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THE ART AND SCIENCE OF PSYCHOTHERAPY



what's
LOVE
got
to do
with
it?

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Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

Love isn't a state of perfect caring. It is an active noun like struggle. To love someone is to strive to accept that person exactly the way he or she is, right here and now.

— Fred Rogers

Voices: Journal of The American Academy of Psychotherapists *i*

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On the Front Cover:

Locks of Love Over the Grand Canal, Venice
2014, Photograph by Mary de Wit

Love is the bridge between you and everything.

— Rumi

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in Psychotherapy
Charon Cumming

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pists, October 19-23, 2016,
in Washington, DC.



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Editorial

What Love Has to Do With It

WORKING ON AN ISSUE OF *VOICES* IS ENLIGHTENING. I become immersed in the theme, the wave of each story tugging me now along this line of inquiry, now that. I am both editor and reader. Editing, I guide, hone, elicit, push and sometimes scissor the text to be its best, deliver the most. Editing is preparing the meal. Reading is eating it. As reader, I feed on and am sustained by the writers' gifts. In the end, I have the exquisite experience of being both creator and consumer — rather like in therapy, where we shift invisibly between moments of offering and moments of receiving.

Immersion in this issue's theme, love, begins with Michal Rubin and Kay Loveland's paired remembrances of the late Bruce Schell, achingly portrayed in an imagined last therapy session. Not surprisingly, wondering "what's love got to do with it?" inspired many to delve deeply into their personal relationships and process. Nick Kirsch traces his experience with love and arrives at a discovery of the Academy as his "beloved community." In "My Mother's Bowl," Steve Shere continues his exploration of how family history shapes him. Ellen Weber Libby poetically evokes a painful sibling rivalry that approaches resolution. Foreshadowing the upcoming winter issue on race and racism, Sean LeSane and Mike Giordano team up to describe the development of an outspoken friendship between a black man and a white man.

The issue also turns an eye toward clinical issues and observations. Marilyn Schwartz and Jane Baxter humorously help a "lovesick therapist" to navigate ethically the treacherous waters of sexual attraction in the room.

Just-retired Linda Tillman shares the sometimes-bumpy process of closing a practice and losing her mother. Sara Taber explores memoir writing as a therapeutic vehicle. Meredith Krollman searches her experiences as both patient and therapist to describe a connection she calls “heart-between.” In a trim sketch, Pattie Palmer-Baker captures her psychiatrist.

As a prelude to the upcoming AAP Institute & Conference in Washington, DC, a special section features five scheduled presenters. The developers of Imago Relationship Therapy, Harville Hendrix and Helen LaKelly Hunt, expand the rubric to incorporate the concept of wonder. Executive coach Jane Feldman digs into the boundaries around coaching versus psychotherapy. Steven Stosny draws from his new book to illustrate how mature love develops from love’s start in the “toddler brain.” And, following the death of her first husband, writer Nancy Sharp describes love “from both sides.”

The intrepid Bob Rosenblatt and his respondents bring us an Intervision case questioning whether clients must make progress in order for us to succeed as therapists. And finally, art, poetry and observation by Wayne Kernodle, Arthur Weinfeld, Doug Stone, and Lucie Lie-Nielsen offer insight into the question, “What’s love got to do with it?” ▼

We are never so vulnerable as when we love.

— Sigmund Freud



Just One More Session

ON A DECEMBER DAY, ONE MONTH BEFORE THE 16TH ANNIVERSARY OF OUR RELATIONSHIP, MY THERAPIST DIED. It was on a Tuesday, while sitting at a Tel Aviv cafe, that I found out about his death. We had had a session just three weeks earlier; another one was scheduled, marked in his calendar, but instead I found myself singing to him in hospice.

A couple of years after his death, while in supervision, I was grieving the end of our relationship, the loss of all that we had. I said: “I so wish we could have one more session. A session that would have been much like all our other sessions—I would be held by Bruce (literally), and he, as usual, would be tuned in with an impeccable and delicate knowing. And I would travel among my many selves, the young one, the adolescent, and the emerging adult woman. But this session, unlike other ones, would have an intention, a direction. We never before had to say good-bye. At this last session, we would be the way we had been for years and, with what we had created together, we would face this challenge. This one session would be about the December of our relationship, about our love, and about the finality of his death. So we could say good-bye.”

And there stood the invitation, the challenge, to bring to life this one session. And the session would go something like this:

I climb the stone steps between the berry bushes, patting the dogs in passing, and I enter the office. Even after 16 or so years, I feel shy. I take my shoes off and I find my favorite corner of the couch, into which I slump, me and my teenager self. Bruce follows me, sits in his chair, takes his shoes off in his usual way, moves closer to me so we almost touch, and settles in.

I dare to peek, lock eyes, and I feel a bit less shy.

MICHAL RUBIN, PhD, has been practicing psychotherapy and supervision for the past 25 years and serving as a cantor for 13 years. Bringing together the world of spiritual song and that of psychotherapy opened a door for her to experience being present with another through words, music, poetry and silence. Sixteen years in therapy with Bruce Schell taught her about love in psychotherapy. And being a “savta” (a grandmother) is teaching her about aging.

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Bruce: *nods*, Hello.

Me: Hi.

I smile at first, and then the smile disappears.

You look so thin.

B: Uhum. Yeah.

Me: I'm scared.

B: I know.

We sit in silence as I shrink into the couch.

Me: Is this our last time?

B: I'm afraid so.

More silence. We are not rushing. We move with small steps.

Me: Will you let me visit you in the hospital, like you promised?

B: Yes. This is not the last time we'll see each other, but it is our last session.

Me: I am not done, I have not really "graduated from high school." *Our ongoing metaphor.*

Bruce smiles sadly. I start tearing up.

Me: So what do we do? How do we do today?

B: Breathing. Just breathing. You and me. I'll role-model for you.

Me: But I cry when I breathe. *My voice is young and whiny.*

B: I know. It is a good day to cry.

Me: Fine! *Saying it with a teenager's attitude.*

I manage to slow down my breathing, notice it, deepen it, and the tears, predictably, appear. Gently they emerge.

Me: I am going to say something you have heard me say before, so don't get bored. *I smile. He smiles.* I want you to love me. I always wanted you to love me. I think that was most of what I've always wanted. To just know that.

B: I do, and have loved you for many years now.

Me: I so want to hear it, again and again. Do you remember telling me that I will need to hear it many times before I would believe it?

Bruce nods.

B: Yeah, I remember. *A few seconds of silence.* Look in my eyes. And don't forget to breathe.

I do. I look. I hold it for maybe a second. Not quite sure about the breathing.

B: OK. Success. Four seconds. What did you see?

I don't respond verbally, but I dare to know what I saw, and I nod slightly.

B: Do you believe me?

Me: I think so. Yeah. *A few seconds of silence.*

Thanks.

B: No need to thank me. It is just so.

Me: You know how hard this conversation is, but I so want to have it.

I gather a bit of courage. It is so hard.

When did this start? You loving me?

I am anxious. I open my mouth in an attempt to fill the space. Bruce, very gently, motions to me to be quiet.

B: *Eyes closed, then a shrug, and he opens his eyes.*

I am not sure I remember exactly, but as I know myself, it must have begun when I felt and believed in your very stubborn and so very real presence. You came here, to this space, time after time, fully engaging and fully engaged. And I thanked you for it. Often.

I cry as I remember those times. He did thank me. For the longest time I did not understand. With the passing of years, with the deepening of our relationship, I got closer to an understanding, which allowed me and all my needs to be present even when Bruce himself was experiencing the most difficult and painful times.

Me: I don't want to cry so much, because I won't be able to have the conversation. I need to hear you talk. I need to hear your voice. I need to remember your voice.

We both wait for the sound of our conversation to soak in. It is a pleasant silence. Unpressured. There is time. I feel the spaciousness.

Me: I know I have asked you before, but I need to hear it again: What do you love about me?

B: I just do.

Me: Yeah, ok, but I will believe it more, and I think I will remember it more if you can say "I love this, I love this." *I stop breathing. I feel myself backpeddling. Wait, wait, wait. Don't say it out loud, just think it. I am too embarrassed.*

B: It is the last opportunity, probably, the last time I can look at you and tell you face to face. I don't think we should let go of this opportunity.

Silence.

B: Come closer.

Bruce gently holds my hands, and I put my head on his chest, resting it over his heart, in the nook of his shoulder. I settle into the familiar way of being held, into his cradling, which he has done for so many years. Feeling his heartbeat, experiencing the fruit of 16 years of hard work, and trying not to think of its finality. Not yet.

B: Are you ready to hear?

Me: *In a very young voice.* Yes.

B: I love your creativity. Your tenacity. Your intensity. Your passion. Your love. Your courage. *A long silence.*

How are you holding up?

Me: I am not, but I want to hold up. I want to hear it. I so want to remember it.

I take a deep breath. I am feeling more present. I hear the echo of the words. I take another breath, giving a chance for the gift I had just received to penetrate, to implant itself.

B: I will say it again. A bit slower. And remember to breathe. *He says that with deep and fatherly intonation, as if talking to a young child. I am that young now.*

I love your courage. I love when you walk with tenacity through your fear. I love your passion and your creativity. And the intensity with which you live.

"This is my last chance," I think to myself, and I gather myself to breathe consciously, as I notice Bruce's heartbeat. I have a tiny smile on my face, as I play with the fantasy that no other client has heard nor felt Bruce's heartbeat. Only me.

Me: Your heartbeat is so real and present and my face is right in it.

B: You have felt it for many years. I believe you know its rhythm.

A few seconds of silence.

Me: It was hard hearing what you've said. And I can't believe that I was able to actually hear it. But I know me, and somehow I will argue with "it," with my memory. Would you write it down for me? In your handwriting?

Bruce turns around towards the desk behind him, reaching for a piece of paper and a pen. Very quickly, he jots down

I love your creativity. Your tenacity. Your intensity. Your passion. Your love. Your courage.

He folds the piece of paper and puts it in his shirt pocket. For now, I know.

Me: It feels way less dramatic than what I had expected it to be.

B: Yeah, because it has taken us a bit away from here. Let's forget it for the moment.

Gently he touches my head, guides it back to its previous resting place, right over his heart. I rest there. Attune myself to the heartbeat again. Surprised at my strength, remembering all the sessions we have had together when I had to escape into my dissociative world.

Me: We sure have made some progress, haven't we? *This statement feels lopsided. It does not sound right to me, feels jarring.*

But that doesn't mean I am done. I want this on record (*we are both smiling*) "I am not done," (*softly now*) "and you are leaving too soon."

B: Ah ha. I agree. It was not my plan.

Me: Can you wait, just a little longer?

B: *Very quietly*, It's not up to me.

I lift my head off his chest, and I look up, with a burst of intensity.

Me: It's real, isn't it? It's happening. *The words moving with an erupting pressure.* I have to say good-bye to you. It's done. This session will end. I will have to leave. Actually walk to the car, sit and drive home, like all other times. But it is nothing like all the other times. Yes, you are holding me, yes, I feel your heart, yes, I hear you, yes, I am getting it, yes, I hear and know your love. *By now I am crying and raising my voice, and no longer staying in the "gentle" atmosphere.* But I have to say good-bye, I have to feel the end, and it's fucking hard and painful and gut wrenching, and I don't know how to do it!

Bruce pulls me towards him. Gently, though his hands are shaking a bit, he guides my head back to its place. He now embraces me fully, and tightens the hold. I sob. He continues to hold me firmly. Minutes pass. The wave of sobs is now broken into small bursts of whimpering. I become conscious of the time, the passing of the minutes, the narrowing of possibilities. I feel more frantic.

Me: Bruce, I can't do it. I just can't do it. *I continue, as if it is a mantra, rocking in his arms. I can't do it, I can't do it, I can't do it. Bruce continues to embrace me, now with more softness, as I slowly relax my body into it. We rest. A bit of calmness starts flowing and enables me to be less of a "difficult and needy child," and a pang of pain reminds me of how hard it must be for Bruce. I talk to myself audibly.*

Okay. Okay. Okay. I am fine now. I am fine. I am fine.

Bruce smiles, recognizing the lie, the effort.

Me: Can I ask for one more thing? For now. Do you remember the poem you wrote for me before one of my trips to Israel? I don't remember what year that was. I have it with me. I don't think I have told you, but I have been carrying it with me. Always. *I look up at him, checking out whether he remembers or not. He nods yes, he does remember.* Could you read it to me out loud? It was about a December trip to Israel.

I wait a few seconds. I remember holding onto the letter for dear life, an anchor, a reminder of who I was when visiting my family of origin.

Me: This is another December trip. Our December.

I feel shy again and a bit self-conscious with my self-centeredness.

Me: Is it okay for me to ask for so much?

B: *Smiles.* Your idea of “too muchness” is a bit distorted. I have told you that many times before. You are not burdening me with “too much.” I think you are right to want me to read it.

I reach into my purse, the little pocket where I keep this very wrinkled piece of paper. I hand it to Bruce and he proceeds to read it.

Words to help hold you safe on December journey

Michal about to go adventuring,
About to return to a where
And to family
That like a whirlpool
Threatens to drag you
Down.
Down to a
Too small old self
Under too great danger
With the ever lurking
Slime of shame.
In our minutes, hours,
Weeks, months, and years
We have left much of that
In a dustbin of the no longer.
Yet, danger lurks,
Old monsters yet may lurch
Into your day
And in their glamour
Cast you as helpless
Little one.
We know, we together,
Can guard against their ways
And remember the truth
of now — your love competent
woman self.
A talisman, a stone, calls forth
The truth of love
That's yours,
Of safety,
That's yours,
And of hearts where you
Are held true.
Love,
Bruce

The sound of the last words hangs in midair, like a mobile, suspended, waiting to find its place of balance. I tighten my grip on him, then let go.

Me: You do love me...

Bruce squeezes my hands. "Yes" I feel his hands say.

Me: I know you know but I must say it again, like I have in the past. I love you. My heart is breaking. But my gift to you is that I will be ok. I will not fall apart. I will just hold onto the blanket, the rock, the poem, the memory of the feel of your hands and your heartbeat.

B: That's a real gift. Thank you.

We sit quietly. Bruce holds my hands, and I take them and put them on my cheeks, so he is holding my face, my head. I cry. Then I sob. My tears pool in the palm of his hands, as he is gently and firmly holding my head.

Me: *I now whimper.* You are all wet.

B: It will dry and my hands will just be very shiny. *I can't smile. I rest on his chest again. I am tired. Maybe sleepy. I am just resting, as I notice a change in his breathing.*

Me: Is it time to go?

B: You have always noticed the slightest change in my breathing; and yes, it is time to go.

Me: I don't want to.

B: I know.

A few seconds pass. I am a bit nauseous. Tears are coming again. I wait a minute or so. I notice his patience. No urging motions. Our last moments. I gather all that I have and I manage to speak.

Me: Would it be ok for you to leave first; I will stay here for a few minutes, alone. I will meet you outside by the gate.

B: Sure. There is no hurry.

Bruce puts on his shoes, gets up, turns to the door, and then turns back to me as he is reaching into his shirt pocket and pulls out the little piece of paper with

I love your creativity...

and hands it to me.

Me: It's warm.

B: And my heart is beating in it. *Slowly, maybe reluctantly, he turns away and leaves the office.*

I am now alone in the room. I am dreading the last hug. I crave the last hug. I wonder how it is even possible — to have a last hug. And I step out of the office towards it. ▼



KATHRYN LOVELAND, PhD, is a clinical psychologist in private practice in Asheville, North Carolina. She is a long-time member of the American Academy of Psychotherapists. In addition, she co-founded Camp Hope Unleashed for veterans and their service dogs and directs Camp Unleashed Blue Ridge for people and their companion dogs. She was married to her wonderful husband, Bruce Schell, PhD, for much too short of a time.
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For Better or For Worse

Michal Rubin wrote to tell me she had written an article for *Voices* about her last psychotherapy session with my husband, Bruce Schell, a meeting that was preempted by his death. She asked if I would read the article and provide a commentary. I knew that Michal had been in therapy with Bruce for many years, as she had told me so, and I had seen her walking from the driveway to our carriage house office in Asheville, for sessions. Of course, Bruce never spoke to me about her therapy, but I had a sense of their connection.

In “One Last Session,” Michal has written a moving tribute to Bruce, to the therapy that they created together. It is also a tribute to herself: her capacity to grow, to face the fear of the unknown, and to love and be loved open-heartedly. The story is complete as is, a dialogue between two people who knew each other over a span of many years, one in the role of therapist and one in that of client, with all the intricacies and transferences and countertransferences that belong in that arena. In her article she brings a very dear and warm part of Bruce back to life.

In place of a commentary, I would like to share what transpired in the last in-person visit between Bruce and Michal, which took place at the John Keever Solace Center in Asheville, on a stormy night a few days before Christmas in 2011. The impact of this visit stays in my heart, and helped me on one of the very bleakest nights of my life. I kept a journal during the days leading to Bruce’s death, from which I take some of what follows. Retelling even a part of this terrible time is not easy. Yet these painful days were also about love, the love that is for better or for worse, in sickness and in health.

Years of chemotherapies, radiations, and experimental trials extended Bruce's life beyond the predicted 18 months post diagnosis to almost exactly four years. For most of that time, in between chemos, he gardened, exercised, and kept up a small private practice. Early in December of 2011, he began to experience serious pain, even though the latest PET scans had shown no significant tumor growth. I had to fight to have him hospitalized, as the oncologist insisted that his pain was from dehydration. However, even in the hospital, Bruce remained in great pain, despite heavy doses of morphine, and he was occasionally delusional. The doctors assured me the cancer was stable, and that Bruce was most likely delusional from the medication. In my gut, I knew they were wrong.

After a few days, Bruce was discharged from the hospital, over our protests. That same day we were back in the oncologist's office, with Bruce again in severe pain. After taking Bruce's blood pressure and pulse, the oncologist leaned over and whispered to me, "He looks like a dying man, but that doesn't make sense to me, based on his most recent PET scans." He then asked Bruce, "What is your wife's name?"

Bruce cocked his head and looked at me sheepishly. "Matilda," he said.

The doctor sighed and told me to take Bruce to the Solace Center hospice, to see if they could get his unrelenting pain under control. I asked if there were any further treatments he would recommend, and he shook his head.

Back home, Bruce fell asleep, and later woke and struggled to stand. He had forgotten the visit to the oncologist. "Well, then, what is he suggesting we do for treatment?" he asked me. I told him the truth, that we were to go to hospice. "Well, that is it, then," Bruce said, and put his head in his hands and wept.

At the Solace Center, they attached IV's and gave Bruce a hefty dose of morphine. He slept. The next day (December 23rd) he took my hand in his, brought it to his lips, and mouthed the words, "I love you." Those were the last intelligible words he said to me before he slipped into a coma.

Many months ago Bruce had asked me to contact certain people if his death seemed imminent, among them Michal. I called and told her that, if she wanted to say good-bye, she should come as soon as possible. She said she would be there by the evening.

For the rest of that day, as family and friends came and went, I sat and watched Bruce breathe. At times he sat up and gasped in pain. The nurses would come, give him a morphine shot, and he would sleep again. He didn't talk.

In the evening, Michal entered the room and we greeted each other. I was glad to see her. Michal is a cantor, and she asked me if she could chant for Bruce. I welcomed this. She pulled a chair over close to the bed and sat down calmly and looked at Bruce. I could see the love in her look and the pain in her face. I moved across the room to the window ledge that doubled as a bed for family members. I felt some relief that, for a while, I didn't have to count the seconds between Bruce's breaths. There was someone else in the room taking care of him and being with him. I lowered my head to a pillow.

After a period of silence, Michal began to sing, to chant. At first her voice was soft, just a whisper; then it was strong, then plaintive. Beautiful sounds without words. I hoped Bruce could hear her. I had been told by hospice workers that the sense of hearing is the last one to fade.

I knew from Michal that she was singing "niggun" — a wordless melody. In the Chassidic tradition, a song with words is the key to the doors of heaven, and the word-

less melody, the niggun, is the hammer that breaks the lock. The other songs she sang, the songs with words, were from the Psalms.

Psalm 51:12

Lev tahor bra lee Elohim, ve'ruach nachon chadesh bekirbi.

God, create in me a pure heart; renew in me a sensitive spirit.

Psalm 40:8-9

Vati bimgilat sefer katuv a-ly. La-asot retzoncha elohai chafatzti, vetoratch betoch mei-ai.

I have come with a book written upon me, to do your will, my God, my heart's desire and your Torah are mingled inside me.

Psalm 130:1-2

Shir ha-ma-alot, mima-a-makim, kera-aticha Elohim. Adonai, shim-a ve-koli, teeh-yena oznecha kashuvot lekol tacha-nunai.

Song of ascent; from the deepest place in me I call You forth Yah, hear what is in my voice. Let your ear hear the sound of my pleas.

Psalm 39:5

Hodi-eini Yah kitzi, umidat yamai mah hi.

Oh God show me my end and what is the measure of my days.

Although Michal sang to Bruce, I pretended that she was also singing to me, and her voice calmed me. I fell in and out of a light sleep. At times, in the coming in or coming out, I felt as if there were an angel in the room, and that everything, at least for the moment, was all right.

In a short, sweet dream, I see Michal as a child, about five years old, holding Bruce's hand and walking along a wide path. She looks at Bruce out of the corner of her eye and then she looks at the ground. Every so often she smiles a shy, sweet smile. Bruce smiles back at her, but does not speak. She is little and very serious, and he walks slowly so her little steps can keep up. I see them both walking around a curve and heading towards the woods. They still walk hand in hand, but every so often Michal takes her hand away and looks angry. Bruce just smiles and keeps his hand where she can take it when she wants to. After awhile, she does take his hand again, and the two of them lean their heads slightly towards each other and engage in conversation.

I can't hear what is said, but Bruce slowly nods his head, and then Michal vehemently shakes her head as if she does not believe what he says. Then I notice that Michal has grown taller, her hair is longer, and she and Bruce walk side by side, two people who are familiar with each other's pace and style, involved in an intense conversation. Finally — and this is the part that worries me — Bruce is walking ahead of Michal. His legs are weak and he stumbles, then crawls. It is obvious that his hip hurts. Michal points her finger straight ahead and says something I can't understand. I think she is speaking Hebrew. Bruce nods, crawls forward, and disappears.

I woke suddenly, feeling a sense of panic, but Michal was still chanting. She sang for another 30 minutes or so, as I drifted in and out of consciousness. Bruce appeared to be sleeping peacefully. I believed he had been able to hear her, even in his coma, and I felt a deep gratitude to Michal. I experienced a calmness that would help me to manage what was to come. Bruce died three days later. ▼



Letting Go. 2016; photograph by Kay Loveland

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

— Maya Angelou



NICHOLAS KIRSCH, PHD, is co-chair of this year's I&C, themed "What's Love Got to Do With It? The Relationship in Psychotherapy." After 30 years practicing therapy in Washington, DC, and Bethesda, Maryland, he appreciates the profound challenges and connections of this calling more than ever. He has discovered that "Love keeps emerging as a core dynamic in the work of we healers. And when I'm confused and disconnected in the work, looking for the lost love in the relationship usually reorients me." In addition to meeting with individuals, couples, and groups, his specialty is running weekly process groups for relationally oriented therapists. Comments on this article are encouraged at nicholaskirsch56@gmail.com.

Sanctuary of Openness

or, What's Love Got to Do With the Academy?

When I knew how to love the doors of my heart opened wide before the wind. Reality was calling out for revolution.

—Thich Nhat Hanh

To love...is above all to be there.

—Thich Nhat Hanh

LOVE HAS BEEN A CONFUSING WORD FOR ME MUCH OF MY LIFE. Since early on, it was a mushy and overused term with kaleidoscopic meaning. Whereas I knew what it was like to feel joy and excitement — which I figured was love — for baseball, our dog Edward, banana splits, fishing, and my cuddly teddy bear, when my parents daily said they loved me, I just felt indifferent and couldn't comprehend what they meant. After all, they said they loved each other too, but they fought a lot and divorced often. My doting grandmother incessantly hugged us and plied us with words of love, but she smelled awful and spoke in Yiddish which was, well, Yiddish. Grandpa's love was attached to the 10-spot he surreptitiously slipped into our handshakes (no hugging there), which felt joyfully transactional. Was this love?

As a kid I heard "Love thy neighbor as thyself," which made no sense. I liked the guys in my neighborhood, we played from sunup to sundown, but love them? No way. I definitely didn't love my bratty neighbor Jeannie who had cooties and kept trying to kiss me. And "love thyself" — are you kidding? That's just weird, what the heck did it mean? As a young teen in the '60s, "Make Love Not War," was a favored slogan, but again, not particularly clarifying on the meaning of love. The Christian kids in Young Life wore "Jesus Loves You" t-shirts and talked

about love, but they had zero relevance to my life; besides, the most sadistic bullies in the neighborhood were Catholics. By high school and college, it was permissible to say I loved my dog, my bong, snow skiing or the Talking Heads, but absolutely no way would I consider directing the L-word to a person I actually knew. Guys in my clique, the hippy jocks, would tease mercilessly if one of us ever used the L-word, including of course the ultimate put down, "Don't be so gay."

The singer-songwriters of my generation, my moral guides, presented an inchoate assortment of "love" songs. The '60s taught bubble gum, "Yummy Yummy Yummy," (1910 Fruitgum Company) and psychedelia, "Crystal Blue Persuasion" (Tommy James and the Shondells). The '70s brought "Love is the Drug" (Roxy Music) or "Love the One You're With" (Stephen Stills), with their suggestions of love's easy pleasures. The '80s brought "Love Shack" (B52s), "Love Stinks" (J. Geils), and Tina Turner's soulful "What's Love Got to Do With It?" adding more layers of opacity to this already confusing concept.

In my mid-20s, with drugs and alcohol aplenty, no professional direction or intellectual curiosity, and reeling in shock and pain from Kenny eating a bullet from his .38 pistol (the same one we'd playfully plinked cans with), I begrudgingly found my way to a psychotherapy office. Elizabeth introduced me to my feelings, particularly sadness and rage, which previously had infected only other people. She encouraged me to feel and express my emotions, including whatever I felt toward her. This novel concept seemed ludicrous, but I had nothing to lose, and it sort of made more sense than doing more blow, booze and bongs. So I went for it. I spoke my anger at my father for giving me up for adoption, and my frustration that despite being popular and a good athlete with a Georgetown degree and a pretty girlfriend, I couldn't shake a dogged ennui. And much to my surprise, this rather simple process worked; a light switched on. Magically, I discovered empowerment, and my passivity evaporated. I told my self-centered stepfather he was self-centered, and I began appreciating, no longer opposing, my mother's steady love. I found myself reading novels instead of getting high. I hungrily studied psychology and escaped my borderline girlfriend. And I grieved hard for Kenny.

After two years of this therapy I moved away for grad school. While ending therapy I haltingly and tearfully admitted to Elizabeth that I loved her and would miss her. At first I thought this might be a Freudian slip. These words had never before passed my lips, and I outgrew crying at age eight when my father split. What the fuck was happening, what was taking hold of me? She told me it was wonderful I could feel and express love, and that she loved me and loved working with me. I was in a foreign land speaking a foreign language. For a moment I felt creepy, like I was falling for this middle-aged lady, yuck; but somewhere in me, my soul perhaps, something finally felt in alignment.

In my late 20s I fell in love with my future (first) wife and managed, albeit haltingly, to speak the L-word to another (non-therapist) human being, "I love you," I tearfully and shakily emitted. She smiled, and we embraced. Love had finally broken my relevance barrier and had conscious meaning for me.

At 30 I found the Academy, which was coincidentally 30 years old. Today we're both 60 and half my life has been in the Academy. Initially my intention in the Academy was to find training and community. Like many AAP members, I had felt alien, like a fish out of water, in grad school and the other professional organizations. Analytic institutions taught erudite intrapsychic theory, but their emphasis on blank slate neutrality and the "evils" of countertransference were stifling and clashed with my need

for authenticity and connection. Cognitive-behavioral teachers taught helpful strategies and research designs, but their simplified mechanistic models of psychotherapy belied my pull for richness and complexity. The intellectual challenges were helpful, but the lack of authentic encounters with colleagues or clients was deadening. Love was a nonfactor in my pre-AAP training years; supervisors never mentioned it, and I never thought about it or how it might bear on my new trade.

The Academy changed this for me. From day one, there were deep, authentic and emotional connections. To my amazement, love was on display and often explicitly cited in workshops, process groups, community meetings, and *Voices*, even at meals, softball games, or the men's room. At first I was embarrassed, shy, and intimidated by all the exclamations and exhibitions of love, but the fact that these were accompanied by a profound openness to feelings also of anger, competitiveness, sadness, and hurt helped me trust the truth of all the love and joy. This was not a Pollyannaish, saccharine love like I'd perceived in the high-school Young Lifers. In the Academy, evil in its countless vicissitudes is studied, experienced and processed in parallel with love.

I cried often and hugged (also a new behavior) even more. In particular, 20+ years in my AAP "family group" expanded my capacity to receive and give love. For years I didn't know this was what I was working on, but my peers kept insisting this was the case. I knew all along these groups were for support, honest feedback, and difficult dialogue, but I was clueless that love was also on the agenda. Over time, I saw how my well-intentioned insights and self-care were ultimately too self-serving and not connecting with others. A wise elder male in an early process group once berated me, "I don't know you, I don't like you, and I don't want to know you. Quit showing me how cute you can be and show me something real, or just shut up and let others talk." Later, a woman my age tenderly told me, "Nick, when you speak from your head, I find myself staring out the window, wishing I were out there in the fresh air; when you speak from your heart (and she softly put her hand on my heart), I perk up and am interested in you." And Virginia Satir, with her empathic directness said to me, "You have gold in your soul and love in your heart; now we gotta figure out how to tap it." I had a dearth of compassion, patience, vulnerability and understanding, and an excess of judgment, insistence, and righteousness. They were teaching me, in a chorus of different voices, that love matters.

Meanwhile I noticed the feelings that, in the past, had been novel with my wife and creepy with Elizabeth had become commonplace and comforting for me. I was sad and tearful when workshops ended knowing that sacred work and loving connections were ending. An older father figure and mentor to me retired from the Academy openly expressing sweetness, sadness and grief which, given my abandonment history, was a seminal lesson in love. I'd thought you were just supposed to shut up and leave, I had no idea there could actually be a meaningful process. These experiences freed me to be looser, more creative and real with clients. When a client lamented no one would care if she suicided, I uncharacteristically blurted, "That's untrue. I love you and I am 100 percent sure I will be devastated if you take your life." I was discovering the variations of love, and its power to connect and heal.

At 60, I guess I've come full cycle. I now use the L-word pretty easily with family, god, friends, and, yes, even enemies. It flows with only traces of the old self-consciousness. My kids and others can get sick of hearing me talk about all the love I feel in my life, ironically seeing me as mushy and soft. But I am overjoyed that my kids regularly voice

the words, “I love you, Dad” (while sad my childhood lacked that). I use the word with clients and in the therapist process groups I lead, and want to model a loving presence. Love, like a new language, is learned best through immersion, so as much as possible I try to immerse myself and my friends and clients in a loving environment. With my therapy clients my top goal, often unstated ’til well into the therapy, is that they and I learn better how to give love as well as receive it. I want them to recognize that love is not only a wonderful feeling, it is also a strong and active way of being in the world and in relationship to oneself, others, nature, and spirit. Love is not passive and weak; it requires intentional engagement in specific behaviors and cessation of other behaviors. Like any skill or art, it requires discipline, sacrifice and practice. I have much to learn about the art of loving; I anticipate difficult changes and new behaviors will be necessary. This scares and excites me about what lies ahead in the next 20-30 years. I have a purpose.

My “tour de love” has recently led to a discovery of Martin Luther King, Jr.’s vision of a “beloved community,” a term he coined to describe a society (or other group) based on values of justice, equal opportunity, and love for each other. He dreamed of a community where radical respect, fairness, mindfulness and openness reigned, and where understanding and compassion (the cornerstones of love) are promoted and nurtured. The beloved community fosters an ethos where members are committed to personal integrity with these loving values, and also to recognizing when they are out of sync with these values. This includes taking responsibility for the harmful effects, or results, of one’s words and actions. In King’s vision, all community members steward and share in the resources and wealth of the community.

Sadly, I don’t believe the beloved community is possible in the larger society the way King hoped. But I do believe the beloved community is possible on a smaller scale, and it behooves us each to find one. Whether it be a church, school, parenting group, labor union, men’s/women’s group, therapy group, etc., belonging to what Graham Parker (2008) calls a “Circle of Trust” is essential to living a balanced and intrepid life. Like a hearty meal, the love and humanness in these groups feeds one’s soul, and like a festive song it awakens our spirit. We each need a beloved community to gird us for the many oppressive and dehumanizing features inherent in our lives.

AAP is my beloved community, as I gather it is for most members. Love is the label I think best describes the most important ingredient of beloved communities and love is AAP’s most precious and bountiful resource. My experience in AAP teaches me that the more we practice love, the more there will be to go around. The more we spread fairness and respect, the more we create a trusting container for radically open dialogue, what Reverend Rebecca Parker (2016) calls a “sanctuary of openness.” The more we promote compassion and understanding, the more we are motivated to let go of our protective narcissism and bare our true selves. This love is expansive and sustaining, it fuels and fosters more love. Love, this universal yet elusive concept, is central to AAP’s sacred mission of caring for the self and the soul of the therapist.

That’s what love has to do with it. ▼

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ELLEN WEBER LIBBY, PHD, recently closed her business of psychotherapy after 40 years of practice in Washington, DC. She holds close to heart her identity as a psychotherapist, about which she is avidly writing. Her life remains full, filled with family and friends, adventures on her boat, and clinical consultations.

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Finding Each Other

I always knew she preferred him to me.
My father knew it.
Family and friends knew it.
The only one who didn't know it was my brother.

WAS ALMOST FIVE WHEN HE WAS BORN.

Strange I have no memories of jealousy or competition, only of being a doting older sister. I liked to cradle him in my arms, push the stroller, check on him while he slept, or talk to him when he woke up and lay in the crib.

Aunt Lee reports I turned down invitations to have lunch at her neighboring apartment, even when she promised me a grapefruit with the sections neatly cut out and topped with a maraschino cherry. Looking over him superseded this once coveted experience.

Weekend afternoons were resplendent with precious time — Dad and me at the zoo, a museum, or the park. It was exciting to explore the world beyond the apartment in Hackensack or later, the remote village of Northbrook.

I flourished in the limelight of Dad's undivided attention, with happiness stirred by feeling loved, with curiosity stirred by feeling safe.

Dad flourished in the richness of my embrace, feeling affirmed in my acceptance and adoration.

But as the day ended, we felt her absence. Was Dad longing for a wife and me a mother? Were Dad and I experiencing discomfort in our intimacy and searching for safety?

He'd pull into a gas station in search of a pay phone. Finding one on the perimeter, he'd park the Chevy to insure a bird's-eye view of me while I'd wait in the locked car.

With my eyes fixed on him, he'd pull the dime from his pocket, pick up the receiver, insert the coin. As his lips moved, his mood changed before my eyes. His smile turned downward, his sparkling eye downcast, his spry posture slumped. His disappointment was perceptible as sadness enveloped him.

In returning to the car, yet another transformation: glimmerings of a smile appeared and his eyes regained some sparkle. His heavy walk became more energized as he approached the car.

His report, always the same. NO. She was happy at home. He'd just awakened from his nap. She'd eat something at home. Dad and I would eat out.

Familiarity breeds comfort. The routine, each week the same. Dad and I deeply connected without speaking a word. We treasured our time together and as the outing concluded, we shared our disappointment at yet another rejection.

One Mother's Day everything inside of me changed. The routine was no longer acceptable.

An awareness of her rejection of me, of us, took root. It took 40 long, painful years, and the death of both my parents, to find peace.

I was seven or eight. Dad had taken me to the Museum of Science and Industry, a major outing from our remote home to the south side of the city. I roamed the Colleen-Moore Dollhouse, lost in fantasy and magic, imagination and excitement.

On the way home, as always, Dad called her. As always, her response was the same: NO.

She was happy at home and so was my brother. Dad and I should stop for dinner.

We entered the restaurant, filled with families, mothers holding court, looking festive, beaming as the focus of celebration.

The weirdness of it all struck me. Where was MY mother? Here I was on Mother's Day, with my father, while my mother was at home. What was wrong with me? Why didn't my mother want to be with me? Why did she only want my brother? What was wrong with me?

A cloud fell over me, enveloping me until her death, driving me to be the person she would love, like my brother.

Years of trying to entertain myself, like him, not needing to be entertained, like me.

Years of pretending to be a good sleeper, like him, not being fitful and restless, like me.

Years of struggling to be a good student, like him, not uptight about schoolwork, like me.

Years of jealousy and resentment directed at my brother, not anger at her.

The problem resided with me. If only I were more loveable.

Silenced by her disapproval of openly-expressed anger and protecting myself from her shaming slights, raw feelings oozed out. Unhappiness, loneliness, tension. Anger spoke through the cracked veneer of my hostile smile or tight voice.

He was the unquestioned favorite. No pretense of her loving us both.

Two plates hanging on the kitchen wall served as evidence to me that she was mother to both my brother and me. The plates were almost identical, except for the color and inscription. On one, a stork carried a baby wrapped in a pink blanket with "Ellen Jo, July 11, 1946" painted across it and on the other, a blue blanket with "Richard John, March 9, 1951."

Provoked one day, my usually placid brother grabbed my plate from the wall and tossed it on the ground. It shattered, and with it, so did my heart. Gone was any symbol — however false it may have been — of her motherly love. Dad fastidiously glued together the pieces of the plate.

My heart remained fractured.

Throughout my mother's life I tried to win her favor. Always the attentive daughter, caring for her after Dad died and her dementia progressed. The pressures of my young career and family did not interfere with my bi-monthly trips from DC to Illinois. Checking up on her; taking her to appointments; giving her caretaker a break.

However much I did and however little he did, the scale remained heavily weighted in his favor.

When she could no longer be safely cared for at home, my brother and I decided she needed to live in a more secure environment. Together we moved her. After working to arrange some cherished, familiar possessions in her room, we returned to her home. Faced with the daunting task of disposing of the objects rich with family history, the two stork plates, one pink, one blue, stared me in the face.

With a devilish grin on my face and the blue plate in my hand, I approached my brother. "Remember this?" I inquired. "I've always wanted to do this." WHAM! I hurled the plate, the blue plate inscribed with "Richard John," across the room shattering it into tiny pieces, pieces too minute to ever be repaired.

"Ellen Jo" remained on the wall, but not for long. Finding its way to my brother's grasp, the plate was doomed. WHAM! With glee, he hurled it to the floor, completing the symmetry of the symbolic gesture.

The feelings, so powerful. No words adequate. Our souls, so long estranged, found one another.

Tears followed.

Tears of sadness.

Tears of grief.

Tears of closeness.

Tears of relief.

Tears of joy for our new beginning.



Rumi said that through love, all pain would turn to medicine. But he never met my family. Or me.

— Anne Lamott



My Mother's Bowl. 2016; photograph by Helene Shere.



My Mother's Bowl

AS FAR BACK AS I CAN REMEMBER, MY MOTHER, Sally Baron Shere, made delicious chopped liver, coleslaw, and a summer dish called mish-mosh salad in a rough-hewn wooden bowl, chopping with a faded, red-handled cleaver.

This bowl now rests in my dining room. Years ago, I gave it to my daughter, who later returned it to me, saying that she wasn't ready to have it. I did not ask her what this meant; perhaps she did not want me to give it up yet. I have always assumed that one day she would take it back. In the meantime, I have kept it and I am moved by its meaning. It is more than a bowl — it is actually a totem. My mother took great pride in nurturing her family by providing foods from this bowl. Each dish would be prepared with many different, distinctive seasonings. I believe that all of her cooking resided in this bowl, so that the seasonings of one dish made years before were absorbed into the wood and were present years later in the taste of another; time and space bending as if moved by Einstein standing next to my mother, stirring the bowl.

This sensibility has been important to me. I have always believed that I have been shaped by all that came long before my birth, as well as by all that has followed since. Sweet and bitter seasonings have powerfully flavored my life, and I am unable to know how in any particular moment they combine inside of me. Recent, clearly remembered moments mix with subtle, long ago, barely remembered traces of experience. Conscious thoughts mingle with unconscious feelings in ways that are to be discovered more than clearly known or anticipated.

The bowl contains a powerful story of my birth and birthdays. When my mother was in her last trimester carrying me, she fell down a flight of steps inducing an early, emergency delivery. I was not supposed to live and if I survived, the medical staff indicated to my father, I would never be normal. My father responded to this crisis by recruiting a noted, retired pediatrician, Dr. John Fitzlondon, whose expert care saved me. As an infant, I

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rarely slept and ate poorly, exhausting my parents, even as my motor and cognitive functions progressed quickly. During a worried visit to this doctor, my father finally, for the first time, shared with my mother my early, dire prognosis. They were both relieved when the physician declared me healthy and merely in need of additional stimulation and outlets.

It was from this beginning that my parents were moved to respond to my accelerated development and eagerness to attend school by enrolling me in elementary school a year early. My father was a photographer who simply created a new birth certificate for me with a different month and year and enrolled me under an assumed birthday. I was precocious and tall for my age, so early on this worked well enough. However, I remember my palpable uneasiness during the many celebrations of birthdays at school when my date to be celebrated was not my actual birthday and also not something to be celebrated at its correct time at home with school friends and family. This secret concoction, seasoned with all of the facts and mythology surrounding my difficult birth, filled the bowl again when, at age 13, I left my DC-area home to work in upstate New York as a Catskills hotel boat boy. My father went back to his darkroom and created another birth certificate for my working papers with a totally new month and year. My parents' notion was that this document was all I needed to be ready for work; valuing what this experience would give me, not what it might cost. Obtaining New York working papers for me also required my father to apply for a social security number under this newly fabricated birthday. The next year, at 14, I began driving trucks under yet another birth certificate, with a new month and year. At this point in my life I possessed an actual birthday, as well as three darkroom birthdays with associated school records, working papers, social security number, and driver's license.

To supplement their income, my parents owned four trucks with kiddie rides mounted on the back. There were two merry-go-rounds, one whose brightly painted horses went up and down, a whip, and a Ferris wheel. I began driving these trucks, sometimes over long distances, to company picnics and celebrations. At 14 years old I learned to change large truck tires, work on motors, paint horses and cars, make repairs as needed on the road, fix tape recorders playing carnival music, and relate to children and parents who were enthralled. When these rides sometimes broke down, with frightened children on board and angry parents looking on, I learned to appear like I knew what was wrong and became adept at extricating screaming children and quieting their frightened parents. Lost in this early adulthood was my own howling on roller coasters with childhood friends at our own amusement parks.

This mess finally began to unwind. At 18 I applied for my draft card with my actual birth certificate showing my actual birthday. The date of my student deferment, tied to my school records, did not match. The explanation to the draft board was that my grandmother, Bubby, a squat force of nature who spoke only Yiddish, had originally registered me in school and was confused about my age and birthday. Actually, Bubby was rarely confused about anything. When she visited our home, she always marched directly to the refrigerator to determine whether there was bacon in the house. Her prominent placement of a full set of false teeth in our family bathroom initially terrorized me, until my parents explained that the glass filled with a disembodied floating pink and white mouth actually held her teeth. Over many years my various records and associated ages were eventually corrected with "Bubby" explanations.

The mish-mosh of my life was generously seasoned by my parents' deeply held immigrant psychologies. They had both grown up experiencing the hardships that came with the early deaths of parents and from hard lives in a Bronx, Jewish ghetto. Their attitudes were that this country's opportunities were not fully available to them, so they were unconstrained by its rules. They both possessed a fierce irreverence regarding social convention, blowing by authorities who controlled the dates and details of their child's school, work, or driving. They felt free to manipulate and make it up as they wished. They had both been traumatized by my near death at birth and defensively embraced the notion of my gifts, if not my supposed invulnerability. The bowl that held my life emphasized the benefits and diminished the costs of any moment, an orientation that propelled me forward at the cost of my not knowing that some things were too hard on me. It was not an accident that in my early 20s I completed a six-year doctoral program in four years and quickly filled a private practice while working under supervision. Inviting the enmity of professors and peers in this was a bitter taste that I defensively held as "an understandable cost" to be paid for an early success.

To this day, I am still surprised by how much these barely knowable early experiences have shaped my character. When I have occasionally been ill, I indicate to my family and friends that I am not sick, but "sub par" or "at the bottom of sub par." The "s" or "i" words are not easily used by a child who was fated to have died or to have been disabled. Nor are they words to be used by a child who is thought to be invulnerable and exceptional. My mother, a loving presence, was chronically ill throughout my childhood; alternately vulnerable and resilient until she died at 70, battling cancer from age 55. As far back as I can remember, tremendous fear, grief, and also hope, shaped my relationship with her.

Recently, dealing with my own age and mortality has felt very difficult. My father was always vital and looked many years younger than his age. Following a heart attack in his 90s, he refused recommended medical care and instead drove himself, so shrunken that only his hands were visible on the steering wheel, to a racetrack. He proclaimed that the secret to his long life resulted from "staying away from doctors." When I arranged for an assisted living home for him, he walked out and returned to his own apartment, furious at my arranging for him to live around "old" people. In the end I was not able to protect him from his death, as he had long ago protected me from mine; a natural difference in the karma of fathers and sons.

While my own irreverence and counter-dependence have often felt like a valued legacy and the best of me, I have slowly grown to appreciate what I have often stated to my patients: "Character flaws are character virtues taken to an extreme or misapplied." Often, what makes you, breaks you. Much of what moves me is irrational, partly knowable, and resides in my very character; long ago seasonings in an old, rough-hewn wooden bowl. In the shadow of my father's and my own youthful appearance and vitality resides a mythology that convention and mortality are for other people and for other people's children who die at birth. I certainly have had many years, filled with gifts, that might never have been. However, I have also always been confused about my actual age and basic assumptions regarding what is to happen when. It is deeply in my bones that mortality, despite my mother's many illnesses, is just a physician's error. Even now, it somehow feels to me that birthdays and age are without real meaning, just numbers to be casually changed in an immigrant darkroom. ▼



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Interracial Friendship In the Time of Ferguson

AT ITS CORE, OUR FRIENDSHIP IS BASED ON LOVE. We share a laugh, we cry together, we provide support, we have strong opinions that differ and cause tension. Yet we come back for more, and the relationship continues and deepens. Not all friendships work this way, but we took a risk that being blunt and honest with each other about racial issues would deepen our friendship rather than cause cracks to form. We know now that both of us have been frightened at times that we would lose the friendship over certain issues, but instead we found that our honesty brought us deeper friendship and love.

The following stories are about how we, Sean and Mike, have navigated our friendship, especially around race. We are both psychotherapists in Washington, DC, roughly the same age, and both gay-identified. We met doing agency work and continued a professional relationship that developed into a personal friendship. Understanding that keeping away from danger zones also created walls between us, we dedicated ourselves to having hard conversations about how race played out in our relationship. In this article, we share what happened.

Sean and Mike's Friendship (Sean's Story)

Enraged, sad and helpless. These were the feelings I shared with Mike after hearing there would be no indictment for a white police officer who shot and killed a young black man in Ferguson, Missouri. Mike is a white colleague I've known for a number of years, and we often discuss issues of racism. After Ferguson, we both had a sense that we wanted to take some action that would counter our feelings of rage and helplessness. We eventually came to a similar conclusion on the "action" we could take; we decided to talk about what we had previously avoided mentioning to each other regarding race.

I had always noticed how similar Mike's perspectives were to mine, but the fact that there was not much ten-



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sion or disagreement did make me wonder where the discord was. Where did we differ? Why weren't we talking about it? Why wasn't I talking about my points of tension or disagreement? I wanted to be more transparent with Mike and learn about his experience of me.

I met Mike several years ago on a phone call about a shared client. All I knew was that he was a social worker working with gay and lesbian teens. A few years passed and he reached out to ask me to co-lead a short-term group for adopted teen boys. Working with this group of young black males week after week, I became increasingly curious about Mike's relationship with black people and the community. Did he have black friends? Did he grow up knowing black people? What was his interest in working with black kids or the black community in general? Was he genuinely interested in the group and working with me, or was it something he was asked to do? Was he always so comfortable and interested in the stories of black people? These questions arose from my suspicions about whether I could trust him around issues of race—ultimately, my race. Not knowing his background, I was watchful.

I have friends from many different racial backgrounds, but my professional world is mostly white. These are close, important relationships to me, yet I think a lot about whether they know black people or wonder how they view black people. Specific to Mike, I was suspicious about whether he had close black friends; if not, would I be his way of learning about the community? I wasn't interested in being primarily an educator on black culture. I wondered if talking about a particular issue or sharing an opinion would lead to me having to justify my reaction instead of him accepting my perspective. In the past with white friends, when I sensed that my experience and feelings were being minimized or dismissed, I moved quickly to defensiveness. Honestly, there were moments with Mike when I waited to hear some offensive statement that would anger me and confirm that he had racist thoughts. And finally I wondered if he would still like me if he knew I harbored all these suspicions and paranoia.

These concerns are not unique to my relationship with Mike but exemplify how I move through the world. I think about which people I can truly trust and whether they see me for who I am as opposed to the projections and stereotypes they have of black people. This worry can be exhausting and infuriating. I didn't share these thoughts with Mike for a long time, because I was scared of the potential messiness and anger.

Anger has always been a frightening emotion for me. Growing up, anger was destructive to relationships around me, so my goal was to avoid it. With a lot of effort, I learned to be more comfortable with my anger, but regarding my experiences with racial discrimination, I still feel wary and self-conscious. For example, I remember one afternoon I talked to Mike about a couple of presenters mentioning the reality of racial disparities and discrimination. To me, it was refreshing that their comments did not compare or merge the experience of black people with other minority groups. In response, he asked what had been so important about those moments. Immediately I wondered what was behind his question and whether I was going to have to justify my comments. Instead, we talked. I felt a freedom in telling him more about the pride I have about being a black person and how much I appreciate hearing an acknowledgment of the reality of the discrimination I perceive. I also explained more about how hard it is for me to show how angry I am when I feel slighted or insulted.

My race is present for me all the time, except for rare moments when I go through the world not thinking about it at all. I was socialized to live in two worlds, so moving between the two is second nature. There are times when I'm the only black person in the room, and I'm asked to talk about what that's like. People think it's okay and evolved to say they don't see my race, or decide to see it by referring to stereotypes of language or manner they associate with black people.

I feel hurt and worry about being too angry. Will I be dismissed as the angry black guy with a chip on his shoulder? Or the guy who's always thinking about race? Will people find me powerful or just threatening and aggressive? Though these thoughts go through my mind in seconds, I would be consumed and overwhelmed if I responded to every offensive interaction or perceived slight. It is a delicate balance personally and professionally. The mental contortion around this type of situation creates a lot of second-guessing and, usually, I choose not to say anything and just figure out the meaning on my own.

After the events that took place in Ferguson I decided to risk sharing some of my complicated feelings with Mike. In particular, I told him that there have been times when I've taken on too much responsibility for alleviating his guilty feelings in certain situations. I chose to downplay my reactions to keep Mike from feeling discomfort. For example, Mike and I were at a bar, and I was waiting to order for both of us. Ten minutes passed and I was still waiting. Mike came over to me and within a few minutes the bartender, who was a white male, asked him what he wanted to drink. Several days later, Mike told me he had thought about his response to the situation at the bar, and suggested that there was something he could have done differently. I answered that perhaps he could have but that I didn't see that he had done anything wrong. I said it was more meaningful to me that he had thought about the incident and our relationship, and I honestly hadn't thought more about it because it's such a familiar scene that I choose not to let it linger.

Actually, though, those types of interactions *do* have an impact on me. And as good as it felt to have Mike check in with me, it didn't take away my disappointment in him

about his reaction with the bartender. So I admitted I hadn't been completely honest with him; instead I took care of his anxious or embarrassed feelings as opposed to my own anger and hurt at the slight. I had wanted to appear strong and unflappable. I had wanted to avoid possibly being a target of his defensiveness, which would have made the whole incident worse. Until that point, I always thought it better to smooth over these incidents, rather than expose myself to more possible conflict.

It was a brief conversation but it made a world of difference because I confronted and then could dismiss some of the wondering I described early in our relationship. We were able to talk about a hurtful moment, and our friendship moved into new and more honest territory.

What I have come to see is that Mike tries to accept my reality first and then moves on, wanting to know more about how and why I see a situation as I do. So I trust him more and am far less suspicious of his motives. I take more risks to share my vulnerabilities with him, and I say more about the complexities of our interactions with greater freedom. It isn't always comfortable and we don't always leave on the same page, but it's the kind of friendship that we didn't have in the beginning. We didn't know what was hidden beneath the surface, but we trusted each other enough to dive in to see what could come of it. The messiness I feared isn't so messy, or at least not for very long.

Meeting My Friend, Sean (Mike's Story)

By the way—I think I need to talk with you about what happened at the bar when you were getting us drinks. I've been thinking about that ever since, I recently texted one of my best friends, my colleague, Sean. Sean is black and I am white. We were getting drinks at one of our regular watering holes, a gay bar with an unfortunate reputation for exhibiting racist elements. We often meet to talk about work and, more importantly, our personal lives. Sean went to the bar to get us drinks. He was standing at the bar for awhile, and I decided to join him and chat while we waited for service. I wasn't standing at the bar for more than a couple of minutes, when the bartender, a white man, asked me what I'd like, ignoring Sean, who had been waiting far longer than I. I can't remember exactly what Sean said to me after I placed our order, but it indicated that he knew that just then he had been overlooked because of his race.

I've known Sean professionally for longer than we've been friends. Our friendship began when I asked him to co-facilitate a coming-of-age group with me back in 2010. The group was for early adolescent boys in foster care, all of whom were African American. I thought that I could benefit from a co-facilitator for several reasons—and one of those reasons was that I needed a black therapist to work with me. As co-facilitators, we discussed how the group went and the racial dynamics in the group. This was how we began to connect with each other and to discuss how race affects our friendship and our lives.

Back at the bar, we briefly chatted about the incident, but then moved on. However, the incident lingered with me for a few days. I wondered what my responsibility should have been in that situation. I didn't even recognize the slight until after it occurred. The bartender had already taken our order. But I still wondered if I responded properly. Was I a good ally? More importantly, was I a good friend?

At the beginning, we didn't address racial issues with such intentionality. We were more subtle, not directly asking about personal experiences, more just talking abstractly

about race and racial dynamics in the US. I remember waiting until what felt like the right moment and then bringing the subject up, like one of those very sensitive conversations you “plan.” I was fearful that Sean would see me as one of those “white liberals” who think they know a lot about race but really are uninformed. I was afraid that I would say the wrong thing and lose a budding friendship. Despite my many anti-racism trainings and several deep friendships with people of color, I was still very nervous about the beginning of cross-racial friendships — actually all friendships, to tell the truth. A mixture of my own self-consciousness, my childhood issues, and a sensitivity to racial dynamics created quite a delicate situation for my psyche.

Things have changed a lot now. We’ve had so many honest conversations at this point that I trust him to talk with me in a straight-forward manner. I don’t worry so much that our very friendship is at stake. It’s been a freeing, and sometimes scary, endeavor. I sometimes come off as bumbling, embarrassed, or ill-informed. But then again, perfection is not the point of a real friendship.

A few days later, Sean picked me up on the way to some night out we had planned. I mentioned my text and told him my concern. Should I have said something? I asked. Did you feel disappointed in me? I felt some guilt for my lack of action. We discussed it, coming to a joking conclusion that the next time something like that happened, I’d say, Excuse me. You need to serve the black man first. We laughed and moved on.

Later Sean had more to share with me about this interaction. About how he too quickly gave me a pass, putting my feelings before his, trying to help relieve my guilt, while not talking in more detail about how he experienced the interaction. I was glad he decided to be honest with me. It gave me more insight into his experience as a black man in a white world, and as a black man building a friendship with a white man. His honesty meant a lot to me.

So Sean and I progressed to being much more open with each other. We listened, challenged, and commiserated when disgusted by events like those occurring in Ferguson and Baltimore. We complained about the “racial preferences” in the gay community, as well as the lack of discussion of race in the therapeutic community. We talked about how we related to each other in terms of race. Still, there was a subject I was afraid to mention to Sean.

You wouldn’t believe this guy I met while I was in Chicago, I told Sean during another of our coffees or after-work drinks. I spoke in detail about the good time I had with him, what I liked about his personality, his looks, and many other juicy tidbits. I purposely did not divulge one piece of crucial information — the man’s race. Sean didn’t ask, so I didn’t have to tell. However, by not relating this information, I also didn’t fully explain my attraction to the man. There were details about his looks that were distinct to his race. He was, in fact, quite a good-looking black man.

One dynamic especially present in my relationship with Sean for some time was my preoccupation with being seen as “one of those people.” This is a direct parallel to how I feel when meeting with new clients who are of color. Just as I know that they will need to be convinced that they can trust a white male therapist, I worried that Sean might see me as trying too hard to be a progressive, trustworthy white person and therefore not trustworthy at all. I was concerned that he would see me as the kind of person who says, “I’m not racist, I have a black friend,” thereby demonstrating a profound misunderstanding of the complexity of racism. I was afraid that Sean would think I tokenized him and didn’t see him as a person beyond his race. Despite all my previous

personal work, I was still concerned about how Sean would perceive me and judge my actions.

Our talk about dating and men pushed this worry to the forefront. The truth is that while I am attracted to all kinds of men, I more often find myself interested in dating non-white men. I worried about Sean interpreting this as a fetish. I had to do some soul searching on this one. I chose to talk first with several white friends of mine who are in relationships with people of color. I didn't start with Sean because, in my view, he shouldn't have to act as my conscience in this struggle.

So I didn't tell you an important piece of information about that guy in Chicago. He's black. I decided to tell Sean this part of the story. He was curious about why I hadn't told him the first time. I told him my concerns. I don't remember what he said, but I know that it was a moment in which I realized that I had nothing to fear — about my own desires or judgment from my friend. And we experienced a deepening in our friendship. I went on to tell Sean more details about why the guy was so hot — a tall, handsome black man with a quarterback's build.

Not only did this continued discussion on race bring us more understanding on this specific experience, but it strengthened my sense of safety and intimacy with Sean. If a topic such as the race of a man I'm dating is off the table with Sean, then clearly I am withholding information out of fear.

I used to complain to Sean and other friends about the subtle racism I would witness, feeling bad that I didn't say anything — that I chose comfort over conflict. After a talk with Sean about the onslaught of negativity towards black people stemming from the event in Ferguson and how I didn't voice my opinions in some conversations, I made a commitment: I would no longer act in a way that would leave me feeling regret. I would apply the same intentionality to approaching race with all my friends that I had when Sean and I really began to talk. And now, I care less about white people thinking I'm too "PC" than I do about how the white world (mis)treats my friends of color.

I am more aware now of the casual racism in my white friends, and it has been unpleasant to deal with. I've lost white friends who suggest I'm being too politically correct. When I read someone's post about the "thugs looting in Baltimore" or the black protesters who are "just making it more difficult for themselves" I don't ignore it; I write a response. I've decided to stop dating men who make disappointing comments on race. I don't sing the praises of a gentrified city with so many new, shiny businesses without also discussing the loss of black culture and community. I now say something to people when I hear racist comments because my fear of offending is no longer strong enough to keep me quiet.

You know that most white people aren't like you, Sean tells me. He has shared with me more than once that he doesn't experience most white people being interested in his experience as a black man. One time he straight-out asked me, *Why do you care so much?* My initial answer was veiled in social justice rhetoric, something akin to, *I feel like it's important to understand other people's lives so we can have equality* or some such banality. I either saw a perplexed look on Sean's face or I heard my distanced response, so I stopped talking. I realized that I wasn't being totally authentic. Then I said something like, *Why do I care so much? Because I love you. You're my best friend.* Love seems like the best reason ever to care about race, racism, prejudice and understanding other people's experiences.



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Advice to the Lovesick Therapist: Managing Sexual Feelings in Therapy

Dear Dr. Merlin:

Throughout the day, I have been aware that I will see Jessie today. As I dressed this morning, I thought to myself: "Let's look smart today, don't wear that shabby blue sweater of yours." I had thoughts and images of Jessie during the day as I drove to work, sat in session, visited with my supervisor, listened to my 3 p.m. client, Jack, drone on and on about how his father shamed him at the dinner table. As Jessie's hour approached, I noticed an excitement begin to grow inside me. As Jessie walked into the room, a feeling of warmth and tingling throughout my body overcame me. I sensed my nipples becoming erect and a stirring in my crotch. I'm wondering: Is this normal? Am I falling in love? What am I to do about these feelings?

— Lovesick Therapist

Dear Lovesick Therapist:

In the throes of experiencing a sexual "click" between you and your client, you may be overwhelmed by all kinds of feelings you don't want to have. You may imagine you are breaking the law; that you will go before your licensing board and face the good, smart clinicians, the goodie-two-shoes, who look down at you with scorn and make you stop practicing for a year, or worse yet, take your license. This article is meant to inform you about managing sexual feelings in psychotherapy: to bring you relief from your worrying and offer you clinically and ethically sound ways to do your best work.

First, be assured that you are not alone in experiencing sexual feelings in the therapy room. In a survey of 585 psychotherapists, Pope, Keith-Spiegel, and Tabacknick

Jane Baxter



(1986) found that 95% of male psychologists and 76% of female psychologists anonymously reported sexual feelings such as you describe. National surveys also consistently show that sexual feelings experienced by therapists in their work cause them anxiety, discomfort, and confusion.

We conducted an informal survey by circulating your question to about 65 seasoned psychotherapists, asking them to contribute a brief clinical vignette, dealing with sexual feelings in their work and advice they might anonymously offer. The response was interesting and baffling. Of the therapists contacted, only four responded with contributions. Perhaps our initial request felt cumbersome; but we suspect the poor response rate reflected the difficulty of acknowledging and speaking about sexual feelings in therapy.

Our disclaimer: Consider our advice, but remember every case is unique. Take full responsibility. Seek supervision or consultation liberally. Do not settle for anything less than feeling out of the “code red” zone and your case is either back on track or appropriately referred out.

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Take a Deep Breath and Relax

Lovesick Therapist, there is no need to feel awkward, embarrassed, guilty, or scared about what you’re feeling, nor self-conscious about asking for help. Feelings of sexual arousal are natural, common, and even expectable in the therapy setting. The therapeutic encounter is an embodied experience; our bodies and bodily experiences are always in the room. As Berry (2014, p. 42) points out, “The reality of the psychotherapy encounter ... implies a kind of intellectual and emotional closeness between two individuals whose shared search for meaning and

connectedness may evolve into a sense of intimacy and sexual attraction.”

Why is experiencing and speaking about sexual feelings so taboo? Historically, in psychotherapy research, practice and training, the topic of sexual attraction to clients has been unacceptable. Freud laid down the law in response to his disciples’ acting out sexually with patients. In *Observations on Transference Love*, Freud wrote that analytic technique “requires of the physician that he should deny the patient who is craving for love the satisfaction she demands. The treatment must be carried on in abstinence” (1915, pp. 164-165). Freud explained that the patient’s love for the analyst represented *transference*, i.e., the patient’s expression of unresolved feelings and conflicts from an earlier relationship. Similarly, the classical view was that a therapist’s attraction to a patient was also a form of *countertransference*, regarded as irrational/distorting and not to be acted upon.

Only in recent years has this view begun to change with the advent of more relational, interpersonal and intersubjective theories of psychotherapy. These approaches, in recognizing the importance of the therapist bringing his/her authentic self to the therapeutic encounter, allow for both the therapist and client to acknowledge and work with sexual and loving feelings in the room with the possibility of furthering the therapy. As suggested (Celenza, 2010; Mann, 1997; Rosiello, 2000), if sexual attraction or erotic feelings are handled sensitively, the client can even have the transformative experience of feeling loved and loving and, thereby, increase his/her capacity for connection and relatedness.

So, Lovesick Therapist, be assured that you can be ethical and still become sexually aroused during sessions, vicariously enjoy hearing about your clients’ sexual experiences, and sometimes have sexual fantasies or dreams about your clients. The experience of sexual arousal or attraction to your clients is not unethical; it’s what you do with these feelings that matters. Here’s a case vignette that illustrates how sexual feelings can show up in the consulting room.

I was in my first few years of practice when a woman I had been seeing for a few months came into my office and said, “Look, I know that it’s not right — but I just want to go to a hotel with you right now and have sex. I won’t ever file a complaint.” I was taken aback by this surprise and, though I was aroused, had the presence of mind to ask her what she thought that would be like. In supervision a few days later I shared my experience and its attendant anxiety. My supervisor chuckled and asked, “Why do you think that had anything to do with you?”

If only sexual feelings showed up this blatantly in therapy. How fortunate was this therapist to be in the hands of a well-seasoned supervisor.

Presence of Mind

How well do you assess feelings about your client during each session, whether sexual or not? If/when you become aware of sexual arousal, are you anxious or confused or do you feel competent? Knowing yourself — meaning being honest with yourself about your sexual feelings and whether they are interfering with the therapy — is important. Below is a simple appraisal process that will help you proceed.

(1) Know thyself. Is something making you more likely to have sexual feelings towards client(s) at this particular time? For example, younger therapists may have greater libido or experience a more intense sexual charge to sessions. As one early-30s single male colleague offered, “I constantly feel sexually attracted to my female clients.” Being partnered or not, or sexually fulfilled or not, also makes a difference.

As reviewed by Celenza (2007), the literature finds that the therapist who is at most risk for engaging in sexual misconduct with a client is male, middle-aged, mid-career, in solo practice, and working with a difficult patient at a stressful time in his life. Other risk factors for all therapists include: being narcissistically vulnerable, harboring rescue fantasies, being intolerant of negative transference, and having a childhood history of emotional deprivation, boundary transgressions or sexual overstimulation. Knowing your vulnerabilities may give you sufficient perspective to refrain from acting on them and get help if that proves too difficult.

In the next vignette, the therapist was aware of his feelings, acknowledged them to the client and then, recognizing his personal vulnerabilities, referred the client on. Had he continued to work with this client, could this have led to rich healing work or, perhaps, ruined the therapist’s career?

I was in my first few years of practice when I gave a presentation in the community and noticed an attractive young woman sitting in the front row. I was single at the time, looking for love, and stunned by her beauty. When my talk was over, the woman left quickly, my opportunity to meet her gone. About two years later, a new patient entered my office and, lo and behold, it was the same woman. She said attending the presentation was why she sought me out. She still struck me as extremely attractive, but I did not let on about my feelings of intense sexual arousal.

About three months into the therapy, this patient announced to me, “The reason I chose you as a therapist is that I’d like to have a sexual relationship with you.” To myself, I said, “Oh crap, I don’t believe this is happening to me!” To her, I regrettably found myself uttering, “I’m sorry, that cannot happen, and because of how you feel and how I, also, feel sexually attracted to you, I don’t think I can work with you.” We terminated immediately after that session.

(2) Take your emotional pulse. What is the intensity of your feelings of arousal or attraction to your client? Mild sexual arousal or attractions might include: finding your client physically attractive or having feelings of warmth, caring, concern and/or admiration for your client. Clues in the work about mild sexual attraction might include slight boundary crossings such as: a desire to engage in nonsexual touch, extending the client’s session, greater or inappropriate use of self-disclosure, encouraging sexually suggestive jokes or language, and/or dressing for the client. The literature (Arcuri and McIlwain, 2014; Pope et al., 1993) suggests that most therapists report being able to tolerate mild sexual arousal and attraction to clients. If therapists are able to recognize and understand the meaning of these feelings in terms of themselves, the client, or the work and, if appropriate, process them with the client, the therapy can flourish.

More problematic is experiencing high sexual arousal and attraction, which might include: fantasizing or obsessing about your client in or out of sessions, making special exceptions for your client such as extending sessions, not charging or allowing a balance to build up, feeling “in love” with your client, or having a desire to have a sexual or romantic relationship with the client. With high sexual arousal, you may struggle with feelings of anxiety, guilt, self-doubt, and imbalance. Especially difficult is managing

your intense sexual feelings while your client is conveying reciprocal sexual attraction to you. Because of the extreme difficulty of this situation, we've addressed how to manage it in our last section of advice, "May Day, May Day, May Day."

(3) Don't go it alone. As earlier mentioned, mild feelings of sexual arousal and attraction do not generally interfere with therapy. However, intense feelings of attraction, especially when they are mutual between you and the client, can cause loss of objectivity and impairment of clinical judgment. But, you might ask, if your objectivity is already out the window, how do you judge how bad the situation is becoming? The answer is: if you're feeling unsettled or confused, don't go it alone. Always (and quickly) seek consultation or guidance from a more objective colleague, supervisor or consultant to determine the best option to handle your sexual attraction and the client's treatment. There is no downside to getting help.

Managing Your Sexual Feelings

There is no cookie cutter recipe for managing sexual arousal and attraction in psychotherapy. Approaches to managing sexual feelings in therapy may vary according to therapists' theoretical orientations (Luca, 2014), but, across theoretical lines, there are some approaches helpful to know.

(1) Be mindful. Acknowledge your sexual arousal and sexual attraction. Do an internal scan during a session. A caveat here is that acknowledging your sexual feelings doesn't mean disclosing them to your client unless *therapeutically appropriate*.

A prevailing thought in the literature (Arcuri and McIlwain, 2014; Pope et al., 1993) is that disallowing sexual feelings about clients may negatively impact the client, the therapist, and the therapy. A therapist who avoids sexual feelings might begin to function more on an intellectual level, avoiding all but superficial references to feelings, impulses, or sexual content in the hour. The client, especially if he/she is also having sexual feelings, might experience a lack of genuineness or authenticity in the therapeutic relationship. Even worse, disallowed sexual feelings in the therapeutic situation may lead to precipitous termination by the therapist or client.

Though humorous, here's a vignette that illustrates how disallowing sexual attraction can lead to a painful moment of recognition for the therapist.

I wish I had been able to acknowledge to myself my intense sexual feelings to one client earlier in her treatment and get help with them. Imagine what hot water I was in when in a moment of being intimate with my wife, I whispered something sweet and romantic into her ear, and accidentally used the client's name instead of my wife's.

(2) Tolerate sexual feelings. Remember, sexual feelings are an inevitable part of the therapeutic process. Sexual feelings, whether belonging to the therapist, client, or both, provide important information and are powerful, influencing factors in any therapy. For example, if right off the bat you feel sexually aroused or seduced, recognizing these feelings could provide invaluable information about your client's needs, defensive style or relational patterns. Timing is everything. You may need to take note of your sexual feelings and fold them into your feedback at a more well-established point in the therapy.

Toward the end of the therapy, sexual or erotic feelings can occur as a natural part of the work, usually in response to the development of the client's healthy sexuality and the amount of intimacy shared and absorbed by both. Searles (1979) wrote that there comes a time in every therapy when you can imagine you are married to your client. These loving and sexual feelings can be understood and, in most cases, resolved through talking with your client. Processing this with your client may be the greatest gift of all in the termination process.

(3) Contain your feelings. Tolerating sexual feelings is no different than tolerating other kinds of strong feelings towards a client such as anger, hate, repulsion, love, etc. It is our job as therapists to be objects that clients can act upon with their defensive, trans-ferential and relational patterns. In response, our task is to contain our feelings until we can metabolize them, understand them, and offer them back to clients in a form that they can use to increase their self-understanding. It is also our job to model for clients how to contain and manage difficult feelings versus impulsively expressing them or acting them out. Recognizing that your tolerance levels are correlated with what is going on both in your practice and your personal life will help you detect being off balance and regain your equilibrium.

(4) Manage sexual feelings cognitively and behaviorally. Fortunately, our training prepares us to deal with troublesome thoughts and feelings by the same cognitive and behavioral strategies we teach our clients. Cognitive strategies such as reflection, self-analysis, mindfulness, and self-talk help us to distance and tolerate our sexual thoughts and feelings about clients. Mindfulness — a disciplined noticing of our inner experience and bodily states — is especially helpful in decreasing reactivity to sexual feelings and increasing our capacity to be present.

Behavioral approaches with clients you're attracted to include: not scheduling them at the end of the day to minimize after-hours contact, keeping the same boundaries or therapeutic frame as with other clients, and steering the therapy away from language and content that would be sexually arousing. But, keep in mind, diverting the client from discussing sexual content or issues because that would be problematic for *you* may not be in the patient's best interest.

A behavioral approach suggested by Vivian Guze (2016) is to engage your body in some strenuous non-sexual action to change your physical orientation; arousal is then less likely to stimulate sexual fantasies, and sexual energy can dissipate so you have better control over the work. Such actions could involve a strong tensing and releasing of muscles as a way of shifting, not relaxing, your physical orientation. This could take place internally in session, or involve large movements of the whole body such as stretching or flailing outside of session.

(5) Seek guidance liberally. As we've stressed repeatedly, seek guidance when you feel challenged by intense sexual attraction, especially if the attraction is mutual. Ideal guidance is from a colleague, supervisor, or consultant who is trustworthy, open-minded, not judgmental, and competent to help you address your sexual feelings therapeutically or decide to discontinue the therapy. What is not helpful is consulting someone who you know will offer blanket approval for your intended plan of action.

(6) To touch or not touch the patient? If you have sexual feelings toward a client, you might also wish to physically touch the client. There is much to consider generally in using physical touch responsibly in therapy — appropriateness to the situation, basis in a clear clinical rationale, client's consent, etc. However, in the unique situation where touch might be sexually arousing to you as the therapist, touching may represent acting out and acting in your self interest rather than the client's, which is unethical and potentially abusive.

(7) Disclose sexual feelings or not? Would disclosure of arousal or attraction be therapeutic? How can it be done in a way that maximizes therapeutic effect? In the literature, there is consensus that self-disclosure of the therapist's sexual feelings, if offered sensitively, based on a clinical rationale, and appropriately timed can help deepen the client's work, foster the therapeutic relationship, and even provide a transformative experience for the client.

Guidelines for self-disclosure suggest therapists disclose their sexual attraction to clients only when the client clearly understands that sexual feelings in therapy are normal, that there is a boundary around having a sexual relationship in therapy, and that the reason for the disclosure is to meet his/her needs, not the therapist's. Disclosing sexual attraction is risky and might even be regarded as unethical when the client is emotionally unstable or not mature enough to engage in sexual relationships generally, or when the therapist discusses his/her sexual attraction in a raw or too direct way.

Maximizing the therapeutic effect of disclosure may be largely a matter of timing and approach. For example, sharing your sexual or loving feelings with a patient may be more therapeutic when the patient asks to affirm his/her adult sexuality or lovability at a later stage in the therapy. Or, it might be more effective to speak about sexual attraction indirectly; in terms of your theoretical orientation, e.g. as transference; or in the frame of warmth, caring, and loving feelings that naturally emerge out of an intimate therapy relationship. Finally, it's critical to explore the client's experience or reactions to your self-disclosure. The next vignette offers some ideas.

I have a situation similar to yours going on right now in my practice. I have a patient who is a young, vibrant, insightful, attractive female psychotherapist in her late 20s who identifies herself as heterosexual. I am a male psychotherapist in my mid-forties who identifies as heterosexual. I get excited on the days when I am going to see her, and I am aware of my mind wandering to our session during other sessions that day. I know part of it has to do with the intimacy and insightfulness I am coming to expect in our sessions, and some of it has to do with my sexual attraction to her. I find myself at times wanting our sessions to go well, wanting to say something brilliantly insightful or caring that will lead her to feel strongly about me as I do about her.

I have chosen at this point not to share my feelings with her directly for a couple of reasons.

First, my sexual feelings for her are only a part of the larger, positive countertransference I have towards her. Second, she has talked painfully at times about feeling harassed by men's interest in her (e.g., men honking at her while she's running). Third, we have a relatively young therapeutic relationship and I am still getting to know her, as we have seen each other for 13 sessions over five months. Last, and most important, one of the painful events in her life concerns finding her father watching pornography of teenage girls when she was a teen, and I am concerned that sharing my feelings might be interpreted as sexualizing her and/or feel traumatic to her in a similar way. So for me, right now the risks to her outweigh the potential rewards for her.

However, I have used these feelings more indirectly as a positive force in our therapy. For example, when she was concerned about her boyfriend being less interested in her than she thought, and started feeling that he would leave like all her previous relationships, I mentioned how different it would be for her to approach the situation with the stance, “Wow, I’m a catch, and if he really doesn’t like me, that would be his loss.” In this response, I am sharing some of my erotic feelings for her, but I think universalizing them into my more loving feelings of wanting her to feel good about herself. She responded very positively to this thought, laughing tearfully in the moment, and reporting the next session that she felt much less insecure about herself and their relationship, and had talked with him some more.

This vignette is a good example of a therapist’s exquisite timing and use of authentic self to express his erotic feelings to the patient in relational terms of loving her and wanting her to feel good about herself.

May Day, May Day, May Day!

Be forewarned that the literature has identified certain risk factors that predict that you may be in the “red zone,” in real danger of committing sexual misconduct. The most important risk factor is when you and your client are experiencing intense feelings of mutual sexual attraction and you isolate yourself by not seeking consultation, supervision or therapy.

Other risk factors predicting sexual misconduct are behavior patterns that include: scheduling the client at the end of the day when colleagues aren’t around; special treatment of the client; engaging in sexually suggestive jokes or eroticized language; getting aroused by the client’s description of sexual behaviors and not setting limits on this; commenting about the client’s attractiveness or body; fantasizing about the client, especially if masturbating; engaging in touch that is not formulated as therapeutic; and meeting the client outside the office.

We conclude this article with a courageously offered vignette that illustrates the extreme challenge of managing mutual sexual attraction. Most importantly, the vignette speaks to the need for greater acceptance of the fact that intense sexual feelings can arise in any psychotherapy situation. This last vignette also makes a case for our well-worn advice that if you find yourself in the “red zone,” continue to reach out for help until you feel comfortable that your work is back on track or you’ve referred out your client.

This clinical situation occurred when I was about 40 years old and had been in practice for 10 years. I immediately felt some importance in the referral of this patient, whom I shall call Sam, because of his being a well-known and wealthy member of my community. He sought couples therapy because of an impending divorce and wanted to talk about the logistics of handling this with his four-year-old son.

I was thrown off balance by Sam’s attempt to set up the first appointment through his personal assistant and asking to meet at his home. Apparently, his previous therapists had allowed this. Upon my insistence, Sam called me himself and agreed that he and his wife would meet in my office. On the day of the couple’s first session, I remember taking special care to dress more business-like than usual. I wanted to look very professional because I felt intimidated and alarmed.

It turned out that Sam and I shared much in our personal histories: being locals, attending brother and sister schools, and being married and having our children baptized by the same priest. I met with Sam and his wife a few times about the transition from being married to being separated and co-parenting. There were tears and

an extreme heaviness that matched the situation. I was not attracted to him at those couple's sessions.

Sam then called to set up individual appointments and wanted to come in twice a week. He told me he could barely sit through meetings, and that I was the person he saw and talked to the most. That was a turning point for me. I wasn't feeling special in any other part of my life. Married and a mom with several kids under the age of eight, I was giving more than I was receiving.

I was in a supervision group at the time and talked about this case immediately. I shared how Sam would invite me to special events and once to his second home. As suggested by my supervisors, I would discuss with Sam what these invitations meant to him, which led to a lot of good work. But, secretly I was saying to myself: "I really want to go." On occasion, I extended Sam's session, and then felt guilty.

As time went on, I talked frequently in supervision of my love for Sam, and that it actually felt painful. My supervisors were compassionate and told me it was just transference, but the heart doesn't want to hear clinical logic. I really believed that had we met under different circumstances, we would have dated. I felt he was my soul mate.

Sam began traveling a lot, skipping sessions, and I knew I was in trouble because I missed him a lot. I fantasized about him constantly. These were not fantasies about having sex, more about a yearning to be younger and dating, going to galas and traveling with him. I couldn't get to deeper work about my unhappiness and how hard that stage of my life was — so many soccer games, painting classes, ballet, and birthday parties.

Sam eventually stopped coming in altogether, and I would see his picture in the local status magazines or in the newspaper. He got engaged to a woman less than half his age, and I thought, "I was a lousy therapist." I wasn't even jealous because it seemed so ridiculous. A year later I read that the wedding had been called off. In the course of this, my marriage had ended, and I had been in several serious relationships. Five years later I read in the newspaper's social column that he had been diagnosed with terminal brain cancer. I burst into tears. I emailed him that I hoped his surgery went well and that I was praying for him. He texted me back immediately, writing something that made me laugh and feel special again.

Sam recovered, and I asked him if I could visit him. I was prepared to walk in with a big smile and let him know how happy I was that it was a curable cancer. But, as we talked, he shared that actually it was the kind that Ted Kennedy died from. I started to cry and he reached over and held my hand. I felt guilty that he was taking care of me.

Those years before he died, we texted frequently. I had dinner with him at his house three times, he had dinner at my house once, and we went out for dinner once. He told me he got butterflies in his stomach every time he saw an email was from me. The feeling was mutual. As he became more ill, I went over one night and the priest who had married both of us was there and he gave us both communion. Full circle. I never would have thought in 2004 that this could ever have occurred. He was at risk for seizures and could not be left alone, so I helped him to bed and lay there stroking my fingers through his hair. Pillow talk. When the dinners or visits were over, there was always a long hug and a kiss. That's it. He died in 2011 and I went to his funeral — the anonymous woman in a packed cathedral.

If I could do it over again, I believe the best thing would have been for me to refer him out immediately after the turning point. If someone were telling me about this case, though, I wouldn't know for sure what to tell them. In hindsight, I understand what and why my supervisors advised me to do. But, I wonder if they felt helpless at my helplessly smitten heart. I still feel Sam's loss deeply, and I hope by sharing this experience I can help others if they get caught up in this existential web of love, transference and tough decision-making.

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Many people when they fall in love look for a little haven of refuge from the world, where they can be sure of being admired when they are not admirable, and praised when they are not praiseworthy.

— Bertrand Russell



Linda Tillman



LINDA TILLMAN, PhD, lives in Atlanta, where she is a grandmother, beekeeper, and bread baker. She recently retired from her more than 30-year private practice as a clinical psychologist. Now she spends her time playing with her four grandchildren, tending to her bees, and cooking for family and friends. She learned a lot from her mother, including the joy of feeding people well, the importance of imbuing one's craft with artistry, and the enhancement of life through observing nature.

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A Circling of Pelicans

I'VE LOVED YOU TO INFINITY AND BEYOND," she said with a slight smile as tears poured down her face. She handed me a blue Tiffany box tied with a white ribbon. The small pouch inside contained two silver earrings, each in the shape of the infinity loop.

I had known this client for 25 years and this was our last session before my retirement at the end of the week. Our history was rich and full and coming to an end.

"Can we meet for coffee sometime?" she had asked several weeks earlier. "We have to say goodbye to our work together in two weeks," I had answered. "But I hear how much you are going to miss me and our relationship. I will miss you, too."

"I can't find the words," another client said, while reviewing the five years of her work with me. After an awkward hug, she left with her head down. Minutes later her text arrived, "I love you...."

A man started our final session by saying, "I told you all of my appreciations last week. It's my last session. I want to hear from you." I spent most of that session telling him how I had experienced him. When our 45 minutes were up, he took a long time to stand up and head for the door. He said, "I didn't know saying goodbye could feel so, well, so good."

Each ending felt like a death to me — a good death, really. Each goodbye process was filled with meaning and interactive caring and lots of appreciation — mine for their work with me and theirs for my work with them. And lots of love.

In the middle of my endings with clients, my 93-year-old mother died, abruptly and unexpectedly, because, although she was 93, she wasn't sick. For years and

especially in the last seven years since my father died, I had tried to call her almost daily, but over time her hearing deteriorated so much that the phone calls required louder and louder shouting on my end. She couldn't hear or understand me. I hated for my relationship with her now to be so concretely the way I had experienced it my whole life. I felt so sad and cut off that I had stretched out the time between calls. On the day she died, I hadn't talked to her in at least three weeks.

I've always said that I became a therapist because I came from such a messed-up family. But I think I became a therapist because I felt so unheard and unseen while growing up. I wanted some healing for myself through providing space for my clients to experience being heard and understood.

I flew to Mississippi for the funeral feeling desperate, guilty, unfinished.

Speaking at the funeral to people who knew a completely different woman than I did confused me. I wanted to shout, "She never knew me," but instead I had to talk about the Sarah Tillman they knew. Sharing memories about all the food my mother had baked and given away, how her hands had looked when she was knitting, and how she went weak in the knees when she laughed reminded me of how much I would miss her, despite our unfinished business, my incomplete process with her.

My mother was buried in a gravesite under a 400-year-old oak tree in an ancient cemetery on the banks of the Mississippi River. As we walked away from the grave and looked skyward, I was awestruck by hundreds of white pelicans circling overhead. Pelicans are huge birds, weighing 16 pounds with nine-foot wingspans. When they soar and circle, they appear to fly in unison. The sight of them took my breath away. They circled and circled, soared and dipped, and then, they were gone.

In religious symbolism, the pelican is an icon for the ideal parent. Pelicans, while immense birds, are cooperative in their lives. Theirs is a caring community, and although each mother feeds only her own baby, mother pelicans raise their babies in a sort of pelican daycare of about a hundred young ones. Maybe because of the pelican's mothering habits, in ancient Egypt people believed that these great mother birds could prophesy safe passage into the next life.

What would safe passage look like for my clients? What would safe passage look like for me?

All I knew as I traveled home to Atlanta is that the loss of my mother felt abrupt and confusing. My mother didn't end with me and actually never began with me. She didn't know who I was or how I felt or what was important to me. I didn't get her understanding because she only offered me judgment. She masked her critical thoughts in the southern way with a smile or she delivered them with a glance or an unmistakable expression on her face. While the arrival of the pelicans above her grave may have implied safe passage, I did not feel safety in my relationship with her.

When I returned to my practice after the funeral, the first client I saw was an artist. I told her about the visitation of the birds. At our last session one month later, she came in carrying a package. The gift of our long relationship with each other was so great and she thought this was something small, she said, that she could give to me. She had made a beautiful frame surrounding a picture of a huge oak tree. Imposed on the tree was a photo of circling pelicans.

I recognized then that she and I and each of my clients were examining and going through what we had experienced with each other, often over years of history. We were

working together to explore the gains as well as the disappointments. We were trying to see the whole picture of our relationship in the process of drawing it to a close. Without consciously embracing it, I was doing for them what I wish my mother had done for me. I was trying with each one of them to help them secure safe passage to their next phase of life without me in it. But I couldn't do it for them completely because the end of the relationship would still feel abrupt; the conversation is never finished.

Something about that recognition opened a door for me to be more in the moment during this leaving process with my clients. I tried to keep in my mind what I learned in a life-changing workshop with Jim Bugental. He had said that authenticity for himself meant not stopping whatever emotion he felt with a client. So I allowed myself that authenticity, laughing, sighing, crying when the feelings bubbled up. The process was messy and probably a little looser around the edges than my usual therapy practice, but I felt the fullness of the connections with my clients and hopefully they did with me.

Retirement has one advantage over most deaths, in that I got to choose the date and draw the line that marked my last day. And like my mother, leaving my life without warning, some of my clients, once I gave them notice of my decision, dropped out of therapy and did not have a last session with me. To those I sent letters, acknowledging our work together and giving them referral names. Even so, I felt a huge loss at missing the process, despite telling myself that it was probably the best they could do. I tried to talk it through in consultation and wrote one client a letter that I didn't send, but none of it helped me with my own loss of the opportunity to have a full ending with them.

The majority of my clients joined with me to take the time and fully plunge into our history with each other. I didn't always enjoy it. I found it hard to hear the disappointments. One client reminded me of the time 10 years ago when I had fallen asleep on my couch and by the time I woke up and came out to get her in the waiting room, our session time was more than half gone. She had never quite been able to forgive me for it. Another didn't like my movie analogies and said he had silently "put up with it."

But mostly the clients and I verbally held each other as we celebrated what we had shared. I heard descriptions of my therapy work that were generous and bountiful. And because the clients still in my practice at the end were long-term, I was able to offer them my experience of their strengths and my understanding of our connections with each other.

Over the final eight weeks of my practice, the office door closed again and again as clients left, one after another, for the last time. I thought I would be depressed and feel deep sadness as the final moment approached. Instead I felt lighter and lighter, unburdened and clear. And on the last day, I walked out of my office, closed the door, and slept better than I had in years.

What remains for me is mourning my mother and the never-to-be-had conversations I wanted. I hope the time my clients and I spent preparing to say goodbye made their grieving easier. I know that the full and loving endings I had with them gave me safe passage into my retirement.

THE FOCUS OF THIS WONDERFUL ARTICLE HAS TO DO WITH THE ENDING OF A PSYCHOTHERAPY PRACTICE. I have always had curiosity about how others deal with phases of life that have been part of my journey. I retired from private practice four years ago and found much in the author's experience that matched my own. My clients and I reflected on the work we had done together, important intersections, meaningful insights, healing of hurtful memories, ability to live with feelings in the present, addressing resistance, and the pivotal changes that had been made, with some room for a few regrets and resentments. In most cases we considered the significance of our relationship and what we needed to share in saying "goodbye." In the author's description of that process, I hear many echoes of when I closed my own practice. I was touched, in particular, by the impact the author's mother's death had on her desire to have the endings with clients be more whole. The image of the circling pelicans is powerful.

I was 78 years old when I finally retired, having retreated from practice for several years. My decision to retire had been bobbing to the surface more and more frequently. For the author, the ending of her practice seems to have been a more focused event. I would have been interested in why she decided to retire. My practice was declining and I had stopped filling the open hours for about five years. At the end, my client load was only about half what it had once been.

A big part of closing my practice was a solitary experience. In those last weeks, between scattered sessions with clients, I packed up my books, shuffled through files, and pondered the memories. Even though I owned the office and would be renting it out, it still felt like abandoning a safe harbor I had held for myself and tried to create for my clients. I was leaving the security of my professional home and the identity for which it was an anchor. On the occasion that I go there now, the space seems empty. The author doesn't describe any of that kind of grief, the loss of place and identity, although I assume it was part of her experience.

I do sometimes think about particular clients and wonder how they are. These are usually clients for whom I felt a deep caring and sensed a bond between us. In some of those relationships I felt loving and in some I felt loved. The word "love" has been a difficult one for me to use in a therapeutic context. In the southern city and church where I grew up, the word "love" was tossed around a lot and used in ways that seemed to me superficial. Everybody loved everybody else, but sometimes there wasn't much kindness in their actions. The specialness in the word got diluted and had a seductive quality. It has always been important to me that the preciousness of loving and being loved be held as a sacred trust, a tender feeling to be honored and cherished. On occasion, those loving feelings were immediate, and sometimes they developed only over time. Many of my clients I did not love, nor do I think they loved me. I cared about them. I felt empathy and wanted them to feel more whole. Many of them I was open to loving, but for a variety of reasons, it just didn't happen. Then there are those who will always have a place in my heart, and the loving connection between us had that depth. The author seems to have had that experience frequently. I wonder what prompted her to close her practice when she had such positive feelings? Probably as with me, there were other extenuating circumstances not shared. I wish the author had said more about what led her to love certain clients and not others. That question and its implications will follow me for the rest of my life.

Looking back, my decision to end my practice was a good one, as I hope it is for the author. I miss it and the level of involvement with people that psychotherapy encourages. I loved being a psychotherapist. Those contracts of intimacy are fewer now, being mostly with family and a few friends. The many more spaces in my schedule leave me with a plethora of choices concerning meaningful activities and ways to invest myself in my community. I have been able to develop aspects of myself that before retirement there was never enough time or energy. I don't miss the commuting, hassles with insurance companies, carrying responsibility for clients and the worry of what was or wasn't happening between us. I am busy crafting a new me. So mostly I am enjoying retirement and hope the author finds the same as she ventures into this new beginning. In a few years, I would invite the author to write about what retirement becomes for her.

— Grover E. Criswell



Memoir, Mother, Mirror, Myself

The memoir is mother to the writer.

I am a social worker and psychologist-turned writer, and the view expressed here is one to which I have come after two decades of both writing memoir and teaching students of the genre. I've drawn the thought from my own experiences of attempting to capture the past on the page and from those of the scores of students whom I have been privileged to accompany as they've gone about constructing narratives of their lives. I will point to my students' literary experiences and my own to show you what I mean by "The memoir is mother to the writer."

WRITING A MEMOIR IS A LONG-HAUL PROPOSITION. Often it can take a lifetime, at least in dog years—and proceeding slowly can, in fact, be advantageous. For over the years the memoir is being written, it can be a great teacher. Along with showing a writer how to write—and fostering the maturation of the person writing, right along with the maturation of the past self on the page—the memoir-writing process, if stuck to with dedication and a spirit of openness, will deliver up an unanticipated boon. That boon is a transformation in one's perspective on the past, one's family, and oneself. As one hunches over the page, one's life story is expanded, brightened, and enriched. And that new vision, in turn, can provide unanticipated deliverance from suffering, a new joy, and a freshened sense of the benevolence of the world. Revision can proffer the boon of *re-vision*.

And not only this. The recapitulation, indeed *re-living* of the past that occurs while writing a memoir, if closely

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attended to, can heal the writer. There are some drawbacks to engagement in this process which I will treat shortly, but, in large measure, by retracing the past, pain may be transformed into beauty.

Allow me an example of how this works. One of my students—whom I will call Juliet—began her memoir in a wrought-up, angry, and hurt frame of mind. Her mother had left the family of several children when Juliet was a child, and the writer, understandably and rightly, felt abandoned by her mother; and in her writing, she understandably and rightly sought to tell this story of devastation, grief, fury, and a child's needs unmet. Her mother seemed to her mystifyingly and unforgivably selfish and narcissistic, and her aim was to show, in vivid scenes, how the mother of her past behaved and how this made the little girl feel. She worked hard and accomplished this beautifully. She showed skillfully, through sensory detail, scenes, and passages of reflection, how she experienced her childhood and young adult life. The writing was determined, grim, painstaking, and vivid. Some of her depicted moments were so powerful they seemed to explode on the page. The mounting pile of sheets on her desk was a veritable dossier of hurts and violations, disappointment and parental failure. How could a mother do such a thing—leave her child behind and not look back? The world, in Juliet's eyes, was a tragic, difficult, and lonely place, in which one had to tough things out, be practical, and get on with it. Love was hard-won and hard-kept, and a gray sadness was everywhere.

This was how the story went, and held, for a long time. Juliet worked on the book for several years, recording every searing moment, every feeling, from her first memory through her experiences in middle school and college, digging down into all that had come to pass, endeavoring to record and fathom the truth. It was often tearful toil.

As part of the process of writing and revising, and seeking to refine her story to capture her younger self's experiences and point of view, Juliet periodically turned toward her mother's letters and possessions for clues, examining some items with interest and avoiding others for the fury or hurt they aroused. One day, as she was doing this for the umpteenth time, she dared to open some letters written by her mother when Juliet was a middle-schooler, and she braced herself for a five hundredth bout of sorrow and outrage.

But something else happened. As her eyes traveled over the handwritten script pressed into the old sheet, she suddenly began to weep. She had wept many times before while reading her mother's words—wept from anger and pain at her mother's seemingly boundless self-centeredness. But this time her tears rode in on a completely different tide of thoughts. Now she was weeping *for* her mother. She had suddenly seen her mother in a new way. After writing out her own experience month after month, she had broken through a membrane to a new outlook. In her mind there now appeared a young woman, married too young to a difficult man, saddled too young with too many children; a young woman with a poet's sensitivities and creative inclinations overburdened by life and feeling inadequate to its demands. She perceived a young woman battling depression, trying to do right by her children, trying to be a good wife, trying to deal with her pent-up creativity, and feeling completely overwhelmed. A woman who simply couldn't handle it all. And Juliet's heart went out to her mother for the very first time.

She wept all day, and called her husband, and called her best friend, and called her therapist, and cried some more.

But it didn't stop there. Another insight rode in on the next wave of this spring tide of a day. She realized that, though her mother had only written her a few letters over

the years, and though her mother had actually gone so far as to tell some people she had no children, this was not due to an absence of feeling. Her mother hadn't forgotten her daughter, as Juliet had always thought. Her mother hadn't cut off contact due to an unimaginable lack of empathy and a vast narcissism. Quite the opposite. Her mother felt so deeply about her lost children, and had such deep regret, that she couldn't bear to think of them. It wasn't that she had no heart but that she had a bursting one, and having no other model for how to manage such powerful feelings, she sought to put them away in a closet and lock the door. Her mother didn't not think of her. Her mother was inadequate to her job as mother but there had been love. Floundering love, misexpressed by a deeply flawed human being, but still and just the same: love.

It was as though the world, which had been a place shrouded in gray, was suddenly bright with shouting color. Juliet felt like twirling. She kissed her husband and called her kids and told them how much she loved them, and she wished she could hug the whole world.

I will offer next some other brief examples of this sort of transformation that can overcome a memoirist via the writing of the life—one from another student, one from a much-beloved memoirist, and a couple of examples plucked from my own literary experience. As for the student, this woman began her memoir being literally unable to capitalize the word “mother” — the term she had used to address and refer to her mother throughout her childhood — because to use upper case would have offered her difficult mother too much respect. By the end of the writing process she used the “Find and Replace” function on her computer to capitalize all those lower case “mother”s. The much-admired writer Jeanette Winterson, who had a life-hating harridan for a mother, experienced a healing revelation about her adoptive mother which enabled her to announce toward the end of her book, “She was a monster but she was my monster” (2011, p. 229).

With regard to my own experience, I discovered — while writing a memoir in which I was endeavoring to evoke the widely-varying interactions I had with my own complicated mother — that over and over again my perspective on her altered. For example, when I first recorded a girlhood memory of a moment when my mother furiously beat at me when I happened to step across a wire fence in the Dutch duneland, I highlighted my girlhood outrage at this maternal insult. It was only after writing the scene, and revisiting it upon revision that I fully comprehended my mother's motives that frigid day. The fence I had crossed bordered an area of the Dutch coast that harbored hidden land mines from World War II. Thus, through the writing, my childhood memory was translated from one depicting a furious mother to one of a mother possessed by desperate, protective daughter-love.

Another personal illustration: During the assembly of my memoir, as I wrote scene after scene, which initially illustrated to me my mother's rigid and domineering qualities—scenes of her forbidding me to attend an anti-war rally where violence was threatened; of her insisting I accept a to-me repugnant job as a physical therapy assistant after my freshman year of college; even of her negative response to my second pregnancy—I came to see my mother, through the process of writing and revision, in a new light. Always, whether through clear or slightly askew thinking, and though lacking a vocabulary for calmly expressing emotion, my mother had my best interests in mind. Caution is advised in the face of potentially explosive situations; experience of a less than ideal

job may be character-building or financially necessary for the young; and inclusion of a new child in one's life, while miraculous and one of the greatest joys, can bring accompanying challenges. All legitimate maternal concerns.

Something happened to my student Juliet—and to my other student and to Jeanette Winterson and to me. It happens to many memoirists if they stick to their search for the truth and work hard at their craft, and are open to all it can teach them. It is uncanny how our minds have a whole unexpected curriculum to impart if they are open and we to them.

Memoir writing can be excellent psychotherapy. Like therapy, it is a working-through toward greater understanding. In the daily striving toward mastery of technique—in the effort to capture character in three deft strokes, to re-create dialogue close to true, to resurrect the smell of that now fragrant, now pungent kitchen—the psyche may be healed, the story enlarged, the pain contained, compassion reached, a larger truth neared, and the soul comforted and nourished. Virginia Woolf wrote of this process in *A Sketch of the Past*:

And I go on to suppose that the shock-receiving capacity is what makes me a writer. I hazard the explanation that a shock is at once in my case followed by the desire to explain it. I feel that I have had a blow; but it is not, as I thought as a child, simply a blow from an enemy hidden behind the cotton wool of daily life; it is or will become a revelation of some order; it is a token of some real thing behind appearances; and I make it real by putting it into words. It is only by putting it into words that I make it whole; this wholeness means it has lost its power to hurt me; it gives me, perhaps because by doing so I take away the pain, a great delight to put the severed parts together. Perhaps this is the strongest pleasure known to me. It is the rapture I get when in writing I seem to be discovering what belongs to what...(1978, p. 83).

As I have here indicated, it is my experience that the writing of memoir can provide deep therapeutic benefit to many, but there are limits and qualifications to this. If a memoirist is handling particularly troubling material, it is ideal that the writer be accompanied by a psychologically-attuned teacher, coach, or therapist as he or she summons the past. Obviously, such summoning can be re-traumatizing unless paced gently and unless the writer devotes him- or herself to craft as well as content while composing. Expressing upset in a general and habitual way on the page, as one is apt to do in a journal, is not sufficient. It is only by writing richly, with attention to concrete detail, the capture of experience in scenes, and inclusion of reflection back and forth on the meaning of the moments depicted, that the pain of the past is transformed into a creative work that propels the writer psychically forward. Louise de Salvo's 1999 book, *Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives*, elucidates in detail how writing should be handled so as to be therapeutic and productive. I recommend memoir writing to those naturally inclined toward word-smithing and able to withstand, and work with via written language, the recollection and re-experience of painful memories.

These provisos made, I submit this: At its best and often, the memoir is the dedicated writer's perfect mirror. The words the memoirist conjures on the page can serve as the purest and most pristine reflection, in fact, yes, the perfect mother—the mother who nurtures and matches us precisely and unfailingly says just the right affirmative thing—the mother we never had, and cannot otherwise have. In memoir-writing, in essence and at its best, we re-mother ourselves.

There are reasons to hate, and slipshod and inadequate treatment, and abusive behavior should not be forgotten, but behavior that hurts a child most often springs from harm done to the hurtful one and is a cover for and expression of a sense of being unlovable and unloved. What we discover, if we take up the work a memoir urges upon us, is compassion, generosity, and love — and the world's capaciousness.

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Your task is not to seek for love, but merely to seek and find all the barriers within yourself that you have built against it.

— Rumi



Troll. 2016; photograph by Meredith Krollman

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Heart-Between

IN MY MID-TEENS AND MID-20S, TWO THERAPEUTIC RELATIONSHIPS HELPED ME SURVIVE THE DARKNESS OF MY CHILDHOOD. Long before theories of attachment and developmental trauma were common, therapy for “depression” (and eventually medication) kept me alive. I even thrived somehow, creating a life I never could have imagined — meaningful work, a loving husband, great kids (both ours and strays), mentoring. Then, just shy of 50, a running injury literally stopped me from outrunning the work I still needed to do.

Now a therapist for nearly 30 years, I brought this therapist awareness to my own treatment in 2014. I had unconsciously “auditioned” my current therapist 18 years ago (six EAP sessions to consider a return to antidepressants post-partum) and again a few years later for a six-session work-related tune up. I liked her, and more importantly trusted her — no small feat, given my family of origin.

Luckily she was now in private practice, no longer EAP session limited. In fierce chronic pain and panicked, I cried my way through that reunion session, vulnerably aware of sitting on “the other side” of her purple couch. Over time I noticed I was watching our work through my professional eyes, as well as experiencing it. I appreciated my therapist’s cognitive “challenges” even as they pissed me off. I teased her about “rolling with (my) resistance,” respected her EMDR expertise, *loved* how she embraced my “parts” representation (troll dolls!), and dutifully practiced my self-compassion homework. My left brain admired her experience and skill even as my right brain scanned for authenticity and truth. Her face and tone never lied.

We made measurable progress. Our work was clearly paying off. I felt more self-compassionate and embodied, less hypervigilant and dissociated, more integrated. My relationships with friends and loved ones had never been better. I was reclaiming myself, learning to listen to, accept, and love all of my parts. My therapist called this “deep heart work.”

I could directly correlate positive changes with techniques targeting specific issues, the particular phase of our work, the strength of our alliance. And yet, there was something else happening. Something between us, more than the bricks and mortar, content/process of our collaboration. Something qualitatively different that instantly caused a foundational shift to *healed* — another kind of heart work. Was it love? Those moments when our hearts would touch—in my earliest deepest heartbreak; in true amazement for having survived; in strong righteous anger; in playfulness and silly snarky laughter; in true smiles; in celebrating.

I could feel it — this *heart-between*. It was palpable — when she risked self-disclosing “This is really me.” When “I thought about you” told me she carried me with her through the week, as I carried her with me. When in response to the inevitable mis-attunement, I didn’t need “I’m sorry,” because my body read it all over hers — from her real heart, not just her clinical one. And when she was willing to share her internal process with me, as we backtracked to repair, *those* times transformed, healed as if we had tapped into an ancient source of healing. We therapists don’t really talk about this much, but looking back over my work as a therapist I do remember those heart bridge moments. At the time I considered them a lucky bonus — a side effect of good work or special connection. Now, though, I also know it to be what heals.

The first time I felt heart-between was about three months into our current work. After several debates over whether or not navigating an abortion alone at 16 qualified as traumatic (my minimizing — “it was no big deal” — her challenging that), I spent the week between sessions using my self-compassion trick: viewing my childhood through the eyes of the mother in me. I breezed into that next session announcing, “You’re right! All roads lead to abortion! It *was* a big deal!” My therapist, curious at my 180, asked, “How do you know it was a big deal?” Triggered, I crumbled. I was back to 16, overwhelmed, wanting to tell but alone because no one wanted to hear. The song of my childhood. I backpedaled quickly — hid that vulnerable teen deep under. Pretending, I faked that all was OK. Until I couldn’t anymore—too upset to look at her and crying — *definitely* a big deal to me. The session came to a screeching halt.

I remember her trying to reach me with her words, to reconnect; reflecting, inviting, offering me a menu of choices, trying to pull me back to dance with her. I could feel her intention to help, her working to fix. Her efforts only fueled my life-and-death effort to stay shut. She eventually stopped talking, and sat quietly. I had the sense that she was sitting perfectly still, even as I watched her one foot move in slow circles. After a bit she spoke again, this time her voice was different—her tone lower, gentler, huskier, “I *do* want to hear.” She paused. “Do you want to tell me?” Something about her words this time called my heart from hiding. I peeked at her quickly — her face perfectly matched her tone. And though I had talked before, about other more difficult things from my past, this telling was different. Held in that heart-between space, I could take her words into my wounded heart; like balm to burn.

Driving home in shocked amazement I wondered — how had *that* happened? How had I gone from survival-shut to open? From running for my life to risking, in an in-

stant? It wasn't her words themselves — or even the pause. It wasn't just going from "wrestling to dancing." Time had stopped after she spoke in that different voice. I realized I had peeked at her, in part, out of surprise. In that moment I felt as if she had physically touched my heart — reached out and touched it — with hers. And over the course of our work, it kept happening.

I remember times as a therapist when I ran out of helpful phrases, when all my words failed and I didn't know what else to say. When my client's pain called my heart loudly, and I risked answering from it. Then somehow whatever I said next seemed to hit just the right note. There was that same timeless quality in the room, usually the briefest glance at my face, a sense of deeper recognition between us as if we were seeing each other for the first time, and a noticeable instantaneous shift. Later, I would try, but could never recall my exact words. It was as if we had been together in an altered state.

As a new supervisor and new mother just back to work, I joined a therapist on our team in a risk assessment. Her client had a long history of acting out. We three sat in a small windowless interview room — not the best choice but the only one. I watched her begin to engage and evaluate him. He was escalating, becoming increasingly agitated. His therapist was doing a good job validating and then refocusing on the task at hand. She was trying to calmly balance his anger — avoid throwing gas on that fire. Sleep deprived and emotionally raw, I could feel his anger physically — my heart tight, as if stuffed with all of the injustices done him. It was too much to contain — I blurted, "*Well of course you're angry! It was so wrong, so unfair!*" They both looked at me like I was crazy. Time stopped. Usually therapists met his anger with measured professionalism, certainly not matching it with their own. Chastising myself, I imagined him tearing up the interview room; I worried about us getting out safely. He scanned my face for a few seconds, nodded, and was changed, calm now, just like my heart. I thought I had blown it. But I had felt our hearts connect in that moment of shared righteous anger.

As a young therapist I was very serious about my work. There was not a lot of small talk, laughter, or lightness happening. That wasn't "doing therapy." As I got older (and maybe wiser), I let that stuff sneak into sessions — although never into my progress notes. I noticed how really laughing with a client, bantering back and forth, or even talking about a shared passion changed something between us. It made sense — if therapy was *all* hard work and no fun, who would want to keep doing it? But sometimes the lightness felt qualitatively different.

Back then, I worked with a client who was an avid fan of a rock band I also loved. If we started talking music, I quickly redirected us to "the work." But something kept pulling me to go there — an aliveness in him (versus his usual flat deflated presentation). When we talked about "our band" there was a completely different energy in the room. I felt a spark between us in that space of "not therapy." Finally I let us take that road trip — we talked about having camped in ticket lines, concerts we had seen, albums warped from constant play. It didn't feel like therapy, yet I could sense something healing happening. In that heart-between lightness, we met each other differently, and that more-alive person across from me showed up a little more each week. Music talk became a language between us that energized the rest of our work together. I tell my clinical supervisees that our clients may have forgotten or may never have learned how to play. I ask them to notice when it feels like play in the session — when it feels like "not therapy" — and to pay attention to the impact of this lightness on the work.

I worked with a client whose depression and substance abuse hounded her teens and 20s. After years working together, her symptoms were relieved enough that she could hold onto her view of a “so much better life” with both hands — until nearing two years of sobriety. She vacillated between anxiety about relapsing and hopelessness about “white knuckling it” through the rest of her life. “Celebrating” her sobriety anniversary was not even on the table. She was stuck, and so was I. We had worked together through both of my pregnancies, and I thought about her as I watched my two-year-old blow out the “2” candle on his cake. I felt heart-sad for her, and angry for her, too. As she struggled in our next session, I struggled with whether to self-disclose. My heart wouldn’t quiet. “I thought about you this weekend.” I shared some, careful to tilt my words towards her and away from me. Feeling inarticulate, I managed to convey my real sadness that her illness was stealing her sense of accomplishment from her, and my anger at her being gypped, cheated. She looked at me, seemed to be listening differently. She asked a few questions, before teasing, “Did you save that candle for me?” Acting confused I teased back, “Well, no, *your* two years isn’t a *celebration*, right?” There was something different in that shared smile between us. I could feel a shift. My real heart had called hers to join me in this space of celebrating her. Ultimately she decided on a “small celebration, just cupcakes — no cake or anything” in the office together. And she decided to begin treating her sobriety as she would a two-year-old; she was excellent with kids, her nieces and nephews adored her. “Mothering” her sobriety opened up a whole new way of being with it for her. I told this story for years, because I was so blown away by her creativity. But I never shared the part when I risked sending my heart; never talked about sensing that what I sent had gotten in, been received.

Recently I experienced this from the other side of the couch. My therapist would tell me when she thought about me outside the session. Sometimes it was directly related to our work — “I saw the movie *Inside Out*—it’s *your* movie!” Sometimes it seemed less therapy related, more organically spontaneous. Especially those times, after my internal “Really?” and happy embarrassment, I felt heart-between. My heart expanded, reached back to hers. I could feel myself listening to her differently, our exchange really sinking in. Knowing that we each held the other in our heart, outside of the session, was the most secure heart-between. Powerful but easy at the same time.

The universe teaches me through synchronicity. In my own therapy I had experienced heart-between healing countless times, but was still skeptical, still doubting. Recently, when three of my four group supervisees cancelled on the same day, I wound up doing individual supervision instead. The therapist staffed her case, and we diagrammed it in detail on the board; she took notes on some interventions to try. With time left, she began to talk about the case more casually. She said that, despite being a likable person, her client’s behaviors due to his dual diagnosis (mental illness and borderline intellectual functioning) were really difficult for some of the program staff. As we talked, it turned out that “some” really meant all of the staff but her. This client responded differently to her — more positively, with more connection. And he made lasting changes through their work together.

I asked what she thought that was about, but she seemed to hold back. When I turned to erase the board she risked coming out with it. “I really love this guy — not like *love* love, but he *really* tries. He perseveres, in spite of everything life has thrown at him; he just keeps bringing it. He’s really incredible.” We spent some time defining her

feeling for him—was it admiration? Inspiration? Related to her own experiences with resiliency? “Nope,” she ultimately admitted, hand on her heart, “I’ve got real love for this guy.” Worried, she asked, “But is that OK? I mean for me to do that? Feel that?” I got goosebumps. I would have answered differently a year ago — led with my left brain. Would have discussed positive and negative transference; how it’s important to attend to so we don’t inadvertently act on it; how learning to use it well informs the art of what we do. And I did talk about all of that with her. But first I led with my heart. Asked her, “Do you think he feels it — this love you have for him?” She paused and nodded, embarrassed. “Yes, I think it’s OK,” I told her. “Your work together is showing you that it’s OK. Sometimes I think it’s even what heals.” ▼

An exchange between Lori Osbrain and her seven-year-old granddaughter during jigsaw puzzle time. Lori has said something playful.

Me: I hope you will still love me when you are a teenager and I say these silly things then.

She: [pause] Why would I ever not love you?

CONIUNCTIO

Arthur Weinfeld

UP, DOWN
RIGHT, LEFT
FORWARD, BACKWARD
WORK, RETIRE
INSIDE, OUTSIDE
ACT, IDLE
GO, SIT
ASK, DON'T ASK
NOW, LATER
TOUCH, WITHHOLD
DRINK, ABSTAIN
INNER ROTATION, OUTER ROTATION
SIT IN THE MIDDLE AND IT WILL TEACH YOU!



A Different Kind of Love

LONG AND LEAN, ALWAYS DRESSED IN A SHIRT AND TIE, HIS COAT CAREFULLY DRAPED OVER HIS DESK CHAIR. Immaculate beard cut close to about an eighth of an inch, sparse hair in a white buzz cut. Like his body, his office is spare, with a few black and white photos of trees, nothing that hints at his person. He does not want you to know him; he is, as he so often states, here to understand his patient. He is a psychiatrist.

When I arrive, he holds the door open, stands with a hint of a slouch and waits for me either to sit in the chair across from him or to lie down on the couch. I say, “Good morning,” to which he always replies, “Hello.” I stopped asking, “How are you?” I am tired of hearing his clipped “Fine.” Besides, he never asks me how I am. After he folds his length in his chair, he waits. I’m almost always tongue-tied. Sometimes the spreading silence creates an area of low pressure that squeezes my words out. Other times I may say, “I can’t think of anything to talk about.” He will answer, “Say what comes to mind,” or “I wonder what’s stopping you?” Stock phrases, but somehow they almost always unlock my tongue.

Never any extraneous movements. If I choose to sit down, he nudges his chair a bit to the side so he does not directly face me; after all, I am here to be understood, not for an intimate tete-a-tete. If I lie down on the sofa, he settles the yellow notebook on his lap while I position my body. Then what? I cannot see him, only the ceiling. Does he look out the window, at the ceiling, or even close his eyes? He better not, I am paying him to look at me. So I, more often than not, spend only a part of the time prone; halfway through I sit up and scrutinize every bit of his self. I am ready to pounce if I ever catch those

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amber eyes wandering around the room. Doesn't happen; his gaze, tuned to warm, stays fixed on me.

And, if I am not looking at him, I might miss a clue to his psyche. Good luck on that — this is a man who does everything not to be known. I watch him slide his legs onto the stool, quiet his body to an almost statue-like stillness and stay that way the whole 50-minute hour. When I crave a comment, he turns his head, clears his throat and then in a low almost monotone voice he begins, "I wonder if you...." Nothing shoots out of his mouth, nothing jerks that lanky body.

I ask question after question: "Where did you go to med school, why did you leave New York, do you have a dog?" Sometimes he will divulge something but most of the time he deflects with a question to me, like, "What is it about my having a dog?" I answer, "I'm curious." Then he will say, "For some reason."

For some hint to his inner self, I watch that expressionless ascetic face, his thin-lipped mouth, those brown eyes, partly because I am fascinated with their asymmetry — one eye is higher than the other — and partly because I want to catch any warmth shining through. I hope for that tight smile, for his laugh — more like a brief snort when it happens. "You are so aloof, so far away," I complain. He says, "I wonder if I remind you of someone?" I muse, "Maybe my father?"

He tells me I watch him like a hawk; yes, I do, because I am suspicious that everything he says and does is an act. I want him to care for *me*, the person, not just follow some psychoanalytic rulebook. Once I said to him, "I feel like I love you." He answered, "I am touched," but nothing more. Next time I said outright, "I love you," but this time he only half-smiled. No comment. The name for therapist love is *transference*. Wikipedia defines it as "the redirection of feelings and desires and especially of those unconsciously retained from childhood toward a new [person]." To me the process is like painting a beloved on the psychiatrist's face. A phony love, I guess, yet I experience the feeling in my body just like any other love, especially that ache to be loved back.

Of course, I want to touch him, my primary way to let someone know I care about him or her. Any kind of touch is a therapy no-no. One day while standing face-to-face with him, he started to explain the effects of different antidepressants. I moved closer to make sure I could hear him correctly, and he stepped back, not just a small move — a stride. I argued with him. "Why did you step back? Don't you know I won't touch you? I know the rule." He asked, "I wonder why touch is so important to you?" And then, "I can see I have upset you." I cannot penetrate the purity of his professionalism no matter how hard I try. He won't let me touch him and he won't come out and say, "Don't touch me." Way too directive and off-putting. Instead he encourages me to talk about how I feel.

He is committed to the process. He believes in silence punctuated by a paraphrase now and again. He never judges. He never directs. Is this a kind of love? If so, not like any kind of love I have experienced. I want him to hold me, hug me, make love to me, or just hold my hand; at least say something personal. Instead he spreads out a warm clear pool of acceptance where I can swim or just float. And yes, while immersed, all kinds of things happen, like the time the inner clenched fist relaxed long enough to let go of the monster I hide within — my father's suicide. The shock and grief, felt for the first time, almost pulverized me. He did what he always does — listened, and listened, and listened.

How can such a seemingly simple act work so well?

Occasionally, he states an opinion or a personal comment. Once I puzzled over why I was in therapy. “For a failure to love,” I finally state with conviction. He, as he always does when he is about to speak, clears his throat, looks away for a moment, then says, “No, you are here because there was a failure to love *you*.” Again the fist let go — for a moment peace pooled in that open space.

Another time while on the couch I say, “I wonder what it would be like to be inside of someone, just for 30 seconds — to share his or her thoughts and feelings.” He asks in his softest voice, “Are my 30 seconds up?” So unexpected and electrifying. I let down barriers, open every part of my body and my heart — for about that amount of time, 30 seconds — oh, so difficult to describe. After several minutes, I finally say, “Dr. D, I feel like a red tulip with petals unfurled, and in the dark center, your forefinger brushes a lemon-yellow star.” I never dream he will remember. Months later as we discuss coming to an end, I worry out loud, “I will never forget you, but I am one of dozens to you. Will anything make you think of me?”

“Tulips,” he answers.



To love oneself is the beginning of a lifelong romance.

— Oscar Wilde



Two Blue Doors, 2014; photograph by Mary de Wit

Helen LaKelly Hunt
and Harville Hendrix



Special Section: I&C Preview

The Practice of Wonder Toward Psychological Well-Being

He who can no longer pause to wonder and stand wrapt in awe is as good as dead; his eyes are closed.

—Albert Einstein

WONDER HAS STIRRED THE IMAGINATION OF GREAT NOVELISTS, PHILOSOPHERS AND THEOLOGAINS FOR MILLENNIA. It's a tiny spark in the eyes of a child while also the energy propelling us to explore outer space. Like joy and sorrow, wonder is an intrinsic part of human nature. Yet, the field of psychology has focused very little on wonder, or reflected on its function in our lives. Where does wonder come from? What is its value? Could it have a role in psychological well-being? In this paper we address these questions through the lens of Imago Relationship Theory and Therapy.

The Evolution of Imago

Imago theory was catalyzed by Harville in 1979 and—using our relationship as a living laboratory—evolved into a full-bodied therapeutic system throughout the 1980s. Prior to Imago, couples therapy focused on shoring up two self-contained individuals disillusioned with their relationship. Marriage was to be a place for personal need gratification. And the marriage therapist's job was to “fix the couple's problems” by diagnosing, confronting and advising the two individuals to negotiate more successfully. However, this usually failed to give the couple long-term resolution.

HELEN LAKELLY HUNT, PHD, AND HARVILLE HENDRIX, PHD, are partners in life and work. They envision a shifting from the age of the individual to the age of relationship and making collaboration and cooperation primary values of culture.

Harville and Helen are the creators of Imago Relationship Therapy and have authored and co-authored 10 books on intimate relationships, including three NYT bestsellers (*Getting the Love You Want*, *Keeping the Love You Find*, and *Giving the Love that Heals*.) They are working on a new professional text on Imago theory and therapy. They are co-founders of Imago Relationships International, which supports more than 2,000 Imago therapists around the globe.

Helen has supported the creation and spread of Imago therapy around the world, and worked on behalf of women and girls, for which she was inducted into the Women's Hall of Fame.

Harville is a couple's therapist with more than 40 years' experience as an educator, clinical trainer and lecturer whose work has been featured on Oprah 18 times.
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In contrast, Imago therapy moved away from “therapist as the answer,” toward “therapist as coach,” guiding the couple to realize that they were each other’s answer. By teaching the couple to communicate in a constructive way and respond to each other’s needs, we encouraged a shift away from individual healing toward relational healing. According to Imago, we are born in relationship, wounded in relationship, and can heal only in relationship. This shifts the locus of healing to the couple, locating it in the “space between” them. Thus the Imago process invites couples into a “conscious partnership,” recognizing that they have the opportunity to co-create a marriage where the pain and hurts from childhood can be healed.

The core intervention of Imago therapy is the Imago Dialogue, a structured three-step process in which couples learn to take turns talking and listening. The talker becomes the “Sender”; the listener, the “Receiver.” Receivers learn to: 1) mirror (echoing with accuracy what they heard); 2) validate (stating that what they heard makes sense); and 3) empathize (imagining the feelings behind the words expressed). This structure shifts couples out of conflict into a collaborative process in which they experience connecting.

Imago Dialogue helps couples in three important ways. First, by taking turns talking, individuals give each other space to express different points of view, without interruption or deflection. They allow, for the moment, two different points of view to coexist. This structure alone helps them achieve differentiation (affirming that both make sense in their separate worlds, even if they don’t agree) and connection. Second, the differentiated state that emerges within the structure helps couples become aware of the “space between” them, inviting them to care for this relational space as partners. They learn to keep this space between safe, free from anxiety and negativity, a prerequisite for connection. Third, Imago Dialogue helps couples lessen their reactivity to each other, to instead empathize for one another. This too helps create safety in the space between.

Within the Imago Dialogue process there is an important moment. After Receivers mirror, they ask, “Is there more?” “I hear you are feeling anxious about tomorrow’s meeting. Is there more?” “I hear you are frustrated I did not call. Is there more?” This question invites Senders to go deeper into their content and feelings.

While we thought this phrase would be helpful in deepening understanding and empathy between couples, an unexpected and unintended consequence of this three-word phrase occurred. As Senders were invited to “share more,” they became surprisingly moved by their partners’ availability to stay present even longer to their experiencing. They also began to gain access to and language for undiscovered thoughts and feelings. Simultaneously, Receivers began to report feeling deeply moved as they learned new things about their partners, seeing them in a whole new light. “Is there more?” soon became known as “the magic phrase” in the Imago community. By inviting the experience of curiosity and wondering about the other, this phrase often helped establish even more safety, and catalyze a more wondrous connection. It is this phrase that has led us slowly into a deeper inquiry about the phenomenon of wondering and wonder in Imago theory and therapy.

Emergence of the Concept of Wonder

The concept of “wundor” arose in Old English as a noun meaning “marvelous thing, miracle, object of astonishment.” It refers to the experience of being in a state of awe, evoking feelings of rapture and reverence. It is a relational term, in that the experience does not happen without something other than oneself. It wasn’t until Middle English, around the late 13th century, that wonder as a verb arose: being curious or wondering, thus moving into the spirit of inquiry. “I wonder if it’s raining outside?” “I wonder if they like me?” One admits to a state of ambiguity and uncertainty.

When we talk about wonder in Imago therapy, we reverse the order above, and suggest that the practice of wondering (the verb) can ultimately lead to the felt sense of wonder (the noun). As Imago therapy instructs the couple to gather information about each other through questions, the couple begins to experience each other as separate yet wondrous. Wonder evokes the experience of relatedness by inviting discovery of the other.

When couples grow in their ability to wonder about each other, they relinquish the hope of being the authority on their partner’s strengths and weaknesses. Predication and certainty imprison an experience by giving it definition, dulling its luminosity. Wonder, by contrast, transcends the state of knowing and invites one into the state of not knowing, where the sense of wonder that we all had as children can be reborn, uncovering the luminosity of being.

In Imago, our key thesis is that connecting is being; we are born connecting and are meant to experience connection throughout our lives. Yet for many, even in marriage, the experience of connecting is ruptured and partners find themselves feeling isolated and alone. Yet when looking at each other through the eyes of wonder, each becomes more present for the other’s experience. The practice of presence leads to attunement, which can help couples restore the experience of connection, ultimately recovering their ontological status of *connecting as being*. It is this experience of safety and connecting that all of us yearn for each passing year throughout our human journey.

Wonder and the Brain

Our interest in wonder originated when discovering Dan Siegel’s (2007) interpersonal neurobiological concepts, positing that “tolerating ambiguity” is a sign of mental health. Whereas the human brain relishes certainty and knowing, a tolerance for ambiguity means maintaining uncertainty, despite the discomfort of not knowing. It allows us to experience difference and otherness, without the impulse to annihilate.

Siegel suggested that two brain functions seem to be involved in the process. The first is hemispherical—the right brain tolerates ambiguity better than the left. The right brain tends toward cognitive novelty, whereas the left tends toward concrete cognitive routine. According to Siegel, there is also increased activity in the dorsolateral prefrontal cortex (DLPFC) and the anterior cingulate cortex (ACC), areas associated with abstract thought and self-regulation that help us accept ambiguity and novelty.

“Openness and tolerance of ambiguity,” states Siegel, “spark our appreciation for the difference of the other... We need to not only tolerate ambiguity, but learn to treasure its secrets” (2007, p. 328). In his *Pocket Guide to Interpersonal Neurobiology* (2012), Siegel also points out that response flexibility is an important middle prefrontal function

which:

...enables us to pause before responding as we put a temporal and *mental space* between stimulus and response.... From a neurobiological perspective, this *space of the mind* enables the range of possibilities to be considered, to just “be” with an experience; to be reflected upon, before engaging the “do” circuitry of action (chap. 33, p.2).

This captivated our interest, especially mine (Helen), and I began to associate the phrase, “Is there more?”—considered so “magical” in our Imago Dialogue structure—with experiencing ambiguity. I imagined that phrase, in moving Receivers to this area of the brain, might help release them from the fight/flight/freeze circuitry of the lower brain, lifting them into higher neural circuitry. And this would result in the release of neurochemicals, promoting a greater sense of well-being. According to Dr. Emrah Düzel, from the UCL Institute of Cognitive Neuroscience, the midbrain region regulates our levels of motivation by releasing dopamine in the frontal and temporal regions of the brain (University College London, 2006). Scientists have only identified a small fraction of the hundreds of neurochemicals produced by the human body. Responsible for reward-driven behavior, dopamine is one of the molecules that contribute to our sense of well-being (Berland, 2012).

Two important discoveries in the field of neuroscience over the last 20 years offer a context for the work above. The first is neuroplasticity. Clinical research has confirmed the brain’s capacity to be shaped by new experience. Actual tissue growth can be stimulated in as little as two hours (Sagi et al., 2012), and the capacity for change exists into old age. Thus, while stress can quite literally narrow the scope of attention and perception, positive emotions and practices can actually reverse the poor health consequences of too many negative emotions and experiences (Garland & Howard, 2010; Fredrickson, 1998).

Second is the concept that the brain is “experience dependent.” It is shaped by interactions with others and works constantly to relate the individual to others (Schor, 2001). Broadly speaking, people are wired for connection. Thus, feeling disconnected has a negative impact on their physical and emotional health. Practicing neural integration by focusing more on positive concepts and problem solving, and asking certain questions from time to time, can result in growing both the relationship and the brain in a healthier way (Garland & Howard, 2010; Fredrickson, 1998).

Both of these concepts can be helpful as couples learn to care better for their relationships. A century ago, psychology fatalistically believed that “biology was destiny.” Today we see that neuroplasticity implies a greater range of ways people can change when they are struggling in their relationships. Neurobiological research has established that people have the potential to “rewire” their brains with new experience and in relationship with others. And the fact that relationship experiences help shape our brains gives extra incentive to create positive feelings, such as those that arise from the experience of wonder, and to avoid those that generate unnecessary stress.

Our Personal Introduction to Wonder

Both of us had been divorced when we met. We knew firsthand how painful divorce is, especially for the children. Thus I (Helen), was determined to do all I could to succeed at marriage this second time. I longed to co-create with Harville a connected family and to help make Harville as happy as I could. So I devoted great attention to him. I tried to anticipate his needs and offer suggestions, even before he asked for it! I would imagine saying to people proudly, “If you want to know how Harville feels or what he thinks, ask me. I care about and know him that well.” While this came from an earnest place of wanting to love him well, I began to realize over time something was seriously wrong.

As a response to my “knowing” Harville so well, to my surprise, he seemed more irritable in our relationship. I then became frustrated because he didn’t seem to appreciate all my fine efforts. Our marriage became more and more miserable. But one day, it occurred to me to ask Harville how he was feeling overall, about his work, his life, and his goals. He paused, started reflecting with me, and he ended up talking—with me just listening—for hours. Then he said: “Helen, just sharing with you like this means so much. I don’t want all your gifts and efforts. I just want you to be present for my experience of things.”

My being present to his experience, wondering and asking, “Is there more?” allowed Harville to feel far safer in our relationship. Harville wanted me to be curious, to wonder about how he was feeling, on the deepest level. He deserved that! This began a whole new transformation in our relationship. And it was wonder that initiated the pathway to the truly joyful relationship we have today.

Soon after, Harville created a way for couples to intentionally practice the “not knowing” and celebrate each other. Today we call it the Ladder to Wonder. Couples are guided to turn to each other and alternate saying statements like, “I acknowledge your otherness.” “I admire your otherness.” “I advocate your otherness.” “I adore your otherness.” Each entry is a place to reflect, and receive, and rethink who our partner really is. We started practicing this ourselves before going to bed, reading each statement one by one, pausing after each and letting the meaning wash over us. To our surprise, the feelings of excitement and awe began to flow. It is commonly known that “energy follows attention,” and this is a perfect example.

We now see this ladder as the opportunity for couples to cultivate wonder. Even if couples start in a rather perfunctory way, before long, they may find their relationship much more safe, respectful and joyful. Being intentional about the cultivation of wonder in one’s relationship has now been added to Imago theory and therapy to help couples discover thoughts and emotions they didn’t even know they had.

The Ladder to Wonder

I Acknowledge
your otherness.

I Accept
your otherness.

I Appreciate
your otherness.

I Admire
your otherness.

I Advocate
your otherness.

I Adore
your otherness.

The Practice of Wonder

In addition to the practice of the Ladder to Wonder, there are other Imago tools that can foster curiosity and wonder in a marriage. Several exchanges in the Imago Dialogue process are questions. To start the process, Senders inquire about the partner's availability: "I have a frustration. Are you available to have an Imago Dialogue right now?" Asking for an appointment moves the person out of the assumption that the partner is ever-present, ready to focus and listen. The second question occurs during the mirroring process. Once Receivers mirror, they ask, "Did I get it?" And these two queries are followed by a third: "Is there more?" This question, so deceptively simple, is, as we have said, the linchpin of change.

There are additional practices within Imago therapy that assist couples in cultivating wonder. The Caring Behaviors Dialogue invites partners to ask the other, "What specific behaviors feel loving and caring to you?" They may be gestures that happened when they were dating or they could be a hidden desire. Asking allows the other to share what touches the heart, helping to re-ignite the romance. We also invite couples to write, share, and co-create a Relationship Vision. Wondering allows them to discover each other in new ways, motivating them to take more concrete steps in building the relationship of their dreams.

Not long ago, we had a challenging issue that repeatedly showed up in our relationship: deciding where to spend our vacation. It's an area where we are polar opposites. Whereas I (Harville), love to travel, Helen is a homebody, and likes to spend our vacations at home. So our vacation planning time was full of conflict. Luckily we see conflict as growth trying to happen. And we decided to engage respectfully using several Imago Dialogues, taking time to ask, "Is there more?" regarding what we both wanted: we became curious, rather than judgmental, about the other. And in time, an elegant solution surfaced. We rented a motorhome! This would allow me the open road, while surrounding Helen with the comforts any homebody would cherish. We couldn't have come up with this solution had it not been for wonder.

Conclusion

When the landscape around us becomes too familiar, we can lose our capacity to be impressed, astonished, in awe. And yet curiosity about, wondering about, the otherness of others is fundamental to co-existing with the rest of the human species. Victor Frankl wrote:

[T]he true meaning of life is to be discovered in the world rather than within man or his own psyche ...being human always points, and is directed, to something, or someone, other than oneself.... The more one forgets himself — by giving himself to... another person to love — the more human he is... (2006, p. 110).

This humanness ultimately connects us to the greater experience of life. And it is this inexplicable phenomenon of wonder that can be seen as a humble micro experience between self and other, but can also resonate with the macro state of the whole cosmos pulsating and interconnecting ad infinitum.

To date, our explorations have unearthed a neurological sequence that, if acknowledged, taught and practiced, can help couples ride a wave of wonder from conflict to

connecting. We have witnessed time and again — and experienced in our own relationship — the transforming power of wonder. We know our brains are malleable and are social organs, seeking connection with others which ultimately shapes our knowledge of world and self. A key tool in building brain health, the practice of wonder can engender greater compassion for others, a sense of more expansive time, and the recognition that there are greater forces at work within the universe. Thus, given the lack of research on the phenomenon of wonder, would it not be in our collective best interest to begin to give it more focus? We would fully explore the practice of wondering as a verb (moving into the spirit of inquiry) and the experience of wonder as a noun (being in a state of awe), to understand how they impact our brains and relationships, and to integrate them into a cohesive system for helping couples to restore and maintain connection. The word *psychology* suggests *logos*, “the word about” the psyche or soul. Surely wonder — which ignites our souls to learn evermore about ourselves, others and the world around us — deserves to take its place as an important practice for psychological health. ▼

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It is only with the heart one can see rightly; what is essential is invisible to the eye.

— Antoine St Exupéry

Fallen Flowers

Wayne Kernodle

The flowers I had left
On Thursday afternoon
While she was sleeping
In her tiny cubicle at the nursing home
Were on their way to death
When I returned on Saturday morning,
Undernourished and thirst deprived
Had themselves fallen gravely ill
From inattention,
And unseen as yet by her
For whom they were intended
To give the pleasure of an outdoor freshness,
And testimony to our love and friendship,
But had not fulfilled their promised mission,
Because she lay there nights and days
In drugged remission of her senses,
And was still unwaking to reality
When I had returned-only to leave
Them once again,
Dear old friend and flowers
Both with limited destiny.



Vulnerability in Client Work— A Parallel Journey

*You only have to let the soft animal of your body love
what it loves.*

—Mary Oliver, “Wild Geese,” 1986

READING THIS LINE, I AM AGAIN DAZZLED BY ITS VISCERAL, FERAL BEAUTY. And if there’s a line of poetry that better captures what we strive to do as healers, I have yet to find it. As an executive coach who seeks to help leaders bring more of themselves to work, I think back to my voice trembling over that line as I offered Mary Oliver’s astounding poem to leaders in a group I was running. The poem doesn’t just capture *their* vulnerability, of course; it captures mine.

How do I carry this companion on the journey and how does it shape the work I do? And what *is* the work?

*You do not have to walk on your knees
for a hundred miles through the desert, repenting.*

So many leaders today struggle with feeling overwhelmed with myriad external pressures to do more, be more, shoulder more. Yet as fierce as the external pressures are, fiercer still can be the internal messages they carry about how they *should* function in the face of all this. For example, they often believe that they should be expert in all areas of their domain—they should always have the answers. Questions are seen as a sign of weakness rather than curiosity. The terrain of coaching is to help uncover underlying myths and assumptions like this one that limit what’s possible and lead to internal suffering.

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As I help my clients move from self-indictment to a gentler place, I meet myself repeatedly. I am touched by their relief that they don't have to be so harsh with themselves, and I remind myself of that wisdom. But there are days when the message struggles to get through to me too, and I find myself back in old territory, wondering if I really have anything to offer them at all. I can twist myself into an endless paradoxical loop: Am I expert enough to help them see that they don't have to be experts?

So how do we move on from "repenting" in the desert to loving what we love? There are so many messages at the workplace that emotions should be checked at the door. And yet opening ourselves to the reality that we're all emotional beings allows us to see that there is power in our willingness to be vulnerable.

My work in a large financial services organization included facilitating peer coaching teams of leaders. They had learned focused dialogue methods that encouraged deep listening to create a safe space for reflecting on their leadership challenges. A number of them were managers who were very smart but some could also be abrasive and critical; they appeared to fit a common financial services stereotype of being immune to opening their hearts. There was widespread concern at the outset about whether these competitive, high-performing managers would be interested in or willing to let their guards down with their peers. I was particularly concerned that one of them, Samuel, would see no value in this type of exercise and would only grudgingly participate. (*Note: I have changed names and details regarding clients to protect their privacy.*) Meeting with him beforehand, I told Samuel that he might be uncomfortable in the group at least initially, and that I hoped he could enter the experience with at least as much curiosity as judgment.

To my pleasant surprise, it quickly became clear to Samuel and others that these dialogue groups were a powerful means to address a real hunger for connection. After meeting together for several months, one group member described how she was "moved by the level of honesty and the power of listening." Samuel himself said, "For the first time in my career I can share my toughest problems with colleagues. Now I know some fellow leaders who truly want to help me succeed. In my group, we were able to help each other figure out what the real problems were — not the problems we each thought we had. As a result, I had the courage to work collegially and supportively, instead of harshly and competitively, with peers in my department and risk the possibility that they would take advantage. They didn't."

As Kerry Bunker of the Center for Creative Leadership said, "Personal vulnerability emerges as a core competency that lies at the heart of helping leaders understand and respond to the needs of others. Expressing vulnerability becomes a leadership tool when it opens the door to connecting with others at the basic level of humanness" (1997). Far from the expert model that puts a premium on having all the answers, it gets at the enormous power of heart-to-heart connections.

Tell me about despair, yours, and I will tell you mine.

As a coach, I've seen the power of my own willingness to show my vulnerability. I see in Oliver's talk of shared despair an invitation to acknowledge the depths of my own feeling as a way of helping others heal.

Claire was a social policy expert in a large government agency. She was bright, skilled, and hardworking, and she took pride in working behind the scenes to avert lurking disasters and make her boss look good. She would regale me with stories of how she'd worked crazy hours to put out another fire, or had briefed the "top dogs" so they would sound like they knew what they were talking about in a meeting, even though their expertise paled next to hers. Along with her pride, however, was lingering resentment that she wasn't getting her due. She also felt victimized, as if she had no choice but to keep working there in a role that frustrated her. In the course of our coaching work, we examined her part in how things played out. Claire began to see how she would stifle her own voice and then resent not being heard. She wanted to be indispensable, but she gradually let in what that cost her.

Over time, she began to focus more on what it was she wanted to bring to the world, with her own clear voice. Toward the end of our work, Claire and I had a session that was really about celebrating all that she'd done in coaching. As I began to talk about how now she was asking bigger questions, I choked up. Her newfound courage touched me to the core. In that moment, my tears felt exactly right — like they were bearing witness to the depth of her growth. And my emotion was a way of honoring how deep our connection had become. I truly felt like a partner on her journey.

Looking back, I see too how Claire's journey mirrored my own. Hadn't I had my own struggles bringing my voice to the world? Reading Mary Oliver to the leadership class was an exercise in opening myself further. The words evoked so much in me that it felt like an offering.

And of course the struggle continues. Writing this article feels safer when I'm discussing a client, or leaders in general. Discussing myself, I'm on shakier ground.

It shows up, too, as I think about the path I took of being a coach, not a therapist. It's a truism in my field that "coaching is in no way to be construed as therapy or counseling." Yet I have no doubt that there is overlapping terrain and the boundaries aren't always crystal clear. How deep I go with a client is a bigger question than simply boundaries laid out on a piece of paper. There are days that I feel hemmed in by the fact that I'm there to be a coach, not a shrink, and days I feel saved by it. It's one thing to talk about *those managers out there who don't want to deal with their emotions*. It's another thing to wonder how far I want to wander into my client's pain.

On paper, the distinction between the two disciplines is therapy's focus on helping an individual delve deeply into personal issues from the past versus executive coaching's future-focused mandate to help leaders increase their managerial effectiveness in an organizational context. In a 2009 research report, *Harvard Business Review (HBR)* outlined how coaching draws from both consulting and therapy. The report notes that both coaching and therapy involve exploration of subjective experience, asking the right questions, and focusing on individual behavioral change. Yet often a discussion of the two fields becomes almost a caricature, as if there is no overlap at all. That is, therapy is all about psychological dysfunction, staying in the past, and dealing with strong emotions. Coaching is all about the future and is for mentally healthy people who are focused on taking action, not feeling their feelings. In addition to ignoring the many styles, emphases, and subtleties of therapy practice (as well as varied coaching approaches), it feeds right back into the idea that somehow we check our emotions at the door when we show up at work.

For me, the fact that executive coaching involves dealing with an individual in the context of an organizational system and dynamic is a big part of what makes it so gratifying, vibrant, and intellectually challenging. I'm also highly aware that I bring my academic training in counseling and personal experience of therapy to bear as I work with coaching clients. My sensitivity to emotional nuance and willingness to name, honor, and witness strong feelings deepens the work. At the same time, in the cases where I don't feel I have the permission to go deeper, it's not always clear if it's me or the client putting the brakes on. And if it's me, is that out of a responsible recognition of the limits of my mandate or expertise or out of my own fear or avoidance of intense pain or other emotion? This is a question I don't expect to answer anytime soon, but I know I'll go on asking it.

Meanwhile the world goes on.

One of the biggest gifts I give my clients is to help normalize their experience. Far from seeming dismissive, managers are often profoundly relieved to know that so many other leaders share their struggles. Accepting their shared humanity lifts a huge weight from their shoulders. That's another reason that peer coaching models have such a strong impact, as Samuel discovered.

Another way leaders often feel overloaded or burdened comes from an additional myth they carry: that they are responsible for the well-being of their employees. For instance, Phillip headed a cardiovascular research department in a federal public health agency. One of the themes of our work together was how much he dreaded having to deal with employees' personal issues. Further, when conflict arose at a staff meeting, his response was to minimize its importance and rationalize away the feelings involved. Thus, difficult situations would fester, and the feedback I heard was that Phillip didn't really care about his team and only wanted to sweep things under the rug. In exploring this with him, I learned that Phillip's mother had been ill on and off during his early years and that, growing up as an only child, he felt that it was his job to take care of her and make her feel better. While he badly wanted to help her, he also experienced this as a huge burden.

When Phillip became a manager later in life, he unconsciously fell into a pattern of avoiding other people's feelings. As he became aware through coaching of what was being triggered for him from the past (the situation with his mother), as well as the reality that it wasn't his job to make everything better for his employees, he was able to find more space in himself to hear and honor other people's experience. Even though conflicts weren't always resolved, his team members reported how much they valued feeling more "seen" by him. Phillip himself said what a relief it was not to feel so burdened by other people, and that he actually felt freer to offer help where he had it to give.

For me, it was a huge "aha" when I heard a coaching colleague utter the simple but profound piece of wisdom that *acknowledging* what someone has to say is very different than *agreeing* with it. And I use this notion often with clients like Phillip to help them open to others while respecting their own boundaries. And yet I have to remind myself of where my responsibility begins and ends as a coach. If I show up fully and do *my* best work, what does it mean if my client is unwilling or unable to make use of it?

Mary was a new IT manager in a mid-size consulting firm. While seen as bright

and talented, she was having trouble forming positive relationships with her co-workers. Coaches often collect feedback on their clients' strengths and weaknesses and then share it with them (while protecting anonymity). The feedback on Mary was that she consistently conveyed disapproval and even contempt for how things were done, and repeatedly "hammered" people with how much better her proposed approach would be. Sadly, some people recognized the value of what she had to offer but found it hard to engage constructively to implement her ideas because they so resented her "know-it-all" manner.

When I began working with Mary, I had two compelling reactions. One was that I liked her tremendously and formed an instant emotional connection with her. I found her eloquent, funny, engaging, and introspective, and I looked forward to working with her. My other reaction was that I understood what people had said about her. Her judgments about others in the organization and her conviction that she knew best were front and center.

In my work with Mary over the months, I encouraged her to examine the impact of her behavior and to consider that regardless of whether or not her judgments about others were correct, she was working against her own interests by being so dismissive of them. She always seemed to understand this intellectually and, as our relationship deepened, we also explored some of what was at root for her emotionally. Mary tried out different behaviors, sometimes reporting to me excitedly that she felt she was making headway. I hoped she was, and yet feedback toward the end of our engagement suggested that others didn't see much improvement in her approach to them. I had the sense that things weren't likely to change and wondered if she would ever find her place there.

For me, the experience of working with Mary presented an interesting conundrum. On the one hand, I felt vital and alive in my work with her and knew I'd given her both my candor and genuine appreciation. I felt I'd served her well. And yet at times I still wonder if there was something else I could have done or said. Mainly, I think that's my arrogance talking and that it's a key reminder that all I can own is whether *I* choose to show up fully.

*...the world offers itself to your imagination
...announcing your place in the family of things.*

The journey of helping leaders bring more of themselves to work has helped me bring more of myself. As I've been privileged to help them discover their passions, it has stoked my own passion for helping them. As I help them break new ground, I challenge myself to show up in new ways.

When I decided to get my formal coach training, I chose to learn from someone who is rightly known as one of the "gurus" of the profession. His training program was described as "transformational," and my visit to a preview session showed me that this was more than a phrase from a marketing campaign. As I witnessed the coaches-in-training do their own work in large group sessions, I was profoundly moved by the depth of pain and joy they shared and the way the group interacted. Intense work was followed by intense music and dancing! I felt that a huge new vista was opening up to me, and yet I was also returning home.

As I went through the year of training, I was also running a leadership program inside a large corporation. The parallel journey for me was to push through my vulnerability and stretch the limits of what might seem “appropriate” for the corporate program. In collaboration with some wonderful colleagues (who made it easier to be courageous), we showcased a poet, David Whyte, noted for his powerful work inside organizations; used a marvelous video of Bobby McFerrin helping reenergize an orchestra; brought in a group that uses a theater-based approach to leadership development; and had the coaching “guru” talk with our leaders to help them in their own role as coaches to their employees. The response was wonderful, and I felt I was helping ignite a spark across the organization.

So often for me, just as for the leaders I coach, the challenge is to push past limits as a way of staying closer to myself. Coaching provides a sacred space for reflection and connection. Indeed, for both me and my clients, the journey really *is* to “let the soft animal of your body love what it loves.”

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Love is created by dealing with our inability to love.

— Ernest Becker



Turning Toddler-Brain Love Into Adult-Brain Relationships

WE FALL IN LOVE in the *toddler brain*, the emotional, impulsive and volatile limbic system, which reaches full structural maturity by age three. We stay in love in the most profound and stable part of the *adult brain* — the upper prefrontal cortex, which reaches full maturity around age 28. Toddler-brain love is filled with wonder at first, but inevitably causes irreconcilable conflict and pain. Adult-brain love rises from our deepest, most humane values of compassion, kindness, protectiveness and desire for mutual growth.

Most people would agree that despite the moodiness and occasional temper tantrums, toddlers are joyous, loving, fascinating and fun. That sounds a lot like falling in love, doesn't it? Toddler love can be lots of fun for adults when they emphasize curiosity, wonder and affection; but when adults retreat to the toddler brain under stress, we become impulsive, reactive, self-obsessed and demanding.

The Grand Human Contradiction

Human beings are unique among animals in the need to balance two opposing drives: the drive to be *autonomous* — able to determine our own thoughts, feelings and behavior — and the equally strong drive to *connect to others*. We want to be free and independent, without feeling controlled; at the same time, we want to rely on significant others and have them rely on us for support, comfort, affection and cooperation. Most other social animals, who live in groups and packs and form rudimentary emotional bonds, have little or no discernible sense

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of individuality to assert and defend. Solitary animals are free and independent and do not form bonds with others lasting beyond mother-infancy. Humans must struggle with powerful drives that pull us in opposite directions, where too much emotional investment in one limits investment in the other; we can neither sacrifice the self for the relationship, nor renounce the relationship for selfish indulgence.

Competition between the drives for autonomy and connection emerges in full force in toddlerhood, which is why “the twos” can be so “terrible.” Toddlerhood is the first stage of development in which children begin to realize how separate they are from their caretakers, as they become aware of emotional states that differ from those of their parents. They had previously felt a merging with caregivers, which provided a sense of security and comfort; the new awareness of differences stirs excitement and curiosity but also endangers the comfort and security of the merged state. The toddler must struggle with an inchoate sense of self prone to negative identity: they don’t know who they are, but when aroused, they know who they are not — they are not whatever you want. Thus we have the favorite two words of the toddler: “Mine!” and “No!”

The increasing conflict with parents wrought by the drive for autonomy endangers the other powerful human drive: to connect, to value and be valued, to comfort and be comforted. Hostility toward their parents, however short in duration, stirs uncomfortable feelings of guilt, shame and anxiety, which fuel the intense emotional distress of the classic temper tantrum. Internal emotional conflict is overwhelming for toddlers, because the regulatory part of their brains — the prefrontal cortex — is so underdeveloped. The emotional intensity of those early struggles to balance autonomy with connection forges strong neural pathways in the developing brain. Under stress, these fortified neural patterns — reinforced countless times over the years — hijack higher cognitive processes to validate their alarms and justify impulsivity and overreactions, rather than modifying them with assessments of reality.

For all the wonderful things it adds to our lives, love in adulthood exposes our deepest vulnerabilities in ways that most of us haven’t experienced since toddlerhood. In early relationship conflict, when habits of interacting are formed, most lovers have not felt so emotionally dependent for their well-being, and powerless over their most vulnerable feelings, since they learned to walk. When people feel powerless, resentment and anger inevitably emerge.

Toddlers in Love

Toddlers feel powerless over their own emotional states, yet they wield a great deal of power in making the people around them feel good or bad. Adults who love like toddlers make each other feel bad simply by having interests, tastes and vulnerabilities that fail to mirror the fragile sense of self embedded in the toddler brain. Most complaints in toddler love sound something like, “You have to be more like me! Think like I do, see the world like I see it, and behave the way I want you to behave!” Confusing intimacy with having their partners think and feel the same way they do, they perceive rejection and betrayal when loved ones think and behave like themselves.

The primary survival function of the toddler brain is to generate alarms, and few things set off its alarms like perceived differences in loved ones. However, the toddler brain cannot regulate the alarms it sounds, which evolved to summon caretakers to solve

problems and offer comfort; neither can it distinguish what's really happening in the environment from what is thought, imagined or dreamt. Reality-testing, problem-solving and self-regulation fall to the adult brain; but when adults retreat to the toddler brain under stress, they confuse the alarm with reality and think, "I'm angry, so *you must be* doing something wrong. I'm anxious, so *you must be* threatening."

Love Comes Easily to the Toddler Brain

We've all heard the cliché, "Love is easy; relationships are hard." Well, relationships are hard *because* love is so easy in the toddler brain. Hormones like vasopressin and oxytocin create the euphoria and boundless energy of falling in love, so you're walking on clouds and barely have to eat or sleep. It creates a hyper-focus so you think of little else besides your beloved. Love makes the toddler brain project all the good it can muster onto the new object of fascination. Alas, the bonding hormones diminish in a few months, but if we just stopped the idealistic projections as the intensity of love wanes, we could discover who our lovers really are.

Toddler Coping vs. Adult Coping

Coping mechanisms are adaptations to environmental stress, designed to comfort or provide a sense of control. Toddlers use coping mechanisms primarily to ward off threats to autonomy and connection. If you find a toddler alone with a broken toy and ask what happened, you'll hear, "He did it" (blame) or, "I don't know" (denial), or the child hides or runs away (avoidance). Psychologists used to believe that toddlers used blame, denial and avoidance to avoid punishment or to seek reward; now we understand that they're also trying, however awkwardly, to maintain some balance between autonomy and connection. After all, the real pain of punishment experienced in the toddler brain isn't the sanction administered, like a time out or spanking; it's the perceived censure of the emerging self and simultaneous loss of connection.

The most insidious of toddler coping mechanisms is *blame*. The psychological function of blame is to transfer vulnerable emotional states to someone else. Vulnerable feelings — sadness, guilt, shame, anxiety — create self-doubt and make us feel powerless. These can be alleviated with adrenalin, *if* we can blame someone. The adrenalin that powers blame provides temporary feelings of energy and confidence. The social function of blame is to control another's behavior by invoking guilt or shame. Although it hardly ever works, the toddler brain "thinks" that making loved ones feel bad about not doing what it wants will make them do what it wants. This actually makes sense in the toddler brain: "If I make you feel unlovable, you'll love me better." Well, toddlers are known for cuteness, not cleverness. If you wouldn't fly in a plane designed by a toddler, don't use a coping mechanism designed by a toddler.

Denial of responsibility can seem like stubbornness, deception or insensitivity. Sometimes it is those things, but it's also an attempt to assert autonomy at the cost of connection, and sounds something like, "I don't have to listen to you, just leave me alone!" It also can be used to gain connection at the cost of personal integrity, as in, "I agree with you all the way; I love you!" Adults in the toddler brain tend to favor indirect *avoidance* tactics, like procrastination, stonewalling, overworking, overdrinking, sexual affairs, and Smartphone-mania.

I ask couples stuck in toddler brain relationships to try the following experiment:

Think of an argument you had with your significant other. Write down as many exchanges as you can remember, or better yet, record an argument. Analyze your statements and those of your partner, and see if you can reduce the exchanges to one of you saying “Mine!” (“My way!”) and the other saying “No!”

When my clients have been in counseling or are clinicians themselves, their dialogue can be pure “therapy talk”; nevertheless, the “performative utterances” (John Austin’s words, 1962) create the toddler brain standoff. Their exchanges turn them into different people, as they effectively say to each other: “I can’t be me while you’re being you.”

Thankfully, we also have adult brain coping mechanisms: *improve*, *appreciate*, *connect* and *protect*, which we use pretty much continually when not under stress. In the adult brain, we cope with the vulnerable emotions stimulated in love relationships by attempting to *improve* the situation (or the meaning we give it), *appreciate* someone or something, *connect* to loved ones or *protect* their long-term well-being.

Toddler Love vs. Adult Love

Here are a few characteristics that distinguish toddler love from adult love:

- Toddlers in love demand; adults in love negotiate.
- Toddlers in love cannot see each other’s perspectives, beyond their own emotional reactions to them; adults use *binocular vision* to see both perspectives simultaneously.
- Toddler love is intolerant of differences; adults appreciate and respect differences.
- Toddler love features splitting (you’re all-good or all-bad, they love you or hate you); adults in love commit: “I love you when I feel bad and when I feel good. I love you when you feel bad and when you feel good. I love you when we disagree.”
- Toddlers in love impulsively retaliate; adults in love are compassionately assertive.
- Toddlers in love do what they *feel* like doing; adults in love behave according to their deeper values.
- For toddlers in love, negative emotions are alarms; adults in love see negative emotions as motivations to improve, appreciate, connect or protect.
- Toddlers think that feelings are permanent and can’t imagine ever feeling differently from what they feel *right now*; adults recognize that feelings are transitory and that values and character are more important than current feelings.
- For toddlers, sex is uninteresting, manipulative, or abusive; for adults, sex is passionate, expressive and intimate.

Adults in Love

The best way to shoot yourself in the foot in a love relationship is to act on feelings rather than on values. Hormone-driven feelings forge love relationships, but only fidelity to our more humane values will sustain them for the long haul. The power of love comes not from what it feels like but from the value, meaning and purpose it adds to

living. To feel genuine and empowered in love relationships, we need to know more than whether our feelings are valid or justified; we need to know how they help or hinder us as intimate partners. No matter how valid and “appropriate” our resentment or anger may seem when our demands are unmet, the more important questions are these: “Is my resentment or anger helping me be the partner I most want to be?” “Am I blaming my partner for my failure to be the partner I most want to be?”

Adults in Love Balance Autonomy and Connection

Acting consistently on our deepest, most humane values of compassion, kindness and protection makes us feel authentically adult; by contrast, toddlers have preferences and impulses, but not values. When true to our deeper values, we automatically balance the opposing drives for autonomy and connection; we feel at once more authentic and true to ourselves while investing in the well-being of those we love. Adults in love realize that their only chance of getting the partners they most want to have is to be the partners they most want to be, and that means remaining true to their deepest, most humane values.

Feeling Loved vs. Feeling Lovable

Adults in love understand intuitively that being loved does not make us feel worthy of love. Rather, our own compassionate, kind, and loving behavior makes us feel worthy of love. It’s an impossible distinction to see in the toddler brain; being loved makes it so much easier to be loving that we can easily miss the true enhancement of self-value. Unless you feel lovable, feeling loved will not feel good, beyond a shallow ego stroke. It won’t feel good because it inevitably stirs *guilt* (for getting something you don’t honestly think you deserve) and the *shame* of inadequacy, because you don’t feel able to return the love you get. The wellspring of resentment in the toddler brain is blaming this guilt and shame on our partners. The paradox of resentment is that we feel entitled to something we don’t feel worthy of, and we can’t feel worthy of it while resentful; yet the more resentful we get, the more entitled and less worthy we feel. If you’re resentful in a love relationship, you’re not getting much compassion, kindness, caring, support, or affection. It’s also a pretty good bet that you’re not giving very much of those things, at least not while you’re resentful. All you can do to improve the former is invest more in the latter. That won’t always work to improve your relationship as much as you would like, but anything else will damage it further.

To Love Well, Sometimes You Have to Feel Inadequate

The worst thing about using blame, denial and avoidance to deflect feelings of inadequacy is that we rob ourselves of crucial motivators. It’s hardly possible to maintain adult relationships without the occasional experience of inadequacy. In the adult brain, a stab of inadequacy motivates behavior that makes us feel more adequate. The inadequacy you felt when you first heard your infant give out an intensely distressed cry was a powerful motivation to help. Helping the child was the only way to feel adequate at that moment. If you had suppressed or tried to avoid that uncomfortable feeling — or worse,

blamed it on the child — you would not have felt the same urge to provide effective care. Studies of primates show that the typically hysterical response of mothers when forcibly separated from their infants is completely eliminated after shots of morphine. The drug numbs the distress and the motivation to connect and give care.

Everything significant that you have learned in your life stimulated at least a brief feeling of inadequacy when you first attempted it. Think of the struggle of learning a new skill or starting a new job — the uncomfortable feeling of inadequacy motivated learning how to do the job or acquire the skill. No doubt you have many times replaced the terrible feeling of inadequacy with the pleasant feeling of competence; you can do the same in love relationships.

The Most Loving Thing You Can Say: *Teach Me How to Love You*

One of the worst things people can do for the health of their relationships is to believe that they know how to make intimate unions work; under that illusion, they'll only perceive the ways their partners fail them. Since they are bound to have different conceptions of what makes relationships work, they'll view each other as opponents. This will allow them to justify their failures of compassion, which eventually choke the life out of their relationship.

As therapists, we cannot tell our clients how to love each other or what their relationships should be like, even though our various therapeutic dogmas, personal experiences and prejudices tempt us to do so. We can only guide clients to discover how they want both to love and to be loved and then help them reconcile their desires. Because adult love honors individuality, it looks a little different with each couple. Where toddler love is about merging feelings, adult love is about connecting two separate and unique individuals in ways that promote mutual growth, support, and harmony.

In the toddler brain, we make it hard for our partners to love us, through chronic blame, denial, and avoidance. The objective of adult love is just the opposite — to make it easy. I give the following homework assignment to couples at the beginning of therapy. The difficulty they have with the assignment helps them recognize that their hyper-focus on what they *don't want* has made them lose sight of what they *most want*.

- Ask your partner: *"What can I do to make you feel loved?"*
Write down your partner's response.
(Example: "Surprise me now and then with flowers.")
- Assuming that your partner responds with something you can do, say:
"This will make it easier for me to do what will make you feel loved."
(Example: "Show me that you're pleased with the flowers when I bring them.")
- Compile a list of all the things your partner would like you to do to make him or her feel loved, along with what your partner can do to make it easier for you to do those things.
- Tell your partner: *"I feel loved when you---."*
(Example: "Whenever possible, stop what you're doing and greet me when I come home.")
Then ask, *"How can I make it easier for you to do the things that make me feel loved?"*

Write your partner's response.

(Example: "I'll greet you when you come home if you show that you're glad to see me.")

- Compile a list of all things you would like your partner to do to make you feel loved and what you can do to make it easier for him or her to do those things.

Adult love is like a musical duet: both musicians are able to make lovely music on their own, but together they make something greater than either can do alone — *harmony*. We stop making harmony in relationships when the toddler brain dominates. In the toddler brain we try to criticize or stonewall the violin into becoming the cello. Harmony rises from partners appreciating as many differences as they can. Partners accomplish this feat by attuning their deepest, most humane values, which necessarily include compassion for and kindness toward each other. The foundation of relationship harmony is frequent notes of compassion and kindness, focused on the long-term best interests of both partners. Mindful compassion and kindness create the sort of relationship harmony that keeps the drives for autonomy and connection in balance, thereby creating an adult love that can soar.

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The golden rule is, to help those we love to escape from us.

— Friedrich von Hugel

Remembrance of Love

Wayne Kernodle

Out there in the darkness of the night
You walk unseen by everyone but me,
I see you pass among the clouded skies
And hear you speak when starting winds
Fill my listening soul with you.

There is no day of life I do not see
You a thousand times inside of me,
Looking straight into my deepest haunts
Of guarded dreams and secret wants,
Binding all my soul to you.

I know when sorrow fills your heart with tears,
Or gladness comes to light your eager eyes,
There is no thought you have but what appears
Within the depths of me a sense that always tries
To make it also partly mine.

And when I run to all the tents of reminiscence,
I find you there, smiling out at me,
I feel that you were there when it all began,
And now you are there and all within
You are my love, my true forever love.

Wayne Kernodle, 99, wrote this for his wife Ruth, 94. They have been married 71 years.



Love and Pain Are Both Sides Now

*Moons and Junes and Ferris wheels
The dizzy dancing way you feel
As every fairy tale comes real
I've looked at love that way*

—Joni Mitchell

IN THE BEGINNING, YES, I DID BELIEVE IN THE FAIRY TALE OF OUR LOVE. Brett and I had grown up in neighboring towns in Connecticut and were polite acquaintances. We'd been involved in our temple youth group in high school. He was the drummer and I sang in the chorus. Back then I lacked all confidence in myself to flirt, even though I wanted to. He was beautiful to watch: tall, with feathery hair, bronzed cheekbones, and glinting green eyes. There was an ease about him, just a happy soul playing the drums.

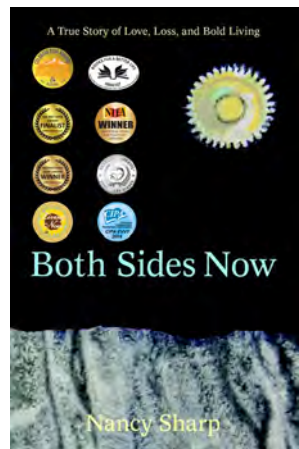
More than a decade would pass before I saw Brett again, this time in Hoboken, New Jersey, where both of us were living as young professionals commuting to Manhattan. I spotted him at the gym first. He was fuzzy about my name though remembered our hometown connection. We flirted by the bicep machine until awkwardness set in, and he simply asked, "Would you like to go out sometime?" As I wrote later,

I love the easiness of our relationship and how relaxed I am with you. There is no need to analyze our status or what we mean to each other. Never once do I question the way you care, never once do I doubt you. We are sure about each other. Before you even utter the words, I read your mind: I want to marry her. Somehow it seems ordained that we be together (2014, p. 19).

And so we did marry during the summer of 1993. It all felt right. Our love. Our youth. Bright anticipation for the future.

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Some four years later, everything changed. That was when Brett began to hiccup and burp. It was funny at first, he even joked about it, until he couldn't stop. Those seemingly benign symptoms morphed into others, and still others. Some eight months later, in February 1998, my husband, who'd never been diagnosed with anything in his life more serious than a head cold, was told he had a brain tumor, a medulloblastoma, which typically affects children ages five and under. He was 32.

*I've looked at life from both sides now
From win and lose, and still somehow
It's life's illusions I recall
I really don't know life at all*

The line in the sand was drawn. Life divided for us, our fairy tale rendered imperfect.

Brett's prognosis? Well, it was hard to say. At least a percentage of children with medullas lived, but in adults, who knew? "I'll do whatever I can to fight this," he said.

Surgery was scheduled the next week to remove the tumor followed by a year of radiation and chemotherapy. It was a grueling regimen, yet Brett remained determined, upbeat, focused. Within weeks he was back at work, at Time Inc., helping to steer the company's pathfinder network, one of the first Internet portals. The work thrilled him and filled his days with purpose.

I was happy for him that he had a place to turn beyond his cancer, even though his optimism eluded me. *Really*, this wasn't supposed to happen. I'd just turned 30. What about the trip we'd been planning to Vietnam? What about our dreams of starting a family, buying a house outside the city? No, this wasn't part of the plan.

Some days my fears about losing Brett were so oppressive that I had trouble getting out of my pajamas. I worked from home, doing freelance PR, so often I never had to face people. Except for Tony, the kind Fed Ex delivery man, who neither judged nor asked anything more of me beyond, "How are you doing today, Mrs. Sharp? How is your husband?"

The first year passed without any sharp swerves. All visible traces of Brett's cancer were gone and a new rhythm took hold. Brett felt healthy, strong, confident. He even got recruited to join *BusinessWeek*, which he did.

Now there was an urgency to our love. Life was happening all around us and we were ready to be part of it again. Picture 1999—Y2K fever, and the dawn and promise of the new millennium. Why not plan for the future? There were no guarantees, of course, but we so wanted Brett to be cured that we simply made it our narrative. *We made him cured.*

It was against this hopeful backdrop that we decided to have children. One, two, three times we went through in vitro, before getting pregnant with twins. To be back on the winning side of life again was miraculous.

As it happened, love and pain, and life and death collided some 30 weeks into my pregnancy. The twins were born: our daughter Rebecca came first, weighing a scant 2 pounds, 8 ounces, followed six minutes later by her brother Casey, slightly larger at 3 pounds, 2 ounces. There was so much bustle in the operating room and neonatal unit that it took hours for us to really believe that we were parents, and that the babies, while still seriously underdeveloped, would be all right. It was only later that day, May 20,

2001, that we relaxed, falling asleep in each other's arms on my twin hospital bed. Some time later, Brett startled when his phone rang.

"Hi, Dr. Balmaceda," he said, looking at me with horror on his face.

My mind shut down. I can't recall the immediate hysteria I must have felt, the betrayal, or the doubt that followed. Surely there was a mistake; the test should be redone. You were healthy, a father at last. Parenthood was our future — not cancer.

I do not remember the "we have bad news" phone calls to our families, or the way we must have held each other, with tears of disbelief running down our faces. I do not remember the way I might have clutched at you with my fists in tight, defiant balls, begging you to do something that you could not do: to take it back, to make your cancer disappear.

When I think back to this moment, when life collided with death, the abyss sucks me under. One moment we are on top of the mountain, having made the hard climb stronger and more whole. We stand appreciating the view until a vulture swoops down without warning and pushes us forward. We fall, and we keep falling.

It was all so haphazard, the ordering of our lives, the lack of divine direction, and our own human frailty. This is what unraveled us most. We felt that sense of vulnerability, of being disposable, impermanent, targeted.

Why, on a day of new life, were we staring into the rim of death? I didn't understand it then. I still don't (2014, p. 62).

I never imagined loving my husband enough to want him to die, and yet so many nights I planned his funeral in my dreams. I had some perverse sense that willing Brett's death might prevent it from happening. None of it was rational, of course, but my mind played awful tricks on me during the many years he was ill, not just at crisis moments, but also over the long stretches of wellness. Just when I began to trust that maybe he — we — would get lucky, a screeching premonition came to me in the form of a violent dream, like the one in which an old acquaintance broke into our apartment and began tearing out our bathroom fixtures while we stood mute as victims.

The last year of his life, 2003, was hardest, though not for the reasons you might think. He was receiving a creative chemotherapy cocktail that seemed to be staving off the cancer, at least according to the MRIs. He was a healthy weight, his color was good, and his ever-present baseball cap concealed all outward traces of his disease. Most days he went to work and returned home to snuggle his precious toddler twins who climbed on top of him as though he were a live jungle gym. The problem was his cognition. He had become increasingly scattered and forgetful, couldn't execute, couldn't remember details. The change was significant enough that I sought help from a leading psychiatrist who practiced hospice care and palliative medicine. His name was Dr. Stewart Fleishman.

"You have to look at the whole picture, beyond the scans. You have to look at his functional abilities."

Dr. Fleishman could see the way I was trying to bend the truth, the way I resisted hearing that you would eventually succumb to this disease. "Your husband will probably be on treatment for the rest of his life, which means that he will continue to show the cumulative effects of chemotherapy, the physical, emotional, and cognitive wear, even if his scans remain stable."

Think of it this way, Dr. Fleishman told me, "The Brett you knew before cancer isn't coming back."

Was it wrong to admit that I wanted the old you back? (2014, p. 149)

By Thanksgiving of that year everything exploded. Brett started speaking gibberish. He literally could not form words. New tests were done, and sure enough, this time tumors appeared throughout his brain and spine. All treatment options had been exhausted, so hospice was called. Enter Norma, our designated aide, who was as strong as a linebacker, ready with a firm arm to catch him each time he stumbled against the walls of our apartment. What mercy that Brett seldom knew he was home.

Some two months after Norma came to us, Brett had a grand mal seizure. It happened at night, when the twins lay sleeping in their apple green bedroom. The ambulance took him to Cabrini Hospice and later to Calvary Hospice in the Bronx.

Each morning I'd arrive at his bedside, room 443, to find him dozing with his torso elevated, head propped against a flattened pillow and pale arms resting limp at his sides. Normally his eyes fluttered when I entered the room, but sometimes, when he slept heavily, I'd lean over and whisper, "Brett, I'm here," so that he wouldn't startle.

I trusted such moments, when he felt my presence, even if he was unable to convey how he felt in words. By now, the demon tumor had rendered his speech unintelligible. Everything was mangled together for him, the doctor said, his brain a patchwork of crossed wires, and eventually he stopped trying. We communicated through gesture — the light stroking of hands and eyes held to one another's. During those precious few hours of aloneness, before his parents and sister arrived, I'd creep onto the bed, still and gentle, with my head resting on his shoulder. It was only the night before that he'd smiled at me. It was only yesterday, it seemed, that his wavy chestnut hair dipped over his eyebrows, his green eyes brightened when he told a joke, and his midriff offered a generous inch to hold. He wasn't that man today: he was bald and scarred and gaunt, his eyes muddy and lined with dark circles beneath.

Still, he was my world.

And when it was all over, and we buried him at the plot in Long Island that his parents purchased, there was the very daunting work of mourning to be done. Everything was real.

Love as I'd known it was not in our apartment, not in the hospice, not on Earth. In its place was a cavernous space that would take long months to fill. I couldn't have realized then how life would be forever tinged with gray.

But love was so much fiercer and more mysterious than I recognized. It made itself known when I could scarcely mother my children, times I felt the tiniest flicker of gratitude when my three-year-old twins tugged at my knees insisting on being held. It showed up again when I had trouble making conversation but a neighbor whom I barely knew gave me the key to her penthouse apartment so that I could enjoy the sunshine and flowers on her patio. And I felt it again when an old colleague offered me a part-time job with health insurance so at least *that* worry would be lifted. Friends brought meals, drank wine with me, and assembled Ikea furniture. Siblings took the twins on afternoon excursions and beloved grandparents hosted weekends to give me a break. Love was always there, even amid numbing pain.

Later, when the fog of my own despair lifted, love rose strong again in different ways. With the clearing of acute sadness came new consciousness. This much was certain: I wouldn't have a future with Brett, but probably I would have a future. I began to turn inward, stoking the embers of self-compassion and self-actualization. The more I paid

attention to my heart, the more I realized that something was shifting inside of me. All that was familiar and beloved — from our cozy apartment and tree-lined neighborhood to the stimulus of greater Manhattan — now drained me. How odd to be repelled by the place I had called home for 18 years. But I was done here. Like the definitive cut of scissors to paper, I was done with this old life.

That's how I wound up moving to Colorado.

Psalm 121: I lift up my eyes to the mountains — where does my help come from?

My college roommate was from Denver, and I had visited her often over the years, always awed by the scenery. It was magical to stare at those Rocky Mountains and feel small, sturdy, and infinite. That was what the three of us needed now — a wide-open lens to view the world.

I have now lived in Denver for a decade. I remarried a few years after moving west to a man named Steve who'd also lost his spouse to cancer and was raising two boys on his own. His sons were teenagers when we met but are now fully grown. My children, on the other hand, just turned 15. How extraordinary for them to have two fathers: the father they will never remember and the father who raised them. The past, of course, co-exists with the present in our blended family. It lives in the DNA of our children, and amid milestones, anniversaries and shared physical subtleties like cowlicks and toes.

Colorado is where I made sense of my story. It's the place where I became a writer. I'd always loved books and words, but here is where I mined the necessary cerebral landscape to write. I knew that I had something to say and a unique frame to render the paradox of what it means to love and lose at the same time, which, I realized, wasn't exclusive to me but rather fundamental to the human experience. Writing *Both Sides Now* was neither therapeutic nor cathartic, yet it did allow me to integrate the whole of my experience, something I'd not yet done. It was the metaphor of both sides now that allowed me to hold everything — to hold the joy and sorrow, love and pain, past and present, all at once.

Living inside this gray expanse of both sides now has been my greatest teacher. It's where life is never fully catastrophic or perfect but somewhere in between. It's a surprisingly peaceful and fluid space, filled with tonality and depth.

All that I am today stems from this vision of both sides now. I'm a better mother and writer because of it, and I'm a truer speaker. I never sought to become a professional speaker, but people were curious.

Joni Mitchell was right.

*Well something's lost, but something's gained
In living every day.*

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Bob Rosenblatt



BOB ROSENBLATT, PHD: "I have been sitting in my chair delivering individual, couples and group psychotherapy since 1974. Every day is a new adventure. I never know what I am going to learn, teach or feel in any given session. This is what keeps me coming back hour after hour — day after day. Supervision and practice consultation for other mental health practitioners in Washington, DC, and Atlanta, Georgia, make up another part of my professional life. When I am not in my office, I relish time with my family, especially my grandchildren; I enjoy traveling with my wife, golfing with friends and, now, writing about lessons learned over the years in practice."

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A Therapeutic Relationship Mystery: Success or Failure?

IN SO MANY OF MY PREVIOUS INTRODUCTIONS TO INTERVISION, I HAVE STRONGLY EMPHASIZED THE SIGNIFICANCE OF THE PSYCHOTHERAPEUTIC RELATIONSHIP. This case offers an example of what can happen if, despite the therapist's best efforts to create a substantive healing relationship, one is unable to develop this alliance. What are the factors that can prevent the attachment that the therapist leverages to promote growth? What impact does a tenuous attachment have on both client and therapist?

Many themes emerge in this case; I will focus on two. Is it possible that, as we become attached to clients, we choose to see them as healthier or more adequate than they actually are? We all want to see our clients as having great potential and opportunity. Does this mean that we may underestimate the level of their pathology? I believe this is a common occurrence among therapists, including me. With this tendency, our peripheral vision is reduced. We minimize their struggles and ineffectual choices. The other end of the continuum also exists. Some therapists may over-pathologize clients and see them as more disturbed. There are obvious issues here as well. Either end of this continuum creates a dilemma in which clients may be thwarted in their work.

My second theme is the notion that most people arrive at our consultation room because of a history of inadequate, incomplete and unsuccessful relationships. Their capacity for the relationships required for life and meaningful psychotherapy is impaired, and therefore the therapy might be doomed. With relationship-impaired clients, a therapist's patience for creating a healing bond will be repeatedly tested.

Change as a result of therapy is a relative concept. What do I mean by change? Many of you may know this riddle: *How many mental health practitioners does it take to change a light bulb? Only one, but the light bulb must really want to change.* For me, therapeutic change means, simply, a change in awareness. Psychotherapy is a process in which clients are enlightened about the ways they have chosen to live their lives and the positive and negative consequences of those choices. Finally, therapy enables

clients to know that there are alternatives in how to act in their lives. I do not pretend to know what alternatives are best for any individual sitting across from me. It is within the context of the healing relationship that all of this is discoverable and pursued.

So, as you read this case study, ask yourself the following questions: What went right? What went wrong? What could the therapist have done differently to help the client move forward? This is something the therapist believed did not occur. Does every case have to be a deep, life-altering piece of work, or is it enough sometimes for the therapeutic process to be supportive and caring? What is the significance of an individual's capacity for attachment? Does our deep caring for our clients have the potential to get in the way of successful treatment? Read the case and *Share the Craft!*

Case Study [Anonymous]

I WANT TO LEARN AND GROW FROM EVERY DIFFICULT EXPERIENCE I HAVE AS A PSYCHOTHERAPIST. I consider Kelly a patient with whom I failed, although she did not agree. Our termination process was difficult and was precipitated by her move to another state where bankruptcy and foreclosure laws would be more favorable to her. As we reviewed her therapy together, she identified her therapeutic result as "I am still alive." When I looked for changes, it seemed that her quitting smoking was the only positive change I could identify.

At the end of our therapy, she seemed worse than when she began. She had continued to gain weight, going from obese to morbidly obese. She hated herself relentlessly for her weight while continuing to buy large bags of candy to keep in a bedside drawer for middle-of-the-night binges. She co-owned a business with her ex-husband and was chronically angry with him for mistreating her as a business partner. The business peaked and failed, leaving her bankrupt and in foreclosure. She was deeply envious of his life with a wife and two small children, while at the same time becoming the children's godmother and growing deeply attached to them. She spent money freely, treating her friends and herself to expensive dinners and shopping excursions while also complaining about picking up the bill and feeling that she was buying their companionship. Her primary inner experiences were anger, deprivation, envy, shame and self-loathing.

During our work together, she tried DBT classes and Overeaters Anonymous as adjuncts but disliked them and quit. She was approved by her insurance for bariatric surgery and went through all of the required classes. She balked at the last step and did not follow up. After her business failed, she was approved for a full scholarship to a STAR retreat (Barbara Findeisen's program). She sabotaged that by asking an unreliable friend to purchase her plane ticket, leaving herself stranded in the airport and unable to attend.

I tried... well, pretty much everything I knew to do. My natural style is interpersonal relational therapy, and that is where I began. I felt attached to Kelly and I believe she felt that towards me as well. I liked her large personality, colorful style and sense of humor. She liked my openness and willingness to share feelings with her. What I had to give and what she was willing to take in seemed to have been transacted and finished after about two years, but neither of us seemed to know that. My efforts with her over the next five years included using more of a Masterson-oriented psychodynamic therapy for borderline clients; sitting with her and sending loving-kindness energy; supervision, including bringing her in for live supervision with my supervision group; somatic experiencing

therapy with attention to body experiences; referring her to a colleague for family work with her sister; supportive therapy with Rogerian reflections; referral to OA; referral to STAR; referral to DBT; and finding her a therapist in her new location who utilized Ericksonian hypnosis-type therapy.

I was her second therapist. Her first therapist terminated treatment after 10 years when Kelly refused to change her business relationship with her ex-husband. Her third therapist was the person to whom I referred her in her new location. She returned to my area and I was contacted by her fourth therapist who was wondering what would work with her since the interpersonal relational therapy she was doing did not seem to help. Kelly appears to like relational therapy, but after a “new therapist honeymoon” seems only to allow supportive, reflective therapy. Her life has been on a downward trajectory since she started therapy. She has frustrated four therapists, all of whom really like her but find the decline in her health, her relationships and her finances distressing.

Is doing only supportive therapy enough to sustain me? I now know that it is not. Should I have terminated with Kelly and referred her out earlier? I don’t know. Our relationship was warm, affectionate and attached. Is staying alive enough of an outcome for all of the years of therapy and effort put in by both sides? What else is there for clients like Kelly?

* * *

Response 1

MY HEART WENT OUT TO THE CLINICIAN AS I READ THROUGH THIS DISPIRITING CASE HISTORY. Clearly this therapist was conscientious, caring, thoughtful and persistent in her attempts to make a difference in Kelly’s life. Yet, as far as can be determined, the patient’s life persisted in a downward course, with the woman seemingly unable to take steps on her own behalf that would lead to more successful — or even less disastrous — outcomes.

The case stirred memories for me of what it has been like to sit with clients who are in abusive — even, in a few cases, violent — relationships, who are unable to step away. Often the patients can say, “Yes, you’re right, I guess it’s not going to get better. I probably should figure out how to leave.” Yet they remain unable to act. For the therapist, it’s like a front row seat to a train wreck that is just about to happen. Please don’t make me watch this movie!

I had to snap out of a kind of despairing identification with the writer before I could find a few thoughts to offer. So, good job of successfully conveying the feeling of sitting with Kelly! Here are my thoughts.

First, at least two of Kelly’s three other therapists clearly experienced a similar sense of frustration. One ended the treatment, rather than continue to be a helpless witness to Kelly’s self-destructive choices. The current therapist phoned you to say “Help!” And we don’t know what the out-of-town therapist experienced, but I’m guessing it was a similar slow drag. Years ago I told a wise supervisor that I disliked a certain patient so much that I didn’t think I could work with her. He said, “You can transfer the patient, IF you think another therapist would not be likely to dislike her as well.” I kept the patient. The lesson here is: It’s not you. This frustration and sense of helplessness is Kelly’s work.

Another thought — since you suggest that you viewed Kelly as having borderline personality disorder, you might want to take a look at John Gunderson’s 2014 book, *A Handbook for Good Psychiatric Management of Borderline Personality Disorder*. I recently attended a mind-blowing workshop in which Gunderson, an eminent psychiatrist with decades of clinical experience as well as decades of research data to support him, presented his finding that, in 85% of cases,

BPDO is eminently treatable and, with proper treatment, remits within six months to a year. Granted, Kelly may fall within the 15% who are much more difficult to treat, but the concepts could still be helpful.

Gunderson, who heads the Center for Borderline Personality Disorders at McLean Hospital in Massachusetts, presents evidence that a significant aspect of the disorder is genetically determined. He says that traditional psychoanalytic, transference-focused psychotherapy is contraindicated with these patients. In particular, interpretations of negative psychodynamic motivations — such as unacknowledged rage, envy or helplessness — are guaranteed to make the patient worse and cause the treatment to go badly. On the other hand, Gunderson says these patients are hungry for attachment and connection, which makes them value the psychotherapy relationship and motivates them to work collaboratively in treatment. His work is rich with case material, which makes it compelling reading.

Final thought: As you describe her, there seems to be an empty, needy, self-hating quality that indeed might have led Kelly to suicide if you and your therapeutic skills had not been in her life during those years. So when she listed “I am still alive” as the accomplishment of the therapy, maybe you should take the compliment. This might not look like our favorite idea of self-actualization. She may be obese and broke — but you may have saved her life.

— Doris Jackson

Gunderson, J.G. (2014). *A handbook for good psychiatric management of borderline personality disorder*. Arlington, VA: American Psychiatric Association.

Response 2

I FIND THIS CASE DIFFICULT TO ADDRESS BECAUSE IT LACKS TREATMENT GOALS ESTABLISHED BY KELLY. There are many assumptions about them made by the therapists involved, i.e., quitting smoking, losing weight, gaining financial stability, etc. The conclusion by the writing therapist that the therapy failed juxtaposed with Kelly’s lack of agreement makes me suspicious. Who is this therapy for, after all?

I am reminded of the pressure that therapists, including me, put on themselves to evoke concrete change in clients, particularly when their symptoms or behaviors are distressing to the therapist. I think of Gabor Mate’s *In the Realm of Hungry Ghosts* (2010) and Philip Flores’ *Addiction as an Attachment Disorder* (2011), which challenge the notion that the “cure” for addiction is tough love and rigid rules; that it is, in the end, healthy to abandon the addicted if they will not change, as to do otherwise is to enable their behavior.

New thinking suggests that what is most likely to cure addiction is connection, attachment, safety in relationship, and the knowledge that regardless of the ugliness of one’s behavior, one will not be abandoned. That one can be loved despite one’s failings and flaws, one’s heroin use or compulsion to look at Internet porn.

And yet, when sitting in peer consultation groups or in the drug treatment programs I worked at, the most frequent questions from clinicians are based in guilt: When do I end this? When do I stop seeing this person? Should I have stopped sooner?

As if our abandonment could cure. As if bearing witness to someone’s pain and downward spiral were to condone or somehow sanction its outcome.

This therapist writes that the client herself did not agree the treatment was a failure. In fact, she states, it may have kept her alive. Further, the therapist describes the therapeutic relationship as “warm, affectionate and attached,” and says, “I felt attached to Kelly and I believe she felt that towards me as well.”

What if we choose to believe this? What if love and relationship were the definition of a successful therapy? What if this was, in fact, what Kelly wanted and needed, far more than to lose weight or quit smoking or attend OA?

What is the deadline for developing enough trust to show our darkest selves to another

person? How long can, should, does this take? I ask this not from a judgmental or exceptional stance. I make this mistake, too. I had a patient not unlike Kelly who recently terminated treatment, saying it wasn't working. She was right. I got lost in my goals of behavior change and expectations for the pace of that. I also had difficulty sitting with her self-loathing and found myself getting frustrated with her inability to develop any self-compassion (or my inability to instill any).

As a result of this, and my constant questions about whether I was doing enough or should terminate therapy due to her self-destructive behaviors, I think I emotionally abandoned her. I had difficulty being with her in her darkest feelings so I hurried her through them, I tried too hard to "fix," I mirrored too little, I did not join enough.

Perhaps, as for this writer, supportive therapy was not enough to sustain me — to keep me alive. But I don't think that means we shouldn't strive to believe clients who tell us that the therapy — the relationship — is enough, that it may, in fact, be keeping them alive.

— Lisa Kays

Flores, P.J. (2011). *Addiction as an attachment disorder*. Northvale, NJ: Jason Aronson.

Mate, G. (2010). *In the realm of hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic Books.

Response 3

WE SHOULD ALL FEEL APPRECIATIVE TO THE THERAPIST HERE FOR GIVING US SUCH A VIVID DESCRIPTION OF A PARTICULARLY EXASPERATING THERAPY TRAJECTORY: the one where the client likes the therapy and the therapist, but doesn't seem to progress.

Look how much this account highlights for us. It reminds us that solid technique, rapport, and commitment together do not guarantee any outcome. It suggests how subtly and complexly discomfort and comfort can be nested inside one another in a human life, in layers upon layers. Most usefully, perhaps, the account brings us hard up against the limits of our responsibility. No matter how dedicated or empathetic or ingenious the therapist might be, any actual change remains in the client's hands.

For years, I counseled the following principle for patients making their professional way through organizational infighting: Never accept responsibility for people or processes not under your control. Then one insightful day, I realized that this also applied to my professional life as a therapist, and that to maintain my clarity and protect my self-respect, I needed to hold responsible the party who actually makes the real-time life choices. In therapy, that's the client. Period.

The therapist in this Intervention is partway there. The therapist says she tried everything, which would seem to imply she recognized the limits of her own responsibility, i.e., she did everything possible, and the rest was up to the client. But the therapist also refers to "the patient with whom I failed." This self-judgment is based on the patient's actions, which are not under the therapist's control.

When we deal with people, there are more variables than we can ever know, let alone control, so we should hold ourselves accountable only for what we do, not for outcome, usually defined by what the *patient* does. When therapists evaluate themselves, they need to keep their focus on what they did and didn't do. If you did everything you know to try, as well as you possibly could, then perhaps the outcome, if you call it a failure, is not your doing.

I do believe that in the intimacy of a long-term therapy relationship, like that between lovers, or between parents and children, there can be a healthy relaxation of ego boundaries, and some blurring of our existential separateness. In this precious, sheltered connection, our patients may borrow from our stability, our confidence in them, our value and validation of their worth, and maybe even our sense of purpose and meaning. But they still live their lives themselves and make their own choices, from big ones like whom to marry, to little ones like whether to have that third Fig Newton. And, especially when we feel that intimate connection, it's hard on us to see

them continuing to make the choices that perpetuate their pain.

I recall saying to one of my sons, late in his extended adolescence, after a long series of conversations about his self-defeating patterns: “Just let me make every decision for you for one month — give me one month in charge of everything you do — and see if you don’t like your life better!” Of course, I know it would have been impossible for him to have granted my wish, but I confess I am still pleased with how well my statement expressed my frustration and experience of powerlessness. No matter how deeply I understand or care about someone’s struggles, I don’t live his life. As your patient engages in struggles and faces choices like Kelly’s — physical hunger versus the wish to lose weight, or the shame in a degrading relationship versus the loneliness and terror of separation — only one of the two of you is really at the controls, and as the therapist, it’s not you.

Two final comments here. One is that I have seen too many clients of my own and of my supervisees, from children to the elderly, deteriorate dramatically after ending a seemingly endless time in therapy without progress. Simply not getting worse can be a great contribution; it can be priceless. Even a therapy relationship that seems unproductive can be valuable in many ways (e.g., human contact and acceptance, hope, rational perspective; for examples see any back issue of *Voices*). There is always the potential for worse disaster even in those doing poorly, or seemingly stagnating, in therapy.

Second, on rereading the account of Kelly’s therapy, I had to acknowledge that I too have had patients where I felt like I’d tried everything and, of course, a full account of everything tried with Kelly would probably go on longer than we’d want to read. However, I was particularly wishing for some sample dialogues from the “relational” work. The relationship was plainly experienced positively by the patient, and the therapist was obviously frustrated by the patient’s lack of progress. One thing I would have tried is intensely direct confrontation about the lack of healthy change, while hanging just as firmly onto the positive rapport. It seems to me that if the client can neither deny responsibility for the dysfunction nor sour on the relationship constructed in order to change it, the behavior (almost) has to change. At least a little. At least once. And that would be a beginning. But the therapist may well have tried that too, and perhaps did it better than I would have. Yes, there does always seem to be more to try, which is another of the reasons why I — like the therapist here — am slow to give up, and why I am reluctant to concur, even in hindsight, that continuing so long was a mistake.

—Jonathan Farber



Growing Up With Our Crazy Mother

Doug Stone

When our mother began to unravel
like a Jackson Pollack painting,
I painted her like a Rockwell
illustration for my sisters.

When our mother began to fade away,
I told my sisters she was the night light
that cast the soft, warm glow
over them while they slept.

When our mother disappeared
I buried her shallow enough
for my sisters to remember,
deep enough for me to forget.

TWO HAIRS GET CAUGHT IN THE RAGGED EDGES OF THE BROWN EYEBROW PENCIL AS SHE RAKES IT ACROSS HER BROW. Her mouth puckers in concentration; her eyes squint to see through the filmy mirror as she performs the daily ritual. In the small glass dish to her right, the ash grows long on the cigarette. The lipstick application is next. Seventy-nine years of muscle memory guide her hand as it spreads the dark color first along the bottom lip, then along the top. Satisfied, she blots the lips with a used tissue, leaving a perfect red kiss.

After a long drag on the cigarette, her spotted hands work to open the round compact and lift the worn pad for the important powdering step. She dabs at her nose and forehead quickly and confidently, as puffs of fine beige talcum fly through the air and cling to the mirror, obscuring her visage even more.

As I watch the familiar dance unfold, I think I notice a faraway look in her eyes. I wonder who she sees looking back. Do the arched brows conjure the film star she always wanted to be... perhaps Joan Crawford or Elizabeth Taylor? Could she be envisioning the executive's wife she once was in the 1960s, three brown-haired girls by her side? Maybe she sees herself in her popular high-school days as "May Queen" and cheerleader, or imagines her thrilling single years in New York City. Perhaps she is not far away at all, but fully in today, focused on the last drag of her cigarette and wondering whether it will be chicken salad or Salisbury steak in the cafeteria today.

The ritual continues. With the harmony of a ballerina, her head tilts down at the exact moment both arms rise and hover above her head. The fingers of one hand hold a small black comb while the fingers of the other gather a patch of brown and grey hair. Now the hands, in accord, come together to vigorously tease the hair at its roots until it stands at attention — only to then be combed down precisely in place. One after the other, the clumps are worked in this manner until, after one final scrutinizing look, the entire head is sprayed into submission; a cloud of pungent aerosol envelopes her proud crown and then drifts over to cling to the powdered mirror.

Her back straightens regally. The right arm holding the hairspray descends like a judge's gavel. I hear the thud of the can strike the wooden bureau, signaling her pronouncement of approval, and her readiness for the day. ▼

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The Body in Psychotherapy *Voices*, Spring 2017

**Deadline for submission:
January 15, 2017**

Direct questions and
submissions to the editor,

Kristin Staroba
kristin.staroba@gmail.com

See Submission
Guidelines on the AAP
website:

www.aapweb.com.

Every organism has a unique way of organizing itself. Through a continuing dialogue between the urge to individuate and the urges of society and nature, a person develops. Through this interaction a form is created. ... The goal of therapy thus becomes how we form ourselves, how we organize and disorganize experience. ... Therapy reinstitutes the formative process as the baseline of experience by which we form ourselves and a life.

— Stanley Keleman (1987, p. 83)

WITH ITS ROOTS IN THE MID-20TH CENTURY WORK OF WILHELM REICH, body psychotherapy in the 21st century has embraced modalities from Radix to mind-body centering, Alexander Technique to yoga, Somatic Experiencing to energy psychology, and more. Each in some way incorporates the premise that our experiences and our bodies are necessarily linked, and a route to healing the spirit rests in our breath and bones.

The Spring 2017 issue of *Voices* has three goals: First, to offer a sampling of body-oriented approaches—what modalities are you using? What principles applying? What are body psychotherapy's possible applications, e.g., trauma, addiction, eating disorders? How have you seen it succeed? What are its limits? Second, to illuminate the therapist's own experience in the work—what do you observe as you practice? What differs—or remains the same—in the therapeutic relationship? How does practicing body work affect you? And finally, are there implications of these new methods for our understanding of ourselves and our clients?

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

Reference

Keleman, S. (1987). *Embodying experience*. Berkeley CA: Center Press.

Come!

*Let us choose one another as Companions.
Let us sit at one another's feet.*

*Come a little closer now,
So that we may see each other's faces.*

*Inside we share so many secrets –
Do not believe we are simply what these eyes can see.*

*Now we are music together,
Sharing one cup and an armful of roses.*

— Rumi (2005, p. 3)

CARL ROGERS, AN EARLY ACADEMY MEMBER, said, “In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?” We know that in the end it does not matter what techniques, bells or whistles you bring to the consulting room; if the relationship between the therapist and the patient is not viable, the center will not hold, and the person seeking help will leave without finding what he or she sought.

In this issue — whose theme we share with the 2017 I&C — we invite you to explore your experience of the psychotherapeutic relationship, and to tell us what worked and what did not. Consider your successes and failures, the people who came to you and changed you while they healed. What have you learned about the relationship in psychotherapy? What has changed you? What has stymied you? What has helped to heal your own wounding? What boundaries have you bumped up against as you sought to deepen the relationships with your patients? How have your relationships with clients changed the relationships you have in the rest of your life? In your own experiences as client, what healed you? What allowed you to grow? What held you back?

Guest co-editors Stephanie Ezust and Giuliana Reed welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography.

Deadline for submission:
April 15, 2017

Direct questions and submissions to the editor, Kristin Staroba kristin.staroba@gmail.com or to the guest editors. See Submission Guidelines on the AAP website: www.aapweb.com.

Summer 2017

Guest editors:

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

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

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