

Reading and Therapy

Judith Warren PhD



**READING AND THERAPY
BRUSH UP YOUR SHAKESPEARE
(AND PROUST AND HARDY)**

JUDITH WARREN PH.D.

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“Every reader, as he reads, is actually the reader of himself. The writer's work is only a kind of optical instrument he provides the reader so he can discern what he might never have seen in himself without this book. The reader's recognition in himself of what the book says is the proof of the book's truth.”

— Marcel Proust

INTRODUCTION

I was born with a book in my hands. My mother could hardly get me to nurse since I was too busy reading and wanting to understand what Elizabeth Bennet saw in Darcy. His pride and her prejudice or vice versa?

My life continued like this: I was stuck in first grade, bored stiff with Dick and Jane. I asked for a library card so I could read better stuff. I realized early on that writers really knew about people, including me; they had us all psyched out. Remember *Catcher in the Rye*? Remember *Huck Finn*? Where are there better descriptions of the adolescent mind? The internal world is revealed in all kinds of fantastic books, much more than anything I heard on the playground or at home.

I would hole up in my room to meet all these characters with their tremendous complexities and perplexities. That interest has stayed with me all my life. A voracious reader, literature was always my favorite class. I studied literature in college and then taught literature to high school students-- so they could share in the thrill of the written word and the wonderful many layered characters in the books we read together, many of them having the same feelings and problems the students and I did.

My love of reading and those great writers' ability to get to the souls of their

characters is what drove me to psychology and eventually to psychoanalysis. As I think back on it, *Anna Karenina*, *The Great Gatsby*, and *Leaves of Grass*, not psychology texts, made me want to be a therapist. The internal world is what has always interested me, and that is what great writers describe better than anyone else.

I still read constantly, madly, incessantly, obsessively, for many reasons. High on the list is trying to find out what makes us tick. Somehow, through the beauty of fiction, I discover more truths about human nature than going to psychological conferences and listening to theory. It's undoubtedly a flaw in my thinking. I can't hold abstract concepts in mind without fleshing them out with stories. While working on my psychology dissertation I remember being appalled at the terrible writing I was reading and wrote myself. Passive voice, third person: how dreary, how remote.

As soon as I completed my Ph.D., I dove back into reading some of the greatest psychologists: Shakespeare, Dostoevsky, Tolstoy. Here the complexity of human emotions and behavior got full play. This was more like what I heard in the consulting room than anything I read for my doctorate, excepting Freud, who won a Goethe prize not for psychology but for his writing. His case studies read like mysteries, not very different from *Crime and Punishment* or *The Brothers Karamazov*.

What better study of a dysfunctional family, for example, than the Karamazovs. Freud said it was the best book he'd ever read, undoubtedly because it so vividly exemplified the Oedipal complex, a cornerstone of his thinking about human desire and conflict. But it is so much more than that. Dostoevsky creates a panoply of characters

that allow us to see into the hearts and minds of many people.

So often in professional meetings, important pieces of what occurs are left out because failures, inevitable at times, are embarrassing. While fiction may be autobiographical or based on real stories of other people, the truth is usually masked and so the fictional account can be more frankly real than “reality.” As Shakespeare put it, in *Hamlet*, “By indirections find directions out.” (Shakespeare, 2.2.63)

The scholar Harold Bloom called Shakespeare the inventor of the human. Can Erikson, Mahler, Kohlberg or any other developmental psychologists top the description of the seven stages of man as explained by Jaques in *As You Like It*? His “infant mewling and puking in the nurse’s arms” in the first developmental stage or his description of man’s despair at the final stage “sans teeth, sans eyes, sans taste, sans everything” gets to the depth of feeling—the excitement, yearning and fears—of people in all stages of life in a more gut wrenching way than anyone else. (Shakespeare, 2.7.142-65)

Shakespeare, like the Bible, is central to the Western canon. Many analysts have studied him, and in fact, here in New York where I live and work, a study group is devoted to reading Shakespearean plays and analyzing them psychoanalytically. Indicating how much our field believes that he tells us about people’s emotions and conflicts, scores of analytic papers have examined Shakespeare’s characters.

What story better delineates jealousy and obsessiveness, for instance, than

Othello? As Othello's suspiciousness grows, he says, "I had rather be a toad/And live upon the vapor of a dungeon/Than keep a corner in the thing I love/ For others' uses." (Shakespeare, 3.3.271-74)

What better expose of young loves' rashness and purity than *Romeo and Juliet*? "O, swear not by the moon," says Juliet, "the inconstant moon, That monthly changes in her circled orb, Lest that thy love prove likewise variable." (Shakespeare, 2.2.113-15)

And I can't think of a better way to understand the subjectivity of experience and the complexity of memories than to read Proust's *In Search of Lost Time*.

Yes, I know that characters are not people, but the author, a person, creates characters that have the same issues, conflicts, problems of living and existential and emotional pain that our patients have. So how can we make use of literature to add to our work?

MAKING LITERARY CONNECTIONS

The most important way that literature can add to our work is by our own reading and study of literature and by making connections between literature and our work with patients. Years ago I was part of a supervision group whose leader, Idell Natterson, would describe her long bubble baths each night while reading Thomas Hardy, the Bronte sisters, William Faulkner and other great writers. When appropriate, she would bring episodes from those books into our group supervision to show how a character felt and handled a problem similar to one of our patients.

I often think of Idell reading the classics every night and knowing that her understanding of literary characters enriches her comprehension of and so her work with patients. She knows that great writers understand human dilemmas, motivations and complex natures in a way similar to therapists. She and many others use literature not only for their own enjoyment but for psychological purposes too, thus linking reading and psychology.

Of course, the literary writer's task is different from the psychologist's. They describe and enlighten, entertain and enrich, dealing with particular incidents and characters. Our role is not only to understand our patients and help them know themselves, change attitudes and behaviors, and improve their lives, but also to be able to generalize about human behavior. Our study of great literature adds to our insights

about people in general by affording us a wider angle of vision into some of the best minds not just from an observer/therapist point of view but also from the vantage point of the characters/patients themselves. This larger fund of knowledge through reading the greatest literature allows us to get to the unconscious more readily and to see the parallels between life and literature that expand our world and our work.

The most famous case of an analyst using literature to enrich his psychological understandings is Freud's translating from literature to psychology, looking to the Oedipus and Hamlet stories, in addition to his own self-analysis, as the primary sources for his discovery of, naturally, the Oedipal complex. While many of us may not put together such an overarching idea, our associations can also be useful to both ourselves and our patients.

A wonderful book that explores how literature and psychology lead to enrichment in the consulting room is Theodore Reik's *The Secret Self*. Listen to him from 60 years ago:

...a rich background of reading in the works of great writers is more useful to the training of the young people of our science than a concentration on the literature of psychoanalysis...many writers...anticipated and understood intuitively the basic psychological insights that the new science of psychoanalysis had discovered and identified only by long and laborious research...the results of wide reading remain to a large extent unconscious and intangible. They rarely cross the threshold of conscious thinking. We do not often relate the

psychological insights of great writers to our analytic work in our daily wrestling with the demons of the consulting room.

But those insights pervade the atmosphere nevertheless. The invisible can sometimes be strongly present. Under favorable internal circumstances we are sometimes able to grasp these insights and to put their content and character into words. (Reik, 1952, *The Secret Self*. New York: Farrar, Straus and Young)

And that is what he does. In chapter after chapter, he brings together case material with his associations to literature and to his own life and shows how those unconscious musings help him understand the patient. And that is what I will try to show with a few of my patients.

Listening to patients, I frequently hear reverberations from characters in books I have read. Just recently, a patient's conflict reminded me of Brenda in Philip Roth's *Goodbye, Columbus*. She believed that not getting contraception meant that she could almost fool herself into thinking that she wasn't really being sexually active. The same wishful thinking and denial was so evident in the issues my patient was talking about with me. I believe that seeing those parallels helped me to get her to face certain realities as we worked through her need not to see.

Years ago I saw a married woman who was guilt-ridden over a lengthy affair with a single man. While her husband suspected nothing, she was terrified that he would refuse to allow her to see their daughter if she left him. *Anna Karenina* kept going through my mind. We worked for a long time on her guilt and fear of

retribution. Somehow, my own reverie about marriage as well as my reading of nineteenth century literature, including *Madame Bovary*, helped me to better understand my patient.

Conversely, like Idell, while reading, I sometimes reflect on certain patients. For example, I have just finished reading Faulkner's *Absalom, Absalom*. The more I understand Rosa Coldfield, one of the main characters of the book, the more I comprehend about one of my patients who like Rosa is bitter, thwarted, and isolated; Rosa's mother died giving birth to her and she was later abandoned by her father. My patient Lisa, whose father died when she was four and whose mother became an alcoholic, has many of the same characteristics. Like Rosa's father who holed up, leaving her at the mercy of cruel in-laws, Lisa's mother became increasingly incapacitated, leaving Lisa to fend for herself and feeling unable to rely on anyone else. The empty acerbity of both the literary character and the real woman, my patient, was very similar. While reading parts of the book, Lisa's face would appear in my mind, coloring my reading of Faulkner's brilliant book and adding to it in the way that Proust talks about all books becoming part of us.

There is, however, the danger of overly identifying my patients with characters in books I have read. This is a problem that I try to control by self-analysis. I think it is important, as Theodore Reik often wrote about (in *Listening with the Third Ear* and *The Secret Self*), to utilize one's associations but clarify how much is countertransference of the interfering kind and how much is useful connection that can

be fruitfully applied to the patient at hand.

LITERARY ASSOCIATIONS

Another way to think about books and therapy centers on how to utilize literature that patients bring up in session. Occasionally patients will mention books they are reading, which of course delights me. Analysts have been known for ages to leap on patients' dreams, reaching for note pads to jot them down, seeing them as the "royal road to the unconscious." I react the same way when patients talk about books they're reading. I want to know how they feel about the book, whom they identify with, and every association they have. The books discussed in treatment will illustrate or reflect what they are struggling with. The same applies to plays or movies too; however, as a bookworm, I must admit that literature elicits my most intense interest.

People often talk about issues aslant, by analogy, by metaphor, which is of course what dreams also are. Bringing in material from books is similar to bringing in dreams. Both are metaphoric, not direct daily experience. Discussing patients' reading and what it means for them gives us a lot of information similar to dream work.

Recently a young man came in talking about a book whose characters reminded him of his family. We spent a good part of the hour discussing what it was like to read about characters so like his father, brothers and himself. He was amazed at the parallels—a cruel older brother, a ne'er do well younger one, and a self-involved father. During this session, I learned for the first time that Chris loves to read novels

whose characters he feels similar to. When I asked what he liked about that, he told me that it made him feel less alone, less freakish.

While much of the conflict with Chris's father has been discussed before, his describing the parallels with the novel he is currently reading brought significant new material to the session and deepened the discussion considerably. He began to realize the devastation of his father's narcissism and its on-going impact on him.

Knowing that Chris reads a lot gives us a common bond, as well as another entrée into his mind, which strives for connection, for feeling less alone. Chris has no friends whose parents have divorced, but he can find those "friends" in books and can discuss them with me. I look forward to more literary sessions to help us sort through his issues, even as I recognize the possible disadvantages, which like discussing film or politics or any other issues beyond the internal or interpersonal life of the patient, which could be seen as resistance.

I recall another patient, Jill, whom I saw recently, a bright, unhappy preteen who was at war with family and friends. She adored Lemony Snicket's *A Series of Unfortunate Events*, which became a leit motif of our work. Early in treatment, she began talking about this series, which I had not previously read. She clearly identified with the oldest child, Veronica, who had to take care of her younger siblings after their parents died. They were sent to live with a horrible man who wanted to marry her. Her role was to escape him and keep them safe from one terrible event after another.

In many children's books like *Cinderella*, *David Copperfield*, *Huck Finn*, and *Harry Potter*, the heroes are orphans. How much of this is wish fulfillment, eagerness to kill off the parents and be one's own master!! Although most children are closely attached to their parents, their murderous fantasies resonate in literature, which contains, like dreams, elements of both desire and terror. Like fairy tales, the dark side comes out in books which look at the perils of childhood, where the enemy is not primarily other children, but wicked adults—parents, teachers, authority figures in general. On the other hand, the orphan state addresses the issues of aloneness, sadness, and the yearning to be taken care of competing with the wish for adventure and mastery.

My patient Jill acted as if she wanted to be an orphan. She was sarcastic and dismissive of both parents and also had problems with several girl friends, whom she saw as trying to restrict her heroic stances. Reading a couple of the Lemony Snicket books, so that I knew first hand what she was talking about, gave me invaluable insight into her psyche and allowed me to better help her gain autonomy without needing to verbally attack everyone else in the process. She began to see that her situation felt like Veronica's but that in fact her parents had not left her. Though they were restrictive at times, she could separate from them without needing to destroy her relationships with everyone. My knowledge of her reading life was like accessing her dream world. Talking about those books helped us to uncover her wishes and fears and facilitated her behaving in less self-defeating ways

I currently see another girl, a few years older than Jill, who first came to see me because she was unhappy in her vocational high school where she felt isolated and more academically motivated than most of the other students.

With my help, Laura got her mother to advocate for her to transfer to a more academic high school and to be in more appropriate classes. But she continued to feel isolated, and in sessions we've been trying to figure out why and what she can do about that lonely feeling. She usually came home from school and just watched television and read, by herself. Trying to unearth these issues in the conventional way wasn't getting us very far.

When Laura came in one day not long ago telling me about having read all three parts of *The Hunger Games* and having just seen the movie, I felt invigorated and realized that a new tack might help. I sensed that Laura needed someone to discuss ideas with, to figure out what turns her on—what will give her more energy, less ennui. We've been off and running pretty consistently ever since.

I told her I hadn't read the book and asked her to tell me about it. She told me that In *The Hunger Games*, a tyrannical government, the Capitol, dictates to its 12 districts, and although the rulers are wealthy, the citizens of the districts are starving.

Two adolescents from each district are chosen to fight for their family and their district. Of these 24 kids, only one will survive. Laura told me about Katniss, the heroine, who kills only one person, in self-defense, and refuses to murder others who are not a direct threat to her. Like Jill with her Lemony Snicket books, Laura identifies

with a girl who needs to fight for her life against all odds, but still keeps her humanity. Laura went on to say that this dystopia mirrored her bleak mood about mankind.

Laura and I have continued to discuss books and political movements. Her more hopeful side believes that everyone has the right to their opinions, until they impinge on the rights of others. Laura couldn't vote for anyone who would deny others the right to abortion, for example, though she honored their beliefs. I gulped and mentioned Planned Parenthood and the presidential election coming up and wondered if she would be interested in volunteering in any of these political enterprises. She was thrilled with my suggestions. I had also mentioned John Stuart Mill's *On Liberty* when she talked about individual freedoms. She wanted to get a copy of it, as well as *Lord of the Flies*, neither of which she had heard of before I recommended them. The following week she had already gotten copies of both books and had read *On Liberty*.

Soon afterwards she came in telling me that, along with some friends, she had just read *Reading Lolita in Tehran* and enjoyed it. She understood that Lolita, like the women in Tehran, was the victim, not the instigator of the affair. Laura then proceeded to read *Lolita* itself and saw how clever Nabakov was at making the pedophile Humbert Humbert a somewhat attractive person. She "got" that point of view is very important in determining the reader's outlook on the characters and how relatively easy it would be to make evil look banal. But when I tried to talk to her about her stake in these stories and about her fears and aggression, she balked. I realized that she was having trouble translating from literature to her own life.

So what am I doing? Bibliotherapy? An adolescent version of play therapy? Attempting to find books for us to discuss and understand her bleak side as well as her judicious side more aslant, as Shakespeare said about indirection? I have found once again that discussing books, like working with dreams, helps me feel more connected to my patients and more able to understand their issues. With her resistance, no wonder we ended up talking about books, which were a half-way house, a transitional space between our shared external world and her internal world.

Through our work, I can see Laura has been connecting more with both friends and family. In fact, she and her mother and other female relatives have had a book club this past year where Laura tells me that, unlike outside of the club, everyone's point of view is respected. She thinks that having interesting books to discuss is a good leveler, minimizing age and relational differences. Let's hear it for the power of books once more!

Similarly I think some of our sessions' focus on books and ideas helped us to connect. She has looked happier lately, smiles more, even though she continues to talk about issues that upset her. She has been spending more time with friends too, going to the beach and out to dinner at times. Of late she has been less defended, more willing to see her own role in her isolation, her own desire to be number one in everyone's eyes, and more interested in acknowledging her angers and hurts.

Not that discussing books alone caused this growth, but I think that these discussions helped our working alliance and therefore moved the treatment along.

BOOKS AS GIFTS

An additional issue in therapy related to books is how to handle receiving books from patients, both ones they purchase for you and ones they have written.

I once had a patient, Barbara, who was a prominent writer and speaker regarding satanic ritual abuse. When I first met her, she gave me two of her books, both written using pseudonyms because of her tremendous fear of on-going abuse. I was expected to read her books in order to understand her background. I had no choice if I wanted to work with her. I did in fact read them and then discussed them in treatment with her. She explained that her life had been so horrible that retelling some events directly led to retraumatization that she wanted to avoid. It was less harrowing for her to have me and the world read about her experiences. She could even discuss them in her speeches. But we realized together that those modes of communication removed the intimacy of talking about her trauma directly. Of course, we did talk about many of the events she had written about over time, though in a very piecemeal, often garbled manner.

A relatively new idea in psychoanalysis is the narrative, helping people to tell their story. Creating a cohesive narrative of one's life is considered a real accomplishment for mental health. In fact, the attachment theorists have begun to see an individual's ability to make sense of trauma and assimilate it as more important than

the trauma itself is. If someone tells a coherent story about his or her life, the odds are better for a balanced, happy existence, than someone else with similar difficulties who cannot tell a clear story. So is telling the tale therapeutic in itself? Or is telling a lucid story a sign that healing has already occurred? Whichever way the causality goes, narrating a cohesive story seems to have positive implications.

Barbara's therapy was a complication of the narrative theory. By distancing and depersonalization, my patient could write or speak publicly about her trauma, but one on one, she fell apart, split into childlike elements, the polar opposite of a unified person.

So what function did Barbara's writing and my reading her books serve her, me, and our work? It clearly helped her to be able to hold herself together, to make sense of her experience and to be able to vent her fury, terror, love, jealousy and other emotions in a comprehensive and empowering way. It helped her to function at least in certain spheres. She was a recognized authority, not a helpless victim; she, who usually felt put upon and childlike, had followers and admirers.

My reading her books helped me see her at her best, as an intelligent troubled woman who had tremendous ability to make some sense of her life. But it also helped me to see the limits of her understanding, like reading a novel with an unreliably unreliable narrator. In other words, sometimes, her voice seemed consistent and other times not, so it was harder to determine which was which than with a reliably

unreliable narrator, who it is easier to dismiss. Reading her books helped me to clarify our job, which was to reunify these split off parts and allow her to feel like a put together person, who wouldn't have to be so afraid of closeness with others.

However, Barbara's writing and my reading her books also comprised a distancing strategy, a compromise formation, if you will, which had the disadvantage of avoidance of direct connection and closeness, but the advantage of greater safety and titration of retraumatization. One can think of the books as a sort of transitional object—a way station on the path to getting closer, becoming more intimate, and speaking of things closest to the heart. I felt that transitional space existed in all the cases I have mentioned here.

While in training many years ago I had a patient who gave me a book about therapy as a going away present on our last session together. It was Marie Cardinale's novel *The Words to Say It*, the best fictional account of therapy I have ever read. In the book, the patient arrives at her first analytic hour saying that she is always bleeding. She always has her period. Analysis reveals that the patient's mother had tried, using knitting needles, to abort her baby, the protagonist of the book. The analyst does not allow the patient in the novel to discuss her physical symptom; instead they talk about its symbolic meaning. By the end of treatment, the woman no longer has endless periods.

Of course, its being our last meeting, I had no opportunity to discuss the book with my patient. I was left with many questions after reading the book. I wanted to

know why she had given it to me, what it meant to her, how she identified with the patient or thought about me as the therapist. Was it an indication that she had come in bleeding and no longer was? That we had also unearthed her early trauma? That she wanted me to remember her through this gift? That we were linked by having read and bled together? I will never know for sure, but the power of literature to bind us even in abstentia has had a tremendous effect on me and I believe it has often been an important force for my patients as well.

SHARE THIS BOOK WITH YOUR FRIENDS!

