuality aren't seen as safe anymore. Sometimes these norms are seen as harmful and coercive, just like beauty ideals.

**SE:** That's interesting. Do you think pornography has something to do with this?

**LG:** Sure. The internet has radically changed the type of media that young adults have access to, compared to what was available for previous generations in their early years. This includes, obviously, a far more diverse selection of pornography than was available to the average person previously. How do you think this has changed the sexuality of young adults?

**SE:** There are several perspectives to take. Historically, erotica has always been around. There are cave drawings that clearly depict sexual acts, for example. So in one sense, how to handle sexual stimulation is a challenge for every generation. And every older generation believes the younger generation is going to hell in a handbasket.

**LG:** Ha ha ha!

**SE:** That said, there are major changes in erotica consumption as a result of the internet. As much as I disagree with other things he's said, Dr. Patrick Carnes (1983), the developer of sex addiction treatment, was spot-on when he characterized internet erotica as "the crack-cocaine" of pornography (in both cases, the "drug" is the same, it's the means of delivering the drug that is different). Try to imagine this: When I was a teenager, porn existed in adult movie theaters and on 8mm film. Or in pictures and written stories. As bad as they were, porn films in the 1970s had rudimentary plots, with characters. You could only watch one at a time. You had to anticipate when the good scenes were going to happen. With the advent of VCRs, you had privacy and you could rewind to your favorite parts, but porn was still being processed serially.

With internet porn, we now in a sense have parallel processing. I can watch multiple porn videos at a time, my choices are beyond-my-wildest-imagination spectacular (compared to the back room of old video rental stores), and I can replay my favorite scenes over and over again, almost instantaneously. Just as parallel processing speeds (and heats!) up microchips, I suspect parallel processing of erotica changes the way that information is handled. And virtual reality sex delivered via the internet is just around the corner. At an American Association of Sexuality Educators, Counselors and Therapists (AASECT) conference over a decade ago, I was already hearing about in-

ternet-based mutual-masturbation devices that were being used by our servicemen and women abroad with their sex partners back home.

What does worry me is the absolute refusal of society in general to address these challenges. We are fighting over the inclusion of Toni Morrison's books in high school libraries because they have frank sexual scenes. Yet today, the average age boys are exposed to hardcore internet porn is 10. Is anyone talking to them (meaningfully) about what they are watching? No. In fact, we are in full-on retreat.

**LG:** I particularly worry about how this is affecting boys, too. Girls are getting support and attention and affirmation for their struggles, at least more than when I was a girl, yet boys are struggling in their own ways.

**SE:** Yes, in my practice and in my life in general, I am seeing more confusion and less sexually assertive behavior on the part of males; sadly, male sexual aggression does not seem to have abated much (Cripps et al., 2021). I am also hearing about more sexually assertive behavior on the part of females, and I believe that is a generally good trend... but one that can confuse boys. For reasons that are too complex to get into here (and may be products of my own old-guy interpretations), it seems girls are better than boys at just fooling around (including with each other) without getting fully sexual (i.e., engaging in some form of genital contact and orgasm). That has always been confusing to boys (who tend to be more goal-oriented) and I suspect will continue to be so.

**LG:** This brings me to the topic of #MeToo. A few years ago, we saw this seemingly seismic shift in women's willingness to speak out about sexual assault and sexual boundary violations. How have you seen men and women reacting differently to this societal shift? Has there been improvement since #MeToo, or is there blowback?

**SE:** I don't know the degree to which my own experiences have been or are indicative of broader social trends. The research I've read addressing #MeToo has been all over the place. Like every change in social behavior and mores, there is going to be confusion and unintended consequences. For example, exactly halfway through my high school career, we went from a somewhat conservative dress code (girls could wear slacks but not jeans, and boys could not wear jeans) to almost abolishing the dress code entirely. As we have seen from myriad studies, behavior tends to get worse when kids dress more liberally. That happened, and it was an unintended consequence.

**LG:** In my high school, in the early 2000s, the girls weren't allowed to wear short skirts or spaghetti straps. Now you hear the wise perspective that such dress codes are unfair because they teach girls that they're responsible for managing the boys. But no one was ever taught about consent in sex-ed. Yet they expected boys to know about consent and penalized them for not. So no wonder, with all these mixed messages, teens and young adults are dealing with social anxiety! That's not even addressing how much more confusing all this is for LGBTQ folks.

**SE:** Not to get too far away from the question, but I read an excellent critique of consent written by columnist and author Christine Emba (2022). She brought up many of

the issues I've heard from others (exclusively male): What if consent isn't really consent (maybe there never is true power equality)? What constitutes "enthusiastic" consent? What if some amount of intoxicant (e.g., alcohol) is involved? What if consent is withdrawn during sex itself? The author suggested the way out may be to practice Corinthian ethics, which involves always keeping in mind the best interests of the other. I can think of times when I obtained enthusiastic consent from a potential partner, but did not have sex because I believed it would ultimately not be in my partner's best interests.

**LG:** It's awfully hard to judge the best interest of someone if you don't understand their life experiences, though, isn't it? The first time you experience anything, you don't have a framework for what you're in for, so the whole informed consent thing is actually deeply fraught.

**SE:** First sexual experiences meant a great deal when I was a teen and a young man. What is considered intimate sexual behavior seems to have changed...oral sex used to be seen as more, not less, intimate than intercourse. Now some don't even consider oral sex to be sex. Have those first sexual experiences changed?

**LG:** You know, the sea change might be that young people now feel even more ashamed about the sex they're not having than the sex that they are having. They're ashamed of inexperience and seeking experience. There's so much noise around the so-called hookup culture on college campuses. Even the college students I work with, especially women, seem to dislike it. Most of them, men and women alike, feel it's a compulsive rush to avoid being last or with the lowest hookup count. It's a ritual means to obtain status. But it comes at a cost to turn sex into a means to an end, whether it's for status or anything else, including trying to get pregnant.

Anyway, this hookup culture thing is at odds with the numbers. While the younger generation is more diverse in terms of sexuality and gender, the reported frequency of sexual activity is decreasing. Recent statistics seem to indicate that young Americans are having less sex than previous generations did at the same ages. (Herbenick et al., 2022). On a philosophical level, would you say that having sex is essential for a healthy, happy life? (I know Wilhelm Reich seemed to!) Yet the rising acceptance of asexual identities suggests that some people are perfectly happy having no sex at all. What are your thoughts on Americans having less sex? Are there housing and economic reasons, or are the reasons more social?

**SE:** I was shocked when I read those statistics, and I need to know more. Other than age and gender, what are the other demographics involved? In my somewhat limited professional experience, I would say I have met exactly one person who was truly a life-long asexual (he was 75 when I worked with him). In my practice—and this might be a reflection of where I live, because Delaware has its own little Bible Belt—everyone (so far) who has claimed to be asexual has actually adopted that identity as a defense against a sexuality they reject (typically on religious grounds); typically that involved same-sex impulses and desires, a kink, or some other form of alternative sexuality that was causing them immense guilt and shame.

**LG:** I'm not sure, but I'd be interested to have a further breakdown about these reported decreases in sexual activity. It probably varies in a lot of ways that we're glossing over: e.g., discrepancies of social class, and so on. Probably sex is a lot easier if you have an apartment of your own, with a lot of leisure time in college, than if you're living with parents or working multiple jobs.

**SE:** Right. As do many therapists I imagine, I mostly see relatively sophisticated, educated, and probably politically liberal patients (especially true of my younger patients in their late teens or 20s.) They report having as much or more sex than I recall my friends and I having when we were in college in the early- to mid-'70s. Or at least more sexual partners. So I wonder if these statistics reflect, yet again, a growing polarization, one in which those in some demographics have more sex while those in other demographics (e.g., highly religious) have less?

**LG:** Could be. I think it also relates back to if sex is being approached as a means to an end, as an avenue to accumulate some kind of social capital or accrue status or experience. Then there's the age-old question of what counts as sex.

**SE:** The studies I have read do not clearly define sex. That's one of the first things I do when I see a new sex therapy patient. To me, any form of genital contact (vaginal, anal, oral, manual) is sex. I have worked with orthodox Christians, Muslims, and Jews who want to be (technical) virgins when they marry, so they only engage in anal, oral, or manual sex...and they don't call that sex. I remember once asking a young college woman (before I defined sex) how many sexual partners she'd had, and she replied, "Only 3." When I then told her giving or receiving oral and anal sex counts, her reply was, "Oh my...well, then, maybe a bit over a hundred?"

**LG:** What an interesting shift! I mean, as a woman of childbearing age, I imagine it feels safer to engage in sex acts you know can't get you pregnant. The legal climate around pregnant women's options is extremely tense right now. At least, I hope young people are practicing safe sex and are aware of STDs, contraception, and how to access abortion if they ever need it.

Anyway, I want to go back to the subject of housing because I think it's a major elephant in the room. You just can't have sexual liberation without economic liberation. So for young people trying to make it in college or advance a professional career, to make it to a solid place in the middle class, they usually have to go to grad school, move two or three times for a job or postdoc, often across state lines. So perhaps it's adaptive to put off not only childbearing, but also "catching feelings," entering a committed relationship. I think young people in the United States are facing a host of economic challenges that directly impact them sexually as well. For women (and trans-men) wanting to have biological children, the fertility clock doesn't slow down because it takes longer to establish oneself in a career. That's the dark side for young people, the economic uncertainty. My clients speak of some version of that fear fairly often, and many of them are quite cynical.

**SE:** As a teen, I was delusionally optimistic...the late 1960s and early 1970s were when the various liberation movements—civil rights, feminism, gay liberation, sexual free-

dom, available birth control and legal abortion—seem to coalesce and peak. But no. To me, the cultural revolutions of those times have been largely co-opted and bought out. Your average 8-year-old can watch a Bondage and Discipline, Dominance and Submission, Sadism and Masochism (BDSM) orgy on their cellphone but can't get an honest answer about their sexual questions from a live adult in authority. And in fact, in certain states now, a teacher answering a question about two mommies (or daddies) can get them into big trouble. To me, these are downright Orwellian times, at least in some localities.

**LG:** I have a lot of thoughts and strong feelings about how sexuality gets co-opted and bought out by marketing movements, but that's another topic. We all know the saying "sex sells," right?

You can talk about sex more frankly in a commercial than in a sex-ed class, at least in most parts of this country. What gets emphasized and what gets left out, in my view, are probably actually harmful. It leads to young people keeping secrets or feeling a sense of shame, or that certain elements of sexuality should be shameful or not OK. Predation or consent violation isn't OK, but sex ed usually doesn't emphasize that. And then there's new privacy concerns about what happens to personal photos or videos from past relationships or encounters. Sexuality is private, not secret. There's a critical difference there.

**SE:** Speaking of secrets, radical psychiatrist R. D. Laing (1971) once made the controversial statement that we should celebrate the first time our children lie to us. His reasoning: The day the child discovers mommy and daddy can't read their mind—that a child can lie and get away with it—marks the birth of the private Self. Yet, among some addiction therapists, there is a saying: You are only as sick as your secrets. The goal of all interrogations is to compel someone to reveal their secrets. Cults and other authoritarian groups—including abusive psychotherapies—demand ongoing personal scrutiny and confession to remain pure. So which is it? Value your secrets, keep your secrets, because they form the kernels of your true individual Self? Or tell your secrets because that's the only way we can heal?

**LG:** This brings us back to where we started. It's an interesting philosophical question. What's the difference between something that's private, compared with something that's secret? It's all hinging on shame. Brené Brown is really changing how everyone views shame, which I think is powerful, but it misses the valuable dimension of the private self. So, I'll go out on a limb here and say, we need to reconsider how we engage with sexual shame, with consent and boundaries. I always invite my clients to share willingly, or to practice their boundaries willingly. If we can just get the idea of boundaries down, then all of this will be much, much easier.

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We hope the reader has found it worthwhile to sit in on this casual discussion of generational differences towards sexuality, inside and outside the consulting room. With a topic so broad, we couldn't possibly address every dimension. In particular, we are aware that the welcoming of LGBTQ+ sexualities, and de-centering of heterosexual-

ity, is a tremendously positive development, but unfortunately not one that either of us could speak to firsthand. Nor could we speak directly to intersections of race and sexuality in psychotherapy, given that we are both White. To that end, in the future we hope to hear more BIPOC voices, as well as LGBTQ+ voices, offering firsthand perspectives on such generational shifts in sexuality. In the meantime, we are both excited to see the many ways that future generations grapple with sexuality, whether in terms of spirituality, technology, relationships, media, or beyond.

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Boundaries are not walls; they're portals and you decide who comes and goes into your sacred territory.

—Toni Sorenson

**Summer, 2007**

**Grover E. Criswell**



*Grover E. Criswell has been actively interested his whole life in issues of personal and social ethics. He brought a long history of that with him into the field of psychotherapy. He has served as the ethics chair for the Academy and is currently the ethics chair for the International Integrative Psychotherapy Association. He was active in writing the Ethics Code for both organizations. He is on the Voices Editorial Board and is a past president of the Academy.*

## **Ethics: An Expression of Love**

*The major content of this article was in a plenary speech given by the author at the International Integrative Psychotherapy Association meeting on April 13, 2007 in Rome, Italy.*

LOVE IS WHAT TRANSFORMS MORALITY INTO ETHICS. The core of what I have to say is contained in this sentence. Ah, if it were only that simple. The truth is this: all three of the pivotal words in our sentence—love, morality, and ethics—have been misunderstood and even twisted, especially related to the field of psychotherapy and ethics.

Let's begin with the ancient word "morality." Morality has always had to do with various codes of conduct, the prescriptions for what is right and wrong, good and bad, accepted and rejected. Every culture, including the myriad organizations of psychotherapists, has devised these principles to guide the members of that culture toward appropriate behavior. We hear about the rules. We read about the rules. We are taught about the rules by those in authority. And there are punishments for breaking the rules. This is the point where we all begin in our learning about ethics, both as persons and as therapists. We start with the principles of morality. Hopefully, morality is not the standard to which we limit ourselves.

In my family of origin there were many rules. Most of them were never spoken. My parents were good people, but they weren't very educated. They relied heavily on the teachings of their conservative Protestant church and its restricting admonitions about the good and the bad. They were also greatly influenced by the superficial assumptions that guided those who lived in the predominantly rural, southwestern United States.

In spite of these limits, there was much good in the content of these principles they embraced. By words and actions, they expressed what my family believed to be the important ingredients in becoming a responsible and caring person. I have vivid memories of my parents and their friends always trying to be helpful when someone was in

need. It was assumed in my family that you knew what was expected of a good person and you would conduct yourself accordingly, yes indeed, to the letter of the law.

Here were the problems with this program. They took a *prescriptive* approach to ethical situations and believed they could know ahead of time what would be appropriate behavior. Their rules blinded them to the nuances of particular situations, especially the rules not spoken, or hidden in ambiguity. They were helpful to others according to their assumptions about what it meant to be helpful. The shady side of this code was the belief that following the rules was a sufficient ethical blueprint. The destructive consequences of this moral design were in the fear and anxiety it engendered. There were harsh judgments for those who would dare deviate. Needless to say, I have just described the landscape for a large portion of my personal therapeutic journey, trying to escape the moralistic maze in which I grew up, without leaving behind the elements I valued.

The relevance of this brief excursion into my personal history is that we have some similar dynamics going on in the field of psychotherapy. We have a plethora of moral codes dictating appropriate behavior on the part of therapists. Even though they prescribe, sometimes meticulously, rules to be followed and only hint vaguely, at other times, about other rules, most of us would not take issue with much of what they suggest. There is a great deal of agreement among us about what is bad behavior on the part of therapists, at least when we are speaking in generalities. Most of us would see the teaching of these codes as an essential part of the early education of any psychotherapist.

What the custodians of these moral codes often do not recognize is that they are indemnifying a “*minimalist ethics*.” The codes do not motivate therapists to reach toward the highest levels of clinical practice. They inadvertently imply, by labeling their moral codes as “codes of ethics,” that all you need to do to be an ethical therapist is to follow the rules. A fairly liberal friend of mine once served on a state licensing board for psychologists. He spoke up often. One of his most famous statements was this: “If anyone meets perfectly the standards of this licensing board, they should be declared *incompetent* as a psychotherapist.” Those in power were unable to appreciate not only the humor but the substance in the point he was making. He was later removed from the Board when a senator thought he had not been punitive enough against a therapist accused of malpractice and the senator pressured the governor not to re-appoint my friend.

We are in big trouble when it comes to the devising of ethical standards in the United States. Many licensing boards and professional ethics committees are trying to codify in more and more detail the official image of ethical behavior. This is generally not seen as a friendly act by us therapists out here in the trenches. In many ways these boards are seen as the “enemy.” Their efforts are held suspect. The rules of what is deemed appropriate are perceived as becoming increasingly specific, particularistic, numerous, cumbersome, and potentially contradictory. In their fervor, the rule makers are seen as striking a blow against proficient psychotherapy.

What we have here is more than a public relations problem. The dilemma expressed by those who sit on licensing boards and professional ethics committees, in the *ethical inner circles*, is that the ethics codes are too *aspirational* and not specific enough. They fail, so say these persons, to give enough ethical guidance and fall short of providing consistent standards to guide these committees in the cases they have to adjudicate. They see their codes as too fuzzy and not specific enough. They want more detail. They argue that the vagueness in the codes leaves far too much to the interpretation and then the dis-

position of the members of licensing boards and ethics committees. They aver that the absence of more specific regulations has generated a climate for the abuse of power and that better rules would help manage that problem. This desire to manualize the ethics standards does not inspire confidence in most practicing therapists.

What has often been practiced, in the view of many therapists, in spite of the alleged *aspirational* nature of the codes, is a binary system of “good and bad,” “right and wrong.” This generates much anxiety and fear. Back in the 1960s, there was a line of research projects demonstrating that right/wrong thinking was dominant only with children, primitive cultures, and schizophrenics. All educated persons and functional adults, in a word, could recognize that the world is far more complex.

In my view, the drive to specify more rules and to make the ethics documents even more voluminous is a push in precisely the wrong direction. This is a misguided attempt to limit the abuse of power and will only reduce the discomfort of those charged with the consideration of complex ethical issues. While we may assume that the majority of those who sit on licensing boards and ethics committees may not have a wish to be punitive and legalistic about ethical issues, we can understand how the complexity of the ethical questions that come before them might have them yearn for more rules. Yet only by staying fully in touch with the troublesome complexity of the ethical issues will they be able to come to the elusive truth of the matter before them. Then they will be able to restore for themselves and their colleagues some image of fairness.

The felt sense of many therapists is that we are moving toward pedanticism in the ethical standards employed by licensing boards and ethics committees of various professional organizations. So when these groups want to pin down correct therapeutic activity and set out significant penalties for noncompliance, there is little trust for that agenda. The prevailing movement is perceived as a trend toward increased rigidity and more control of therapists by those who sit on these boards. In their effort to cover all bases, they are perceived as placing a strait jacket on the creative practice of therapy and are generating a climate of fear.

Let's take a brief look at what has happened to the principle found in most ethical codes: “boundary violations.” Most of us would agree that protecting the boundaries of the therapeutic relationship is a good thing, both for the client and for the therapist. Certainly no therapist should use the therapy relationship in ways that take advantage of the vulnerability of the client. What is happening, however, is the minute explication of all of the various actions that the phrase “boundary violation” might cover and a question mark is left before many others. Many therapists emotionally pull back from their clients and truncate the therapeutic relationship. Although many therapists believe strongly that this reduces the value of the therapy, there is apparently little concern on the part of the rule makers that to mandate emotional distance, implicitly or explicitly, may itself be unethical.

In the state where I am licensed, a therapist is not to have any other relationship with a client outside the therapy hour and must justify any physical touch. We clearly are never to mix therapeutic and supervisory contracts. If I know of any ethical violations, I must report them or I am committing an ethical violation myself. The state licensing board sends out a chilling newsletter documenting the actions they have taken against therapists. The majority of actions concern some form of “boundary violation,” but the descriptions of what actually took place wander all over the landscape and appear arbi-

trary or inconsistent. These random actions might support those who want more specific definitions, but at the same time the very same material is frightening those of us who shudder at further movement in that direction.

In a town the size of mine, where I have been practicing as a therapist, supervisor, teacher, group facilitator, and pastor since 1968, and where half of my clients are therapists, let me assure you that while I try to remain clear about which hat I am wearing, I function in many roles and live in multiple relationships, none of which I believe violate therapeutic integrity. The term I like better is “overlapping relationships,” which honors the complexity of life and guides us to be mindful of multiple obligations.

The problem with the moral codes is with the straitlaced enforcement of these rules. The philosopher Alfred North Whitehead once said: “The simple-minded use of the notions ‘right or wrong’ is one of the chief obstacles to the progress of understanding.” These boards have much unbridled power and not nearly enough questioning of their own assumptions. Frightened and anxious people become moralistic and punitive.

Love is the answer. We come to another of those complicated words in the first sentence, but it is the pivotal word. It is the bridging word. It is the word that makes all of the difference, and it is probably the word that is the least understood. Don’t be surprised—as you scan the literature of psychotherapy—that you find this word seldom mentioned. Or, where you do find it referenced, there is an allusion to detrimental counter transference and a certainty that we are emotionally over-involved with our clients. We have fallen in the ditch, need immediate supervision, and should strongly consider referring the client. In the field of therapy, a strong phobic reaction to the word “love” has had a weakening and stifling effect on therapy relationships. We are not to get too close or surely bad things will happen.

How mystifying the word “love” is. The dictionary defines “love” as “a strong liking for someone or something; a passionate affection for another person.” They talk about a “love affair,” “being in love,” “falling in love,” “making love,” “being lovelorn,” “a love knot,” “being loveless,” and finally down at the end “loving kindness.” No wonder we are confused. As with the Eskimos’ reputed fifty-seven words for snow, it is vital we appreciate the nuances of an element so important to our livelihood. As therapists constantly involved in relationships, why haven’t we become more attuned to the nuances of love and become more comfortable in discussing it?

The only way to understand love in psychotherapy is to grow more comfortable with experiencing and discussing matters of the heart. We have to enlarge the frame to talk about heart connections, compassion, concern, kindness, tenderness, vulnerability, empathy, attunement, affection and commitment. These discussions require us as therapists to open our own hearts and experience ourselves as more than scientists. There is no other way.

Where love in therapy begins is with the predisposition of the therapist. How do we talk to ourselves about what we are doing? How much do we let ourselves be involved? When we are open to loving our clients, we bring as much of ourselves as we can to the therapeutic moment. We bring our learning, our self awareness, and our experiences in our own lives, including our work as therapists. We are willing to be touched by this person who has sought our help. We open ourselves to caring and being cared about, and to feeling genuinely involved. One of the reasons this is so challenging is that it is unsettling to face the fact we can’t know ahead of time what this involvement is going to

mean to us as persons. If we take this approach to therapy we are going to be impacted by what happens. Love calls us to sit in the concreteness of the particular moment, sometimes awkwardly, but always with curiosity. Love allows us to fail and to find healing for our mistakes. The first thing love transforms is us, as therapists: we simply experience our work differently.

The next message love makes clear to us is the transforming power of relationships. What will be loving toward this person who is our client is never clear, except in some generalized way, until we are in the therapeutic moment together. We can know principles, but we won't know what love will require until we are there. Love finds expression in the concrete decisions of how we intervene and how we don't. Will we go with them where they need to go in their therapeutic journey? The hardest times of loving are when we need to hold back, not giving an answer they desperately want, not rescuing them from a pain they must experience, confronting them with truth they don't want to see, holding to the contract when they want special treatment, and risking the relationship as the cost of their healing. Love is not about the impulse to make people feel better; rather, it is the honoring of the therapeutic alliance because we believe in the value of the process.

Someone asked me recently whether I love all of my clients? Here again we are thrown into confusion because love is a whole spectrum of feelings and attitudes and actions. When I begin with a client, I am mostly down at the respect end of the scale. I don't even care about them yet because I don't know them. I am open to caring, but caring takes knowing. I will try to interact with them in a way that is loving and affirming of who they are, but my investment in them will grow only as we work together. If I can't find that caring connection, even after doing my homework on myself, then I know eventually I have to refer them. I seldom look for the loving moment directly, but that experience can appear as the music of the relationship. When we are focused on the work, my interest revolves around what feels honest and true, and we proceed with as much courage as we can muster.

As I work with someone over time and they are willing to risk themselves in the therapy, I often feel more loving and invested in them. Do I love all of my clients? In some manner of speaking: yes. Then there are those few of my clients whom I dearly love. In trust, they have so opened their lives to me, and I have felt so deeply touched in their therapeutic work, that I carry them in a special place in my heart and always will. I am careful about how directly I share this with a client because I do not want to burden them or for them to feel obligation toward me. Yet I think they know there is an important and powerful connection between us.

Now we come to the word we have been driving toward: *ethics*. What is probably clear by now is that ethics ought to mean far more than a set of rules, more than coloring inside the lines, more than producing the proper image. As important as the principles of ethics can be, the *practice* of ethics is the decisive concern. If we take this road as therapists committing to ethics as an ongoing process, be assured we will function with less certainty and a good deal more vulnerability. Ethics resides on a level above the proverbial "moral high ground." Ethics inhabits a landscape where there are many shadows.

A tale is told that Moses came down from the mountain and was laying out, for his stone mason Aaron, rule after rule. Aaron only had a small slab of stone and began to be overwhelmed by the number of commandments Moses wanted recorded. Aaron saw the

amount of work it was going to take to hammer all of these injunctions into a tiny bit of space. He finally interrupted Moses and pleaded, “What if we reduce them all down to this: Act responsibly in love?” When we cook down all of the ethical codes for all the organizations of psychotherapy from all over the world, maybe this is the bottom line: “love your clients and act responsibly.”

This was essentially what Joseph Fletcher was saying in the book he published in 1964 entitled *Situation Ethics*. His was a very influential book, but he was widely misunderstood. This was the beginning of the Encounter Group Movement in the United States, and Fletcher was frequently misquoted as saying “as long as it feels loving, anything goes!” He never said that. What Joseph Fletcher did say was that love is the ultimate law that pulls us into the concreteness of lived situations: not a substitute for responsibility, but the energy that defines it. We bring to the ethical moment our principles, our core values, our life experience and our learning to discern decisions that guide us in loving acts. He saw love not as only a feeling, but as an imperative we carry with us into all relationships. Ethics was always *contextual* and *relational*. Love was always the “absolute norm” and a “calculating method.”

In the field of therapy, many professional organizations frame the ethical questions as: “What shall I do?” and “What is permitted?” More important to me have been the questions of the feminist ethical approach: “Who shall I be?” and “What is preferred?” Ethics is about who we are. When we take this ethical stance, the ethical questions are a part of every therapy session. Saying it another way, there are ethical implications to almost every single therapeutic decision we make. We have to live with the uncertainty of not knowing for sure in a particular moment whether we got it right. Sometimes only in retrospect is that made clear.

A colleague, on hearing my affirmation, declared he couldn’t do therapy if he had to obsess constantly about whether he was being ethical or not. He saw the statement as reminding him that “big brother” was relentlessly watching for his mistakes. This response only reminds me of how trapped we are as a profession into thinking about ethics as primarily correct behavior. Certainly we cannot practice with a careless disregard for the “moral police,” but neither can we let them prescribe when and how we shall be ethical.

If a complaint is ever brought against me—God forbid!—what I would want from the particular licensing board or ethics committee reviewing my case would be some sensitivity to the complexity of the therapeutic relationship. I would not want them to review me on the basis of some simplistic check list echoing limited assumptions about what is appropriate psychotherapy. I would want some appreciation for the fact that psychotherapy is as much an art form as it is science. I would want them to put themselves in my shoes and recognize that therapeutic decisions are seldom crystal clear. I would want them curious about the nuances—whether the action by a client is acting out, or is in a stumbling phase of the therapy, or is an expression of ignorance by the alleged victim about how therapy evolves. I would definitely want them to consider whether my actions were a therapeutic mistake or malpractice. I would want them to care about my motivations. I would want them to meet me with my goodwill assumed. I would want them respectful of me and honoring of my integrity as a therapist. In turn, I would deal gracefully with them if they were called before the ethics committees on which I sit and our roles were reversed. More rules will not get us to this quality of ethical interaction

with each other. To start with, we have to remember the best about who we are and relate from there.

Ambiguity surrounds many of the most important ethical decisions. No rule book can ever anticipate all of the ethical situations we therapists encounter. The answer is simple: you can't dictate what is caring. When we have love in our hearts we can find the way, which is true for us as therapists and for licensing boards and ethics committees. What is loving lingers in nuance and makes an appearance only when we have the courage. When we are committed to that ethical norm, we discover its manifestation in the tangible therapeutic moment.

What I believe is this: what is good ethics is good therapy, and good therapy, at its core, is a loving act. ▼

## Commentary

I HAVE REFERENCED THIS ARTICLE MANY TIMES IN MY SEARCH FOR ANSWERS TO ETHICAL QUANDARIES, FINDING IT TO BE A HELPFUL AND AFFIRMING GUIDE. It often has felt like a warm blanket for moments of stress, invoking love for myself, my profession, and my client. As I have grown since 2007, my perspective has widened, incorporating much of what Grover offers and adding some collected wisdom from research as well as experience.

At the time the article was written, Carol Gilligan's (1982) work on the "ethics of care," was being added to and integrated with the "ethic of justice." The ethic of care was the more feminine manifestation of the role of compassion and care (i.e., "love") in ethical decisions. This was presented by Gilligan as an equal strength to the more mainstream ethic of justice or rules, a more masculine, logos-based system. Grover was right about the importance of the ethics of care.

Grover writes about his family of origin and its rule-based discipline. He states that ethics as "the rules" is not/was not enough. I agree. And as a developmentalist I am relieved by the notion that there are factors beyond Kohlberg's (1971) "law and order" stage of moral decision making to be considered in ethical decisions.

However, I am reminded of the popular movie *Love Story* (Minsky & Hiller, 1970), for which the theme song declared, "Love means you never have to say you're sorry." This had deep appeal for me, coming from a family who so rarely apologized. Now married 50 years, I realize how wrong-headed that love philosophy was. So I argue that neither rules focus nor love is enough.

I have been heavily influenced by the work of John Gottman (2004), whose research on couples has demonstrated that, whether couples have a lot of conflict and bickering or only a little, the most important factor in relationship endurance is repair. The damage caused in couple's conflict is mitigated by repair. On a larger scale, this is echoed in the work of the Truth and Reconciliation effort in Germany and in South Africa. Their focus is on truth (acknowledgement of injury or a violation of rules) and reconciliation (essentially penances as repairs toward those who were harmed) in the service of making room for peace (Katterman & Scharwiess, 2010).

For me, ultimately, ethical decisions rest on: a) justice, based on rules for the greater good; b) compassion, the ethics of care, also for the greater good; and c) the importance of reparation, in the service of the greater good. However, even basing one's ethical decisions on these three pillars requires weighing and prioritizing the relevant possibilities. Our ability to do this is developmental.

So I am also strongly influenced by Harvard psychologist Robert Kegan's (1982) constructive developmental theory (CDT) of progress through levels of increasing maturity in decision making through the adult lifespan. The CDT stages are like a set of matryoshka dolls, which when considered from smallest to largest have ever enlarging perspectives and capacity to hold

opposing views. Moreover, “using ‘higher’ to describe a particular mode does not imply a value of better or worse. Each successive level represents a more comprehensive balance that includes and subsumes previous elements” (McWilliams, 2017, p.4).

Kegan argues that there is a type of post-formal operations growth that, if it occurs, will not be before mid-life. He also argues that only a small subset of the population will reach this level of ability to weigh and prioritize factors in decision making. When challenging experiences such as ethical dilemmas contradict our internal existing order, we grow into new ways of understanding.

To quickly review, Kegan’s CDT stages are as follows (Coker, 2020):

- Stage 1, Impulsive. Pre-Adulthood.
- Stage 2, Instrumental. Decisions are made with regard to personal needs, goals, and agendas. This is adolescent level, although 10% of the population remain forever at this level.
- Stage 3, Socializing. Decisions are made with regard to one’s identity and social affiliations. Approximately 58% of adults remain at this level. They have great difficulty understanding world views and identities outside of their own.
- Stage 4, Self-Authoring. Decisions here are made from the perspective of self-authored identity, beyond one’s social group or affiliations. People settle into this level in mid-40s. People in this group are able to separate from their social or personal identities but have great difficulty separating from their values. “Fourth order people don’t have values, their values have them, they are their values” (p.23).
- Stage 5, Self-Transforming. Decisions here are made in connection to the universal and are not dependent on an individual’s values or identity but instead incorporate widely divergent perspectives, contradictions, and paradoxes. Only 5-8% of the population reach this level of capacity for enlarged perspective.

Here are three impacts of Kegan’s theory on the examples Grover writes about.

First, Grover argues that a binary system of good/bad, right/wrong is too limiting and, further, that although creating this binary system is an attempt to reduce abuse of power, increased codification is appealing because it serves the purpose of reducing discomfort with uncertainty (i.e., it gives the illusion of certainty). I agree with Grover on both of these points. Kegan’s work is helpful here, as codification and right versus wrong ethical thinking are both Stage 3 perspectives.

Further, I can relate to Grover’s example of the ethics of boundary violation as applied to life in smaller communities. I, too, practice in a smaller community, and for me a good weekend is one in which no one asks me an important or sensitive psychological question in the produce aisle. Some rules pertaining to boundary violations in various settings do not reflect the myriad alternate contexts when ethical rules about separation of clients and therapists are being considered. This, too, is a Stage 3 error, whereas the concept of “overlapping relationships,” as proposed by Grover, reflects a wider, Stage 4 perspective.

Where do I stand on Grover’s position, “Ethics is about who we are”? If we adopt this adage, we are solidly comfortable with the self-authorship of Stage 4. But here we run the risk of rules as defined by ourselves, without the narcissism of Stage 2, perhaps, but nonetheless missing an opportunity for wider context. Stage 5 thinking would encourage prioritizing universally recognized values, such as the Golden Rule, rather than affiliative values attached to, for example, a specific religion or political party. It is helpful here to recognize and aspire to the core values held in common by all religions, including the dignity of each person, respect for life, freedom of thought and expression, and freedom of religion and conscience (Elgenaidi, 2014). Ethics then becomes about who I am in the service of the greater good in the world at large.

All three of the above points rely on embracing ambiguity. As Grover states, “Ambiguity surrounds many of the most important ethical questions.” Ethical education/consultation then becomes a kind of training for the tolerance of uncertainty, that we can never anticipate all the possible situations in which we will find ourselves, followed by the application of three principles: justice, compassion, and reparation. Embracing ambiguity is preceded by a willingness “not to know.” It is through the conflict inspired by not knowing that we grow into the next levels

of our ability to process ethical decisions. Humility, then, is a foundational posture for ethical queries.

Humility and embracing not knowing lead many of us to supervision, a resource for therapists endorsed by both Grover and me. Supervision helps with the acceptance of not knowing and with holding the anxiety that not knowing engenders. Kegan (1994) wrote of developing “servant leaders,” leaders who embrace not knowing, who accept and embrace those with less complex perspectives with respect and understanding, and who promote the highest good for the overall community. Kegan’s work would argue that mature, even older, supervisors are more likely to be able to offer and contain larger perspectives. Good psychotherapy supervisors, in a sense, can be our profession’s servant leaders. Grover’s article reflects his own longstanding servant leadership.

Within the past year, I have undergone a complaint against me to my state Board of Psychology, my first in over 40 years of practice. In nearly a year since the complaint was filed, I have yet to hear the final disposition. It has caused me to reflect deeply on ethical decisions in general and my own ethical choices in particular. I am happy to say that with regard to the complaining patient I would not have done anything differently, that I can live with and love myself in the decisions that I made. This hard-won perspective was gained after months of questioning, supervision, and therapy. But I recognize that others, including my patient or members of the Board, may see it differently. I hope they consider justice and fairness, compassion, and the overall greater good for the patient, the profession, and the society, as well as for me. I hope they are mature and wise, and I hope they are humble. In the meantime, I remind myself often of Rilke’s 1903 letter, his expression of servant leadership, to a young poet/protégé:

Be patient toward all that is unsolved in your heart and try to love the questions themselves. Do not seek answers, which cannot be given to you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer. (Rilke, 2016, Fourth Letter, p. 35)

—Penelope Norton, PhD

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THE ARTS — WHETHER LITERARY, PERFORMANCE, OR CREATIVE — EXPAND OUR ABILITY TO EXPRESS THE DEEPER TRUTHS OF LIFE, SOMETIMES TAKING US WHERE WE DON'T OTHERWISE HAVE THE LANGUAGE OR MEANS TO GO. Art can take us into lives and worlds beyond our own lived experience as well as give us insight into our own. Whether the power of fiction to tell universal truths or poetry to capture a profound emotion, the ability of music to stir the soul, or the visual impact of a painting or sculpture that touches something deep within us, the arts move us beyond our words and beyond ourselves. They open us up. They help us name our unknown knowns.

The relationship between the arts and psychotherapy is bidirectional. Each recognizes the power of the other in the common pursuit of insight and expression. Any form of art can have therapeutic impact, directly or indirectly enhancing the formal work of psychotherapy. And above are just a few examples from a long history of the arts depicting psychotherapy, exploring the mysterious power of the therapist's couch, or expressing the pain of mental health struggles.

For this issue of *Voices*, consider what works of art have opened your mind or soul to new insights or therapeutic healing. What have you returned to time and again? What did you read, watch, or listen to that helped you get through pandemic isolation and angst? How has performing art yourself—writing, acting, dancing, playing an instrument, painting, sculpting, taking pictures—allowed you to express an emotion or process an experience? What depictions of psychotherapy in the arts ring true? Which feel hollow? How have the arts or their portrayals of psychotherapy inspired your work as therapist?

Consider, too, the integration of art and therapy: how expressive arts therapy helps clients access deeper truths that evade talk therapy; how the sand tray allows children to tell their stories of early trauma before they have the language to speak them. Consider the impact of bilateral music in brainspotting. How have you used the arts in your work?

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

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