

# The Naked Therapist



A Canterbury Tales collection of embarrassing moments  
from more than a dozen eminent psychotherapists

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**SHELDON KOPP**

# **THE NAKED THERAPIST**

**A Collection of Embarrassments**

**Sheldon Kopp and Others**

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## Introduction

Everyone makes mistakes. No matter how "together" we are, how "with it," how well-prepared for any particular moment, at times we all stumble, blunder, unwillingly expose our uncertainties, imperfections, and shortcomings. There are times for all of us when, unpleasantly taken by surprise, we are exposed as momentarily unable to cope. All it takes to feel overwhelmed is a situation that has become too much to handle. It is then that we feel helplessly foolish and embarrassed. If we have been exposed to excessive shaming as children, we may also experience the needless pain of feeling deeply ashamed.

At such moments, it is hard to remember that this happens to everyone, that the awful sense of ineptness and confusion will soon pass. Most of us do not understand how to go about making new space for ourselves. We can be needlessly hard on ourselves, slower to forgive than we would be with another. Fearing ridicule, we may even make matters worse in our desperate attempts to hide our shame and to recover our composure.

We are tempted to compare ourselves unfavorably with other people whom we imagine to be beyond such fucking up. At times it seems that the best we can do is to hide out. We may avoid risking future exposures by living more timidly, by daring less to let others see who we are.

The costly results of persisting in remaining hidden are a restricted life, the pain of isolation and loneliness, and the increasing sense of being peculiar. Along with these losses comes the frustration of never really being able to get beyond the awful stuckness of feeling like a fool in spite of all this self-protection.

Some neurotically shy people who are trapped in the needless suffering resulting from trying so hard not to make embarrassing mistakes seek the help of

psychotherapists. Some of the defensively shameless ones become psychotherapists. In either case, their longing for relief is too often based on the hope that there is some way to get beyond foolishness. They assume that there exists someone who is already there who can show them the way. Each in his own way wishes to be beyond embarrassment.

These are the matters in which I had been immersed on the day before I had the dream. One sure way to tell whether you are struggling with feelings of guilt or of shame is to pay careful attention to the quality of your nightmares. I myself suffer little from guilt. When distressed, I am more likely to be dogged by shame. And so it is that I do not have the guilt- reaction nightmares so common in our culture. In these the dreamer is pursued by some sort of powerful or monstrous creature who will do him harm and from whom he must flee. My own dreams in which such guilt begins to arise are quickly transformed into dreams of struggle. Someone challenges or pursues me. I turn toward him, take him on, and engage in battle in which I am almost always victorious.

My "true" nightmares are something else again. They take place in a landscape of shame in which I am threatened not with punishment or mutilation but rather with contempt and abandonment. In these awful dreams I am naked and lost, fumbling and wandering, desperately in search of a once-possessioned, now lost sense of acceptance and well-being. I long to reclaim that state of peace and accord.

It is as though I keep searching for clues as to how to recapture the familiar, the secure, the person I used to be and the place where I once lived. Those I approach for help are too busy to bother. It is as though I am either not worth their efforts or, worse yet, simply an object of ridicule. But this night's dream was different:

The setting is a street corner of New York City, where I grew up. The focus of attention is a hipster—a free-swinging, cool, in-the-know sharpie. He is dressed as I had once dressed: pegged pants, super-long sports jacket, windsor-knotted tie, and knee-length key chain. A small group of more ordinary citizens approaches him. In

the dream I am aware that at the same time I am both the hipster and one of the squares.

The hipster is doing card tricks in a slick, professionally smooth manner. As we approach him, we in the audience conspire somehow to rig his cards so that he will trick himself instead of us. We set him up to blunder so that his trickery will be exposed for all to see.

This trick-against-trick works beautifully. The hipster begins his patter. Without warning the cards fly out of control, leaping from his hands, making a mockery of his magic. Astonishingly, the feelings in the dream are not those of his shame, nor of our ridicule. Instead there is the welcome relief of a shared sense of well-being and community. The differences between us have disappeared. We all go off together, feeling warm and comfortable.

It was the middle of the night when I woke from the dream, pleased with myself and with everyone I knew. I understood the importance of this dream without yet understanding the dream itself. Fortunately, I was hungry and decided to get up and feed myself. By the time I sat down to eat, from somewhere in the hazy dream residue a new book title arose. This is not the first time my writing has been informed by my dreaming self. By now I am wise enough to trust such experiences even before I can make sense of them.

I went to the roll-top desk in my study, turned on my recording machine, and spoke into the microphone: "These will be preliminary notes for the outline of a book. The title is *The Naked Therapist*." Then I sat back, eating bits of herring, cheese, and crackers, waiting to find out what the book was to be about.

As my venture became clearer to me that night, and during the days that followed, I worked up an outline beginning with the words that open this chapter. I went on to envision a first section that would explore the phenomena of embarrassment and shame, documented and exemplified by some of my own personal and professional experiences. That would be followed by a collection of autobiographical descriptions of similar experiences of other psychotherapists.

I believe that these accounts will have some particular appeal for the young therapist, teacher, and guide suffering from overidealized role models. Psychotherapy patients, too, might especially benefit from the self-



demythologizing of the gurus. Most of all, I hope that anyone interested in coming to live this imperfect life in a happier, more self-accepting way will find such a book entertaining, enlightening, and comforting.

I wrote to a number of well-known psychotherapists asking that they join me in this project by contributing accounts of embarrassing experiences they have had while doing psychotherapy. It was my intent that we tell of our own foolishness, craziness, and shortcomings and of the times these were unintentionally exposed to our patients' gaze.

How did it happen? What did it feel like? How did the therapist handle the situation? How did the patient respond? How did this affect their relationship? These are the questions I invited the therapists to answer.

In my letter to these therapists, I wrote:

My vision of what each of you might send would be a personalized account of one or more incidents occurring while working with a patient in psychotherapy, during which you floundered, fucked up, played the fool, or were so vulnerably exposed as to experience evident embarrassment or shame. I would hope that your account would emphasize what the personal experience was like for you, and how the patient dealt with this transaction. It might even be fun (if therapeutically feasible) to include a reciprocal account by the patient in question. In any event, these are merely guidelines out of my own fantasies. You are in no way bound by these expectations. I am sure that your accounts will each reflect your own singular vantage point.

I planned to follow all of this with a closing section on the inevitability of embarrassment, the value of such experiences, and (hopefully) some insights on the creative handling of such ordeals. That last section would of course be informed by whatever I had learned from the contributions of the other therapists. Out of this experience I hoped to be able to describe and substantiate what sorts of ways we can learn to live with our foolishness, to get beyond some of the needless pain of selfblame and shame.

I had invited these men and women to join me in sharing exposure of our vulnerability. I went on to write to them:

Clearly, for me this book is a further attempt to do the lifetime of work on my Self. I cannot be sure that this undertaking will help me with my own shyness and dread of embarrassing situations. I hope at least that in some ways it will turn out to be fun and profitable for all of us.

## **PART ONE: SHAME ON YOU!**

There is no psychology:  
there is only biography and autobiography.

[Thomas Szasz](#)

## Chapter One

### Everybody Knows Your Name

Children begin life in a state of unselfconscious spontaneity simply by *being* in the world. They do what they do, acting on impulse without evaluating what they are doing, who they are, or what they are worth. There are no inadequate babies.

Out of some amalgam of personality and cultural background, parents and significant others soon begin to shape a child's attitudes, behavior, and sense of self. Praise and rewards may be offered for "good" behavior. Punishment or angry threats may be meted out for transgressions. Disapproval and contempt may be expressed when the child fails to live up to parental expectations.

Acceptance and praise foster a feeling of well-being in the child. They encourage confidence, spontaneity, hope, and a sense of being worthwhile. Punishment and threat induce guilt feelings, moralistic self-restriction, and pressure to atone. Guilt is the anxiety that accompanies transgressions, carrying with it the feeling of having done bad things and the fear of the parents' angry retaliation. In the interests of self-protection, the child learns to deal with this anticipated punishment preemptively by turning it into an internalized threat against himself.

Disapproval and contempt make a child feel ashamed of not being a worthwhile person. The implied danger of abandonment may make him shy, avoidant, and ever anxious about making mistakes, appearing foolish, and being open to further ridicule.

Shaming usually takes the form of the parent expressing disappointment in the child by saying things like "Look how foolish you are, how clumsy, how

stupid! What will other people think of you when they see that you can't seem to do anything right? You should be ashamed of yourself acting like that. If only you really cared, if only you wanted to act right, if only you would try harder, then you could be the kind of child we want you to be."

Repeated exposure to such abuse calls forth an inner echo of self-contempt. Eventually the child learns to say of himself, "What an idiot I am, what a fool, what an awful person! I never do anything right. I have no self-control. I just don't try hard enough. If I did, surely they would be satisfied."

The shaming parents are seen by the child as good—or at least as well-meaning—loving people who some day might be pleased with him if only he were less imperfect. It is no wonder to him that they are unhappy with him. My own mother often told me: *"I love you, but I don't like you."* It was clear that this meant that she *loved* me because she was a good mother, but that she did not *like* me because I was an unsatisfactory child. Surely no one but my mother would have put up with me.

Even now, as an adult, I find that there is just no way to live my life without again and again revealing that, like everyone else, I have shortcomings. Human frailties are especially apparent in children as they seek to develop independence and a sense of mastery of the world in which they live. As it should, each child's reach exceeds his grasp. There are many things that he wants to do at which he must first fail if he is ever to succeed. The experience of being seen as momentarily not yet able to cope is a natural part of growth. It is also natural to experience the embarrassment that accompanies making mistakes, stumbling, blundering, or fucking-up. If a child is to take on new activities, to develop skills, to be adventuresome, he must risk the embarrassment of exposing himself unwisely and not well. At such times, the experienced loss of self-control is absolutely unavoidable.

If these inevitable embarrassments are not to turn into destructive

experiences of shame, the parents must accept the child as he is. Some parents are too hard on their children because of their own personal problems, others because of harsh cultural standards. Some cultures make excessive demands for precocious maturing of the child. In such settings, shaming inculcates the feeling that other people will not like the child unless he lives up to their expectations.

When shaming arises out of the pathology of neurotic parents, the child may be expected to take care of the parents. Such a child may never learn that the natural order of things is quite the reverse. He is discouraged from ever realizing that it is the parents who are supposed to take care of the child.

Even more insidious is the impact of the parent who unconsciously *needs* to have an unsatisfactory child. Such a parent will never be satisfied, no matter how hard the child tries, no matter how much he accomplishes. Anything less than perfection is unacceptable. If the child gets a grade of 95 on an examination, he will be asked why he didn't get 100. If he gets 100, he will be asked what took him so long to get a satisfactory grade. Told that he should have been getting 100 all along, he may become afraid to do well lest perfect grades be demanded of him all the time from then on. If he happens to be a chronic straight-A student, then he may be asked, "If you're so damn smart, how come you can't keep your room clean?"

During this time of a child's growing pursuit of mastery, it is especially important that his parents "back him up in his wish to 'stand on his own feet' lest he be overcome by that sense of having exposed himself prematurely and foolishly which we call shame."<sup>1</sup>

A child is capable of enduring the inevitable embarrassments that attend occasional failures. He can still develop an autonomous sense of being a worthwhile sort of person. But this will *not* come about if the child is needlessly shamed into thinking that he should have been able to do those things that were simply too hard for him at the time.

Shaming parents express contempt and disgust for the child by ridiculing, by turning away, and by withdrawing their love. A child who is repeatedly treated in these damaging ways is pressured into feeling forever small, powerless, and unworthy. This can lead to his spending a lifetime vainly seeking the approval of others in the hope that he may someday be validated at last.

My own parents shamed me needlessly and often. They made it clear that it was my clumsiness, my inadequacies, and my failures that made them unhappy. Even my successes and accomplishments were made to reveal how inferior and insufficient I was.

I was only eight years old that summer when I *finally* learned how to swim. In some families that would have been an occasion for parental appreciation of their child's achievement, an opportunity for praise. In my family it became yet another time for criticism, another chance to let me know what a disappointment I had turned out to be.

I was told that it had certainly taken me a long time to learn to take care of myself in the water. Maybe now they would be able to sit on the beach and enjoy the sun without having to worry about me quite so much. What was the matter with me that I could not have learned sooner like all of the other children who loved their mothers and fathers? A child must learn to do whatever is necessary to see that the parents who worked so hard and sacrificed so much shouldn't have to worry. But not me, oh no, not their *Nisht-Guteh* (no good one) child. All I knew was how to be selfish, to think of nothing but myself, to come to the beach only to play. See, they said, I could finally do what I was supposed to do. So why in heaven's name hadn't I done it when I was supposed to?

Those few weeks at the shore we lived in a tiny rented bungalow (which my mother for some reason insisted on calling "the bungle-house"). She kept it spotlessly clean, forever sweeping out the sand that I had "dragged in" from the beach because I "refused" to clean myself off properly. It was a *schande von der*

*Goyem* (a shame in front of the gentiles) that a big horse like me insisted on making a pigsty out of the cottage, which we had only because my father slaved all year. All week long he worked his heart out in the hot city only to have to live in all this filth on the weekends.

One evening that week at the dinner table my parents told me very seriously that they wanted to talk with me about how well I had learned to swim. I was delighted. At last I was to hear that I was a good boy who had accomplished something, a child worth bothering about.

Instead they presented me with one of their deadly polemics. My father began. "Your mother and I have been talking about how well you've learned to swim," he said. "It's a comfort to know that we won't have to aggravate ourselves anymore. We won't have to think about you while you're in the water."

"But you must never stay in too long without checking with me," my mother interjected. "Too much excitement is not good for a child. A mother knows, so you'll ask me if you've played too long."

"Aw, Ma, I'm not a little kid," I complained.

"Enough," she stilled me. "A boy doesn't interrupt when a father is talking, a father who sweats in the city all week long for him."

My father understood he was to go on. "Now that you have finally learned how to swim, your mother and I were wondering what you would do if the worst should happen. Supposing your mother and I were both out swimming in the ocean when God forbid we should both begin to drown. You would be standing on the shore and you would know that you could only save one of us. So which one would you save?"

The familiar no-win situation, the set-up in which I was being asked to be a good boy with no hope of carrying it off. Still I tried. "I would save both of you.



Even if I had to end up drowning myself, I would save both of you."

My imaginatively projected eight-year-old self-sacrifice was to no avail.

"You see how you don't listen when your father tries to tell you something important," my mother sighed. Then to my father: "Tell the foolish boy again."

In an effort to overcome my stupidity, my father spoke more slowly and a bit louder. He repeated and underlined the deadly premise. No matter how hard I might try there was no way in this situation that I could live up to the expectations of what it would take to be a truly good boy.

I felt trapped. It was just too hard a task to take on. They would not let me off the hook. They insisted that if I really cared about them I must come up with an answer. If I could save only one of them, at least I must do that. Now then, which one was it to be? Would I rescue my father and let my mother drown or would I rescue my mother and let my father drown?

There had been so much emphasis on how hard my father worked so that we might have this vacation that in desperation I finally said I would save my father.

"And let me drown?" my mother offered as an aside.

All right then, I had made the choice. What were my reasons for deciding it this way? I struggled bravely to come up with an acceptable rationale. "It's because Daddy works so hard and he is the one who supports the family. There would be no family if he wasn't there to make the money so that we could have a place to live and enough to eat. I wouldn't want anything to happen to you, Mom, but if one of you had to drown and I let it be Daddy, then how could you support us?"

They were, of course, horrified that a boy should let his own mother drown. My mother pointed out that even if there was money, without her there would be

no one to make a home for me.

Realizing my error, I backtracked and tried to make amends. "I'm sorry, I just didn't think of it that way. I guess it would be better if I saved you, Mom, even if Daddy had to drown. Of course I wouldn't want that to happen to you Daddy, but it would be the only way so Mother and I could go on."

My father shook his head in hurt and disbelief. "Then what would happen to you and poor mother without a father to take care of both of you? What would you want your mother to do? Should she have to scrub floors and take in washing? Doesn't it matter to you how she would suffer if I wasn't there to support the both of you?"

Wrong again. This was not to be the last time that I was put through such an ordeal. All the rest of that summer my parents seemed obsessed with posing me this irresolvable dilemma. It took me a while and several tortured sessions before I came to realize that what was expected of me was that I was to have held out no matter how much pressure they put on me to decide. If I was a really good boy, then there would be no way that I could make the choice, no way in which I could imagine letting either one of my loving parents die because of my failure to save them both. Of course by the time I realized that, I was ridiculed for having taken so long to answer in the way I should have responded immovably from the very beginning. But by that time they had made me feel so awful that I secretly wished that they would both drown.

## Chapter Two

### NOBODY IS PERFECT

Embarrassment is painful, but it need not be destructive. Just as shame has long been misunderstood as being no more than a peculiar variant of guilt, so, too, the phenomenon of embarrassment has remained undifferentiated, as though it were no more than a low-keyed expression of shame. But shame is *not* guilt, and embarrassment is *not* shame.

*Guilt* is the anxiety about punishment that accompanies moral transgressions. *Shame* is the anxiety over disapproval that may come with failure to meet certain ego ideals.

*Embarrassment*, like shame, may accompany an experience of shortcomings. Unlike shame, embarrassment is rooted in situations of the moment, not in a person's overall appraisal of what he is worth as a human being.

Shame is a learned piece of *personal* pathology, a kind of needless suffering to which children do *not* have to be subjected. Those who have been shamed can some day learn to overcome feeling unworthy. Embarrassment, in contrast, is a natural reaction that is inevitable in certain *social* situations. No one is finally and completely safe from these predicaments of being caught off-balance, but we can all learn to deal with such mishaps more creatively than we usually do.

We are all familiar with the objective signs of momentary emotional distress that accompany extreme embarrassment: "blushing, fumbling, stuttering, an unusually low- or high-pitched voice, quavering speech or breaking of the voice, sweating, blanching, blinking, tremor of the hand, hesitating or vacillating movement, absent-mindedness, and malapropisms."<sup>2</sup>

The physical behaviors so expressive of this sort of social discomfort

include: "lowering of the eyes, bowing of the head, putting of hands behind the back, nervous fingering of the clothing or twisting of the fingers together, and stammering with some incoherence of ideas as expressed in speech."<sup>3</sup>

The subjective symptoms that accompany this discomposure are: "constriction of the diaphragm, a feeling of wobbliness, consciousness of strained and unnatural gestures, a dazed sensation, dryness of the mouth, and tenseness of the muscles."<sup>4</sup>

The distress of embarrassment accompanies the experience of feeling unable to cope with some situation in the presence of others.<sup>5</sup> The standard for how well we should be able to cope in any given setting depends on what sort of attributes and capacities we expect of ourselves, as well as what we believe our audience expects of us.

Most often this potential crisis pivots on what kind of impression we believe we are making on the other people present in the social situation. It is of course possible to become embarrassed about what sort of a figure we *would* be cutting in the eyes of significant others who at the moment happen *not* to be present, just *as if* they were there. Nonetheless, the role of these fantasy figures is much more central in the occurrence of shame than in the embarrassment of a person who is merely feeling foolish for the moment.

Like shame, embarrassment has to do with unfulfilled expectations, but unlike shame, the expectations that are breached are *not* moral. The consequences may involve partial discrediting of social status. Some unexpected physical clumsiness, breach of etiquette, or interpersonal insensitivity may leave a person open to criticism for being more crude or coarse than he claims to be. But this is an issue of manners, *not* of morals. It may make for a temporary change of social status, but never carries with it the self-threatening sanctions of shame, with its implications of abandonment, loss of love, and ultimate emotional starvation.

Unfortunately, some of us have learned to believe that we should be ashamed anytime we turn out to be less than the perfect child some parents expect us to be. Making a mistake, doing something foolish, finding ourselves momentarily unable to cope, we may feel that we are not worthwhile human beings. Instead of the momentary embarrassment inherent at times in being exposed as fallible, imperfect, merely human, we may experience overwhelming feelings of painfully degrading humiliation and disgrace.

All it takes for me (or for any of us) to be vulnerable to embarrassment is to be unpleasantly taken by surprise. This sometimes occurs even when I am receiving more of the good stuff of compliments and gifts than I feel prepared to handle.

These disruptions in my own life typically occur in the context of my going along implicitly trusting that I can take for granted my usual ability to make my way through the world. I assume that my mind and body will do their jobs well enough to meet the tasks at hand. I do not even consciously think about my faculties and their functioning. It's just me, doing my thing.

Then suddenly the unexpected occurs, something for which I am unprepared. I am caught unawares, especially if some particularly sensitive, intimate, or vulnerable aspect of myself is exposed.<sup>6</sup> My taken-for-granted, natural, well-fitting behavior in the situation is instantly turned into inappropriate or incongruous fumbling. I become vividly aware of the discrepancy between the competently coping person who I and others assumed I was, and the uncomfortably vulnerable fuck-up whose blunder is now exposed to my eyes and to theirs.

For a moment all bets are off. Trust of myself and others is in jeopardy. All values are once again in question. First there is the question of trust in myself. Am I an adequate human being or a fool? What can I expect of myself? Do I really know what I am doing?

Next comes the question of my trust in my assumptions about the people whom I am with during this debacle. This is the focus especially when the embarrassment arises in the context of "the rejected gift, the joke or the phrase that does not come off, the misunderstood gesture...the expectation of response [which is] violated."<sup>7</sup> Will these people be kind or critical? Are they truly my friends? How do they really feel about me?

The sudden sense of exposure to others' seeing me as unable to deal with what is happening may leave me helplessly flustered. There is no way to avoid sometimes making mistakes, no way to be able to handle everything, no way to get it all just right.

This is the normal state of affairs. The natural reaction to the inability to cope in the presence of others is embarrassment. There seems to be no way for any of us to get through the day without making a careless error, doing something foolish, committing a gaffe or faux pas. "There seems to be no social encounter which cannot become embarrassing to one or more of its participants."<sup>8</sup>

To the extent that the moment of embarrassment calls into question all trust in myself and others, it is potentially a dangerous time. It is then that I am most vulnerable to being flooded with shame as well. It is then that I am open to transforming a momentary human blunder into a deadly discrediting of myself as a worthwhile human being. It is a time for the exotic flowering of my paranoia. At such times I may mistakenly expect contempt and ridicule from loving friends and neutral strangers. It is just as though they would turn from me in disgust as my parents did when I did not meet their impossible standards.

I remember an early instance of my own understandable embarrassment being escalated into shame by my mother's response. At the time I was about ten or eleven years old. Having insisted on wrapping me in swaddling as an infant, and having kept me under wraps as much as possible for many years, my parents

took some time to be convinced to buy me a pair of skates. Any adventuresomeness on my part was deemed inconsiderate because it might upset them. But somehow they had finally made space for my learning how to skate.

I behaved then as I still occasionally behave now. I punctuated my shyness and constraint with episodes of recklessness. That day I did it by taking off on my skates down a steep hill a city block long without being at all sure as to how I was to stop once I got to the bottom of such an incline. I went faster and faster and I loved it. I was getting a little scared about how the trip would end when the lamppost on the corner caught my attention. I immediately envisioned myself as making a grab for it and swinging around to a graceful vault.

I miscalculated. Rather than catching the lamppost in the crook of my arm I caught it full on one side of my face. The result was an incredibly painful and frightening collision, which resulted in a super black eye and a broken muscle in my jaw.

After hitting the lamppost I sat on the curb and cried as little as possible. I was really worried. Now it was time to go home and face my mother. Instead of seeing this mishap as an unfortunate accident around which I could feel sorry for myself and expect some sympathy, I knew that I had let my parents down again. I headed home and climbed the stairs to our apartment, skates over my shoulder.

It was a summer day and the apartment door was open. I was careful to peer in with only one eye, shielding the battered side of my face from view. I called out loudly, "Ma, don't get upset. I got hurt but it'll be all right." Only after warning her could I feel free to enter. Her response was completely predictable. "What now? Again you didn't stop to think about how much it would hurt a mother to see a boy who gets into so much trouble?"

I spent the next hour apologizing for my thoughtlessness, reassuring her that I would try to be a better boy. I consoled her in *her* grief at having such an

inadequate son.

Now as an adult, after some therapy and much living, I am for the most part in a better space about such things. Still, echoes of this grotesque situation can be heard at times from out of my unsettled and unworthy depths. I remember just a couple of years ago when I learned that I had to undergo a second bout of neurosurgery. It was in reality an unfortunate no-fault situation. Yet my first lunatic reaction was shame. For just a moment all I could feel was, "Oh shit, now I've really made trouble for everybody."



## Chapter Three

### STAND UP AND FIGHT LIKE A MAN

A child's behavior, his attitudes, and his evaluations of himself are shaped largely by his parents' needs and values. Yet such teachings are not all simply personal expressions of these particular parents.

In some ways the family serves as an agent of the culture, mediating the influence of the larger group in a partially unwitting process of turning out an individual who will be acceptable to the society in which he is to live. Some of the values that the family encourages are also reinforced by other cultural agents, such as the schools, the communication media, and the child's peer groups.

In our culture, for example, shaming plays an important part in discouraging deviation from the differential roles that our sexist society demands of boys and girls. Boys are made to feel inadequate if they are not tough, competitive, and "rational." Girls are made to feel flawed if they are not compliant, nurturing, and emotional. Boys are expected to become tough-minded breadwinners, girls to be tenderhearted wives/mothers. A male need only "be a man!" but a female must be a "*good* woman."

The current political struggle of the women's liberation movement is a powerful attempt to rid us of the arbitrary and destructive results of this role differentiation. It is currently fashionable to regard all of the sexual distinctions in behavior and attitudes as unnatural, learned, and ultimately oppressive. I will not try here to establish what part of all this is culturally determined and what part might be instinctual, or how much of it is destructive and how much of it potentially might be transformed into a creative difference between the sexes. Certainly, as it stands in our culture, there is much about sexual role expectations that involves an arbitrary and deadly stereotyped differentiation.

It is enough to say that the differences currently exist and that shaming maintains them. The frequency with which I fought with other boys as a kid is a measure of just how effective this cultural shaming can be. A boy often ends up less afraid of risking the killing or maiming of himself or another than of taking the chance that he might be seen by others as a coward or a sissy. In my own Jewish-American family, my mother was the dominant figure and my father the appeasingly submissive supplicant. Despite this variation, I, too, was raised under the sloganized constraint of "A man must be tough ...only babes and women cry."

My earliest recollection of this aspect of being a boy/man was my father's buying me two pairs of boxing gloves for my fifth birthday. Despite my reluctance, he immediately insisted that I put on the gloves with him so that he could teach me how to defend myself. My mother stood by making anxious noises about her baby's getting hurt. In a rare show of assertion, my father waved her off as though women have no conception of the meaning and consequences of violence. We put on the gloves and he knelt facing me (just as if that made us equals).

By encouragement and instruction he got me past my uncertainty and into swinging wildly at him. He was careful not to hurt me. Unfortunately, he was not so careful about protecting himself. Within minutes I had struck him squarely in the nose. The blood poured out of his nostrils and across his lips. I was overwhelmed by the frightening consequences of my power. My father tried to reassure me that he was all right but my mother became visibly upset.

Suddenly she was shouting at my father: "What did I tell you? How foolish to get boxing gloves for such a wild boy. He doesn't care about anyone else. See how he hurts his father. Next he'll hurt me and everybody else around."

In fairness, I believe that my mother did not really want me to fight. She believed that fighting was bad, something only gentiles did. Yet there were times when she sent me out on errands that took me out of our Jewish lower-middle-

class enclave, knowing full well that I was likely to be stopped by some assaultive group of teenagers from the neighboring parish who would accuse me of being a "Christ-killer."

At such times my mother's explicit instructions were: "Don't fight, but *never, never* deny that you are a Jew." She seemed to want me to be well-behaved, but did little to help me to avoid occasions of sin.

I fought a lot as a kid, not wisely and not well, but certainly often. Not thinking that I was worth much, I did not expect other children to like me. I sought attention on the streets as I had learned to get it at home—by making trouble. Even as a little kid, I didn't know how to make friends or how to join a group of other children at play. My style of social entry was to take their ball, to tease them, or to jump on some other kid's back. This usually resulted in my getting beaten up and then eventually being accepted, though as something of a scapegoat.

When I did fight as a kid it was from a peculiar position. I was too scared *not* to fight lest I be humiliated as a coward, and yet I was too scared to *really* fight lest I do something unacceptably brutal. One of the results was that I began most fights, doing very poorly. It wasn't until I had been hurt enough to begin crying that I would finally fight back with some fury.

A peculiarly dramatic instance of this was my prolonged war with Charlie Hooko. Charlie was one of the few non-Jewish kids in the neighborhood. He was the son of one of the building superintendents and was a tough kid whose warrior pose covered his own shame of feeling like a misfit.

For a while when I was eleven or twelve Charlie Hooko beat me up three or four times a week and always in front of everybody. All of the kids that hung out in the neighborhood would stand around and watch. I don't know how I volunteered for the position of victim, but somehow together Charlie and I worked out that contract.

He never beat me up too badly but always enough to make me feel just awful. He was a good street fighter, restricting his brutality just a bit so that he could remain acceptable to the rest of these middle-class kids. I, on the other hand, was very uneven as a fighter. For one thing, I had never hit him in the face. (My mother had told me that that was not the thing to do.) One afternoon after school Charlie started beating on me in front of a girl I had a crush on. For the first time in my unhappy marriage to Charlie Hooko, my own fear of being seen as a shamefully brutal, lower-class street fighter was overcome. The fear of being humiliated in the eyes of this girl was even more shameful. And so in the midst of the fight I punched Charlie right in the mouth. He couldn't believe it. I could hardly believe it myself.

Charlie stopped the play at once. He took me down to the park and we both washed our faces at the fountain. Charlie announced to everyone around that I was a tough guy, that he admired me, and that we would be friends from then on. That ended months of regularly scheduled defeat.

Over the years I have often been stuck with this macho pride, this fear of losing my honor. But in truth I have lost my honor in that sense many times. Even as a grown man, in telling my stories of the past I billed myself as a great street fighter. I must now confess that I was really more of a chronic street casualty.

As a younger kid I fought and I fought. It made no sense, but I was uncertain, felt incompetent, and just didn't know how to get along any other way. There were many times when I didn't want to fight, but I was too ashamed to risk being called a coward or a sissy. Better to end up a bloody mess or hurt someone else much worse than I would have wanted to than to be considered a chicken or a fag.

As an early teenager I did eventually graduate to becoming a marginal member of a fighting street gang. I pretended that I was a better and more enthusiastic fighter than I ever really was. There was some danger and I did fight

sometimes, but mostly I hung around the edges of the gang, reaping unearned glory.

"All he knows how to do is to fight and to get into trouble, that awful boy. If only he really loved us, if only he really cared about the future, if only he really, really tried, he could be a good boy (like all the other nice Jewish boys in the neighborhood). But no, that's too hard for him. He can't even get along well with other children. All he knows how to do is to fight and to get into trouble."

This is how my mother spoke *of* me. This is how my mother spoke *to* me. This is how I came to (mis)behave. This is one of the ways I came to be ashamed of myself. My father often helped by implying that if I was tougher and a better fighter, I could avoid most battles and win the rest. I was shamed by my father and by the culture if I did not fight, shamed by my mother if I did.

My last teenage fight took place in the local poolroom when I was about seventeen. I had been playing Chicago with a fellow about a year older than I, each of us trying to hustle the other. He had a friend with him whom I didn't know and who was making wisecracks to distract me from my game.

Leaning over the table, I went on stroking. Without looking up, I responded to one of these sotto voce asides by saying to the fellow with whom I was playing, "Who is this *schmuck* you brought along?"

The friend must have walked up to me quietly as I continued to stroke. Without warning he punched me squarely in the jaw. I was knocked against the wall. Quickly enough, I recovered from the blow and rushed at him. We began to exchange the pulls and poundings of that peculiar street-fighting combination of wrestling and boxing I had found myself caught up in so many times before.

Halfway through the fight, with neither of us clearly moving toward victory, we were deadlocked across the billiard table. It had gotten noisy and a crowd had gathered. Suddenly Nunzio was upon us. He was a powerful young man whose

father owned the poolroom.

"All right, break it up and take it outside," he said (probably for the fifteenth time that week). "No fighting in here. This is a poolroom."

Now it was time to take it outside and finish it off. Suddenly I knew it didn't make any fucking sense.

My opponent said, "Let's go."

In a quieter voice, I answered, "No, not me, I'm not going. You can be the winner. I'm finished with fighting."

There was much taunting and name-calling from the guys who had gathered around us, and a look of devastating contempt from my opponent. I could feel that shame of "chickening-out." For the first time, it came embedded in the relief of knowing that never again would I have to fight if I didn't really want to.

I didn't fight again until I was about twenty-three. After having delayed induction into the army for as long as I could on the basis of student deferments, I was finally drafted shortly before the end of the Korean conflict. My sons were as yet unborn, and therefore I had not yet been instructed as to my right *not* to participate in a political war I had not chosen.

During basic training, we draftees were stripped of our civilian identities. Our clothing was taken and our hair cut short. We were given uniforms and numbers instead of personalities and names, and we were kept under a barrage of exhausting physical demands and demeaning authoritarian criticism. It was the only way to turn a random group of peaceful citizens into a platoon of professional murderers in a few short weeks. Successfully robbed of my usual constraints, I was soon sufficiently edgy to feel ready to kill. Unfortunately, in the dumb way the army sets this up, the only people I had to assault were my fellow

soldiers.

There were two incidents. In one, a tough little man from Boston marched behind me, always managing to step on my heels. It took a couple of weeks before I realized that it was not stupidity but spite that led him to treat me this way. I asked him not to do it. I told him not to do it. I begged him not to do it. Nothing worked.

Then one day as we broke ranks he came into the barracks just behind me. As we were going up the steps even then he stepped on my heels. That tore it! I turned around and threw him down the few steps he had climbed. Fortunately, we were not at the head of the stairs or I probably would have killed him in the process. He was not hurt, but he had been humiliated in front of his friends. To ward off his own shame, he impulsively pulled his bayonet as if to stab me.

I didn't think for a moment before going into a Bogart posture. In a way that effectively stopped the action I said to him, "Put away that pigsticker or I'll make you eat it." Fortunately, he overcame his shame and backed down, laughing it off—otherwise one of us would have gotten killed.

Several days later in the basic training program a second incident occurred. I had been married just four months at the time. The forced separation was very painful. Now I learned that wives of trainees could visit the camp on weekends. There was even a guest house at which the couples could stay together.

I went to our corporal and asked him how this could be arranged. He told me he would check with the first sergeant and let me know. In the barracks the following night I asked him if he had found out what I needed to know. He was obviously uneasy about his earlier display of consideration. In retrospect I believe he was made even more uneasy by having to give me disappointing news.

Embarrassed by the pressure of the watching audience of recruits who had gathered around us, he got tough with me: "The first sergeant says that nobody

gets to use the guest house until after the fourth week of training. I guess you'll just have to wait till then to fuck your wife." Without stopping to think, I grabbed him by the shirt front and put him up against the barracks wall. The other recruits grabbed my arm. The corporal muttered an uneasy apology. If not for that I think I would have beaten his brains out.

I believed I was defending my wife's honor. Really I was defending my own macho image. Assaulting this man could only have made it harder for me to arrange to be with my wife. It could easily have resulted in my being court martialled and imprisoned in a military stockade. It simply did not matter. All that mattered was my humiliation.

I did not fight again for several years. The next incident took place in Greenwich Village. After I got out of the army my wife and I moved to New York. By then we had two young children. One night I was out with a friend, a man with whom I had gone to graduate school, a psychoanalyst.

As we walked down Tenth Street that evening toward my apartment building, we spotted a group of seven or eight older teenagers approaching us. My friend was not streetwise and simply went on talking of Michelangelo. I was immediately alerted by my paranoia. The first of these teenagers came pushing between us. Out of courtesy, my friend backed off. I knew that if a couple of these guys pushed through we'd be surrounded and that would be it. Grabbing the first kid by the shoulders, I spun him back into his group.

The gang of teenagers began a singsong of nasty taunting. It became clear that they were underprivileged kids from Chelsea, the impoverished neighborhood that abuts what they see as the opulent and self-indulgent Village. What's more, they were in a transitional rite bridging that difficult void between boyhood and manhood. In order to disown the shameful softness in themselves, they sought out and beat up homosexuals in the Village. Their taunts implied that they believed that we were gay lovers. To show that they were not, they were



about to do us in.

Seeing that we were close to my building, and having better sense and less shame than I, my friend ran for the apartment house. I stood and fought. Absolutely furious at being violated, I began swinging wildly, pummeling any kid I could get my hands on. Fortunately, they were so uncertain about their own status that they backed off before my fury. Were they more sure of themselves, they could have killed me. Were I more sure of my own worth, like my friend, I would have run away.

Only after they left did I turn and walk to the house. My friend stood in the hallway. He apologized again and again. Though he had done the only thing that made sense in the situation, now he was ashamed! We went upstairs and told my wife the story. It was only then that I discovered that I was bleeding profusely. I had been hit on the head with some kind of weapon.

As my wife tried to nurse the wound, my fury continued. With blood running down my back, I paced the floor muttering angrily about what I would do to those dirty motherfuckers if I ever laid my hands on them again. The impact of early shaming was still in operation. Instead of terror and then relief, I had felt only anger and frustration.

While we were living in the Village, I commuted to work at Trenton State Hospital. The travel time became a burden and so eventually we moved out to New Jersey. We wanted to live on a farm and eventually were able to do this for several lovely years. During the interim, we lived briefly in an inexpensive crackerbox housing development on the outskirts of Trenton. Our neighbors were mainly blue-collar families. They resented our being better educated, and we resented their making more money.

The social contrast was made symbolically clear on Sunday mornings. All week I had to wear a business suit, shirt, and tie. On Sunday mornings and during all of my time off, I wore my Village costume, an old pair of jeans, workshoes, and

a faded denim workshirt. The bricklayer next door emerged each Sunday in plaid sportsjacket, neatly pressed slacks, fine silk tie, and handmade Italian shoes.

I did not mind the social distance so much as the open antagonism. That July 4th weekend our neighbors were having a long, loud cookout in their backyard. One of our kids was sick and we could not sleep. Their off-key singing and boisterous fooling around went on into the early morning hours. Finally I got up and went next door. I asked them to quiet down because they were keeping us awake.

In response I was offered a drunken challenge: "If you don't like it, stand up and fight like a man!" It made no sense to me to fight about this. I turned and sadly shuffled back to the house. The cookout crowd jeered.

Shamefacedly, I explained the situation to Marjorie. She was lovely about it. She assured me that for her, my being a man and taking care of my responsibilities to our family in no way involved having to get into a fistfight with a noisy, drunken neighbor. She let me know that the things she valued in me as a man included my being able to free myself of the willfully destructive pride that might have driven me to do battle in such a situation. I cried. She held me. It was good.

There were no more such confrontations for a long, long time. Living on the farm was a wonderful experience of finding out how much we had to offer each other when there was enough physical and psychological space around us so that we might really get to know each other in new ways. After several years, in the interests of the children for whom the isolation began to become restrictive, and in the service of my finding a more satisfying work situation, we moved to Washington. Our new suburban neighborhood turned out to be a rewarding mixture of many different sorts of people. Most of them were available if needed but were very willing not to bother each other out of respect for freedom and privacy.

As my children grew, being creatures of their age they moved toward the freak culture. Part of this involved their being the first kids in our neighborhood to let their hair grow long. So it was that another macho incident came about. One of our neighbors, strong both of will and of muscle, flew the Confederate flag. Otherwise he did not usually insist on displaying his background of being "a good old boy."

One day as the kids were entering their teenage years, someone broke this neighbor's window with a rock. He accused my kids and harassed them. Letting them know that I would stand up for them, I phoned him so that we might talk over the problem. He insisted on coming down the road to our house. I met him on the front steps with my sons. I made clear to him that the boys insisted that they had not broken his window and that I trusted them. I did not believe it was the sort of thing they would lie about. I assured him that if they had done such a thing I would be glad to make restitution and take care of straightening out the kids.

What proof did he have, I demanded? His only answer was that my kids had long hair. He believed vandalism occurred only in the ghetto. Ghetto kids had long hair and they broke windows, he insisted. My kids had long hair. And so he concluded that it must have been one of them who had broken his window.

I made it clear that his reasoning was unacceptable to me and that I didn't want him to harass my kids any more. His response was, "If you're gonna be that way, come on out into the road and we'll settle this once and for all!"

I felt very stuck. I didn't want to fight because it seemed needless. I was past being ashamed to back out of a fight. Besides, this guy looked like he could beat my brains out. It was also important to me not to let my kids down. I made a decision on the spot. Fighting down the flush of humiliation, I told him that as far as I was concerned fighting didn't solve anything. I would not go out to the road to fight with him. I also did not want him to harass my kids any more. He went off

shaking his head and muttering disparaging remarks about me.

Old shame (or pride) was reawakened by my "failing" before the eyes of my sons. I sat down with the kids and asked them how they felt about my handling of the situation. I feared their contempt. The kids were beautiful. They said that they knew that I loved them. I had stood up for them as a father and they thought it would have been stupid to have fought with this man. My oldest son said that he knew it must have been hard for me to back down from the fight in front of them. He was glad that I had been brave enough to surrender.

## Chapter Four

### JUST WHO DO YOU THINK YOU ARE?

People in our culture respond harshly to others' making mistakes in social situations. When an adult appears flustered, others often take it to be evidence of weakness, of low status, of immaturity, or of having something unenviable to hide. Understandably, when we blunder in the presence of others, we learn to try to conceal our inability to cope. Ironically, the blunderer often unwittingly reveals the discomfort of his predicament by the very means by which he tries to hide it: "the fixed smile, the nervous hollow laugh, the busy hands, the downward glance that conceals the expression of the eyes."<sup>9</sup>

This normal social need to conceal embarrassment is heightened in the person who has been excessively shamed as a child. He may even develop a neurotic character style of acting timid most of the time and of usually avoiding letting others come to know him.

The result is a partially unlived life. A person who has been injured in this way simply cannot afford to risk participating in situations in which his vulnerability might be revealed to others. Characteristically, he assumes that his own openness to the pain of ridicule is singular. He believes that other people are not as likely to appear foolish from time to time. He considers others to be tougher and more competent than he.

This self-conscious preoccupation with being specially sensitive increases his sense of isolation, peculiarity, and loneliness. How sad that he must feel like a misfit, without knowing that ultimately we are all misfits. Basically we are not different from one another. None of us is able to cope every time with life's unexpected demands. The neurotically shy person's timid style is excessive in proportion to his belief that there is something specially wrong with him.

I do *not* mean to suggest that there is no such thing as normal shyness. The reserved manner of the introvert is probably part of his inborn psychological orientation, his naturally greater comfort with the inner world of his private experiences. Furthermore, all cultures seem to promote some modesty or diffidence as a way of protecting communal living from the needlessly abrasive assault of self-centered, raw hedonism. I suspect that this is an evolutionary development by which individuals have come to compromise some portion of their inherent egocentricity in the interest of species survival.

The neurotic shyness of those who have been overly shamed early in life is another matter. When such a person grows up, he lives under the painful yoke of bashfulness and timidity. Some (like myself) cover this with mock boldness. Beneath the surface is a chronic fear of other people.

The excessively shy person is usually very self-conscious in negative, self-demeaning ways. He thinks of himself as being "unwanted, unloved, ugly, different, uninteresting, lonely or neurotic."<sup>10</sup> Consciously fearing rejection, he will do almost anything to avoid risking it. As a result, he is usually silent, hypersensitively monitoring his words and gestures. This is especially true in the presence of strangers, members of the opposite sex, or others who may judge him. When he does try to express himself, he is likely to be hesitant, needlessly soft-spoken, ingratiating, and apologetic. Whenever possible, he simply will try to avoid contact with other people.

This self-protective overreaction does *not* accompany normal shyness. A person who is *not* neurotically shy understands that it is the external situation that contributes to embarrassment, rather than some defect in his own character. Unlike the shy neurotic, he has come to learn that these anxieties are triggered by his reaction to particular people and situations. The normally shy individual also understands that other people are probably subject to equivalent vulnerability.

Neurotic shyness constitutes a significant portion of the burden of needless

suffering borne by the men and women who seek my help in psychotherapy. Most patients complain of fear of rejection as a central source of apprehension and pain. Such a person is astonished to discover that his true underlying problem turns out to be quite the opposite.

The shy neurotic cannot get anywhere in overcoming his excessive shyness without first revealing to himself that what he truly fears most is *not* rejection but acceptance, *not* failure but success. He begins to go after what he wants out of life. When such action results in being accepted and well-treated by other people, he finds that he becomes very uncomfortable. Feeling undeserving of such unfamiliar achievement and acceptance, he has unwittingly learned to discredit these pleasureable experiences. A poignant early expression of this self-defeating attitude occurs during the first phase of psychotherapy. The neurotically shy patient cannot believe that I or anyone else could accept him as he is. Encouraging him to hold on to the comforting protection of his distrust for as long as he needs it, I promise to try not to treat him any more acceptingly than he can bear.

Anything that makes him feel worthwhile calls forth the echo of his mother's voice, demanding that he question his presumption. It is as though he can almost hear her demanding, "Just who do you think you are?" Believing even for a moment that he is satisfactory as a human being evokes the underlying shameful feeling that he has presumed too much.

Often the result is a largely wasted life, foolishly misspent in worrying instead of doing, in giving up the pleasures of living so as to avoid taking on the risks of disapproval. T. S. Eliot has memorably described the sadly comic retrospective of a too-proper middle-aged man looking back over a neurotically shy life, empty of vitality.

Eliot's anti-hero, J. Alfred Prufrock,<sup>[11](#)</sup> laments over lost opportunities even as he hesitates to take any further risks. At each new possibility he intones, "Do I

dare?" and "Do I dare?" He must not take the chance of disturbing the universe. So it is that each moment of decision is followed by a moment of revision. A minute later, he has reversed his thrust forward, retiring once more into his customary shyness.

When all is said, and little done, he has "measured out [his] life with coffee spoons." Better many cautious omissions than a single bold commission for which others' eyes might "fix you in a formulated phrase." He wonders nervously what he might dare to eat, how he might dare to part his hair. His life is not what he meant it to be at all. It's just not it at all. Yet shy as he is, how should he presume? Just who does he dare to think he is?

The unhappiness that accompanies neurotic shyness may be further complicated by the development of the self-protective veneer of false pride. For those of us who have not worked through the effects of having been excessively shamed as children, the embarrassments of everyday life loom catastrophically large. Defensive pride tempts us to conceal our errors, to deny that we are even capable of the same mistakes that everyone else makes.

For some of us, the avoidance of direct and immediate confrontation and confession of our screw-ups is like buying on the installment plan. We avoid the pain of making full payment on the spot, only to find that we are then burdened by exorbitant interest rates on payments that seem to go on and on.

Guy de Maupassant's short story, "The Diamond Necklace,"<sup>12</sup> is a classic example of the high price of false pride. It is the story of Matilda, a woman tortured and angered by having to live a shamefully ordinary life because she does not possess the luxuries and delicacies which she insists befit her station.

One day, she is invited to a ball at the residence of the Commissioner of Public Instruction. She feels humiliated. She cannot enjoy this opportunity because she has nothing grand to wear. Her husband suggests that she wear natural flowers, but Matilda feels she would be disgraced by having to adorn



herself with anything less than grand jewels. Tempted not to go to the party at all, for days she weeps from chagrin and disappointment. Finally she yields to her husband's encouragement to borrow some jewels from a wealthy friend.

Matilda's friend lends her a superb diamond necklace. Delighted to be able to present the grand image that she feels is expected of her, she decides to go after all. But by the end of the evening Matilda discovers that she has lost the necklace.

Ashamed, and unwilling to face her friend, she and her husband take their savings, go deeply into debt to borrow the rest of the money, and replace the 40,000 franc diamond necklace. The substitute necklace is returned to the friend in place of the original without Matilda's having to expose her carelessness.

For the next ten years, Matilda and her husband must work day and night, doing without the ordinary pleasures they could once afford. At last they have paid off the debt, and the accumulated userer's interest as well. Matilda

seemed old now. She had become a strong, hard woman, the crude woman of the poor household. Her hair badly dressed, her skirts awry, her hands red, she spoke in a loud tone, and washed the floors in large pails of water. But sometimes, when her husband was at the office, she would seat herself before the window and think of that evening party of former times, of that ball where she was so beautiful and so flattered [13](#)

Her life had changed over so small a matter, but at last the debt was paid. The thing was done. Now after avoiding her friend for so many years, Matilda goes to visit her once more:

Her friend did not recognize her and was astonished to be so familiarly addressed by this common personage.

"...How you have changed—"

"Yes, I have had some hard days since I saw you; and some miserable ones—and all because of you—"

"Because of me? How is that?"

"You recall the diamond necklace that you loaned me to wear to the Commissioner's ball."

"Yes, very well."

"Well, I lost it."

"How is that, since you returned it to me?"

"I returned another to you exactly like it. And it has taken us ten years to pay for it. You can understand that it was not easy for us who have nothing. But it is finished and I am decently content."

[Her friend] stopped short. She said: "You say that you bought a diamond necklace to replace mine?"

"Yes. You did not perceive it then? They were just alike."

And she smiled with a proud and simple joy. [Her friend] was touched and took both her hands as she replied:

"Oh! My poor Matilda! Mine were false. They were not worth over five hundred francs!"<sup>14</sup>

It was my parents who started me off down my own painful path of shame and false pride. My parents are no longer responsible for this trip that I sometimes continue to make. Now the enemy is within. It is only my own overblown ego that shames me. It is only I, still sometimes arrogantly insisting on having higher standards for myself than I would impose on others. How much easier to accept the flaws in others than in myself. To the extent that I cling to being special in this way, I remain stuck with the tediously painful life of the perfectionistic striver. I must get everything right, all the time, or suffer shame. It is far too heavy a price to pay for maintaining the illusion that I might be able to rise above human frailty.

At such times, I trade acceptance of myself as an ordinary human being for the idealized image of the special person I might yet become. I give up being satisfied with myself as a pretty decent, usually competent sort of guy who, like everyone else, sometimes makes mistakes, fucks up, and plays the fool. Instead I insist that if only I tried harder, really cared, truly wanted to, I could become that

wonderful person who could make my long-dead parents happy. Then they would approve of me. I would be the best. *Everyone* would love me.

## Chapter Five

### AIN'T YOU GOT NO SHAME?

Embarrassment and (to a lesser extent) shame require an audience of expectant others (whether present or fantasized). To this extent these discomforts must be understood as primarily *social* experiences, rather than as solely personal or intrapsychic phenomena. Guilt is more self-contained. Embarrassment and shame arise when our foibles are exposed before the eyes of others. While the attention of even a passing stranger in a public situation may be all that is needed for a flawed gesture to be embarrassing, shame requires that they be *significant* others.

When someone clearly is not living up to social expectations, others may feel embarrassed for him (as in the case of an audience watching an on-stage actor who does not know his lines). At such times those who are watching someone else get rattled may undertake the remedial work of restoring his composure, "others may be forced to stop and turn their attention to the impediment...their energies are directed to the task of re-establishing the flustered individual, of studiously ignoring him, or of withdrawing from his presence."<sup>15</sup>

It is contagiously discomforting to witness someone else's embarrassment or shame. We are usually tempted to try to do something about it, or to act as though it did not happen. Guilt is a more private experience and evokes far less empathy from others.

In distinguishing between embarrassment and shame, and again between shame and guilt, I do not mean to imply that these are in any way mutually exclusive categories of experience. It is certainly possible, for example, to feel both guilty and ashamed at the same time.

The complexities of the interactions among such distressing phenomena are many. I may feel guilty over the realization that I am ashamed of something one of my children has done. Or I may find myself embarrassed to discover that I still feel guilty about some of my own youthful indiscretions.

Beyond these basic interplays, I may even have a secret sense of pride that I am such a "good" person that I feel guilty about deeds that others would find acceptable. As a consequence of my pleasure over such a petty moral victory, I may experience a flood of shame at having been pleased with myself for being so virtuous.

The tricks of the imagination are beyond counting. That's part of why it's so difficult to live a sensible life. Human decency seems to me to be a fragile commodity, requiring a delicate balance of the pressures to which we subject ourselves and that others impose on us. In the absence of optimal conditions, decency often collapses.

Of necessity, we each fuck up again and again as we try to make our way. Still, it behooves us to do our best. We must make our inevitable mistakes, face our foolishness, forgive ourselves as we can, and go on.

In allowing for penance, atonement, and expiation of misdeeds, guilt is easier to manage than shame. If I do a bad deed, I may feel guilty about that piece of behavior. I have the possibility of being a worthwhile person who has done a bad thing. I can make up for it. I can be forgiven. If, instead, my shortcomings as a human being make it impossible for me to live up to the expectations of significant others, then it is my whole Self of which I must be ashamed.

Shame is an overwhelming experience. The root meaning of the word "shame" connotes being wounded in a way so enveloping that it generates a need to cover up. "Guilt" connotes a debt, a specific obligation that can be fulfilled and altered. How much more total is the experience of feeling ashamed, having been caught with my pants down, wishing that the ground would open up so that I

could sink into oblivion! Being guilty feels awful, but not so awful as when I feel that I could "die of shame."

There is a vast difference between feeling *guilty* about *what I do* and feeling *ashamed of who I am*. I can change what I do, but how am I to change who I am?

I may experience guilt when I *choose* to do something that is not permitted—when I lie, or steal, or cheat. Shame is thrust upon me *involuntarily*. Guilt comes with a particular act. Shame is a total condition. I "find" myself ashamed. It suffuses my whole being.

Ashamed, my insufficient Self is exposed to disapproving eyes. There is no particular deed that can be retracted, atoned for, and forgiven. It is easier to face the guilt of wrongdoing than the shame of inferiority. "After some experiences of shame, [I] may welcome guilt as a friend."<sup>16</sup>

Guilt and shame originate from different kinds of faulty parenting. Guilt arises out of a certain kind of bad fathering, shame out of bad mothering. Either parent may elicit one or the other depending on the particular parent's role and attitude rather than on his or her gender alone.

Excessive authoritarian fathering creates guilty anticipation of punishment for transgression against the lawful order of things. Overly demanding mothering breeds shame. The shamed child comes to fear contempt and eventual abandonment merely because his own separate identity does not completely merge with the mother's all-encompassingly insatiable demand for the closeness of total union.

My own parents shamed me often and cruelly in an attempt to turn me into the right sort of person, one who would fit as part of their own perfect goodness. "Be nice!" they would say. "Why can't you ever be nice? If you don't have something nice to say, bite your tongue. Better to say nothing at all."

I am sure that my stored-up resentment came through. Eventually they were correct in perceiving that even if my words were nice, my tone was nasty.

Finally, in desperation, I gave up trying to be good. If the only thing I could do well was to be bad, then I would give myself over to being outrageous.

I could tolerate just so much shaming. Paradoxically, too much shaming often produces defiance rather than propriety. No longer able to bear the overwhelming burden of shame, a child may develop a secret determination to misbehave. He comes to wear a mask of spite and *shamelessness*.

In adolescence, for example, a compulsive person may attempt to free himself with maneuvers expressing the wish to "get away with" things and yet find himself unable to get away even with the wish. For while such a young person learns evasion from others, his precocious conscience does not let him really get away with anything and he goes through his identity crisis habitually ashamed, apologetic, and afraid to be seen; or else, in an "overcompensatory" manner, he evinces a defiant kind of autonomy which may find sanction and ritual in the shameless defiance of gangs.<sup>17</sup>

This escape from shame by risking guilt was my own teenage solution. This active pursuit of defeat was an empty victory:

As a child, it was made clear to me that I was bad. Even in the womb, I had given pain to my mother, and anguish to my father. Once born, I was nothing but trouble. If not for me surely, my good parents would have been happy. There seemed to be nothing that I could do or say which did not hurt them.

I was desperate to learn to be good like all the other children. I watched them and tried to do what they did, so that I too might learn to please. Seeing this, my parents would say, "See how hard he tries to be good, that bad boy." By the time I reached adolescence, I gave up. It seemed that the only thing I really knew how to do was to be bad. And so, with vengeance, I got to be really good at being bad. I gave up passively finding myself in trouble, and began actively to pursue the evil urge. My flowers of evil blossomed in the fertile demimonde of drug addicts, fighting gangs, prostitutes, pimps, and hustlers. I narrowly missed the abyss of heroin, prison, and death by violence.<sup>18</sup>

Even when I was complying with what was expected of me by going to school or holding down a job, I was often shamelessly defiant. I remember one instance in an English literature course when I was a high school senior. We were studying Shakespeare's *Julius Caesar*. At the beginning of one week, the English teacher announced that we were to memorize Marc Antony's eulogy. I protested loudly. Memorizing materials that needlessly cluttered up my head was both a waste of my time and an intrusive violation of my mind. No arbitrary school system had any right to do that to me. After a moment of trying to be reasonable, the teacher of course was obliged to override my protest.

At the end of the week we were to be tested on our memorization of that overly long speech. When the day of the examination arrived I was no more convinced of the good sense of this undertaking than I had been at the time of the assignment. I had not spent a moment studying the material.

When the appointed hour for the examination came, I showed up and took my place in the classroom. Flamboyantly I opened my copy of *Julius Caesar* on my desk and copied out the selection into the examination blue book.

As I had hoped, the teacher saw what I was doing. The rest of the class could see that she was aware of my defiance. She had no choice but to call me out on my misbehavior. In front of the class she told me that I was being a "bad citizen" and that, as befits such a felon, my mother must come in for a special after-school conference.

I was delighted to tell my folks about this trouble I had gotten into. They fussed and fumed. With a martyred sigh my mother said of course she would take the time off from shopping to come to the school again.

The following week she and I went to visit the English teacher in her office. My mother was an upwardly mobile woman with the limited education of a lower-class background. Coming to school to see a teacher was an important occasion. She spoke in what must have been for her the emulation of middle-class



enunciation. Before she could successfully impress the teacher with her own sophistication, I interceded, saying, "Ma, how come you always talk funny when you come to see a teacher?" This was one of *my* rare opportunities to shame *her*.

I didn't know just how this was going to work out. There had been threats that some sort of dishonorable "Character Card" would be inserted in my file. I thought it might mean that I would never get into college. My mother thought I might even be sent to the penitentiary.

I was half-surprised and even more delighted to find that my defiance was sufficiently outrageous that the teacher could not be anything but begrudgingly accepting of it. She told my mother that I must *not* behave that way any more, that it would ruin my life. "But," she went on, "he is such a smart boy. And after all, he was open about it, so bold, not sneaky like some. We'd better give him another chance. He certainly will never do this again."

Of course I did go on to do it again and again and again. I was no dope. It soon occurred to me that the more outrageous my behavior, the more I could get away with. *Straight people* were simply not prepared for coping with those of us who shamelessly stepped outside of the system, acted with contempt for the rules, and covertly *shamed them* for the arbitrariness of their principles.

This went on and on, involving me in a range of activities that went from bold theatrics to absolute recklessness. Such behavior has been the hallmark of my academic and professional career. I decided it was better to be shameless from time to time than to feel ashamed all of my life.

A more recent example of how this outrageousness paid off occurred some years ago when I was working as a staff psychologist in the state of New Jersey. I had just gotten my Ph.D. and was looking for a new and better job. In line with these aspirations I took the Pennsylvania State Civil Service test for a chief psychologist position. As usual I did very well on the written examination.

Then came the time for the oral section of the examination. I knew that this would involve another confrontation with authority. I told myself I would be cool about it. I really wanted a better job.

The day for the orals arrived. There were three examiners, two administrative psychologists and one faculty member from the University of Pennsylvania. They examined me in what seemed like a fragmentedly random manner. It took me a while to figure out how it worked. One would ask a question and if I seemed to be coming up with the right answer, another would interrupt and take over, going off on another tack. For a while I was doing fine, being cool and shooting from the hip.

It was then that the faculty member came to life. In grave and sonorous tones he said to me, "Well now, Dr. Kopp, you are of course familiar with Professor Paul Meehl's latest work."

"No, I'm not," I answered too quickly.

"You're *not* familiar with Professor Paul Meehl's latest work? How can that be?"

"I don't know, I'm just not. I guess I've been into too many other things. What's the name of the work in question?"

He couldn't believe what he was hearing. "*Clinical versus Actuarial Prediction* is a seminal work. The next ten years of psychological research will pivot around Professor Paul Meehl's contribution. You mean to tell me that you have *not* read, and are *not even aware* of this significant contribution?" I was beginning to get exasperated. "No, I have *not* read it. I have *not even heard of it* until now. But if you'll tell me what the issues are I'll be glad to try to discuss them."

"You're not even aware of which issues Professor Paul Meehl has been

researching for all these years?"

That did it. I'd had enough. I became openly angry. "Look, that's enough. I didn't come here to take any abuse. Either you tell me the issues and let's go on with the examination or to hell with it. Maybe I'm blowing this whole opportunity but I'm not going to take any more crap from any of you."

This was followed by what I took to be a shocked and flustered silence. Then came some whispered muttering among the three examiners. One of the administrative psychologists interceded, saying, "Well, let's go on to some other things."

I was relieved and grateful. We went on to other issues for a few minutes. I did fine with those, but I was sure that I had blown any chance of getting a job in the state of Pennsylvania.

At home, I justified my defiance to my wife on the basis that I had to maintain my integrity whether I had lost the opportunity or not. I would just have to seek other jobs. I had to be me. No one could get away with shaming me any more.

The following week I got a call from my administrative supervisor, the chief psychologist of the New Jersey State system. In disbelief he said, "What the hell did you do in that Pennsylvania oral examination?"

My answer: "Sorry, I guess I blew it. I'm just not built to take much shit from anyone. I hope I didn't create any problems for you."

"Problems! You didn't create any problems for me *or for yourself*. One of the examiners called me this morning to say that they were very impressed with you. You can have any vacant job for chief psychologist in the state of Pennsylvania. He didn't give me the details, so I don't know just what you did there. He only said that they are looking for chief psychologists who can stand up for

themselves. Let's get together some time next week and have coffee so you can tell me the story." At times my shameless behavior has gotten me into trouble. But so long as it sometimes gets results like that, who am I not to be tempted to continue to be outrageous?

## Chapter Six

### LET ME DO IT

I had been shamed so often as a child that the already painful burden of my natural shyness became too heavy to bear. Little of my vitality would have survived had I not learned to conceal my fear of further ridicule behind a simulated posture of shameless behavior. My ineptness in meeting the expectations of others was transformed into the imaginatively outrageous nonconformity of a seemingly bold, if eccentric, character.

More privately, I had developed the false pride of perfectionism to hide my shame and worthlessness from my own eyes. I had to avoid risking further failures and more mistakes. I had to be able to change my image so that I might escape without looking like I was running away or hiding out. I set out to become "someone."

No longer would I be the fumbling incompetent who was too timid to go to parties because he never knew how to go about making friends. Instead I became a "heavy" intellectual. With such profoundly developed sensitivity, I could no longer be expected to be bothered devoting my precious energies to the pursuit of the mundane social goals that somehow seemed to excite almost everyone else I knew.

Even armoring as exquisite as this was not enough. Somewhere inside I knew I was just too damn lonely. I still needed to be needed. Acting obsequious, or even "being nice," was an unthinkable solution. Instead I began to advertise myself as ever ready to rush into the gap whenever a task presented itself that ordinary folk found too unrewarding to mess with. Even better, I could be counted on to take over any task that lesser mortals found too overwhelming to take on. I could handle anything. Besides, as everyone knows, failing at

impossible tasks is no disgrace.

For the first few years of my career as a therapist I worked in impossibly archaic monolithic custodial institutions such as state mental hospitals and prisons. Though allegedly established and maintained as society's attempt to care for and rehabilitate its social deviates, these institutions turned out to be punitive warehouses for those undesirables about whom the rest of us wished to forget. I cast myself as the champion of the oppressed. Doggedly and unsuccessfully I fought the administrative powers, hoping to attain decent care, effective treatment, and eventual release for the inmates.

At the time I could hardly have let myself know that, although I was of no help to the inmates in this regard, I was exactly what the institution needed. The more radical my hollering and demonstrating, the more the authorities could meet my own realistic protests with their tried-and-true oppressive custodial regime.

After several years, having done my time, I released myself back into the community. I took a job as a staff psychologist at the District of Columbia Adult Mental Health Clinic. The setting was more sympathetic, more to my liking. Not that the patients who came to the agency were always treated with sufficient respect as human beings. The community mental health program was something of a political football too often aimed at quieting the social protests of the poor by reducing their social suffering to individual or family problems. Nonetheless, for the most part these were patients who came to the agency under their own steam. They themselves were unhappy with their lot. They wanted help to improve their subjective state of well-being and help in solving their problems in dealing with others. There was greater possibility of an alliance between the helpers and those to be helped.

Now I had a new problem. There were no bad parents to fight. How was I to define my role in this more benevolent situation? No champion of the oppressed

was needed. How then was I to overcome, or at least distract myself from, the family-generated attitude that I was an insufficient human being, a disappointment, a failure who should be ashamed of himself?

I chose a role that had seen me through the impossible binds of childhood. My only satisfyingly successful experiences within the family had been those in which I took on the chores that no one else wanted. The clinic, too, offered some unwanted chores. Again I chose "expanding into the power vacuum."<sup>19</sup>

My first choice was a good one—an imaginative expansion with little grounding in my own pathology. What I chose was to set up a working professional library. During my early wanderings through the clinic, I had discovered some dust laden cartons of professional books in the basement. There were the aborted beginnings of a library, brought to the clinic several years earlier by a staff member who had since left to work elsewhere.

I told the chief psychiatrist what I had in mind. She was delighted, encouraged me to go on, and promised that she would support my efforts. With the help of a clinic secretary who had once aspired to become a librarian, I dusted off the cartons, uncrated the books, and began to see what I had to work with. From central supply I hustled some bookshelves, and from central office I was able to requisition many new books out of our unused educational funds. Within a matter of a few weeks the previously avoided basement space became a communal center for reading and research, coffee and conversation. The staff was delighted and so was I.

My next choice in establishing myself was more neurotically determined and more fraught with potential disaster. I set up this fiasco by announcing at a staff meeting that I was available to take on those patients from the waiting list caseload that other staff members had deliberately chosen not to see. I pretended (even to myself) that this was merely a matter of knowing that everyone else was already working hard while I had much free time. I kept secret that it was really a

declaration of my being a better therapist than anyone on the staff, someone who could handle anything (well, almost anything).

Certainly it was a secret that this was a way of struggling with my own discomfort at being an inadequate human being. No one else knew that I was likely to disappoint everyone around me by failing shamefully at anything I tried. It was my bid to be worthwhile. If the other staff members recognized the secret agenda, they must only have smiled inwardly. They never let on that they knew the theatrical quality of my seeming generosity.

Among the patients I took on there were some "good treatment cases." Many were decent human beings making an honest attempt at and commitment to bettering their lives and increasing their own sense of well-being. These people had been by-passed only because of their difficulties at initiating relationships or because some circumstantial aspect of their initial contact with the clinic had touched off the staffs anxieties. They did *not* turn out to be "impossible people to deal with." Working with some of these people was a rewardingly creative experience for both the patients and myself.

However, there were others so difficult to cope with that I came to understand the initial reluctance of the other therapists to take them on. I got my first case assignment by responding to an administrative question about when the hell someone on the staff was *finally* going to pick up a particularly problematic patient.

This was a very disturbed man, probably an ambulatory schizophrenic. He seemed to have managed to offend everyone with whom he came in contact: the clinic receptionist, the social worker who did the intake history, the psychiatrist who made the administrative decisions.

For example, in seeing the chief social worker for an initial interview he was quick to tell her that though he liked and respected her he hoped that she would *not* be his therapist. After all, she was black and he was *not*. That would



pose many social problems. He already had too many psychological problems himself. However, he did offer to give her a check made out to the NAACP. Wisely, she did not take him on.

I set up an initial appointment to begin work with him. When the time came I went down to the waiting room to greet this patient and to bring him to my office. I do not usually shake hands with a new patient unless the patient gives some indication that this is part of where he starts out in social relationships, in which case I respond.

As I came into the waiting room, he rose uncomfortably, juggling a pile of books in his arms as if to free his hand to offer to shake mine. I reached out in response and took his sweaty palm in my sweaty palm. After introducing myself I asked him to follow me to my office. No sooner had he sat down in the office with me, than he began to attack.

His opening lines were: "How long have you been a therapist? Don't you know that phobic patients can't stand to be touched? You insist on shaking hands with me knowing that I am too compliant to refuse. It could only make me anxious. The demands you make on me!"

From there on, it was all downhill. For one thing he turned out to own several hundred thousand dollars worth of real estate. This made him ineligible for clinic treatment. However, he carefully explained to me that, being "a masochist," he could not spend money on himself. He could only "compulsively" reinvest it in real estate. Therefore he had a cash flow problem and no working funds. It was my duty to see that the clinic took care of him.

He documented his masochism by telling me that he slept in the basement of one of the buildings that he owned. Each night was spent in bed with his only friend, his dog. Should he awaken during the night and need to go to the bathroom to urinate, he must simply suffer through the hours until dawn. He was not able to risk disturbing his dog by getting out of bed. His feeling of friendship

with the dog was substantiated by his bringing him along to the treatment sessions. Whenever I made an interpretation that was not to his liking he would scowl at me, reach down, and pet the dog. He made it very clear that the dog understood him far better than I did.

After a while it occurred to me that I could do nothing to help this man. We had a fraudulent nontherapeutic contract and my only function was to sit out this sticky interchange in which he beat on me. My need to avoid the shame of inadequacy by being able to handle anything that came along obviated the possibility of my confronting him about his sadistic behavior.

Finally, after many dreadful sessions, I could stand it no longer. I challenged him on the genuineness of his relationship with me. It was clear that I was being a party to his pathology by accepting his "masochism" rationale for not freeing his funds to pay for treatment. He could have afforded private care. Clinic time was needed for those who could not afford other services. This challenge resulted in his screaming imprecations at me and threatening revenge. Nonetheless I stuck to my guns and terminated the relationship, offering to refer him to therapists in private practice with whom he might begin an honest therapy relationship, which just might begin to really help him.

He threatened to commit suicide. He would send copies of his suicide note to all of the Washington papers and to the *New York Times*. When they were published, everyone would know of the inadequacy of the D.C. mental health services, and of my own criminal negligence. Wait till my mother read those confirmations.

He did not commit suicide, nor did he send the letters to the editor. Instead he went to the Soviet Embassy. There he asked to be deported to Russia for asylum. Surely he would get better treatment under Communism than he had from the barbaric democratic psychiatric services in America's capital.

I knew nothing of all of this until I received an urgent call from the Counsel

to the District Committee of the U.S. House of Representatives. My patient had convinced this man that he must do something about me if he was to prevent "a potentially explosive international crisis."

The Congressional attorney was very upset. He was after my hide. There was no way *he* was going to let this matter get out of hand. He warned me that there was nothing he would not do to get it taken care of.

Listening to him, I realized that he and I were in the same sort of trouble. I told him that I could see we were both the sort of men who took the hardest jobs around, the chores no one else would do. He paused, then agreed.

I described my own experience, and I pointed out that the patient was crazy. He had made me crazy. I warned this man that he would make him crazy, too, unless we all understood that just because the patient claimed that something difficult needed to be done did not mean that we had to do it. The patient was all heat and no light. We were vulnerable to his unrealistic outcries because of our own needs to meet every challenge heroically, no matter how nutty it might be. If we thought it over for a minute, we would realize that there wasn't much in the way of disastrous consequence in this for anyone but the patient himself. That was unfortunate for him, but that was the way it had to be. Happily, the perspective I offered was sufficient to relieve the Congressional Counsel of his own anxiety. By then, he was glad that we could let each other off the hook.

Another unwanted clinic patient whom I chose to take on could have received more help from someone less afraid of failure than I was at the time. I had convinced myself that this woman had not been taken on by other staff members because of their own anxiety about her physical deformities. The patient was an attractive woman in her early twenties whose birth defects included having no feet and only rudimentary hands. She managed to get about with a combination of prosthetic devices and monumental denial.

She wanted help with a vocational problem. Her heart's desire was to become a nightclub singer. Focusing on her frustrated wishes to become a star in the public eye allowed her to avoid her anxiety and despair about the oppressive difficulties that she encountered in everyday living. My own parallel defensiveness led me to join her, supporting her crazy longings with my own denial of shame-filled helplessness. She made her own contribution by avoiding my tentative therapeutic interventions. There was just no way she could hear my timid suggestions that this whole show business preoccupation was an avoidance of dealing with the day-to-day quality of her life. Neither of us could face the depression caused by how badly she had been cheated.

Finally, after many weeks, I went in despair to talk to another therapist on the staff. I told him of my patient's deformities and of her wish to become a nightclub singer.

"How can I help her?" I pleaded.

He answered with a wry smile, "Why not take up the guitar so you can accompany her?" He tried to help, but I was not open to the impact of his irony. I knew that if I was a really good boy I should be able to do whatever was required.

Yet another patient that I took on early in my career as clinic-savior was a woman whom other people did not want to see because she was so noisily turbulent. This was a chronically psychotic woman who wailed and raged and insisted she be taken care of. Her life was not easy and she was truly unhappy, but it was difficult for her to pay any attention at all to her own contribution to her plight. Having a similar problem, I took her on.

For many months we sat through explosively traumatic sessions in which she cried vociferously, moaning and screaming so loudly that she could be heard all over the clinic. Unattended snot ran out of her nostrils and down her face (her measure of how much messiness I could tolerate?). I listened and sympathized as if my mere presence would heal her. She knew better. In between her extended

bouts of wailing were intermittent outbursts of ferocious rage at my not doing a fucking thing to help her. I let her scream both in pain and in anger as though I could absorb enough of anyone else's unhappiness to restore her well-being.

For some reason, which I still do not understand, after about a year of this circus she let me in on her "secret." All during this time she had been seeing me on Thursday afternoons, and now she confessed that she had also been in therapy on Monday mornings at another clinic with another crazy therapist.

I believe that he was a bit more lunatic than I. He had known of this triangle over the course of the whole year while I was just being let in on the masquerade. But at the time, I thought not of him—only of myself. I felt like an idiot.

That was my chance to do something effective. I could have exposed my own vulnerability and dealt with *my* contribution to our currently absurd position. Instead, I took a warrior stance and gave the patient just one week to decide which of us she would give up. She could continue to work with me only if she stopped seeing the other therapist. If not, I would put her out.

I guess that's what she wanted at that point. Having found me to be of no help at all, she insisted that she absolutely had to have the two therapists. Calling my bluff, she gave me the chance to make even more of a fool of myself by rejecting *her* because my own efforts had been insufficient.

I soon replaced this patient with another, again beginning by denying that there was anyone with whom it might be too hard for me to cope. This new challenge's chart described her as a borderline psychotic, a part-time alcoholic, an unhappy, aggressive woman with preoccupying sexual hangups and several previous unsatisfying bouts of psychotherapy. When I went out to the waiting room to invite her in for our first therapy session she struck me as a slight, timid waif of a woman. She looked more like an emaciated twelve-year-old than a life-hardened thirty-two-year-old.

She followed quietly into the office. I sat down in my chair and indicated where she might sit. Instead, she stood in the doorway, suddenly coming to life with unexpected intensity. Pointing accusingly at my red shirt, she exploded suddenly, "Oh, now I get it, the old color symbolism test. A male therapist with a red shirt, and now I'm supposed to tell you that I'm sometimes gay, and you probably are, too!"

She continued to rave somewhat incoherently without any indication that she would ever stop. I felt thrown. It seemed to me that our only hope lay in my interrupting and redefining our situation. Without malice in my tone, I cut in sharply, saying, "Why don't you shut up and sit down and let me get you a cup of coffee."

This effectively defused her for a few minutes. We got to talking in a more normal manner. She told me how unhappy she was. After describing what her life had been like up to now, she spoke about the current crisis that had led her to seek therapy once more.

By the end of the session she seemed reassured that our relationship could contain her destructive aggressiveness. No therapist had ever dealt with her that effectively before. Just as I was beginning to feel good about the effects of my initial work with her, she ended the session saying, "You're the therapist I've been looking for all of my life. I'm *never, never* going to leave you. I know that you'll be able to accept whatever I do without ever making me feel bad or throwing me out."

My relief and sense of well-being was immediately transformed. I got the sinking feeling that I had just made a lifetime contract with an albatross.

The work went on. Intermittently she carried on like a maniac. I went on acting as though I could handle anything she could dish out.

Our regular appointed hour was at midday, during her lunch break from

work. One day she brought a small bag of salted peanuts, explaining that it was very important to her to come to therapy though it meant missing her lunch. If I didn't mind her eating a snack while she was with me she could participate in the therapy sessions without being distracted by needless hunger. I accepted this statement without question, partly with the notion that I should support any of her rare sane, practical actions and comments.

By the next week she brought *two* bags of salted peanuts. Handing me one bag she explained that she felt uncomfortable being so impolite as to eat during this time when I could not. She seemed to assume that I was giving up my lunch hour as well.

Again, I neglected doing the called-for work of raising the therapeutic barrier by opening any given piece of behavior to analysis. I merely accepted this gesture as an aspect of her socialized self, which I was ready to support. I thanked her and put the bag of peanuts aside on my desk rather than eating them. This caution served as no real deflection from her further acting out.

The following session, in addition to the salted peanuts she brought in two oversized 16-ounce cans of cold beer. Ignoring my not having eaten last time, she told me that there was no point in our eating salted peanuts without having something to drink.

By now I felt pushed, wondering what the hell she would try next. I realized my original error in not questioning her bringing in the peanuts. Having made that error, I was tempted to conceal it by accepting the beer and explaining to myself that this would be the end of it. Fortunately, having the beer brought into the clinic made me even more anxious than recognizing my mistake.

I said to her, "I guess I made a mistake in not examining with you what was going on when you brought in the peanuts the first time. I'm getting uncomfortable about where all this is going. Let's look at this business of your bringing beer rather than drinking it."

She'd have none of it. I was just being some kind of a suspicious psychotherapist like the others. I was questioning every decent move she made. She was already crazy enough without that. There was no way that she was going to examine any hidden meaning in all of this.

I pointed out that my drawing her attention to any hidden agenda in all of this was merely an invitation. She could accept the invitation or not. As for myself, I was *not* going to accept the beer. How did she feel about that?

That was okay with her. I was just too dumb or too uptight to accept a beer from a patient. It was hot and the peanuts had made her thirsty. She was goddamn-well going to drink her beer.

By then I was off balance, but I knew the direction in which I must go. I told her that alcoholic beverages were not permitted in the clinic. If she opened the beer here in my office that would be the end of treatment. As in the first session, she seemed relieved rather than upset by my setting some limits on her acting out.

By the end of that hour I felt relieved as well. Without at first connecting it to this exchange, she told me a long story—an incident in the recent past that was clearly related to her bringing the beer to the session that day. She had gone to visit her dentist to have a tooth extracted. He knew that she had bad reactions to the usual anesthetics that he used. Therefore he had brought a bottle of whiskey and insisted that she have a couple of straight shots to prepare her for the extraction.

She described herself as having been rather uncertain. Still she yielded to his encouragement to have one, two, and then another couple of shots. She claimed that soon she was so high that she could not resist his insistence that she perform fellatio.

This then was where she had us heading. Had I not recognized and



acknowledged my embarrassment over my initial errors when I did, we certainly would have been into a much more complicated confrontation later on. She would have acted out her fantasy of accusing me of leading her on into some unwanted sexual exchange.

Not that setting limits always works. I remember an incident that occurred some years earlier when I was in the army on assignment as a psychologist at the military mental health center at Fort Carson. A service wife had come seeking treatment for her five-year-old son who she claimed had not yet learned to speak.

I saw him as a clearly bright child of emotionally disturbed parents. The team social worker and I agreed that the major source of the child's difficulty in speaking came from his interaction with the mother. She indulged him at every point, set no limits, and made no demands. The child would look as though he wanted something. Instead of giving him a chance to say what it is that he wanted, Mother would rush forward with options: "Do you want a drink?" "Would you like to play ball?" "Do you want to go out of the house?" The child needed only nod his head to indicate what he wanted. He never had to speak at all.

The social worker took the mother on in treatment. At the same time I was to see the child. Perhaps we could get them unhooked. If I could encourage the child to say what he wanted, Mother's attention might be turned toward her own personal and marital problems.

The members of the therapeutic team all had offices along a single hallway. The boy balked at having his mother go off with the social worker. Mother balked as well. We insisted.

When the boy came into my office I tried to engage him in some nonverbal games as a way of starting. Very quickly he said his first word to me. It was a loud and clear "No!" Again and again during that first session, he ran out of my office. Up the hall he sped, into the social worker's office, effectively disrupting Mother's

involvement with her own therapist.

I could see that this wasn't going to work. Then I got an idea. I requisitioned a lock for the inside of the door to my office. Now I would be able to set the limit firmly and make sure that he would stay in there with me. The next time he came I explained this to the boy. I tried to make him feel less helpless by showing him how to work the lock.

I locked the door and we began to play therapy. He seemed to accept this and I felt that success was at hand. In a few minutes, he lost interest in our block building. Leaping up, he unlocked the door and opened it. He picked up one of the blocks and threw it out into the hall.

Another challenge for me. Well I could certainly handle this. I interpreted what he had done as a need to see how far he could get with me, how much he could get away with. When I stepped out into the hall to pick up the block, he slammed the door behind me and locked me out.

There I was, a drafted corporal trying to do limit-setting therapy with a helplessly beleaguered five-year-old. What happens but I end up being made a fool of by a kid. Picture me: The man who could handle anything! I had to go up the hall myself, interrupt the lieutenant's session with the child's mother, and tell them that the little bastard had locked me out of my own office. All I could do was to ask in embarrassment, "What the hell do I do now?"

## PART TWO: COLLECTING EMBARRASMENTS

Once upon a time there was a fool who was sent to buy flour and salt. He took a dish to carry his purchases.

"Make sure," said the man who sent him, "not to mix the two things—I want them separate."

When the shopkeeper had filled the dish with flour and was measuring out the salt, the fool said, "Do not mix it with the flour; here, I will show you where to put it."

And he inverted the dish, to provide, from its upturned bottom, a surface upon which the salt could be laid.

The flour, of course, fell on to the floor.

But the salt was safe.

When the fool got back to the man who had sent him, he said, "Here is the salt."

"Very well," said the other man, "but where is the flour?" "It should be here," said the fool, turning the dish over. As soon as he did that, the salt fell to the ground, and the flour, of course, was seen to be gone.

So it is with human beings. Doing one thing which they think to be right, they may undo another which is equally right. When this happens with thoughts instead of actions, man himself is lost, no matter how, upon reflection, he regards his thinking to have been logical.

You have laughed at the joke of the fool. Now, will you do more, and think about your own thoughts as if they were the salt and the flour?

[Idries Shah](#)

My contributors have responded with characteristic imaginativeness in their self-disclosures. And in revealing their own embarrassments, they come at the issues of embarrassment, shame, and guilt in a variety of ways.

Some essays, like Albert Ellis' and Gerald Bauman's, focus on strategies for coping with feelings of embarrassment; Ellis insists that by focusing on our

actions rather than ourselves, "Nobody Need Feel Ashamed or Guilty About Anything," and Bauman arrives at some principles for making decisions in handling "Opportunities for Nakedness." Bauman, like many of the other authors—especially Howard Fink, Arthur Colman, Arthur Reisel, and Hobart Thomas—stresses the values of nakedness, of self-disclosure, in the therapeutic process. These authors' experiences have led them to conclude that the therapist is most effective when he is willing to reveal his own feelings, even when they include embarrassment. Hobart Thomas, for instance, describes how being willing to display imperfection and vulnerability can make the therapist a model for his clients' openness. Thomas also vividly describes the panic that can seize us when our demands for perfection make us intensely fear our own limitations.

This theme of fearing risk is common to many of the other articles as well. Jacquelyn Clements, Vin Rosenthal, Lora Price, and Barbara Jo Brothers reveal the many fears of failure and condemnation therapists commonly experience. Some authors, like Vin Rosenthal, convey their acute sense of professional pressures; others, like Price and Brothers, discuss the institutional forces that discourage risk-taking. Others focus on the fears of personal failure and personal danger that send us into hiding. Yet all of these authors have risked, do risk, in their therapy and in their telling. And many—especially Donald Lathrop, Lora Price, Arthur Kovacs, Hobart Thomas, and Alex Redmountain—openly share what they have learned about their Selves from their willingness to risk and to "fail."

The final contribution, Alex Redmountain's article, conveys how risk-taking and self-exposure confront us with our limits, and so turn us back upon ourselves. All of these writers find value in self-exposure and self-disclosure, even at the risk of embarrassment.

Albert Ellis, Ph.D.

### **NOBODY NEED FEEL ASHAMED OR GUILTY ABOUT ANYTHING\***

I feel grateful to Shelly Kopp for asking me to contribute this chapter to *The Naked Therapist* because I strongly agree with his thesis that all humans fail and that they tend to make themselves feel ashamed or guilty about their failures—and, more importantly, that *they need not!* As a rational-emotive therapist, I take the unusually extreme stand that no one need feel ashamed or guilty about anything, and that one of the main goals of efficient or elegant psychotherapy consists of helping the client to feel almost completely shameless or unembarrassable.

While I have the floor, let me also disagree with Shelly's (and almost all other therapists') allegation or implication that shame largely stems from early childhood experiences. *Shit, no!* If anything, early childhood experiences largely arise out of our innate predispositions toward inventing "shameful" conditions and actions and consequently idiotically making ourselves—and I mean *making* ourselves—unduly embarrassed about our inventions.

Let me start with the set of experiences that Shelly starts with. He says, "My own parents shamed me needlessly and often." And he tells how they forced him to say which of them he would save from drowning if he could only save one of them, and how he failed to figure out that the "right" answer consisted of his holding out and making *no* choice instead of saying that he would save either one of them. He notes: "Of course by the time I realized that, I was ridiculed for having taken so long to answer in the way I should have responded immovably from the very beginning. But by that time they had made me feel so awful that I secretly wished that they would both drown."

Shelly makes several good points in connection with this incident: (1) His

parents had rigid standards of "right" and "wrong" behavior on his part. (2) Because he accepted their standards, he "naturally" felt ashamed or embarrassed when he flouted them. (3) All through his life, he has continued to feel similarly ashamed when he has thought that he made some serious error and others disapproved of him for making this error. (4) His feelings of shame tend to remain all-pervasive, easily arousable, and highly important to his functioning. (5) Even after his training and experience as a therapist, he carries on such feelings about unimportant and important errors, including those he makes with his clients. (6) A vast difference exists between his (and others') feeling guilty about what he *does* and feeling ashamed of his "self" or his "existence."

I quite agree. But Shelly also states or implies some propositions that I find dubious: (1) His parents' criticism *made him* feel awful. (2) Events, such as his making errors, shame or upset him. (3) The history of his prior or early childhood shaming *causes* his present tendencies to feel ashamed. "The impact of early shaming still [remains] in operation." "It was my parents who started me off down my own painful path of shame and false pride."

These false conclusions stem from several major errors that most personality theorists and psychotherapists continue to make—including such diverse thinkers as Freud (1963), Jung (1954), Adler (1974), Berne (1964), and Branden (1971). What errors? These:

First, they confuse correlation with cause and effect. Because Shelly's feelings of shame in regard to the incident with his parents have a high degree of correlation with his feelings of shame today, he mistakenly assumes that the former caused the latter. Obviously, this could or could not prove true. For both past and present feelings of shame could easily stem from a common basic cause, such as the human tendency to take criticism too seriously and to think that one *needs* (rather than merely *desires*) others' approval during one's childhood *and* during adult life. As Shelly himself points out, humans fail because of their humanity—their intrinsic human fallibility. And they obviously do so during

childhood and during adulthood. Their early failings, therefore, hardly *cause* their later ones.

Second, personality theorists and therapists confuse the parental teaching of *standards* with their teaching of horror about failing to achieve such standards. Shelly's parents indubitably taught him various standards of "right" and "wrong"—including the standard, "You act rightly when you stubbornly refuse to imagine yourself letting either of your parents drown and wrongly when you even consider saving only one of them from drowning." Given such standards, and having the human tendency to adopt them, Shelly will assuredly believe that he acts "rightly" when he tells his parents that under no conditions would he let either of them drown and "wrongly" when he tells them that he would choose one over the other.

Granted. But a belief in the badness of your own behavior never automatically leads to feelings of shame about that behavior. Shame essentially consists of self-downing: "I *must* not act wrongly, or against the standards of my parents (and social group); and I rate as a totally horrible *person* when I do." Such a belief goes far beyond the standard-accepting belief, "I'd *better not* act wrongly, or against the standards of my parents (and social group); and my *behavior* rates as 'bad' or 'wrong' when I do."

A person's history therefore has relatively little to do with present feelings of shame or self-downing. Shelly may have learned his standards of good and bad behavior from his parents (and others), but he *decided* to take them seriously and he still *decides* to do so if he feels ashamed of anything he does today. He could—and had better!—make other decisions: the decision to stop downing himself in the present; the decision to feel guilty (or, more precisely, responsible) for doing various acts but not to feel guilty about *himself*.

Enough of theory. Let me get down to some "shameful" facts. A good many years ago, when I had some experience as a therapist but still could call myself a

"young" practitioner, I made what seemed a fairly serious error. I had a female client who had serious feelings of inadequacy about herself, especially in her relations with men, and whom I helped considerably to overcome some of these feelings. She had an attractive female friend to whom she talked about me and the way I had helped her, and who got somewhat turned on to me. This friend, in her own manipulative way, managed to meet me at a series of lectures I gave and suggested that we date.

Now I knew that I'd better not do this. Not only have I refused from my first days as a therapist to have social relations with my clients—for although this may have some advantages, I recognize that it tends to lead to more harm than good—but I also have refused to maintain close relations with any of their intimates. As I frequently inform them when they invite me to a wedding or any other social affair they arrange, "It probably won't work. If I go to your wedding, I'll doubtless meet some of your main friends and associates. And even if I don't socialize with you personally but only do so with them, you may then feel afraid that something that I know about you may get back to them; or you may feel jealous of my intimacies with them; or some other complication may easily occur that you will dislike or resent, and that may interfere with our relationship. So I'd better stay away from your friends and remain related to you merely as a therapist."

A good idea, and I invariably—or almost invariably—stick with it. But not this time! The friend of my client seemed so charming and attractive that I decided to break my self-imposed rule and to date her. I saw her a few times, got intimate with her socially and sexually, and then decided to stop seeing her because I found her much less charming and interesting than I previously had thought. In the course of my fairly brief relations with her, I deliberately mentioned nothing about my client, since I knew that they had a somewhat close relationship, and I didn't want to give away any confidences.

Nothing happened for several weeks; and then, after I and my client's



female friend no longer saw each other, all hell suddenly broke loose. My client, Josephine, came in one day terribly upset and said that she had discovered that I had seen her friend socially. She found this most distressing for several reasons. She thought that I might have revealed some things about her to her friend. She felt constrained, now, in telling me certain feelings that she had about this woman. She confessed a sexual interest in me and said that she felt jealous that I had shown no inclination to have sex with her while I had obviously had it with Sarah. She hated Sarah for having seduced me and then having boasted about it. Most of all, curiously enough, she felt upset because I had stupidly allowed myself to get taken in by Sarah, who, according to Josephine, had no interest in me other than as a conquest, who had fooled me into thinking she had more intelligence than she actually had, and whose inherent nastiness I had presumably entirely failed to perceive.

At first I felt quite ashamed of what I had done, and I confessed these feelings to my client. I acknowledged that I had made a distinct mistake in going out with Sarah; that I recognized that, at least to some extent, I had allowed her to fool me; and that I had put my client in an uncomfortable position on several counts. I said that I felt very sorry about this, which I did, and profusely apologized to Josephine for doing what I had done.

Peculiarly enough, I, like Josephine, at first upset myself more about my mistaken diagnosis of Sarah than about anything else. For Sarah had seemed an unusually nice, attractive woman who had a real interest in Josephine and who had warm feelings for me. The more I saw of her, the more I realized that her character often belied her outward behavior. Sarah had a truly vicious streak in her, and she said some nasty things about Josephine. Her interest in me stemmed mainly from her belief that I might help her with her own personal problems and from the ego boost she experienced from telling others that she had a well-known psychotherapist interested in her. Although I had told her very specifically *not* to mention our association to Josephine, whom I guessed would upset herself about it, she had not only told all to her friend but had also lyingly

stated that she had given me up and that I still had a great interest in resuming relations with her. She seemed so driven by the urge to impress others that she would do almost anything, including unethical acts, to accomplish this. And I failed to divine this at first and had thought of her as an unusually nice person! What a foolish diagnostic error!

As for Josephine, I strongly felt that I had mistreated her and had behaved somewhat unethically toward her as a therapist. I know her vulnerability—but I took a chance that my relationship with Sarah would never get back to her. I really had preferred Sarah over her, and perhaps some of this preference had come through in my relationship to Josephine. I had given her an opportunity to see some of my diagnostic weaknesses—and thereby helped remove some of her confidence in me as therapist. When she had shown an overt sexual interest in me, I had quite ethically but perhaps too brusquely repulsed her, partly because at the time I already had established a sexual relationship with Sarah, and Josephine did not seem half so attractive to me. If I had never gone with Sarah, I might well have handled rebuffing Josephine in a more tactful and more therapeutic way.

I didn't feel like a complete louse—since I had, years before this time, started using some aspects of rational-emotive therapy on myself and practically never seriously put myself down for my errors—but I certainly felt that my behavior toward Josephine merited severe criticism and that it somewhat reduced my worth as a person. For the next several sessions with Josephine, I felt exceptionally uncomfortable when she entered my waiting room and spent a self-harassing time with her. I insisted that she not pay for any of the subsequent sessions because we often talked about her problems about me, and I thought it unfair to charge her for talking about an issue that I had partly created myself.

To help assuage my shame and guilt, I used several rationalizations and verbalized most of them to Josephine. First of all, I had met Sarah quite independently of Josephine and for a short while didn't even know any

relationship existed between the two of them. Second, I had expressly told Sarah that I would see her only if she kept all knowledge of our relationship from Josephine, and I had honestly thought that she would do so. Third, I had never mentioned anything about either of the women to the other one. Fourth, I had leaned over backwards to act nicely and helpfully to Josephine, just because I knew that my seeing her friend for awhile created a situation that had real dangers about it. Fifth, I had perceived Sarah wrongly mainly because she deliberately lied about certain things. Otherwise, I probably would have seen through her from the start and had nothing to do with her personally. Sixth, I truly had helped disillusion Josephine by revealing to her my poor diagnostic ability; but, I reasoned (and tried to get her to see), she had better see me as a fallible, fucked-up human anyway, and not continue to deify me when I didn't deserve it. Just because of this unfortunate relationship with Sarah, which she had now discovered, I could act more openly with her, and perhaps our relationship could rest on a more honest and therefore more therapeutic basis.

All this sounded fine, and Josephine felt partly relieved. She seemed to accept the fact that I had not deliberately done anything to hurt her and had only made some understandable errors. As the weeks went by, she calmed down about my perfidy, and she went back to working on, and eventually solving, a good many of her other emotional problems.

Fortuitously, she got involved with a well-known psychiatrist who treated her with a dishonesty similar to Sarah's treatment of me, and I helped her considerably in accepting herself with her gullibility and in breaking away from him without feeling terribly hurt.

As the weeks went by, I began to feel less and less guilty; and, whenever I did, I went back to my reasons or rationalizations for acting the way I had and managed to minimize my feelings of disturbance. I set a few more rigorous rules for myself about socializing with the friends and relatives of my clients, and eventually I mainly forgot about the entire incident. In fact, I have not thought

about it in years and don't know if it would have crossed my mind again had I not deliberately tried to think of guilt-producing incidents for this chapter.

However, in reviewing my feelings and how I managed to work through them, I now see that my solution to the matter had many flaws, and I hardly consider it elegant or profound today. For it partook largely of what I now call an empirical or reality-confronting method of attacking my disturbances. And it contained relatively few elements of antiawfulizing or antimagical disputing, such as I would use with myself and my clients today.

My basic assumptions that led me to feel guilty and ashamed of the incident with Sarah and Josephine seem to have consisted of the following ideas: (1) I had committed an unethical and unprofessional act by dating Sarah while I saw her friend, Josephine, for therapy. (2) I had no good reasons for acting that unethically. (3) Very bad consequences could easily arise from my unethical behavior and might well destroy me.

I disputed these assumptions with rebuttals of a largely empirical or reality-based nature. In regard to the unethically of my acts, I pointed out to myself (and to Josephine) that I had indeed behaved wrongly, but not *too* wrongly, because Josephine at first had no knowledge of my affair with Sarah and I made notable efforts to have Sarah shut her big mouth about it. If only Sarah had indeed done so, no harm would probably have resulted to anyone, and my acts would have therefore rated as fairly proper.

In regard to my assumption that I had no good reasons for acting as unethically as I had behaved, I used the empirical rebuttals: (1) I had really not behaved *that* badly. (2) I firmly believed that Sarah would not inform Josephine about our affair and that therefore I *did* have good reasons for carrying on such a "harmless" relationship. (3) I figured, though wrongly, that even if Josephine found out about my affair with Sarah, very little chance existed that any great harm would come to her. Since I believed that such little chance of harm existed, I

did have some good reason for taking that "little" chance.

In regard to my assumption that very bad consequences could easily arise from my unethical behavior and that these might well destroy me, I empirically discontinued this idea with the following observations: (1) Bad consequences had indeed arisen from my behavior, but they didn't appear *that* bad. Josephine felt upset for awhile but worked through her upsetness, and in the long run she may well have benefited from going through this experience with me. (2) I had done the wrong thing but had learned by it, and I could put this knowledge to use in my future relations with clients and with other people. (3) Since I had reestablished a good relationship with Josephine, little chance existed that she would cause any trouble for me in the future—and, in fact, she might well prove helpful. (4) If bad consequences did subsequently arise, I would most probably survive them and would not have to feel destroyed.

With these kinds of empirical rebuttals of my exaggerations about what I had done and what poor consequences might well occur, I felt immensely better. In fact, I hardly felt guilty at all. But, as noted above, I hardly approached the real nub of the matter and did not attack my own irrationalities in the more elegant and thoroughgoing manner I would employ today. What manner? Well, the following, for example.

If I committed the same kind of therapeutic and human error today, I would first of all assume the very worst. I would assume, for instance, that I really had committed a highly unethical and unprofessional act by dating Sarah while I saw her friend, Josephine, for therapy; or that, even if the act had not seemed as bad as all that, I would assume that I could well make a similar and even more serious mistake in this connection in the future. I could, for example, deliberately go out of my way to date an attractive womanfriend of one of my female clients, and I could let the client know that I dated her friend and felt drawn to her emotionally and sexually.

I would secondly assume that even though I had some specific reasons for doing my unethical and unprofessional act, I could not justify any of them. All seemed indubitably bad, and a good chance existed that Josephine would suffer distinct harm because I had acted unethically.

I would thirdly assume that, although the consequences of my acts would not turn out catastrophic and totally destroy Josephine or me, either or both of us could well suffer serious harm, and practically no good whatever would come of unethical behavior.

Even assuming these "worst" things, I would then set about making myself feel highly responsible, but *not* ashamed or guilty, for behaving stupidly and harming Josephine. I would do so by employing the following arguments, which I continually use with my own clients as I practice RET and which I and my associates teach many other rational-emotive therapists to use (Ellis, 1962, 1973, 1974, 1975; Ellis and Harper, 1975).

First, although the world could legitimately view my acts toward Josephine as unethical and unprofessional, it could not legitimately label me as a "bad person" or "rotten individual." For I do not *equal* any of my acts. My I-ness, ongoingness, or personhood consists of a changeable *process*. I have had a past; I now have a present; and I will have a future. I can therefore rate or measure my past and present acts (as conforming to my values, such as personal pleasure and social interest); but I cannot too accurately predict or measure my future behavior—and therefore cannot measure *me*.

Second, although I may well have done indubitable wrong in my relations with Josephine, I have a distinct right to do wrong. For I always remain a fallible, screwed-up *human*; and the nature of humans definitely includes wrong-doing. If I down "me," "myself," or my totality for my errors, I essentially take myself out of the human condition and view myself as a subhuman. Falsely! For, as a human, I cannot very well attain superhumanness or subhumanness except by a miracle!

And neither I nor anyone else has evidence for such a miracle.

Third, although I can clearly see my acts toward Josephine as "bad," "vile," or "immoral," I cannot validly view them as "awful," "horrible," or "terrible." For an "awful" act means one that has *total* badness. Not 99 percent, but 100 percent bad. One that cannot possibly get surpassed in badness. But my rotten behavior toward Josephine may well have some, albeit few, redeeming qualities. And I can certainly imagine much worse acts, such as reviling her to her face or murdering her. It seems silly, therefore, to contend that these acts amount to "awful," *completely* bad behaviors.

Fourth, when I view my behavior toward Josephine as indubitably unethical and feel guilty or ashamed about it, I really tell myself, "I can't stand acting that way! I can't bear the way I behave or myself for behaving that way." More drivel, of course. For I very well *can* stand acting in that unethical way. I won't, most probably, die of it. I won't get completely incapacitated by it. I won't render myself entirely incapable of any satisfaction by acting that unethical way. In what way, then, can't I stand or bear it? In no way, of course. My making such a statement amounts to unmitigated poppycock—to words that have no real meaning or that have surplus meaning that makes them nonsense. And as soon as I decide that I damned well can stand or bear my unprofessional deeds toward Josephine, I retain my intense dislike of committing them, but I lose my guilt or shame about having done them. Instead, I feel sorry, sad, and regretful. But not self-downing!

Fifth, guilt or self-deprecation almost invariably seems to stem from senseless *musturbation* (Ellis, 1975). If I tell myself, "I'd better do the right thing by my clients and other people," and I then actually do the wrong thing, I feel like a person who has acted wrongly and irresponsibly—feel sorry and regretful about my acts, and probably feel determined to try to change them in the future. But if I tell myself, "I *must* do the right thing," and then I actually behave wrongly, I feel that I have flouted a supreme law of the universe, and that since I didn't do

what I *must* do, my flouting of this law remains unforgivable, and I turn into a worm for doing this "unforgivable" deed. Actually, I include several unprovable and definitional statements when I think this: (1) That a supreme law of the universe exists and commands that I follow the "right" path. (2) That the universe, or some supreme ruler of it, has the power to forgive or condemn me, and that it chooses eternal damnation in my case. (3) That I metamorphose into a total worm when I go against the immutable laws of the universe. (4) That I "deserve" this horrible fate and had better bring it on myself if the fates do not automatically make me suffer it.

Believing these unprovable and definitional statements, I almost certainly will keep dwelling, guiltily, on my "horrible" acts and more "awful" personhood. I will then *feel* exceptionally rotten. I will then tend to use my feeling as "proof" that I have, and will always have, a putrid essence. But my dwelling shamefully on my "terrible" deeds and my feeling like a louse really prove nothing about my "self" or the "universe." They constitute logical consequences of my illogical, unverifiable beliefs. And I can change or surrender these beliefs! I can choose to perceive my acts as fairly heinous and myself as merely a person who has committed these bad acts—and who usually has the power to stop doing them in the future. Or I can perceive myself as a person who has such deficiencies that he will probably continue to perform antisocial, immoral acts, but who has the ability to accept himself and to enjoy himself *with* these actions, and therefore to feel irresponsible about them but not hostile to himself for performing them.

In these ways, then, I would today attack any of my mistaken or unethical behavior with my clients—or with anyone else—and stubbornly refuse to make myself guilty or self-downing about it. No matter what I did—even the worst conceivable deeds—I would determinedly choose to accept myself with these deeds, to work at trying to correct them in the future, and to accept myself, again, with my remaining fallibility.

This, of course, may seem like a cop-out or an evasion of responsibility.



People continually tell me: "As far as I can see, you do not really admit the true wrongness of your acts if you don't make yourself feel very guilty about them. And, even if you do acknowledge their badness, you do not motivate yourself strongly enough to change them and keep yourself from recommitting them in the future."

Poppycock! Just *because* I don't down myself as a person for my mistaken behavior, I can much *more* easily acknowledge how wrongly I have acted. And because I don't dwell on the rottenness of *me, me, me* for behaving badly, I can focus more clearly on *it, it, it*—the behavior itself, and how and why it includes error, and what I can do about rectifying it now and later. As a person who admits his own irresponsibility but who doesn't down himself totally for having it, I save myself immense amounts of time and energy that I otherwise would spend dwelling on my poor actions, obsessively showing myself how wrongly I did them, and savagely berating myself for having such fallibility. As I now acknowledge my irresponsibility and try to focus almost exclusively on changing it, and not on downing myself for having it, I tend to work much more efficiently at correcting it.

I also now serve as a better model for my clients in this respect. For almost all of them have severe feelings of shame and guilt—else they would hardly keep showing up in my office. And the more I can honestly acknowledge my errors with them and fully admit that I definitely did the wrong thing—as in my relations with Josephine and her friend Sarah—the more we can work together at helping me to change these errors or make fewer of them in the future.

My clients, moreover, *see* that I do not feel truly guilty or ashamed—meaning, again, self-denigrating—myself; and they see that they, too, can choose this alternative method of feeling and behaving when they make serious errors of their own—including their errors with me! They may, for example, regularly come late to their sessions, take homework assignments and fail to carry them out, act hostilely toward me, or otherwise fail to carry out the agreements we

have made with each other. I show them, when such behavior occurs, that they have made errors or acted irresponsibly—but that I can accept them *with* their errors, and that they have the possibility of fully accepting themselves. They can see, partly because of the way I behave when I err and partly because of the way I behave when they do, that they'd better make themselves feel responsible for their mistakes and distinctly sorry that they made them. But they can also see that they need not deprecate themselves and view themselves as subhuman for acting fallibly and remaining fallible.

Does my more "elegant" guilt-removing attitude, which rational-emotive therapy particularly now includes, completely solve or eliminate the problem of shame or guilt? Not quite! Humans had better determine the rightness or wrongness, correctness or incorrectness, efficiency or inefficiency of their behaviors—which they will not always find easy to do. Once they determine that a given behavior seems "wrong" or "immoral," they then better have a pronounced negative, uncomfortable feeling about doing it. Otherwise, they will have little motive to refrain from repeating it, since feelings of discomfort to a large extent motivate them to change.

So even if I use my rational-emotive method of eliminating "guilt" and use it to the hilt, I still remain sorry, displeased, regretful about many of my acts. And I'd better feel such discomfort! But just as all sorrow hardly equals depression, all regret and discomfort hardly equals guilt. At their core, shame and guilt involve some significant degree of self-downing. And RET concertedly, powerfully fights that aspect of feelings of discomfort. And does so, I hypothesize, more effectively than virtually any other system of psychotherapy.

But not perfectly! I can easily make mistakes in deciding whether I behave badly or well. I can just as easily slip, when I decide that I act poorly, into downing myself instead of merely downing my behavior. Even at RET, I remain incredibly fallible! So I can illegitimately make myself guilty or ashamed. And now and then, for a brief period of time, I still do. I think I will help certain clients

quickly and easily—and I don't. I do my best to follow highly ethical procedures — and I sometimes fail. I emphasize one procedure in therapy—and I pick the wrong one. I deplore much of my clients' behavior—and I occasionally condemn them for behaving this way.

Too bad! Most unfortunate! But I normally manage not to put myself down for these therapeutic failings. I feel sorry. I feel determined to correct my actions. Once in a while, I feel ashamed and guilty.

Too bad! Most unfortunate! I normally manage not to put myself down for my therapeutic failings toward *myself*. I try not to make myself guilty about making myself guilty, nor to make myself feel ashamed of making myself ashamed. I don't find it easy! I keep slipping. My goddamned fallibility clearly remains.

Too bad! Most unfortunate! But not "awful," "horrible," or "terrible." A real pain in the ass! But still part of my inevitably human, all too human, condition.

\* Note: I have written this chapter in E-prime, a form of writing invented by D. David Bourland Jr. in accordance with the principles of Alfred Korzybski, the originator of general semantics. E-prime avoids all forms of the verb *to be*, such as *is*, *was*, *am*, *has been*, *being*, and so forth. My usage also preferably avoids forms of the word *become*, which one can employ as substitutes for *to be*. The purpose of this form of writing remains the getting rid of the "is" of identity: a form of overgeneralization that most writing and speaking employs, and that somewhat falsifies and distorts the meaning of the writer or speaker (or makes it false to reality).

## **OPPORTUNITIES FOR NAKEDNESS**

When I first began to offer psychotherapy services for a fee, I was "ready," by the prevalent standards of the early fifties. I had earned the Ph.D. in one of the "better" training programs in clinical psychology, had completed seven years of supervised institutional clinical experience, had completed one year of personal psychoanalysis and a number of courses and seminars in psychoanalysis and psychotherapy, and had completed about fifty hours of private analytic supervision. Nevertheless, I felt pretty miserably "naked" during the first couple of years of practice. I spent those years observing myself very closely both as client and as therapist, trying to answer nagging inner questions like, "Why in the world does this person want to tell these things to *me*?" and "Why am I dissatisfied in doing what I've been taught to do about these things I'm being told?"

So the first couple of years were very anxious for me: I was carefully trying to avoid doing harm and very uncertain about whether I could do good. I was aware that, despite my fairly extensive training, I felt the role of therapist to be an artificial one requiring that I adopt a facade that made me feel like the newly clothed emperor. I think I persisted in this unpleasant exercise partly because doing therapy was then the wave of the future for young clinicians, partly because I was assured by colleagues and supervisors that I was reasonably competent and talented, and partly because I tend to become stubborn under duress.

I knew that some of my trouble had to do with my slow socialization into the professional role of therapist, and I now know that some of it had to do with deeper dissatisfaction with some aspects of the role that I thought was required of therapists. Happily, I have gradually clarified my understanding of what

therapy is about and how I can be myself (and comfortably clothed) while doing it, and I enjoy the work enormously. I've also come to learn that feeling *too* secure in one's "imperial" vestments can make for ineffectual or bad therapy, and that particularly crucial junctures in my relationships with clients often require that I answer the question, "How naked should I get *right now*?"

I recall the time I closed my office for the day and began walking toward the subway, when I was pleasantly (for a moment) surprised to encounter a client of mine on the street. There seemed nothing for it but to confess to him that I'd committed a "slip of the schedule" and had forgotten that we were to have a session three minutes hence. So far as I know, this incident had no harmful effect on our work together; he felt he'd probably benefited from the concrete experience of my fallibility and honest embarrassment.

Considerably more chagrin for me occurred on another occasion when I responded to a client's compliment for the curtains in my new office with, "It sounds as though you have some feelings about my moving to a new office that are hard to express directly." At her next session, she arrived looking very pale and reported that she'd felt she was going crazy all week. Fortunately, I had enough sense of my previous blunder to ask whether her upset might have anything to do with my curtains. She heaved a sigh of relief and, as the color returned to her face, mine too got redder. I apologized for my failure to recognize her straightforward expression of good will, and for my use of the therapist's "high horse" in order to push her away. I also shared with her the insight that had taken shape for me in that session, by telling her of my mother's disdain for any clumsiness in my efforts to act grown up, and that moving to my "high-class" new office had reactivated some old feelings of vulnerability in me. She responded with a newly insightful account of some early experiences with her parents and made substantial progress in understanding and changing her own tendency to feel "crazy" under what were heretofore mysterious circumstances—when her affection was suspected and rejected.

Then there was the time a client told me that I apologize too much. What she was experiencing, in terms relevant to this discussion, was that I was entirely too prone to "get naked," and that this was undermining her freedom to be angry with and critical of me. Fortunately, I fought off the impulse to apologize to her, and changed my ways instead.

The most difficult "incident" of all lasted about two years. In the course of some very significant changes in my life, I was subject to severe anxiety attacks while working with clients (and at other times as well). The awful feeling would gradually well up in a great surge that might last for several minutes and then gradually subside. The experience was particularly frightening because I never felt certain how "high" the surge would go. While working, for example, I felt as though if it went much further, I might fall out of my chair or flee the room (these never happened). Though appearing to occur at random, these "attacks" themselves seemed to become more intense over about two years; then I gradually became able to overcome them and resolve the underlying issues.

I felt colossally threatened and worked diligently (to put it mildly) with my analyst and also with a supervisor. I sought help not only in combating these awful feelings, but also in managing my therapeutic practice in the face of this serious interference. Not knowing whether my "affliction" might lift at any moment, I sought an opinion about whether to discontinue altogether my work with clients. My supervisor counseled that that would not be necessary, and I chose to try to continue but would accept no new client referrals until the problem was resolved.

In the course of the first (or "downhill") two years, I interrupted about six therapy sessions with various clients, explaining that I didn't feel well. With one client, the attacks were more frequent and more "unbearable" than with others; she became frankly curious and worried about what was going on with me. I finally terminated therapy with her, explaining only that I was going through a very difficult period in my life. She was particularly concerned with whether or

not she was playing any part in my troubles. I couldn't tell her that she wasn't since I wasn't sure, and I seriously considered telling her whatever I did know about my anxiety. I finally chose not to "get naked," partly because I was afraid to and partly because my supervisor strongly recommended against it. The client left therapy feeling frightened, hurt, puzzled, and angry. While I felt some relief, I worried and wondered whether I had made the best decision for myself or for the therapy with her. It's now twenty years later, and I still wonder.

The experiences I've been describing suggest a variety of "therapist-getting-naked" opportunities and occasions that seem usefully distinguishable from each other:

1. Nakedness of the "newborn" therapist.
2. Nakedness accidentally produced, as in unconscious slips.
3. Nakedness of the therapist who enjoys "seeing" and "being seen."
4. Nakedness of the therapist in personal crisis.
5. Nakedness through the gradual discovery by the client of the therapist's strengths and weaknesses, personality and character—a process that often characterizes the ending phase of successful therapy.

Each of these situations requires a decision or choice by the therapist with regard to self-disclosure. I've found a few guiding principles to be useful in making these decisions:

1. Minimize (or eliminate) pretense in self-presentation. This is especially relevant to, and difficult for, beginning therapists.
2. Never get more naked than you want to.
3. Never get more naked than the client wants you to.
4. Never fully trust, but always seriously respect, your perception of how naked you want to get and of how naked the client wants

you to get. Even when what you want and what the client wants coincide, you must still exercise judgment.

5. Never depend mechanically on a set of rules—even these.



## LIES

It was many years ago that he called for an appointment. He said on the phone that he was doing this with some reluctance; so with some reluctance on my part, the appointment was made. When he came into my office he introduced himself in a loud and hearty voice, "I am Richard P." I replied, "And I am Dr. Fink." (I am surprised that my title "doctor" hasn't broken or at least bent, since at that time I was leaning on it very heavily.) Mr. P. was a tall man, about six feet, and quite handsome. He very quickly informed me that coming to see me was not his idea but rather his wife's, a woman with whom I had been working for several months. He said he was coming to placate her and that he expected little or nothing to come out of his contact with me. He had agreed with his wife to come to see me once or twice. In any event, he said, it would be very difficult for us to have much contact with each other since he had a job that took him out of town quite a bit. He remarked that he was surprised to see how fat I was (at that time I weighed about 215 pounds) because he didn't consider being fat very healthy, and if I were any kind of a psychologist, I would have enough sense to take better care of myself. I think I mumbled something about being contented with my body and something about glands and heredity. We both knew I was lying, but at that point in our relationship he was polite enough not to say anything.

On another occasion he asked me if I wouldn't feel better if I were as tall as he was; I said no, that I was satisfied with and pretty well adjusted to my height. That time he told me he didn't believe me. He told me that with his height and general attractiveness he was able to garner the envy of many men and frequently was aware that he was also very attractive to women, although he claimed that he was always faithful to his wife. He did not feel that this faithfulness was reciprocated. He stated that his suspicions of her flirtatious

behavior with many other men were completely factually based and that her denials had as much effect on him as my denials (lies) had.

Several things occurred at this time. My contacts with him lessened to about once a month or once every six weeks because of his traveling schedule, and I became much more intensely involved in my own therapy and especially in formal and informal work and training and pleasure with fellow members of the American Academy of Psychotherapists. It was at some Academy meetings that my own lies became more known to me, and I began, with a lot of help from my friends, to get along better. I also began to become more interested in my body, and I began to lose weight. Finally one day I met with Richard and talked with him about as many of the lies I had told him that I could remember. There were some that I couldn't remember that he reminded me of. We spent parts of several visits talking about me and my relationship to him. Once he said that he ought to be sending bills to me for all the help he thought he was giving me, but shortly afterward he said that somehow through all this he was getting something for himself and he would continue to pay my bill.

He began to wonder about his own lies. This first came about when I asked him if he was still coming to see me just to keep things quiet at home. He said he had no other reason to see me, but the next time we met he said he had reconsidered that statement and he was beginning to like me and to trust me since I had revealed so much of myself to him. He began to wonder if his suspicious attitude toward his wife was some sort of an illusion he had to maintain to give him the upper hand in the relationship, to be the constant moral superior. Our meetings at this point were still infrequent (about once a month) and he was able to observe my weight loss. He said that he was wondering if, now that I was losing weight, his wife would try to seduce me. He once recalled her saying that she was not attracted to stout men. I told him that I found his wife to be a very attractive, sexually attractive, woman and started to assure him that there was no possibility of any hanky panky going on between us, when he interrupted me and asked if this was the truth or another lie. He reminded me

that sometimes when people change they occasionally fall back upon their old behavior. His remark really startled me, and I didn't know how to answer him; and then suddenly the ridiculousness of the situation struck both of us simultaneously and for the first time we were able to laugh together. The subject of his wife and I forming some sort of a conspiratorial love pair against him was never again mentioned without a lot of genuine humor associated with it. In fact, as if to further discount the possibility, he once said that he never thought I could lose enough weight anyway to be called slim or skinny by anybody.

Our relationship continued for a while at monthly intervals, and things were going better for him at home. The last time I saw him we were talking about how long it took for us to trust each other. This was a poignant and moving moment, and we both were able to admit being embarrassed by our tears. He was transferred shortly after our next meeting, and for a while I received funny but meaningful cards from him.

Arthur D. Colman, M.D.

### THE UNEMBARRASSED PSYCHOTHERAPIST

The morning on which I began to write this chapter, I lay in a small, outdoor, Japanese-style hot pool with my wife. It is a place where we do some of our best relaxing and creative thinking. I was naked and my wife wore a bathing suit. On this particular morning, an old lady of seventy-seven came by to ask a favor; she chatted at some length with us, to my slight embarrassment and to the two women's obvious delight.

After she left I realized how vulnerable I had felt. Superficially there had been some titillation, a tingle of sexual awareness that would not have been present had we all been dressed or all been naked. But deeper and more pervasively I felt my openness and weakness, a helplessness that perhaps has its analog in a naked baby held in the arms of a fully clothed mother. Our differential state of dress produced innuendos, subtlety, subterfuge. It was fun for a November morning in California. It made me think of Shelly Kopp's idea for a book, *The Naked Therapist*. I suddenly had an image of myself working with my exposed and defenseless patients—naked, really. It was a provocative fantasy, one that must contribute daily to transference and countertransference phenomena but that also represents me, as therapist, at my very worst—defended, plastic, and brittle. Certainly not the way I want to *be* with someone else.

Recently I have worked with a patient who, in turn, works in nude encounter clubs. It is part of her style to take jobs on the borderlands of social propriety. While I have known her, she has worked as a topless and bottomless dancer, a masseuse in a parlor catering to conventioners, and now nude encounter. She has been only partially successful at these jobs. She turns off as she undresses. She "cools out" the people as she dances. She and they become

objects, pieces of wood with frozen faces. When she worked as a masseuse, she did not like to touch men's genitals and do "a local." It was formally against the policy of the club, although she admitted that to "jerk a customer off" got you a larger tip. I asked her whether her customers got erections and whether that bothered or pleased her. She said that it didn't matter, that it was something she observed from a distance, protected by her role and her uniform.

The parallels between what I was doing in my own work with her and what she was doing in her work with her clients became even more substantial when she became a nude encounter girl, just when therapy became more intense. Here she was, earning twenty dollars a half hour (exactly my fee, dollar for minute) by sitting nude talking to men who chose their state of dress. No touching, no closeness, no real intimacy. She didn't admit to seeing the analogies in our situations, probably because she was frightened of exploring their meaning. Her fear protected me from the full impact of the miming that she portrayed as the naked therapist.

My embarrassing experiences in therapy come when my *patients* are naked and I am clothed, when I am experiencing powerful feelings with them that I hide and will not share. Once I am aware enough and, most importantly, courageous enough to step out of my armor and reveal myself to the patient, then I face that embarrassment, heighten it, and make it meaningful in the therapy.

Being embarrassed about experiencing a particular feeling is just the beginning of the cycle. Confronting the need to keep the feelings hidden increases its potency. Deciding to risk the uncovering process by telling the patient what has been happening inside of me can momentarily increase the embarrassment until it is released in a rush as the communication is finally made.

Sometimes this painful affective process can be shortcircuited, but rarely to the benefit of the therapy. Instead of internal work and conscious risk-taking, I reveal by acts that seem "beyond my control"—outrageous verbal slips or actions

that directly share my unconscious with the patient. These have never been very embarrassing to me. They are too funny, too easy a way of escaping the situation, like an adolescent blurting out "I love you" on the telephone when he couldn't say the same thing while looking deep into his lover's eyes. It is the conscious decision to come out of hiding that is the real difficulty.

When I was in the heat of my training as a therapist I learned other ways of peeking around corners, such as making complicated counter-transference interpretations ("you're acting in such and such a way toward me and I know that by the way I'm feeling toward you"). Psychoanalytic supervisors supported such maneuvers, complementing me on my honesty and candor! I knew it was a hoax, an involuted way of finding a deeper refuge while *appearing* to be open and honest. Still, somehow it was easier to deal in counter-transference and complex sentence forms while in small cubicles sitting knee to knee with the patients, separated only by the corner of the desk or the bottom drawer that could be pulled out to provide a leg rest for me (but not for him or her).

As I look back, it was not really the architecture, or the supervisors, that buttressed me in staying "dressed" while the patients' nakedness unfolded. It was my own embarrassment and my own lack of courage to break through that acutely difficult moment when all is revealed and both parties in the encounter do stand naked and discovered in the most intimate ways.

The first time I can remember experiencing the full impact of the cycle of embarrassment as a therapist was as a second year psychiatric resident at Langley Porter in 1964. I was in the out-patient department, being taught how to do psychotherapy with a variety of patients. A great deal of my learning, however, was focused on the so-called "long-term case" whom I had begun to see in the first weeks of my residency a year and a half previous. Somehow, many of the out-patients became "cases" put upon me by a service-oriented bureaucracy. Patty, however, was special, not only because she was lovely, talented, and a fellow resident's former girl friend, but also because she was my first in-depth

therapeutic encounter—an experience contrasting dramatically with the rapid-fire, family-oriented acute treatment service that had dominated my first year's training. She was a respite from Thorazine and catatonia. She humanized me in that first year, helped me stay in touch with why I wanted to be a psychiatrist.

In my second year she became only one of many patients. Complemented by my own inexperience, her problems were severe enough for her to progress slower than we had expected. I wanted to distance myself from her, disown the closeness we had developed and make her one of my "stable" of patients. My supervisor supported my increasing objectivity and observational mode for all the right reasons: It would support her observing ego, it would help her clarify her boundaries, and so on. He was a clever man and I wanted his approval. The supervisory hours became more rewarding than the therapy, for I began to feel increasingly duplicitous and ashamed. She was still operating on the old closeness, and there was no way I could tell her of my change in strategy. One visit she poured out her sadness at being left by her mother (a suicide in her childhood) and her need to stand alone, with an intensity that spoke to me more personally than ever before. I was also dimly aware that her reaction to my own covert retreat was part of her plea. Suddenly I had an extraordinary sense of merger with her that I have since come to recognize as the essence of loving and healing potential in human dyads.<sup>1</sup> It was a sense of myself and herself absolutely fused, knowing all of each other's thoughts and feelings. The sensation was physical—our bodies meeting in space and absorbing one another. At the time it was both frightening and wonderful, a revelation about the therapeutic process and the dyadic process as well. Hidden within me, my secret therapeutic strategy became all the more appalling. It lay like a stone in my gut, cheapening and deadening the intense quality of the relationship. Mentally telling my supervisor to go to hell, and shaking with acute embarrassment, I told Patty what I felt, what I was hiding, and what was stopping me from talking about it with her. It was immensely difficult for her to handle. She had her own hidden conceits and subterfuges that she had also not expected ever to let go. It was of course a

critical moment in therapy, the usefulness of which was immense. I told my supervisor of both the experience of merger and my "confession." In retrospect I guess he thought I was more "borderline" than he had realized, for he treated me more gingerly in the future.

The experience with Patty had a twofold impact on my growth as a therapist and a person. The potential "merger experience" in the dyadic situation has become terribly important to me in my personal life and in my work. It has taken me some time to understand how meaningful it can be when it happens and how creatively it can be used to spark points of growth in patients—to differentiate ecstasy from dependency in the therapeutic relationship. My wife and I have written a book, *Love and Ecstasy*, about merger experiences in the solitary, dyadic, and group orientations. Although it doesn't deal explicitly with the therapeutic situation, it does delve further into the importance of such experiences in life-cycle development. The most important aspect of my experience with Patty is how much it generated in me the courage to give up my own deviousness in that therapy relationship. I could not remain dishonest in the face of such closeness. I used the merger experience to help me push past my own closet stance as a psychotherapist, past the embarrassment of "disrobing" in front of my fellow human across the room.

I am embarrassed to remember how isolated the experience with Patty was at the time. Technically I worked clearly and openly with most of my patients, but I was more interested in mastering theory and technique than in nurturing that seed of personal courage as a therapist. It was not forthrightness that was lacking; I had always been able to say the unsayable in both my family personal relationships and in the encounter groups and marathons that were the rage in San Francisco in those years. It was simply hard to conceptualize my inner nakedness as an essential part of the psychotherapy relationship. I was still caught in "adding on to" rather than "getting rid of" as my primary educational model. Neither my supervisors nor even my personal therapy provided a model to work in that way. Five years later, when I was back at Langley Porter as a



Career Teacher, I wanted to run a psychotherapy seminar based on the kind of emotional openness that I had moved toward by that time. I labeled this approach the "humanistic dyad." Despite some good will from my administrative superiors, I was unable to sell the idea to anyone except Andy Curry, then and now a formidable creator in the field of psychotherapy. Andy was using a similar idea based on Gestalt and encounter in a seminar teaching group therapy. "Group" was sufficiently low on the therapeutic totem pole in that institution that more "experimentation" was allowed. Individual psychotherapy was the bastion and stronghold of the psychoanalytic conservatives. What I was talking about was labeled "counter-transference" and so was felt to be redundant as a teaching technique. Actually I believe it was my own embarrassment and lack of courage that stalled me in pursuing a direction that seems so clear to me now, ten years later. I retreated into a more comfortable kind of therapy where distinctions were clearer, roles sharply outlined, and embarrassment minimized.

Right after I finished my residency I went to Washington to do research on psychiatric wards at Walter Reed Hospital. I felt incredibly fortunate to be there rather than in Southeast Asia. I was also in a perpetual state of fear—I sensed from the half-paranoid rumor mills, which large institutions spawn as communication devices, that my sojourn in Washington was dependent as much on my not making waves as on my competence in my research capacity. I was doing a few hours of uninspired psychotherapy in a nearby clinic to supplement my income. It was hard to risk very much in those hours. I felt encumbered by my affiliation and isolated from creative colleagues and the free, emotional parts of myself.

I can see now how extraordinarily lucky I was to meet Shelly Kopp at that time in my life. We became close friends and I soon began sharing his office for six or seven psychotherapy hours a week. He referred some patients to me—people he had worked with in his groups and friends of persons he was working with. Shelly risks a great deal of himself as a friend and a therapist; the patients he referred to me assumed that kind of behavior from me. I began to think more

of what had happened with Patty (and others in less dramatic fashion) and how I could make those experiences a part of my personal therapeutic style. The alternative was to risk becoming a weak image of Shelly, a convenient hand-me-down for his waiting list. I can think of worse fates for a psychotherapist, but I would have lost something precious of myself in the process.

I remember one patient that I worked with in the Kopp/Colman office. Yvonne was an exquisite, delicate eighteen-year-old rebel. Her father was a wealthy member of the State Department, her mother the dependent matron of a colonial mansion. Yvonne worked at shattering all family hypocrisy. She attacked with reckless competence, trying everything, flagrantly, desperately, and always self-destructively. She came to Shelly through some of her friends. He represented a bearded refuge for her, an adult who might understand. He sent her to me.

Her name should have been Jezebel. At that point in my life she represented impulse, license, sensuality, limitless possibilities. A year and a half later, after leaving the Army, I went with my family to Jerusalem, my Sacred City, and spent my time exploring some of the inner and outer boundaries that had become useless constraints to my personal growth. My work with Yvonne presaged that quest. When I began seeing her, she symbolized the elements of me that had gone underground. It was not that I wanted to do what she was doing—her self-destructive style was hardly appealing. But her courage haunted me and cast a shadow on my own sane and safe adjustment in the Army. Seeing her was like glimpsing a part of myself, distorted by her own special pain and suffering, yet real and buried in me. The more we worked together, the more I realized that I desired that vivid reflection of myself that she wittingly pushed at me. Falling in love with her would be a lot simpler solution to my malaise than reclaiming the lost parts of my own spirit.

I understand better now that all intimate ties with others, including psychotherapy, offer such temptations. The therapy contract makes it imperative

for *both* parties to confront such issues. It is probably harder for the patients to uncover themselves—they usually begin therapy at the height of personal difficulty, defenses raised to insure survival. But disclosure is explicitly a part of their role, something that is assumed in the relationship. The therapist is under such explicit rule and may hide in a “work” role emphasizing reflection, parrying, and protective postures.

The difficulty I was having with Yvonne was pervasive because she directly mirrored the personal crisis I was facing. I could hardly work creatively in such a situation without opening up some of the emotions I was feeling toward her and myself. The longer I held these feelings back, the more intense they became, the more cowardly I felt, and the more difficult disclosure became. It was temptingly possible to hide behind the technical difficulty of how to talk about my emotions without frightening her, giving reality to her fantasies of “seducing” me, supporting her destructive action, and a host of other dynamic platitudes that understandably abound in adolescent psychotherapy. Here, as with Patty, the driving force against disclosure was my own embarrassment, my own sense of guilt. I knew I was clever enough to translate what was happening inside of me into words and actions that would facilitate her therapeutic work with me, but I wasn’t sure that I had the courage to risk such an intimate and painful personal statement, with its unknown repercussions for both of us.

Shelly and I talked a great deal about therapy; Yvonne was part of our discussion. Technical maneuvers that he was discovering then were interesting but not relevant to my work with her. His style was much more confrontive than mine, and I would have been playacting poorly. But what I learned most from our dialogues was the limitless possibility of personal honesty. If I couldn’t be totally honest with Yvonne, in whatever appropriate form that honesty was couched, I couldn’t really work with her. I was wasting *my* time. (Shelly never talked about wasting the patient’s time.) If she were making me feel embarrassed, I needed to tell her that. If embarrassment was my hang-up, that could be communicated too. To be a therapist was to intensely confront pain and pleasure and give these

affects meaning in the relationship.

Work with Yvonne became easier. I told her a lot about the feeling I was experiencing for her and the struggle it was to tell her. There was a lot of continuing embarrassment in that disclosure. It was the reverse of my hot-pool vision of clothed therapist and naked patients. Now *I* was naked; she was still clothed. That's what it took for me to begin. She had to consider how to continue.

That kind of intense experience with a patient must be very common. It is not unusual now for me to feel love in a variety of forms for men and women with whom I work. One of the things I learned from the encounter with Yvonne was the great difficulty of sharing such fantasies with someone *else* that I loved. Fantasies from therapy (in the case of Yvonne) invaded my sexual relationship with my wife and my paternal relationship with my daughter, just as those relationships entered my therapy relationship with her. How do you tell your wife that you are making love to one of your patients in your mind? How do you go back into the therapy relationship while concealing the place that person held in your fantasies the night before? No easy answers, but the same question. How much intimacy can be acknowledged, how much embarrassment can be accepted, how much hiding of oneself can be tolerated without eventually crippling the ability to work in therapy, not to mention other intimate relationships?

When I was in Jerusalem I attended a twelve-hour mini-marathon experience with my wife. Yaacov Baumgold, a new immigrant from the United States, was its leader. Yaacov was a very close friend of ours. He knew of my work as a psychotherapist in my small private practice on Alfasi Street. He had specifically asked me for feedback afterward about what I thought of his style of working. Most of the other participants were students or supervisees of his. There were also a few professionals who wanted to learn about the new "American" technique.

One of the people in the group, a woman named Susan, I had seen in a

therapy evaluation session some weeks before. Susan was a student of Yaacov's and he had sent her to me. She had wanted to begin therapy with me but I had referred her elsewhere because of my own uncertainty about how long I would stay in Jerusalem. It became clear early in the marathon that I was Yaacov's favorite. He treated me as a co-therapist. I was not particularly comfortable in this position because it prevented me from doing any real work of my own, but I enjoyed flattery in the role, at least until Yaacov's protégés became angry at my special place. (It must have been everybody's fantasy that he would be the chosen person.) Susan in particular became extremely angry and confronted Yaacov with his favoritism. He commented that there was room for everybody, plenty of time, but also that I did have more experience in such groups than anyone in the room, possibly including himself. This made Susan even more livid and she attacked me directly. She worked me over fairly intensely in the usual encounter ways, with little real support from the group and a great deal of questioning of her own motivations. Finally she launched her coup de grace. She described her evaluation session with me and noted that she was sure I had had an erection during some of the hour. Triumphant she proclaimed that she was positive of that fact as I got up to escort her out of the room at the end of the hour. She wondered about my ability to work in such a state and about my designs on her. She also wondered about the quality of my marriage and my sex life.

In the telling, there is a ludicrous, overkill quality to her attack. At the time, however, it was treated as a bombshell. Already jealous of and hostile toward me, many of the members leaned forward expectantly for the kill. I remembered being sexually aroused by Susan. My response had been prompted largely by the provocative role she had assumed during the hour rather than from a personal attraction. She could be very sexy, but most often used it as a weapon and a defense. I knew that precisely because of my reaction to her—arousal without great interest. I probably would have needed to work with that split early in the therapy situation had I taken her as my patient. Perhaps I would have used my physical response to her as part of that work. What was difficult about the

marathon situation was that I was being pushed to disclose all that in front of colleagues and most especially in front of my wife. I thought of an appropriate counterattack, questioning her own fantasies about me, her own need to destroy.

Happily for my integrity as a therapist and as a man, there was no emotional need for such ploys. I responded with an attempt to describe my working model in therapy, which up to that point I was not really sure I had. I said I got sexually excited by many of my patients, female and male. I tried to use all my responses to an individual in my work, those of my body (including my penis) in all its states, and of my mind, with all its fantasies. I certainly did not plan to cut off parts of myself in the therapy encounter. Integrating that openness in the special setting of therapy with my family and other personal life was difficult and a challenge. I suggested that my wife could speak to that if she cared.

That marathon experience turned out to hold little embarrassment for me and to my great relief, even less for my wife. Libby knows me and herself well enough to assume that we could experience other people sexually and still focus our most intimate sexual expressions in each other, that she as Every-woman could become a repository for all my sexual fantasies just as I could for hers. Susan was mistaken in attacking me through my marriage or my sexuality. However, perhaps she was more than justified in feeling anger toward me. I had held back—not physically, but verbally. In part she interpreted my response as being threatened by her and therefore turning her down as a patient. I could have been more honest in that single hour and saved both of us our marathon encounter. It seemed a reasonable finesse at that first meeting. Unfortunately, like most such evasions in intimate encounters, it failed and potentiated duplicity and distrust.

What that marathon experience did provide for me was a crystallization of a way of working in therapy and in particular a way of dealing with the inevitable embarrassment that is part of that work. Since returning to San Francisco and becoming a psychotherapist in earnest, I take as axiomatic that embarrassment is

a signal that I am hiding an important inner experience from my patient. Embarrassment at a thought or fantasy or even a bit of inner-speech-on-the-way-to- becoming-an-interpretation suggests that I am hiding something that is shameful. It is something either in my life or the therapy relationship that conflicts with my accepted role as a guide in the psychological development of the people I work with. I try to take that emotion very seriously when it emerges, for it often holds a key to why therapy is boring, useless, or even harmful at a given point in its evolution. As I mentioned earlier, to me slips are easy; like an erection, at least they get the message finally out there. Far more difficult to deal with than a blunder or an explicit physiological reaction is an embarrassing fantasy that can stay hidden by inaction. The effect of a fantasy can be far more pervasive.

There are portions of this paper that make me sound too much like a hero, a courageous therapist who faces these embarrassments directly as they occur. Unfortunately, that is very far from the truth. Perhaps now I can be a lot freer about the experience of merger in therapy, or sexuality, but there always seems to be a new embarrassment that could be left unspoken. The more adept I become as a therapist and the more competence I develop in working with fantasy, dreams, the unconscious structures of mind and body, the more temptation there is to hide my own embarrassing responses in a welter of unassailable humanistic technology, much as I did as a resident adept at "counter-transference" interpretation. The issues change. Now I am more likely to hide embarrassment related to my new affluence, or a sense of failure with a long-term patient, than about sexual feelings or inexperience. I imagine that in fifteen years I will try to hide issues that touch me on advancing age, personal and life-cycle failures, and approaching death. I sometimes wonder if I can stay open and unembarrassed or whether pomposity will do me in as it has so many of my colleagues. Happily there seems always to be a little boy in the crowd who has the guts to call the emperor on his new suit of clothes. The best place I can think of for that boy to be is inside of me.

*Arthur Reisel, Ed.D.*

## THE PRECIOUS TRUTH

One of his prayers: "I have but one request; may I never use my reason against truth."

Rebbe Mikhal of Zlotchev<sup>1</sup>

Truth and Dialectic: "Victory cannot tolerate the truth and if one displays a true thing before your eyes you reject it for the sake of victory. He then, who wants the truth in himself drives away the spirit of victory, for only then is he ready to behold the truth."

Rabbi Nachman<sup>2</sup>

Seeking the truth in myself has always been a precious endeavor. Finding it is often frightening, for there are truths I do not wish to know, or if known, to accept, or if accepted, to reveal to others. The quest for truth in myself was a major focus in the many years I spent as a patient. Having exposed myself thus, I cannot forget that in my patients I see myself and in myself, my patients. I will try to relate how disclosures to my patients about myself presently occur in the course of psychotherapy.

Early in my career as a psychotherapist, what I wanted was support and encouragement from my own therapist. And that is what I got from a fellow named Ben Fielding. He was a gentle, perceptive man who had a way of leading me out of bouts of guilt and depression. When I felt sinful about a sexual dream, he helped me to see the innocence in it. If I were holding on to a resentment against my wife and refusing to give in to my desire to move close to her, he might say, "How sweet it is to surrender."

I remember one time when I was bemoaning some ineffectiveness in my work as a therapist. He offered a comment that comforted me for years to come. In his patient, fatherly voice he said, "Arthur, it takes ten years before a therapist



begins to know what he's doing."

Now, many years later, I certainly see the wisdom in Ben's observation. However, I consider his "ten years" a metaphor for "a lifetime," for I expect that as long as I live I will be beginning to know what I'm doing as a therapist.

This closely parallels my continuing need to know more of my truth. But, as I well know, my self is a tricky devil. For example, working as a psychotherapist is potentially counterproductive to my need to know myself. Praise, admiration, and gratitude come pouring in from patients who tell me I am "sensitive," "exciting," "amazing," "funny," and so on. Such compliments feel good indeed; I like to hear them. But a problem that may develop as a result of this role is the abuse of power.

Guggenbühl-Craig has written a brief, incisive volume centering on this issue in which he describes how the role of the psychotherapist can produce abuse of power.<sup>3</sup> As healer to the patient, the therapist is seduced by his own power, and tempted to forget that he too has a patient within himself, just as the patient also possesses healing forces. Should the therapist lose contact with the patient within himself, then he will act solely in the role of healer. He will tend to relate to the patient not as an independent, responsible subject, but rather as a pliable object to whom the therapist must give orders. Certainly, many a patient, seeing himself as emotionally distressed and powerless, seeks precisely this relationship. The therapist is regarded as powerful, knowing, and therefore the master who will lead the patient out of his misery. A therapist who promotes and assents to this powerful image is abusing his power, however willingly it seems to have been bestowed. For the reader interested in an elaboration of this issue, I suggest Guggenbühl-Craig's excellent discourse.

At this point I will show how the patient within me has entered into my therapeutic work. It is my intent to minimize clinical terms, to avoid the language of success and failure, and to present myself and my patients as we work and

learn in the course of our evolving relationships. Most assuredly each will judge my self-disclosures in the context of his or her experiences. Perhaps some readers will consider me overly personal while others may view me as marginally personal. So be it, for we each have our own truth.

When the patient within me is exposed by one of my patients, I feel a dread, I want to conceal myself. How can I reveal a common weakness or an ordinary human vulnerability? How will this aid a patient who seeks to benefit from my mature and well-trained judgment? Doesn't a patient need to rely on somebody strong? If I have hang-ups, won't a patient feel that it is foolish to seek help from someone whose life is not altogether straightened out?

Over the years it has become clear that worries like these are unnecessary. However, these anxieties do not disappear because each act of self-disclosure is a new experience, not only because it is an exposure of a new private area of my experience, but also because it occurs with a particular person. As such, risk is involved and anxiety must be confronted. The consequences are never assured.

This certainly was the case in the early stages of family therapy with a divorced mother and her fifteen- and seventeen-year-old daughters. For several weeks there had been an ongoing duel between the girls, who were smoking pot, and their mother, a relatively sheltered, innocent, and warm woman. Thinking that a straightforward discussion of the pot experience might ease some of this mother's extreme fears, I asked the girls what it was like for them to smoke pot. Their replies were cautious and evasive. As I should have anticipated, they hit the ball smartly back into my court, asking me if I had smoked pot and if so, why didn't I describe how it felt? Being a more skilled player than the girls, I could have used a therapeutic trick shot to put the ball back in their court. Yet something told me that the truth was called for here even if the shocked mother were to decide that a therapist who smoked pot was not for her family. Fortunately, it turned out well. Despite her innocence the mother is an open-minded woman who accepts differences in others. The daughters, who constantly

mock her naivete and predictability, were shown a less predictable side of their mother. My recounting the positive and negative effects of pot on me began the family's gradual shift from a state of conflict to a more reasoned discussion.

Another kind of self-disclosure occurs when patients begin to read me with considerable accuracy. The difference is that, whereas I am at ease about pot smoking, I am generally not comfortable with this other order of feelings. At times the feelings are unconscious and only the perceptiveness of a patient brings them to my awareness. In most instances the feelings have not been unconscious, but because of my uneasiness I have shied away from talking about them.

I should like to share my exchanges with yet another patient. In addition to being sensitive to my reactions, Karen writes prolifically and well. Her writing has also permitted her to express feelings that she was not ready to bring forth in a face-to-face situation. Although I did not understand this initially, it has become evident through the growing directness of her writing and the gradual transfer of this directness into her sessions with me. Used with Karen's permission, excerpts from her letters to me will amplify and enrich my presentation.

Karen had been dealing increasingly with the effects of having a father whom she felt to have been distant and condemning. One day she probed into my relationships with my parents. Because I trust her, I let her into the privacy of my feelings. The following is a portion of a letter she wrote later that day. It made me aware of unconscious pressures I had placed upon her daughter Carolyn, sixteen years old, during a session with Carolyn and Karen six weeks earlier. In her best Philadelphia-lawyer style, Carolyn had been denying any responsibility for her own life and speaking of marriage as a solution to her problems. Having spent time with Carolyn in the past, I knew her quite well, and I snapped, "You're going to live off someone forever!" My snapping was in the context of discussing the importance of a woman's being able to develop whatever independent skills she had. Some six weeks later, after talking of my parents with Karen, I received the

following letter. This and subsequent letters are all abridged, with Karen's consent:

I am very sorry that your relationship with your mother was so bad; I am sorry that she did not hold you close and talk to you more; I am sorry that you did not feel close enough to her to share with her things you desperately wanted to share, and I am sorry for the hostility you seem to feel against her both because she ran your father, which must have caused you to disrespect him and also yourself, and the fact that in your eyes, she mostly lived off your father. Did you ever ask your father if he wanted it any other way? Was there a need for another way—two paychecks needed instead of one? Or is it just something that you as an angry child grabbed on to hold against your rejecting mother (she lived off my father; she used him; she's a parasite)? I think you protest too strongly and judge too harshly of a previous generation; but the protesting quite vehemently part interests me the most because I have seen it come out before with Carolyn; it wasn't what you said as much as the intensity with which it was said. You see, on occasion I am also interested in getting into other people's lives even though I do not get paid for it. I am interested in what makes them tick, and I try to remain as receptive as I can to subtle, nonverbal clues. When I heard a comment you made to Carolyn, a little signal went off in my small brain: I wonder what's behind that; it sounds stronger than the occasion demands—of course, I do have many false alarms; only you know whether you have misplaced resentment ...

You know, and I want you to know it firmly and securely, that my criticism and temper tantrums have nothing to do with my affection and regard for you. I am very thankful to you for your help; it has meant more to me than you probably know that you have come through when I needed you most. You're a nice guy when you want to be, and I hope someone loves you very much; you deserve it, and even tho you're the big-father-giver, YOU NEED IT.

Why am I telling you all this? I have a feeling our amiable relationship may be at an end, and we may spend some time quarreling etc., and I wanted to tell you the above first because I may not be in the mood later; something is happening, I'm not sure what it is yet, but something is happening.

Karen's letter speaks eloquently of our sharing of ourselves. In the next meeting I acknowledged the correctness of her having connected the uncalled-for intensity of my snap comment to Carolyn with my feelings about my mother. Her observation that I judge a previous generation too harshly helped to alert me to my self-righteousness. Finally, Karen was acutely prescient in predicting that the wholly amiable phase of her therapy was ending. However, this was not to be immediate.

First we tackled the more pressing riddle of the letters themselves. I had

been impatient with how the letters substituted for direct expression within the sessions. I was also aware of Karen's fearfulness at showing many feelings to other people. She would write poetry or commit her tender feelings to prose but kept the manuscripts deeply hidden and private. In the midst of talking of this, she asked me how I felt about receiving her letters. Her question touched off a feeling of uneasiness in me. I instantly felt my ambivalence. Receiving her letters had ritualized into an experience of mingled hope and fear: hope that the envelope would contain admiration, fear that her intermittent leanings toward premature termination had become finalized. I told her my thoughts, probably emphasizing the fear portion. In short order Karen wrote again. I offer a selection from her comments:

Would you believe I'm at it again? This is going to be one of my shorter ones. I'm glad you told me how my letters make you feel. In a way kinda like your voice on the phone sometimes makes me feel. I'm not positive why my letters would have that effect because I thought the majority of them were of a praising nature, but then, you probably don't understand why in the world your voice sometimes upsets me. It upsets me because I want you with me, and I want to sense that you are. It makes all the difference in the world. It crushes me for your voice to put me at such a distance, as if I were nothing and as if you could care less. Sometimes my head can shake it off and say that is not true, he does care, and sometimes it can't.

After I got home from the session, I had an uneasy feeling that I can't quite pinpoint—uneasy, something not quite right, but what? I don't know. Did you say everything you wanted to say? Did you ask everything you wanted to ask? If so, then maybe it is something on my part. It is an unfinished feeling; and seems to center most on your not asking everything you would have liked too??? Is there any truth to it? Something in the air, in your mood, that left me uneasy without being able to zero in on it—know the feeling??

You know, if I thought my relaying some of my impressions to you made you uneasy or put you on the defensive, I would certainly stop. Even though, there are some things I pick up on; you are very, very far from being an open book. In other words, there is much about you that I do not know. I don't really know how it makes you feel. I know at one point in the therapy I felt like I was naked, and you were a rapist, and you called me a beggar, and it hurt, and I thought: I'd rather be a beggar than a rapist. It just seemed that you kept taking and taking, and you know how difficult a lot of it came.

My word is good: I will never terminate my therapy by mail. If I have to terminate it that way, then I am not ready to terminate at all, and I know that. Even if I had, I never could have let it go at that; I would have called you within 48 hours. You mean and have meant too much to me to end the relationship in that manner. Don't you know that?? I think many times when I get angry or hurt, I tend to strike out at the

person who upset me. I think I have spent a good part of my life fighting my father and mostly hurting myself in the process. I have a feeling I am putting that in the background where it rightfully belongs; you can't beat them; you never beat them; all it accomplishes in the long run is letting them beat you. I don't think either one of us would think that was a life well spent.

The second paragraph in this letter elicited another disclosure from me. Karen had once more sensed my hidden feelings, the awkward uneasiness I had withheld from her. My commitment to be truthful with her dictated that she must be told that her instinct was correct. Not to do so would be to deceive her and, even worse, to cause her to distrust her own instincts.

During our next session I referred to the uneasiness she had noted in her letter. As our previous meeting ended, Karen had asked what had happened to a photo from the wall over my desk, one I had taken, printed, and mounted myself. While I explained that I had given it to a patient as a birthday present, I did not tell her of my reluctance to answer her query. Consequently I had answered only partially, omitting my uneasy expectation that she would be angry and jealous. Nor had I conveyed to Karen that her question reawakened my own embarrassment at an impulsive, out-of-character action, giving a gift to an adult patient. Exchanging these hitherto concealed feelings was helpful to me and to Karen as well. Witness her subsequent letter:

I did not tell you my complete reaction to your giving away one of your pictures. My initial feeling was a tinge of jealousy that you thought enough of one of your other female patients to give her a picture you liked very much. What felt like a little child in me yelled out: What are you doing? Don't you know? I'm supposed to be the most important one! You're not supposed to give your favorite picture to someone else! On that same level, I'm still not exactly bouncing off the walls about it; a little of the same feeling came back when you brought it up today. However, I feel it is so ridiculous, and childish, and unrealistic that I don't even know if I completely allow myself to feel it, much less express it.

I see you as a very loving man with a great intensity of feeling (that is, when I don't see you as a giant boulder). I see in you a desire to: love, give, share, express, and be open, honest, and direct in your relationships with people. I don't know, nor is it any of my business to know, to what degree you achieve this; I just know the desire is there, or maybe I am projecting my own desires on you.

Maybe you felt a little uneasy about giving the picture away because you are not used to doing that sort of thing. The way you said it sounded like you were not used

to acting on impulse; maybe that was why, you felt uneasy about it. I really think it was very nice of you to give it to her. I am sure that she was delighted, and I don't think you should feel uneasy about giving and making someone happy in the process. She wasn't going to think you had designs on her, was she? You didn't, did you? Then, what's to feel uneasy about? It was a very nice thing. People should do it more often. I'm glad you did, a little jealous, but pleased.

This letter indicates how disclosure of my feelings enabled Karen to reveal more of her own feelings. Further, it clarified for her the puzzling uneasiness, allowing her to give considerable encouragement and support to me. Her kindness to me was deeply appreciated.

Karen's earlier prediction, that our "amiable relationship may be at an end" was fulfilled several weeks after the above letter was received. She called, asking if I had any open time for an extra session. I was with a patient and I ended the phone call quickly, telling her I was booked up. She promptly nailed me for this, and the next day I found the following blast in my mailbox.

I am quite angry at you at the present time, angrier at myself and the world, but I can't really take it out there. My feelings are strong and very hostile and bitter. I just took a good bit of it out unfairly on my children. I will feel bad about it later; right now, I don't give a damn.

There is something you do or more appropriately fail to do that bothers the hell out of me. I don't recall how many times during the course of my therapy I have called for a spur of the moment appointment. I don't expect you to always have available time; it doesn't really matter if you ever have available time. What bothers me is that you have never, never asked: "Is it important? Is it urgent? I'm really booked solid today, but I can call and talk to you a few minutes when I'm finished." Considering the way I usually look at things, I wouldn't even expect that except that I know a couple of others who do it as a matter of course. If I call like that, I have overcome quite a bit of natural resistance to do so. In other words, something is very definitely bothering me; something, I cannot shake off. I can't believe a therapist doesn't sense that and act according. It is one of the ways I feel you fail to give. I really don't think you should attempt to guide anyone through therapy unless, within a limit, you are prepared for just such things. Otherwise, you are doing them, in my humble opinion, a disservice. I get the very strong impression from you that you like doing things according to schedule, and that you really do not take deviations too gracefully. It is too bad that people's needs do not run according to schedule also, or maybe most of your patients can program them for their hour or whatever.

You know, I find therapy one of the most humiliating experiences I have yet endured. It is humiliating when you want to let go and can't. It is humiliating when you not only have to pay for someone's advice and concern; you have to tell them how. I despise you for it.

I know other therapists, doctors, dentists, etc. The ones I know all make allowances for men and women who work; either by having office hours one evening a week or Saturday morning. I have always resented, more than I previously realized, that you would give not an inch to convenience Mark. He not only worked; he lived in New York, but you would not put yourself out even a little to accommodate him. Other professionals do it, but not you, but then it was not your life, and it would have upset your little pat schedule. Fuck your schedule; it might have fucked our lives. We should have gone elsewhere, but you didn't have to worry about that because I was already too attached to you for that, and I'm sure you didn't lose any sleep over it. I have resented it; I didn't realize I resented it so much.

I was jarred. Her anger had validity. I had been abrupt. I had neglected to inquire about the basis of the call. I am also apt to be brief and cool on the phone—the boulder she referred to. I wanted to share this with her, but she skipped our next session, firmly insisting when she called that she needed time to herself. She then sent a brief note to apologize for blaming me for fucking up her and her husband's lives. Karen knew they were responsible for their own lives, and she felt badly about hitting below the belt over the issue of my schedule.

By our next meeting, her intense anger had subsided. When it recurs, I hope to be there with myself as I feel then and there. I hope to acknowledge my part. I hope that Karen is able to bring herself into the light more directly. We are both learning to be more open with our feelings. There is much for both of us to understand.

This ends an account of my truth as it emerged in the course of psychotherapy. It would be unwise for the reader to assume that all of my work deals with the truth for I am assuredly far from infallible, frequently inhibited, shy, or secretive. I often exercise my judgment that there are forces at work that are more pressing, or that a particular truth may not yet be revealed. But ultimately I reach for truth, for directness, and strive always to remain aware that the patient is as much a subject as I am. Psychotherapy is a two-way process, and must remain so. I must constantly be mindful of the potential for using reason against truth. Only as I drive away the spirit of victory will I be ready to behold the truth.



### **RUN, LITTLE GIRL, RUN**

Bobby, age eleven, came for his after-school therapy appointment. He immediately began telling about an injustice he had experienced at the hands of a teacher. He sat in his chair only about five seconds and then started pacing back and forth in the room, yelling his story with arms waving in all directions. After about three minutes of this, I commented, "You're angry."

Bobby stopped dead in his tracks. He walked calmly over to me, took my right hand, shook it vigorously and said, "Congratulations, Dr. Freud. How did you ever figure that one out?"

Alan, in his fifth year of hospitalization, had been recalling the days when he was an airplane mechanic. He concluded with the comment, "That's why I can't ever get married; I'm a mechanic."

You may be noting the symbolism. What I said was, "Well, I don't know about that. I've known a number of mechanics and most of them were married."

Alan pondered this thoughtfully. Then with a twinkle in his eyes, he leaned close to me and said, "But were they schizophrenic?"

Telling these stories is vaguely embarrassing, but, as lived, they were really good experiences for me and for the clients. My response in each case was a silent but clear "Touché!" I don't recommend dumb comments; but if you've got a Bobby or an Alan, you can learn a lot and enjoy each other.

An incident from my practice that illustrates a negative feeling of goofing and embarrassment occurred on the day I handed Mrs. B the A-child's appointment card. My comments made it obvious that I thought she was married

to Mr. A, who was also seated in the waiting room. These weren't new people; I'd interviewed each with their real spouses. When Mrs. B pointed out my error, I wished I could disappear into a hole in the floor, and my right arm flew up in the air. I used it to touch my hair and said, "Oh, my, where is my head today?" Then, taking the A-child back to the therapy room, I quipped, "I almost got you a new mother today—ha ha." As far as I know this had no big effect on therapeutic progress, although I certainly wouldn't call it a confidence builder.

My first thought when being asked to contribute to *The Naked Therapist* was that I didn't really have any big-time incident that I could follow through in an article. Furthermore, there wasn't any use racking my brain for one because I wouldn't forget something like that. I felt some sense of disappointment: not really that I had no biggies, but I wondered if a mundane goof could only make a mundane, contribution to the subject. Then I decided maybe we smaller-fries suffer the most acute embarrassment of all; the punishment doesn't always match the crime.

One potential source of embarrassment for therapists these days is based on the discrepancy between behavior and the therapy-style expectations. Sophisticated clients know what Gestalters and such are like; they probably saw their sixth Fritz Perls film just last week.

I've been largely spared this one. I went to all those miscellaneous workshops and training institutes like everybody else, but I never did manage to come home a recognizable anything. I tell them I'm a Jackie-therapist, and this means, of course, my confidence rests almost solely on results. Yes, this has bothered me some. I've never felt ashamed not to be a walking encyclopedia on psychoanalytic theory, but often when another therapist is visiting the premises, I feel tempted to ask my client to please get down on the floor and scream like he's having an avant-garde breakthrough. (Before I'd been a therapist long enough to be sure of results, I'd secretly fish out my degrees and Phi Beta Kappa key for contemplation. See there, you must know a lot.)

When clients of any age are into embarrassing incidents or goofs, I frequently exaggerate and dramatize the scenes for them. This is true whether it is actual events they are telling or just fears of such happenings. Done with caring humor, this produces smiles and laughter. This is also the area in which I'm most likely to do sharing from my own life; I speak as a cheerful survivor. I've had a few clients with outstanding embarrassment records. Cindy, age fourteen, recalled her first date: She spilled Coke in the boy's lap, bowled a sixteen, and then left his car door open, resulting in \$70 worth of damage. In such award-winning-goofers I also plant seeds to the effect that they've hit bottom, so what's left to fear?

I've found two personal embarrassment worries from childhood to be especially helpful to me as a therapist. One of these can be illustrated by my softball playing. I knew that if the catcher dropped the ball on the third strike, I should run toward first base. If I beat the ball there, I was safely on. But knowing the odds, I wouldn't do it. I'd either just stand there like a zombie or, if my teammates yelled loudly enough, I'd saunter toward first real casual-like. I wasn't going to make a fool of myself acting like I could beat the dropped ball there!

It's amazing how many children I've seen who won't run on a dropped ball. Little princesses just pose and posture the whole game—any game. The strike-out freezers can usually stay on the team if their batting average is high enough. But princesses are eventually ridiculed and chosen last.

I tell kids (and sometimes adults) about my softball goof and how stupid I was. I tell teenagers how I'll never know if I could have been a cheerleader because I didn't have the guts to try out, and not knowing is a regret. I do the she(he)-who-can't-lose-can't-win bit. Yes, that's therapy, too. If you're enthusiastically with and for someone, you can be very, very corny and simple-minded. And the day those princesses really run, they get reborn.

I saw a very vivacious nine-year-old girl, not a princess, who early in

therapy reported an embarrassing, traumatic incident from the year before. She had been chosen to represent her class and school in a big grade school track meet. When the gun went off, the other runners looked to her like they could beat Kentucky Derby horses. After a few yards, she fell flat on her face.

To her amazement, while she was still in therapy, the class asked her to represent them again in this year's meet. Despite all my encouraging propaganda, each week she said, "No way!" I finally conceded, telling her to be dumb and not do it then.

A couple of weeks later she came in all smiles and announced, "I ran in that race."

"Great!" I exclaimed. "Did you come in last again?"

Rolling her eyes, she said, "No way!" and tossed her first-place ribbon on my desk.

My other chronic childhood embarrassment worry had to do with body functions. In grade school about the worst thing I could imagine was wetting my pants in class. However, I was also too embarrassed to ask to be excused to go to the restroom. Would this qualify as a double bind? I am probably one of the few people in existence who neither asked to go nor went anyway. By age thirteen this had changed to fear of getting menstrual blood on my skirt. This was another double bind. I also would not carry a sanitary napkin for fear a boy would grab my purse, pull it out, and yell, "Look, Kotex!" I was not being paranoid. A guy whose initials are T. M. had done that to three girls already. Somehow I escaped that one, too.

It wasn't until this very year that I got blood on my skirt in public. I was seeing a teenage boy for therapy when it happened. I laughed. Now I'll ruin the story a little bit: The teenage boy had gone before I realized it had happened, and then I laughed. Had he still been there, though, I think my concern would have

been mostly how he was taking it. I never inquired, but I doubt if it bothered him much; there is a generation gap on embarrassments. I never reassure past-thirty clients that nobody really remembers that they wet their pants in the second grade. This is because I distinctly remember who wet their pants in the second grade. I'm sorry, but I really do.

When I sat down to make notes for this manuscript, I asked for God's guidance and inspiration. Immediately after my praying, the words "Wailing Wall" flashed into my mind. They made no particular sense, and I was distracted by something on TV. Returning to the task later, I silently said, "Now, Lord, what were you saying?" My husband, across the room reading, looked up and commented, "Let's get the storage cabinet out of storage." When I told him I was busy asking for God's guidance on my book chapter, he said, "Maybe that was it; I'm the channel." I laughed; but, just in case, I wrote down "Get storage cabinet out of storage."

You'd likely get something out of storage so you could have it readily available for use. So use your storage cabinet; keep it handy. Don't stick it off in some warehouse. Now what would you put in a storage cabinet? Probably it would be something useful, but somewhat unsightly or awkward. At least it wouldn't be ravishingly beautiful or else you'd keep it on display. Aha!

Life's traumas, goofs, negative embarrassments and such should be stored lightly. If they're off in the warehouse, they're hard to get at when you need them and could do something constructive with them. But even sending the empty storage cabinet to the warehouse is ill advised. Then you wouldn't have anything to put these memories in. They'd be laying around in sight too much. There are times for getting them out, but really nobody wants to see or hear that stuff all the time, even your best friends. And how about your own probable concentration on them? That's called negative feedback overload. To avoid repression or indiscriminate hang-out, better get those storage cabinets out of storage!

My other inspirational clue for this article was "Wailing Wall." To be honest, my first association with this was an experience I had a couple of years ago. I was leafing through the Bible looking for something when my eyes fell on this verse: "Rejoice not, O Israel, for joy, as other people: for thou hast gone a whoring from thy God" (Hosea 9:1). Wow, I thought, that's really heavy. I returned to my original task. A few minutes later something clicked and I sat straight up in my chair. It occurred to me, for the first time, that most Jews I knew did seem depressed. Even when they were vivacious and cheerful, they were depressed.

The hypothesis was born: Be they orthodox or atheists, Jews have one foot stuck on the wailing wall. This was a hunch, not a put-down. I not only have an experiential passion for Jews, but there was a time when I thought all heroes were Jewish. This is because I went to Sunday School for four years before I got to regular school and heard about George Washington. (I might add that my childhood defense against gentile-pigs in the Bible was to think of them as "the pagans" so I wouldn't be included. Nobody ever told me I wasn't Jewish, but I secretly knew.)

My fantasies went even further. I pondered the possible effects of Jewish Depression on the theory and practice of psychotherapy. Since nearly all the geniuses and heroes in this field really are you-know-whats, there might be an accidental bias that could be labeled the J.D. factor. Non-Jewish therapists would pick it up by identification and introjection. By now, almost everybody probably has J.D. This means things may not be as bad as they look.

*Wailing Wall.* To wail is to cry. A wall is a block. A crying block? Crying because of a block? A wall keeps me in and others out. Sorrow at separation? Of course.

"And the rib, which the Lord God had taken from man, made he a woman, and brought her unto the man...and they were both naked, the man and his wife, and were not ashamed" (Gen. 2:22,25).

But there was a later scene (Gen. 3:9-11):

GOD: Where art thou?

ADAM: I heard thy voice in the garden, and I was afraid, because I was naked; and I hid myself.

GOD: Who told thee that thou wast naked? Has thou eaten of the tree ...

Note that Adam and Eve had no neurotic human parents and did not live in an uptight culture. They didn't even have any childhood memories. Archetypal shame may be rather far removed from psychological theories regarding its derivatives. Note also that Adam and Eve were not Jewish; they were everybody. There was a wailing wall long before the one in Jerusalem. The latter is likely a modern intensification, or reenactment.

Does this mean when we walk with God we are naked, yet unashamed? Certainly.

For many years, as an adult, I had frequent repeats of two rather common dream themes. In one I was to be in some play. It was opening night, and the curtain was soon to rise. I couldn't remember any of my lines. I couldn't recall ever having been to rehearsals. I couldn't even find a script to refresh my memory or to take, hidden, on stage with me. In the other dream it was time to go take some school exam. I hadn't been going to class. I'd forgotten I'd even enrolled in the course. If I'd ever had the textbook, I didn't know where it was.

Despite years of individual therapy, group encounters, and hundreds of psychological theory and how-to books, these dreams continued unchanged. Then last year I had breakthrough dreams for both of them and have not had either one since.

In the breakthrough play dream, the curtain actually goes up and I step on stage. I not only have to improvise my lines, but I'm not dressed like the others. Six women glide by in beautiful satin gowns, and I'm standing there in a terry-cloth robe with a Kotex sticking out of one pocket. Everybody laughs. In the

school dream, I go to the room, take the exam, and presumably flunk.

You may be wondering if a new therapist had come to town. No, actually He was there all the time. These dreams followed the filthy-rag incident:

"All our righteousnesses are as filthy rags" (Isaiah 64:6) is a commentary on general goodness, not just what we call self-righteousness. As such, it always sounded like a real bumner to me. Maybe the frequency of righteousness wasn't high, but what a slam on quality. I once thought: Now there's a good recipe for neurosis.

Then one day last summer, while alone and doing something utterly ordinary, I suddenly realized that my righteousness *is* as filthy rags. What a relief! What joy! I'd never really comprehended the Reference Point when I rejected that Bible verse. Now every time I say it, or even think it, I get turned on.

Of course, the righteousness insight didn't really pop out of nowhere. I've been on a gradually emerging spiritual journey for three or four years now. Sometime during this period the following dialogue probably took place, although I'm surely still working on the last line of it.

ME: Who do you think you are: God?

GOD: Yes, that's who I AM.

ME: No kidding!

GOD: No kidding.

ME: Why, you're not a hypothetical construct.

GOD: A hypothetical construct?

ME: You know, invented by primitive man or theologians. The old unconscious?

GOD: Hardly.

ME: Ha ha! How about that. I don't have to watch out for the universe, do I?

GOD: Hardly.



ME: Or even me maybe.

GOD: You're catching on.

ME: I remember now. I'm a sheep, right?

GOD: You tell me.

ME: Yes, after due consideration, I have concluded that in all probability I am a sheep.

GOD: We'll try again some other day.

ME: Wait! Wait! Baa, Baa, BAA, BAA ...

In conclusion, "Home run" is a fine achievement symbol for life. However, to make first base after striking out is awesome; it's also called grace. The Most High Catcher deliberately drops the ball and piddles around with it. But how are you going to know if you just stand there in shame?

*Donald D. Lathrop, M.D.*

## JUDGMENT DAY

I am going to share with you my most dramatic failure as a psychotherapist. This is not my *biggest* failure, not my *best* one. That would be too hard to decide. This is the one that immediately came to my mind when Shelly proposed this book.

The issue of what constitutes failure in psychotherapy has occupied me for years. When I first came to Los Angeles in 1970, I worked as a ward chief in the County Hospital. I had the pleasant task of teaching and supervising the psychiatric residents during their rotation on my ward.

One day I was being subjected to the mindless lecturing of a first-year resident on his uniform successes using behavior modification techniques with a certain type of patient. At that time, I was pretty defensive about behavior mod. I saw it as the natural therapy for the "Unrelated Seventies," a reflection of the mechanistic notion of man. I saw even then that the relationship between the manipulator and the one being manipulated was still the vital issue. But I was scared. I didn't know the lingo. I couldn't practice that way even if I wanted to. I was afraid of being made obsolete by the new year's model.

My brash young student lectured me as though I could not possibly comprehend the great truths that he had taken onto himself as if they were Euclid's axioms and he were Euclid. In a moment of pique I said, "I have never had a failure in psychotherapy!"

My out-bragging the braggart was so incredible that it shut him up. What a blessing for me! The rationalizations that would have poured out of my mouth in justification for my clearly unreal claim humiliate me even now as I think of

them.

Evidently he recognized at that point that I was crazy. He never attended another supervisory session.

There is no such thing as failure in psychotherapy— nor success either. These are value judgments. They are relative—relative to definitions and basic assumptions.

I define psychotherapy as a relationship in which the therapist is assigned the power to relieve the pain of conflict. Failure occurs when there is an incoherence in the relationship that the participants fail to resolve either within or between themselves.

Incoherence: a disparity, a non-resonance, a contradiction in the relationship that permits unrealistic and/or inappropriate elements to persist. Failure occurs when this dissonance remains unmodified either through the participants' unawareness of its existence or through failure of their efforts to modify it. The therapist is responsible for awareness, therefore responsible for failure.

The type of therapy—the goals, the expectations, the method—defines failure. In psychoanalysis, the best studied of the therapies, failure has two important faces. One is the therapy that never ends, the "interminable analysis." The other is the therapy that ends without a full completion of one of the technical dimensions of (psychoanalytic) treatment, namely the resolution of the transference neurosis.

In other therapies, treatment that never ends may be quite successful. For example, supportive therapy of the chronic psychotic individual, which helps that person remain out of a mental hospital, may go on indefinitely. In most psychotherapies, the transference neurosis is left almost totally untouched. Good results are achieved by minimizing its development.

Generally, therapists have one set of criteria for success, patients another. To the therapists, there must be some conformity with their theory—expectations based upon a conceptual framework. To the patient, success usually means feeling better. When the two are really related, they are two facets of the same phenomenon.

Feeling better how? A shot of heroin makes one feel better—but is it successful therapy? Feeling better must include some increase in Self-love to be a measure of success. Self-love includes a full acceptance of all dimensions of oneSelf, light and dark, good and bad.

There is a third set of judges of success or failure—the rest of the world. Those around us judge successful treatment of any kind, be it surgery, medication, faith healing, or psychotherapy, according to how much the person becomes his or her "old self" again. This is the degree to which the cured subject conforms to expectations of the subculture.

To those of us whose understanding of healing is growth of consciousness, the mere return of the "old self" is not enough. Real success requires that something new be added, that out of the illness and its treatment there emerges a better version of that coherent center of the personality, the Self.

For me, relationship is paramount. The content of the relationship is secondary to the process. The success of a relationship is judged by how much the other person or persons and myself progress toward a more coherent version of our own true natures. Here is my story:

It is 6:15 P.M., Monday, March 26, 1973, the first working day after Easter. Sometime between 9:00 and 11:00 this morning, my patient, Mildred, killed herself. To distract myself from my pain and fear, I turn to my most reliable source of comfort and stability, my dictating machine. Talking to this nonjudgmental, totally objective listener, somehow I can get some of the bad feeling out of me. Secretly, I'm hoping for more than that, although I dare not

admit it even to myself. I'm asking the machine for forgiveness.

The telephone rang this morning sometime after eleven. I was with John and Arlene, my most impossible and therefore most successful patients. When I answered the phone a man was screaming at me. I hung up on him. Moments later the phone rang again. I bragged to John and Arlene, "I feel like a fight," and I answered it. This time I asked the man to identify himself. He said, "This is Mildred's father. She has killed herself. I am going to come over there and get you." I don't remember whether he hung up or I did. I went back to my previous posture and told John and Arlene what had happened. I was aware that *from the very beginning, my concern was for myself, not for Mildred, certainly not for her parents*. I was scared. I asked John if he thought the man would try to kill me. He told me that he would not. We talked about Arlene and her father. There were parallels. Arlene had been suicidal for months and was perpetually rejected by her parents. Yet if she killed herself, there is no question that her father would be on the phone screaming threats at me. John confirmed my fear that the parents would sue me. I was genuinely reassured by John's telling me that the man would not likely try to harm me physically, and I was genuinely scared at the prospect of being hurt in court. This is still the compelling feeling six hours later. I really do not feel any guilt over Mildred's death or my negligent contribution to her death. I feel only fear and dread at being caught! I fear being punished for my carelessness, my irresponsibility with the life of another human being.

Even as I say this, I judge myself as childish, infantile. Yet I know I can stand my own judgment; I can accept this young woman's right to die, I can even accept my curious need to involve myself in her inexorable fate. But the prospect of being dragged into court, of having to justify what I have done, is too much. Yesterday I permitted her to sign herself out of the hospital against medical advice. The unmistakable evidence now is that she was dangerously suicidal. The prospect of the punishment by the court, by "the people," frightens me.

Death is so irreversible. There is no going back, no changing any of the

decisions. It's not like lots of other things that happen in my business. I make a mistake, the patient gets worse, I have other moves, other alternatives. There is no repairing this situation. I can see all the steps. I can see all of the mistakes that I made. I can see other ways that I could have made myself go, but none of this changes the reality that Mildred is dead and that I must face my part in her death at this time.

7:45 P.M.: I have just come from a family therapy session in the home of a family I started working with only a few weeks ago. For the third time this afternoon, a woman hugged me and comforted me. This is a woman who tomorrow has to take her sixteen-year-old daughter to the hospital for a therapeutic abortion. This is a pregnancy the girl swore in last week's family therapy session could not possibly be a reality. I gambled with this girl's life three days ago. I had insisted on a pregnancy test. From my Easter vacation, I called to see how she was, knowing by then she was pregnant. The girl answered the phone. Her parents were away for the weekend. She wanted to know if she was pregnant. I felt I had to tell her the truth. Afterward, I sorely doubted my judgment. This emotionally disturbed adolescent could have been overwhelmed by her situation. I called her back that evening to reassure myself—and to insist that she contact me if she needed to. Now her mother and father are comforting me! I feel like a cheat, a thief.

What the hell else is there to do but to go on? I cannot go backward. I feel better (as always) when I work, when I do the work that is my calling. It's hard to concentrate, but there is relief for me in involving myself with the immediate problems of the living. Now there is something new. I am now haunted by the reality that no one in my care, not my patients, not my family, not myself, is safe from death through my unawareness. The only relief for me is talking into my machine, blindly recording for what purpose I do not know.

Each hour that passes changes the feeling, changes the experience. At the same time something unchangeable remains. The reality of the death cannot

change, but I have had this feeling before. What I have done cannot be changed. I have done something incredibly hurtful, grotesquely unnecessary. No amount of regret, no amount of remorse, no amount of pleading with God or with Fate can make it not happen.

I recalled today that Mildred had had an illegitimate child and that her parents had condemned her for it; they had disinherited her, had left her with the feeling that in no way could she redeem herself. Now that she is gone, they are going to punish me.

But maybe not! Sometime in the late afternoon, sometime after the first woman had comforted me, I began to permit myself to think that maybe they would not sue me. Even now this goes back and forth, now one way, now the other. I know that I will just be waiting, waiting for however long it will be before the letter comes, before the papers are served, waiting and scared and at the same time a little defiant. They are not going to destroy me. I am not going to destroy myself.

That's another strange quirk in this. I can no longer take comfort, as I have for so many years, in fantasies of committing suicide myself. Some recent realizations have convinced me that not only is suicide no longer a possibility for me, but comforting myself with fantasies of suicide is no longer acceptable. How strange, how ironic, that at the same time this door is closed to me, I have experienced the first suicide in my professional career.

9:00 P.M.: I have been home and reunited with my family. I'm on my way back to the hospital (at the insistence of the nurse) to sign the order on the patient's chart giving my permission for her to sign out of the hospital against medical advice. I gave this order verbally last night. I can understand the nurse's eagerness to have me acknowledge with my signature my full responsibility for this order. While I'm at it, I'll see to it that there is nothing in the chart that is incriminating, such as the discharge summary I wrote at the conclusion of her

first four days in the hospital.

The conversation with my wife about what had happened was typically unsatisfying. She is so quick to exonerate me that there is no room for a discussion of anything. I understand that this is her way of protecting herself against the anxiety of the ugly, unhappy news that I bring home, of the trouble I have brought upon my family. I also understand that she does not have any wish to listen to my pointless breast-beating, my recriminations. But I had hoped that she would at least join me in trying to see this as a vital message (from God), a lesson of such profound importance that it required the taking of a human life.

I feel kind of crazy right now. It's all locked up, hopelessly locked up inside. There is no way that I can communicate with anyone, not even with myself.

I have been aware for some time, over a week, maybe two weeks, maybe since Mildred went into the hospital, that I am very disturbed deep inside. My dreams have been sparse, primitive, confused. It has been difficult for me to concentrate on them, difficult to remember them, difficult or impossible to make the effort to get up and write them down during the night when I do remember them. I have known there was a profound disturbance in me, yet I have been unable to make myself face it. Death has been with me since last month sometime. But I never knew until today, that It was *in* me, that I was carrying Death around in me. And now knowing that made me able to unconsciously pass It off to someone unfortunate enough to be close to me. I remembered today thinking about the possibility of my own little girl's dying while we are away on vacation, and being scared and being careful.

Well, now that part of the ritual is done. The hospital chart is signed off. I have taken comfort for myself in the wording of the mimeographed sheet signed by the patient and by the pathetic young man who participated in signing her out against medical advice. These are all games. Nothing changes the reality. Mildred is dead. The games I now play to keep other men from judging me, from



punishing me for my unconsciousness, for my carelessness, for whatever part is my fault, these games do not seem to me to have much to do with Mildred and me. I still see that funny little smile she had on her face the last time I was with her, as if someone had just told her a very amusing joke. I feel like she is still laughing. But I also feel that she is angry. I think she really wanted me to stop her. I think she really wanted me to be able to help her. It's true she did not believe that I could. And she was right. The evidence is that she was absolutely right.

Tonight Mildred's parents are busy making the plans and carrying out the procedure of burying their daughter. When they are through, they will come to bury me. What possessed me to let that poor, pathetic girl into my life?

I just remembered a conversation she and I had. She told me that she was responsible for all of the evil in the world. I told her she did not frighten me; I told her, as I have told lots of crazy people, that I would expose myself to her and then we would see whether she was indeed the overseer of all evil. Now she is laughing. I just wish she wasn't angry. Of all the helpers, all the professionals who have been involved with this young woman over six years of suicidal behavior, she saved her act of murder for me. I can stand the laughter, but the contempt, the anger, the hurt to my therapist's arrogance, that really digs in hard.

Strange that this poor woman and I came together. We were brought together by the impersonal forces of the State. She was covered for her psychiatric care by welfare. I was and am obliged to make much of my living by treating these people. Like many such patients, she did not even pick me. I was picked for her by the good-hearted woman who runs the boarding house where Mildred was sent after her release from the state hospital. This totally untrained person gets the horribly sick, broken souls after they are hastily patched up and discharged from the state hospital. She is understandably anxious to find some professional to take care of her boarders. Many of them are as severely disturbed as any patient I have ever seen in the back ward of a state hospital.

From the first time she came to my office, Mildred did not want to see me. In fact, for her first appointment, she refused to come in. I was glad. I didn't need any more patients. I didn't need to convince this unattractive young woman that I could help her. So I let her go. But the lady with the burden of taking care of her day in and day out was insistent, and a reappointment was made. Second try: I got her into the office. It was at this time she told me that she was the carrier of all evil. I found something to like in her. Her arrogance regarding evil stimulated my own in a competitive sort of way. I've known since I was a kid that no one is "badder" than I am. After that beginning, it was a succession of broken appointments, my happily giving up on her because she was stuck in a hospital in another part of the state, getting her back, working within totally unrealistic limitations of time and money imposed by welfare regulations, step by step to the final miserable result.

Now it is Tuesday morning, and I go about my business. I was aware, as dawn broke this morning during my run on the beach, of Mildred's blind eyes that do not see this sunrise. My dream last night was that I was working with some other people, trying to finish a job. Although I was working hard and felt the importance of finishing the job, I was not frantic. Then I was relaxing with some people, perhaps having cocktails, and a young woman asked me whether I would be giving a language course. I replied, "Who, me? Parlez-vous ze Deutsch?" Everyone laughed, for I had demonstrated that language was my very weakest subject.

I did not understand this seemingly lighthearted and trivial dream in response to Mildred's death. Then I went to consult my friend, my guide, Max Zeller (our relationship was called Jungian analysis, or psychotherapy, and I was the patient). Max suggested that we consult the *I Ching*. This was a beautiful idea. It was the very sort of objective statement that I would be willing to accept. I certainly did not want any more comforting.

I asked the *I Ching* about the nature of my involvement with Mildred, the

meaning of this experience. The answer was hexagram twenty-eight, "The Preponderance of the Great." In this ancient Chinese symbolism was revealed a union of solidness, steadfastness, and joy. My lighthearted dream of last night now makes sense to me. As a student, much less a teacher of the language of the unconscious, I am a rank beginner. My life is the task that must be completed. As the dream says, I no longer work frantically at the task, imagining that I will thus impress the gods or get the job done, i.e., reach perfection. The hexagram also comforts me in my experience of inner peace, my lack of grief. I had feared that this was merely denial on my part, the refusal to feel the expected emotions. But the ancient book of Chinese wisdom suggests that grief and breast-beating are simply not part of this experience.

Now it is time to go to see the next patient and then the next and then the next.

Now it is years later. I never heard another word from Mildred's parents. The boyfriend who had encouraged her to sign herself out of the hospital against my advice called a couple of times. He mainly wanted to share his feeling that all of us had been bound together by a cosmic experience. I could agree—since he made no further demand on me. I was satisfied that he had forgiven himself as I had myself.

My failure, as I *now* see it, was in not being aware of the purpose of my treatment of Mildred. This young woman had been in agony for years, convinced that she was personally responsible for all of the evil in the world. She had tried repeatedly to solve both her own excruciating pain *and* the world's unnecessary suffering by killing herself. However, she had always been too disorganized, too fragmented to succeed. I had treated her with medication and with psychotherapy so that she finally had the necessary ego resources to carry through a definite act of self-annihilation. My job was to cure her so she could kill herself! My failure was in remaining unconscious, in not being willing to be fully responsible for my part of the therapeutic contract.

I had known for years before this incident that the danger of suicide is greatest during the recovery phase. I knew that I could have legally detained her for a while longer. It would have been a lot of trouble, but it could have been done. The fact is, I just didn't care enough about Mildred. That's what was lethal.

I don't want to slip into moralizing. That has no place in a world that is moving slowly but surely away from judgment, away from manipulation through guilt. I am convinced that my own refusal of guilt in Mildred's death was the key to my not being punished by society. If we permit guilt to take over, we communicate to others their right to take vengeance on us.

Success and failure are value judgments. They reflect an existing value hierarchy and a set of expectations. In nature, there are no value judgments. In the human experience, there are always such judgments. All of my life I have struggled to be free of critical, demeaning, degrading judgments, either making them or accepting them in my own self-validation. All of my life I have failed. All of my life, I have suffered depression as a consequence. But I would far rather take my punishment as depression than project the responsibility for punishing me out onto the world. Others are not likely to be as merciful to me as my own educated inner Judge. I had a revelation once: "There is no judgment on Judgment Day."

### A BARE BRANCH WITH BUDS\*

Sun bright on the snow  
beguiling crocus...Which way  
will the season go?

In his short story "The Imp of the Perverse," Edgar Allan Poe writes of a murderer seized with the urge to confess, as I recall, because the deed itself was incomplete without the telling of it. Perhaps this is one compelling reason behind the fact that nowadays it has become fashionable for people to lay bare their secret "sinful" selves, not just within the confines of the psychotherapeutic situation, as once they did within the Confessional, but openly and "up front." Among psychotherapist writers, the existential influence toward authenticity and self-disclosure has sometimes resulted for me in a feeling that I have learned more about someone than I really have cared to know. I certainly have committed my share to the literature of this *A Psychotherapist's True Story* genre; in fact, I willingly identify myself with the conviction that sharing my experiential process is a keystone in my Way of Being-in-the-World as a psychotherapist and as a person. (I toyed with the possibility of entitling this article: "Out of the Closet: Confessions of a White, Middle-aged, Jewish, Sexist, Racist, Narcissistic, Sometimes Despairing, Very Verbal Psychotherapist.") Earlier on, I regarded this style almost with missionary zeal: Here was a path with which the world needed to be confronted in order to know more of the Truth. My efforts in this direction were reinforced by the affirmation of many colleagues, students, patients who either sympathetically recognized themselves in revelations of my Self or intellectually appreciated the principle of honesty with which I was struggling. Later I became aware that in this mode I had found my professional writing metier. Writing this way had become functionally autonomous, a need in itself, regardless of whether or not it had any value to anyone else. Now I have gained

additional perspective: Sharing the inner life of the working therapist is a limited but vital aspect of a psychotherapy literature that still abounds in third-person personae, a necessary reminder lest we attempt to obscure or forget "the person who is the therapist"; also it stands as the expression of a particular humanistic approach that affirms psychotherapy essentially as an encounter between two people.

Unlike Joseph K. in Kafka's *The Trial*, I know what I am guilty of, but I'll be damned (literally) if I'll share it all with you. Despite my openness, I am a very private person. My life is an open book, and all that, but I am aware that several of the pages are stuck together and I will not rip them apart for you to read. Also I am not stupid. I allow myself secretly to "take the Fifth" because I know I am accountable for what I write, and that I must be selective in order to protect others whose stories I have no right to tell and to protect myself from those in the world who will not accept, let alone appreciate, details of my process.

My plan is to make use of my Imp without letting him obscure the best of me.

## **I. THE TRIBUNAL**

### *Ethics Committee*

A letter arrives from the Ethics Committee of the American Psychological Association. I have been charged with unethical behavior by an author whose book I reviewed in a journal. The author alleges that I deliberately wrote with a negative bias because I disagree with the point of view represented by that book.

I am in a panic and I am furious! I've never heard of such a chicken-shit thing—and I am scared that somehow the charge might stick and I'll be kicked out of APA. I visualize those little slips I've received from Central Office informing me, as a member, that so-and-so has been found guilty of violating Article Y Section X of the APA Code of Ethics. I see my name on such a slip, informing my

colleagues of my being dropped from membership because I violated Article X Section Y (*Writing an Unethical Book Review*). It seems both ludicrous and bizarre, Kafkaesque.

Then I began to wonder: *did* I maliciously write a negative review in order to discredit the author? I certainly am *capable* of perceiving those who disagree with me as my enemies—and capable of screening my vindictiveness behind a self-deluding mask of righteous indignation. Is that what happened in this instance? Did I pillory the author to advance myself? And if so, what can I do about it? Before long, I take myself down a fantasy path that leads me straight to hell. Now I am really scared—what if I am *guilty*, not just of writing a slanted review, but of self-deceptive, destructive inauthenticity.

I am so nervous! I take some Thorazine. (Why Thorazine! Especially when I've *never* taken *any* psychotropic drug—not even marijuana.) *Now* I'm plunged into a massive anxiety attack. I'm jumpy, can't sit still, can't sleep or rest. I toss and turn in bed, my body contorting every which way in an effort to find relief. I could scream! I call a physician friend who comes and gives me a shot (barbiturates, I think), and before long I'm resting fairly comfortably. (And now I know what my patients are talking about when they tell of their anxiety.)

I write my reply to the committee, documenting evidence that, in fact, I have on several occasions given speeches or written papers from essentially the same viewpoint as the book I reviewed. In a blessed short time I receive word from APA that they are satisfied and no charges will be pressed.

The experience has created an indelible mark on me. To one degree or another, I carry that ethics committee with me as a Tribunal perpetually in session.

My judges sound something like this:

The psychologist must be aware of certain principles of law in order to

function within our legal system. If he steps beyond the boundaries set up by the law, he is going to be liable for his actions. In order to incur liability, the psychologist must breach his duty to act in a reasonable manner so as not to cause injury to those with whom he deals.

The psychologist can breach this duty in two ways. He can intentionally inflict injury on another or he can inflict such injury unintentionally. Such unintentional conduct can be categorized under the term negligence. Negligence can best be defined as that conduct which falls below the standard set by law for the protection of others from unreasonable risk or which amounts to a lack of due care which a reasonable man would exercise under the circumstances. It is through negligent conduct that the psychologist is most likely to incur liability. Therefore it is important that he be aware of the elements necessary to prove a case of negligence in court.

In order to prove negligence, there must first be a duty owed to the injured party. The psychologist must owe some duty to the injured party in order to be exposed to liability. Second, there must be a breach of that duty owed. In determining whether the psychologist has breached his duty, his conduct will be measured against a standard of care. The standard used will be that of the reasonable psychologist. The question will be asked by the judge or jury: "What would the reasonable psychologist have done given the exact same set of circumstances?" If it is determined that the psychologist's conduct fell below this standard of care, liability will result. The third element is damages. The breach of the duty must result in some injury to the person to whom the duty is owed. The final element is probable cause. The injury must be the direct and probable result of the conduct of the psychologist. If any of the above elements are missing, the psychologist can suffer no liability.

If the psychologist can analyze his conduct in these terms, he will be able to recognize a situation which could result in liability in advance. He can take the necessary steps to avoid such liability and in all probability give better service to



the clients.<sup>1</sup>

My judges accost me most often during the psychotherapy hour whenever they sense I am near or about to trespass the boundaries of propriety or common practice. They sizzle when they suspect the unethical is close at hand. I always dialogue with them, they cannot be ignored; but I do not always acknowledge their conclusions or comply with their demands. Sometimes I challenge their jurisdiction; I know they are correct by their standards, but man cannot live by common practice alone. Terror comes when I realize I am on my own and that what I am doing may not hold up in court.

### *Suicide*

Let us take the case of suicide.

JUDGES: Is it not true that a patient of yours committed suicide?

VIN: That is true.

JUDGES: Is it not true that she wanted to terminate group therapy and that you pressured her into continuing?

VIN: Yes, I did put pressure on her to continue. At the end of the last group session she told the group that she did not wish to be a member of the new group. After the session I talked with her and told her how important I thought it was for her to stay in a group, that it might even be a matter of life and death.

JUDGES: What happened?

VIN: She told me she was afraid. She asked me if it would be necessary for her to tell the group about her inferiority feelings about her body. I told her that eventually this would be good for her to do because she then could get realistic feedback from others, that they could help her become more rational about her feelings.

JUDGES: What did she say?

VIN: She said that terrified her; she didn't see how she could ever tell others, she felt just too ashamed ever to be able to do that. I pointed out how much she had already learned in the group by being open and how others had affirmed her.

JUDGES: Did you know she was suicidal?

VIN: Yes, she had talked about suicide in private sessions, though not for some time before she killed

herself. She made a contract with me not to commit suicide, that if she felt suicidal she would call and talk with me before doing anything.

JUDGES: Were you aware that a contract with a "schizophrenic" often has little binding power?

VIN: Yes. It seemed to me that her progress in group was increasing the probability that she would let herself follow this contract.

JUDGES: Why did you tell her continuing in group might be a matter of life and death?

VIN: I felt that it was just that. Her primary hope, I felt, lay in her learning, through being with others who cared about her, that she wasn't as bad as she felt herself to be; that in fact she was seen as a valuable person by others.

JUDGES: What happened?

VIN: She seemed somewhat sheepish when I confronted her with the importance of her continuing and said that she would. I sensed how uncomfortable she was about it. I was reluctant to reassure her that she would *not* have to tell her shameful secret during the *next* fifteen week session of the group because I wanted to leave open the possibility of her developing enough courage to do so.

JUDGES: Do you feel such reassurance might have helped her?

VIN: Looking back, I realize that by taking charge for her I may have been communicating my own lack of faith in her ability to decide for herself. I see now that I could have reassured her that it was up to her whether or not and when she would share her private terrors. I do believe that could have made a difference in her decision to kill herself.

JUDGES: Tell us about her death.

VIN: A week or so after the last group, she failed an individual appointment. I called her home and got no answer. The next day her parents called and told me she had committed suicide, two days before, by carbon monoxidizing herself to death in the garage. Her parents said it looked as though she had tried to save herself by getting out of her car and trying to open the door leading into the house. Her body was found next to the door. She apparently had grabbed onto curtains at the window and had fallen; she had waited too long and wasn't physically strong enough to make it.

JUDGES: What else did her parents tell you?

VIN: They told me she had left a note instructing them to pay my bill and to thank me for having kept her alive for a year. They said they were grateful to me for all I had done for her and asked to come in and talk with me. They did so. A year later her father came in again and we talked about his feelings about her death.

JUDGES: Were you negligent in this case?

VIN: I should have waited until our private session to discuss her continuing in group.

JUDGES: Does that mean you believe she would not have committed suicide if you had not pressured her right after the group?

VIN: I have to face the possibility of that truth. I should not have confronted her when I did nor with such force.

JUDGES: Do you feel you are guilty of negligence? Did you behave in a manner different from what a reasonable psychotherapist would have done under the same set of circumstances?

VIN: I do not feel I was guilty of negligence. There is a paradox here. I have behaved the same way with patients with similar problems under similar circumstances and the results have been very positive—they have been able to use my strength and support to face terrifying truths and went on to become stronger people.

JUDGES: What would you do under similar circumstances next time?

VIN: This kind of thing *has* come up since my patient's suicide. My response was to wait a bit before confronting the person and not take such a dogmatic stance.

JUDGES: Are there any other mitigating circumstances?

VIN: This was the first patient in therapy with me to commit suicide. At the time I had been in practice for over twenty years. I felt both sad and happy about her apparent last minute attempt to save herself.

JUDGES: Do you feel she was communicating anything to you by committing suicide?

VIN: I wondered whether she was saying, "See, you're wrong. I will go to the most desperate of measures to avoid revealing my secret shame. You should have listened to me."

(I guess I can tell you about this trial because my Tribunal came in with a verdict of Not Guilty.)

### *Sex*

The Tribunal gets really hot when it suspects sexual misconduct on my part. The judges are terribly suspicious of anything that looks the slightest bit sexual. (This sometimes is a hard one because they don't always agree among themselves about what is sexual and about the rules of common practice and the behavior of the hypothetical "reasonable therapist.") The Tribunal casts its confronting eyes over my writings and challenges me about such statements as follows:

She says: "If it hadn't been for your response to me, your holding me, I don't think I

would ever have come to believe anyone could find me sexually desirable; no matter how long we had just talked about it."

I'm amazed and overjoyed. I had picked up her message that she genuinely desired to have me-as-a-person act warmly, lovingly, intimately, with her-as-a-person, but I was uncertain whether I should risk it. Now I can see that by limiting my risk I would have seriously limited her possibilities.<sup>2</sup>

My judges are especially wary whenever I Hold a patient. They have read my article, "Holding: A Way Through the Looking-Glass," but they often are skeptical and insist on reading between the lines and beyond what I have written.

In the heightened intensity of Holding there is always the potential for sexual experiencing and the danger of either therapist or patient eroticizing to avoid the real issue. If I sense the person is feeling sexual as a child, I let him know he is safe. If I sense the person is sexualizing to avoid, I try to encourage his getting to his child; if he does not, we sit up and work on it. This is also true if I sense that I am sexualizing the situation. I do not continue to Hold a patient if I stay with my sexual feelings.<sup>3</sup>

At their most severe, they accuse me of institutionalizing and legitimizing my own erotic needs. If I Hold a woman, they are sure I am being sneakily sexual; if I Hold a man, they argue that I am Holding him just to cover up my wanting to hold women, or that I am a latent homosexual, or that I am, even worse, polymorphous perverse.

I am stuck. I feel freely able to experience and express *mad* feelings with a patient: I have shouted and hollered, been hit by and have hit at patients (and less dramatically expressed my resentment and anger) in the process of our working together. I feel freely able to experience and express my *scared* feelings with a patient: my fear of intimacy, of physical violence, of my own anger or lust, of dying, of living. I feel freely able to express and experience *sad* feelings with a patient: I have cried with a patient and shared my feelings of loneliness and separateness; I have been depressed and have grieved in the presence of a patient. I feel freely able to experience and express *glad* feelings with a patient: my personal joy, moments of exhilaration about my own and the patient's peak moments; I have had fun with a patient. I feel freely able to *experience my sexual*

feelings with a patient. Indeed, I believe that if I cannot experience such feelings with the other person, at some time during the therapy, I am denying his or her sexuality. I am denying an important truth about their Being. I do *not* feel freely able to *express* my sexual feelings with a patient. I listen to my judges; they tell me that it is consistent with and permissible, and even possibly necessary, within the theoretical rationale of the kind of humanistic-existential- experiential framework of therapy that I practice, to experience and express mad, scared, and sad feelings, and that it is permissible for me to experience and even talk about my sexual feelings with a patient. But they tell me it is never permissible to "act out" my sexual feelings in therapy.

## II. THE IMP AND THE SPRITE

Being a psychotherapist is a privilege I sometimes do not feel worthy of; then there are those moments during which I can experience the ultimate in humanness within me. *This* (apparent) paradox forms part of my dilemma: If I could become the Transformed Person of Goodness, what would happen to the rest of my nature? Elsewhere I have described it like this:

In one way my value is that I'm really no one that special, just another hopeful journeyer; if I can make it as well as I have, having been as screwed up as I've been, why can't you! Then the other person usually moves toward his goal. But then I think about what a great therapist I am; I'm no longer a fellow sufferer and I distance myself. Then the other person usually doesn't move toward his goal. Sometimes I want to be loved by the other yet not asked by him for anything beyond what is natural and spontaneous for me to give; and I want for me not to ask of him anything beyond what is natural and spontaneous for him to give. This is part of the paradox of therapy: I am dependent upon the patient for my very existence as a therapist, and therefore for that measure of my self-esteem which derives from my being a therapist; yet to be effective and uncorrupted by the demands of the patient, my self-esteem must be independent of him. If I don't care, I can't help him; if I care too much, that is, if I want too much for myself, I can't help him. Only by letting him alone can I really be with him and help him, yet letting him alone feels like I'm not doing what I'm supposed to be doing. It's like learning not to slam down your brakes on icy pavement.<sup>4</sup>

And so I must live with the fullness of my nature, most of the time like an ordinary *schlepper*, sometimes *imp*, sometimes *sprite*.

### *The Imp*

I do not live as I say I do. I have become less honest, more self-seeking of momentary pleasures and power, more manipulative of others to suit my impulses. If any of my intimates really were fully informed of me, not just my thoughts but my actions, they would abandon me like a shot.

I have learned to use self-disclosure to advance deceit, spontaneity and creativity to justify laxity and lack of discipline. I recognize traces of an old phoniness around the edges of my being. I think: I never changed. I only learned to fill my time with activities essentially self-indulgent in character, which the times saw fit to reward most handsomely. The Age of Aquarius enables me to avoid detection; no one looks that closely, and whoever does is ridiculed for being "uptight." What is to become of me and my villainy? Actually I'm not really adventurous enough to be considered villainous. My sins are quite petty. My self-disclosures may be enough to provoke some bluenoses, but I'm not so vain as to think myself genuinely bad. Like Camus, I fear a meaningless accident that will escalate to calamity: someone's being offended by some insignificant slight and deciding to blow the whistle on me, in turn giving rise to another's indignation over an equally petty hurt. At first separately, and then swarming like a cloud of locusts, my detractors will swoop down and destroy everything in one fast, terrible storm.

I fear I am living at the edge of risk and that only a nudge will push me over the precipice to a Greek ending. Yet I would not even be able to claim genuine tragedy because I still would be alive. Perhaps at worst I would be discredited in the circles in which I was formerly praised and forced to live at the level of life from whence I came. Yes, I'd feel hurt by the taunts of mine enemies, the "I told you so's" they would howl to justify their heretofore ignored accusations. The sad part is that they would have been, at worst, only partly right, and then mostly for the wrong reasons—and without nearly the degree of import they ascribe to their howlings.

What can be done with me? Do you want to kick me out? I must live, I must eat. Shall you drum me out of the corps? What would you have me do? What kind of job would you permit me to hold that would enable me to retain my humanity, use my skills and talents and develop my potential? Remember, my peers are no better than me. The few unflawed noble souls are, wisely, going about their business in an unpublic way; they couldn't care less. I have to live somewhere, someone has to share my company—otherwise that would be too inhuman a punishment to fit my misdemeanors.

Reforming seems like such a difficult, even impossible task. Disappearing feels easier, yet, I'd have to take myself along. I suppose I'll just go along as I have and hope that nothing happens.

### *The Sprite*

Recently I went swimming. After a while of plodding through the water, I took a sauna, which relaxed me. I reentered the water and had an amazing experience. Usually I swim as though I am sinking. I struggle with unseen forces that drag at my body to pull me down. This time I fairly glided along, a startling feel of being *atop* the water, barely in it, sliding along its surface. I could hardly believe what was happening to me. My exhilaration was so keen, I could hardly believe I was doing the swimming. When I tried again, I was my usual stiff, struggling self.

The sensation of ease of motion and movement through a medium I have always been at best only slightly ill at ease in (I have nearly drowned twice) was incredibly beautiful. I decided later that this must have been some kind of peak experience—as though I'd been given a glimpse at another way of Being-in-the-World; a moment of experiencing perfection. Swimming will never be the same for me, regardless of whether or not I am ever in that special state of motion again.

It came to me effortlessly. I cannot strive for it to return. I cannot watch,

self-consciously, from the corner of my eye to please or cajole it into returning. That experience was a gift. I can only hope I will live my life in a way that will be receptive to its return.

\* This contribution originally appeared in *Voices* 12(1), 1976.



## WRONG, AGAIN

It's hard for me to think of mistakes I have made doing therapy. I laugh at this lapse, snigger abashedly at my unwillingness to make an error knowingly, and feel sad when I become aware of the unclaimed richness between me and my patients. During the past few weeks, while thinking about this paper, I have closely scrutinized every contact. The one glaring mistake I found was my unavailability at the time of a scheduled appointment. That turned out to be a clerical error made by my answering service. Errors directly attributable to me were more difficult to find.

This all began a long time ago, when I was a young therapist in the process of learning. Then, it seemed permissible to make mistakes. I was more able to experience my "wrongness" and to fret about feeling vulnerable and exposed. No one ever told me that was what I could expect, even into my maturity. It was just a matter of definition or correction in supervisory sessions—as though all things could be handled through time and the educative process. Then, there always seemed a right or a wrong way. Only the young and inexperienced could make mistakes.

My first supervisor did *not* feel called upon to correct my errors. Instead, warmly and with care, she would acknowledge that piece of myself that was showing and offer how a piece of herself might have done it differently. I felt added to, rather than shamed, by our difference. With all the other supervisors it was more a question of getting it right.

As I developed professionally, the response of my supervisor of the moment was to tell me that I no longer needed any supervision. She felt that she had nothing more to add to my learning. I was doing it *all* just right! I recall feeling

very proud then. I did not know enough to feel angry about the demands for perfection that were foisted upon me by my teacher. Upon reflection I see how, at the time, my own need for clarity was well-mated with the authority of that judgment. In order to get "tough" cases I had to be "good"; to be assigned "interesting" patients meant making no mistakes at all.

I am a woman. I was trained as a social worker. Both of these dramatically affect the way I work as a therapist. "Doing therapy" is a term more traditionally applied to the male- dominated medical model. It is not an apt term for social workers, who, historically, have been in the feminine mode. In the social work profession, close, intensive working together with clients toward personality shifts and problem-solving is called "counseling." This is a term that suggests "telling" someone what to do as a way to be helpful. It is unlike the more objective, knowledgeable approach that the term "doing therapy" implies.

When I worked in clinical settings, where the staff was composed of predominantly male psychiatrists, my professional worth was often equated with my ability to work *like a man*. To be "like the doctor" was to be conferred status by the entire community. Patients and staff alike understood the "team approach" to therapeutic care as a means of incorporating very diverse modalities. Within this framework it is the man who often assumes the mantle of rationality, tempered by fact. Without the help of science, the woman makes *her* efforts by engaging in the kind of activity that moves the problem from one place to another. It is the social worker—the woman—whom the public mind most often identifies as the offerer of the "concrete" service. The intangibles, the profundities, are within the male preserve.

Social work theory has most often piggybacked on formulations developed by other professions. Sigmund Freud and Otto Rank supplied the educational approaches that dominate the field. When I was in graduate school the faculty was overwhelmingly female. The course in psychological theory was the only one *not* taught by a social worker. Instead, the instructor was a male psychiatrist with

a faculty appointment as "consultant." This course was unrelated to the rest of the curriculum. The instructor came once weekly and lectured to a full audience. He had no continuing contact with the students. His presentation was highly didactic and infinitely more "scientific" than the informality of the other courses warranted. And, although this course was mandatory, it seemed unimportant. The lesson seemed to be that in the natural order of things personality dynamics were within the purview of the psychiatrist rather than the social worker. It had always been so. If you went along and did not *actually* attempt to upset the cart, no one would notice anyway.

Even those social work agencies most heavily invested in offering counseling rather than concrete services rely upon regularly scheduled psychiatric consultations to determine and consolidate diagnosis and the direction of treatment. When I was a caseworker in a family service agency, it was a male psychiatrist who was hired to offer his expert opinion on a weekly, one-hour consultant schedule. There were only one or two caseworkers who could "present" within this frame.

As a very inexperienced staff person, I was coached as to how I might get the most out of the time spent with the consultant regarding a difficult case. The date was always set well in advance. I had ample time to write (and rewrite) the case materials that were to be submitted. My supervisor and I discussed the client contacts many times, viewing the process from a variety of angles. When the summation was acceptably complete, few ripples were to be seen.

Most of my worries about the problems for which I had sought the consultation in the first place were set aside in favor of the agency expectation that I use the consultant time "wisely." This was to be time devoted to the discussion of theory. Mistakes or therapeutic errors (although they were not so designated) were to be kept "in house." This was a familiar and oft-taught lesson.

In my gut I knew that I must not shame myself or my agency by owning up

to mistakes before an outsider. I must act as if I had it all under control save for the labeling and the theoretical conceptions, to be supplied by the expert. The case supervisor, my supervisor, and I would all sit there chatting amiably, awaiting the arrival of the psychiatrist. He always came late because *his* schedule was so busy. All four of us would then engage in seeming accord as if there was only one way to work with my clients, one direction for me to follow. Because my submitted materials reflected only that I *knew* exactly what to do, we could then all bask in the aura of certain knowledge and perfection.

Since I was a beginner, it was totally acceptable that the "concept" might escape me. This became the agreed upon area of exchange. It was the concept that we worked on. The important lesson to learn was the perpetuation of the myth that there was, indeed, a hierarchy through which one person—or profession—might judge another.

Although needed, the "expert" often feels vaguely like the enemy. During the time I spent in that agency it felt too hard to figure out whether we were actually to be with him or against him. Only recently did it become sadly apparent how much this conflict has contributed to the confusion some social workers expressed about how seriously they were being taken as professionals in the community.

I was attending a social work meeting. Under consideration was an attempt to obtain insurance benefits for private patients being seen by psychotherapists who had been trained as social workers. There was a great deal of genuine concern expressed about the "power" of the social work profession to change what seemed an inequitable position by major carriers clearly favoring the medical model. A proposal was raised that received a great deal of support from these mature, experienced professional people. Its thrust was that other members of the therapeutic community, namely psychiatrists, should be asked to assist our cause by writing letters of recommendation to the accrediting boards attesting to our value as practitioners. To most, this suggestion seemed both

possible and valid.

The nature of social work is, frequently, an "ancillary" one. Its practitioners are often housed in a larger institution (i.e., a hospital or a correctional setting) administered by another profession. It is necessary to learn that it is often an adversary system. Making one's way is equated with manipulation and control. Although the kernel of this truth first became evident in my work in a social work unit (a family service agency), it was even more glaringly so when I began working in mental health facilities. Ironically, these are considered the apex of clinical social work placements because of the opportunity they offer to do counseling—or therapy—without the impediment of the concrete service traditionally found in social work agencies. I had decided to go this route because of my wish to work with clients more intensively and knowledgeably.

Trained in the functional, Rankian approach, I felt some need for exposure to the Freudian methods more commonly practiced. I had also partly swallowed some of the highly popularized dictum that my own professional expansion and expertise would develop best under the care and nurturance of psychiatry.

When I applied for the job I wanted, I was turned down by the woman who was the Chief Social Worker. She said I was too inexperienced and would make too many mistakes. Besides that, I had been trained as a Rankian and obviously would not fit in with the Freudian approach of that particular clinic. She knew that my being there would "embarrass" the social workers who needed to keep up with (if not be better than) the medical staff.

The chief of the service was a male psychiatrist. I saw him next. He was pleased to maintain his position in the ongoing struggle by overruling her and hiring me. In any case, he could not conceive that anything I would do could be that important. He knew that it was the doctors who ran that clinic.

During the next seven years I moved around some, always working in psychiatric placements, supplying the "social work" component to the medical

model. My working partners were predominantly male senior psychiatrists and junior residents in training. Regardless of experience, they all seemed certain they knew far more about the practice of therapy than I could ever know.

In the established structure, only the doctor *did therapy* with the patient. In the "team approach" we practiced, the "family" was considered to be my area of expertise. The people I saw were labeled "clients" in deference to their secondary standing in the treatment matrix. The work I did was "counseling." It was to be focused and defined by the work being done by the doctor and *his* patient.

In these settings it was important that social workers *not* make mistakes. Our standing in that community was dependent upon the growth and progress of families in accord with the expectations of the medical staff. Privately there may have been some effort within the Social Service Department to look more closely at work being done. In concert with the wider institution, that was not so. The major thrust was toward results of the work that met with the needs of the patient *as determined by the medical staff*. If the social worker could not accomplish this, a doctor would step in to direct the power of his role toward getting the family into line.

Now I see that being concerned that I might be making a mistake or committing a therapeutic error in the work I was doing with my client-patient would have meant recognizing that what *I* was doing was important. It would have meant being willing to say that I was engaged in a process for which I could be held responsible. At the time, it would have made that whole experience an impossible one for me.

Looking back, I wonder why it happened as it did. I see myself as an accomplice, an unnamed co-conspirator in a system covertly determined to limit my significance. There are many far-reaching women like myself whose fantasies include becoming that wise counselor, the psychiatrist perhaps. Deftly, we are funneled into more acceptable and accessible feminine counter-types, like social

work. I was manipulated effectively through social attitudes and parental expectations. In my mind, women were less likely to be accepted into medical school than men, and girls were not as skilled as boys in dealing with prerequisite subjects such as science and mathematics. Also, becoming a social worker consumes less time and less money. Clearly, expending less energy befits a profession which is only of secondary importance.

I see now how my acquiescence to becoming less than I hoped to be was my way of quieting the dissent while seeking another path. I could not openly move beyond "my place." I was not, however, willing to give up my insistence on being more knowing, saner, and better functioning than others whom I was supposed to help. I believed I would achieve perfection if only I could become a "wise one" in the community.

I was able to feel my vulnerability more deeply at a later time. Very early in my career I was experiencing severe stress in my first marriage. In my work, one of my main concerns was whether anyone who felt as unable to cope as I did could help anyone else. Away from my clients I wept copiously. With them, I insisted on appearing intact and untroubled. I feel embarrassed now by my complicity in perpetuating their assurances that I could be perfect. I was totally unwilling to defuse the myth. In fact, I counted heavily on the protection afforded those who "help others."

Now the cost I paid seems very high. The acceptance of such power is isolating and, ultimately, very lonely. My patients at the time did not have to acknowledge and deal with my needs and my human errors. Nor did I.

I would like to think that beginning to understand all of this means that now I am becoming more comfortable with acknowledging my mistakes. I *think* I am. Even so, I wonder at my unwillingness to name an error, just one, for this piece. Perhaps I still cannot.

*Arthur L. Kovacs, Ph.D.*

### THE VALLEY OF THE SHADOW\*

The thought of saying the things I am about to say has filled me for days now with a great deal of fear—fear that seems to have a twofold, Janus-facing nature. On the one hand, the story I shall relate leads me back through events of my life that are incredibly painful to revisit. On the other hand, my memory of the interactions between myself and the patient I shall introduce to you stirs primordial apprehension in me.

I was raised on shame and have suffered its effects all my life. I sit here in fear of the judgments of you who shall listen to this.

Five months ago when I conceived the idea of this symposium I was filled with what seemed like a driven need to discuss the experiences I had just lived with the patient I shall describe. As today came closer and closer, however, the need seemed to wane, and I found it harder and harder to think about what I would say to you. I said to myself that it was losing its importance. But I want you to know that part of me was always suspicious of that. I now know that I was giving myself phony excuses, that the journey you and I shall make together fills me with dread, and that I am terrified and uncertain about its outcome. I discovered this for sure on Friday morning. I knew I could no longer put off giving some thought to what I would say to you—using the rationalization that the press of other involvements made it impossible to reflect about my story. I awoke with a start just before dawn. Kaleidoscopic images of scenes now gone flashed through my awareness with stark clarity. I felt their poignancy. I felt gathering in me a point of view, a schema for relating to you, a set of notions that might make sense out of me, *to* me. These I will share with you. I commend to you my life—as a psychotherapist and as a man.



The central notion that I choose to affirm and that shall illuminate these remarks is that the style of the calling of a psychotherapist cannot be separated from the great themes of his own existence. We delude ourselves often that our task consists of our merely executing a set of well-learned techniques in the service of our patients' needs. I now know that this formulation is nonsense. What we do with our patients— whether we do so deviously and cunningly or overtly and brashly—is to affirm our own identities in the struggle with *their* struggles. We use them, for better or worse, to secure precious nourishments, to preserve our sanity, to make our lives possible, and to reassure ourselves in the face of that ineffable dread that lurks always beyond the margins of our awareness and can be heard as a very quiet electric hum emanating from the depths of our souls when everything is silent. Listen right now and you shall hear it—if you dare. But most of us, ourselves, go through some form or another of protracted therapy to convince ourselves that we thereby have grown beyond such primitive dread and that we have transcended that basic human need to inflict our persons on all whom we confront. In this way, we can use our training to utter comfortable lies to ourselves and to avoid looking at the processes by which the persons we are either catalyze or defeat those who move in communion with us.

But enough of my convoluted, poetic philosophy of human commerce. It is time for me instead to introduce you to Gwen and to relate to you how my personal, longing quest failed to provide that which she needed from me and produced...what? Disaster? Chaos? Stalemate? I do not even know the right word to describe the outcome. Each of you can provide your own word when I am through. What I *am* about to relate, however, is a tale of an era in the development of the person who was this psychotherapist—me. And at that time of my life, as you shall soon see, I was filled with shame, guilt, and anxiety. Part of me needed a persecutor, and Gwen supplied the potential to play the part. She and I came together around this theme. When I no longer needed to be persecuted, we somehow parted. But I am getting ahead of my tale.

I first met Gwen about—I can't even remember how many years ago, and I perversely choose not to look it up. I know that it was more than four years ago and less than eight. The important thing to say to you about the time frame of our relationship (and subjective time is always more important than objective time) is that she was a companion to me, often a vicious companion, during the death of my first marriage and the birth of my second. For those of you who have never experienced that process as it is lived on the threshold of middle age, I have few words to describe to you what that incredible journey feels like. I shall mutely content myself with saying that it is a time of agony, desperation, and great craziness—often carried out with no self-awareness. And I also need to tell you that I appreciate that the words I have just uttered communicate nothing to anyone who has not lived such a death and that for the others of you who have been my companions, the words are superfluous.

At any rate, Gwen came into my life at about the same time as I began to stop pushing away the awareness that my first marriage was dying. She was then about nineteen, a freshman in a local city college, and I noticed immediately that she was very tiny, cute, appeared cuddly to me, and at the same time had some kind of a "prickly" quality to her that made it hard for me to talk to her. As fragments of the tape in my head now unwind, what I remember most from our first moments together, aside from the visual images of her appearance, is how I felt as if I kept reaching to make contact with her as I fashioned my words and how she would then slap at my verbal pseudopod, implant a barb in it, slide to one side, and look at me in both defiance at tricking me and despair that she had won. (Years later, when I talked to her about that dance that unfolded over and over between us, she stared silently at me in baleful hatred.)

Gwen came to see me because she had begun to experience severe anxiety attacks in school. Most of these were evoked by encounters with her psychology instructor, a married, middle-aged man. She was convinced, in her own paranoid fashion (to which I was unutterably blind in the beginning), that he was making seductive, obscene, and shaming gestures toward her continually. When he

discussed masturbation in his lectures, she believed he was shaming her before the whole class, accusing her and revealing that she was a masturbator. She would blush, feel terrified, and have to leave class. Gwen was frequently aware of his genitals bulging in his trousers. She often believed he dressed in a fashion to accentuate them and positioned himself in such a way as to exhibit his endowments to her. When he talked about sexual matters, she "knew" he was lusting after her. I need to make it clear that, as I do so often, I partly trusted Gwen's craziness and indeed believed there was something in the instructor that longed for her. She was, I must repeat, deadly cute.

At that time in my life I cherished two precious beliefs that provided, I then believed, the golden key to the good life. (These beliefs now seem shattered, empty, discarded in despair as a long series of previous shiny beliefs had been in turn. But then, my beliefs have a way of turning to ashes every few years and winding up on my personal scrap heap of broken longings.) At any rate, during the time I am describing, I believed, first, that each person needed to listen very carefully to the secret longings his heart whispered to him and needed to strive mightily to turn those longings into reality. I also believed, second, that every conflict between human beings could be resolved by the resolute willingness of the parties involved to contend with each other openly and to express themselves fully and authentically. With these beliefs goading me on, I urged, suggested, prodded, exhorted, and insisted that Gwen confront her instructor and that she share with him not only her paranoid perceptions of his lustfulness and his provocativeness but also, what had been becoming more obvious to us both, her longing to have an affair with him and her fear that she might.

Gwen at last did so. She sought him out one evening at his office and poured out her feelings and perceptions to him. The instructor became incredibly defensive and poisonous with her at that meeting. He treated her with arrogance and contempt and was completely unwilling to examine his own role in her craziness. After coolly berating her for fifteen minutes and attempting to convince her that everything was the fabrication of her sick mind, he hugged her

when it was time for her to leave his office. She was aware of his penis.

When she returned to her next appointment, she was furious with me. She screamed at me that I was a rotten fucker, that I had sent her to her humiliation, that I took sadistic pleasure in teasing her. The force of her violence was incredible; her features contorted into a malevolent hatred that I have seldom seen. For the first time, I sensed the presence of some awesome murderousness in her, and I felt frightened. The pitch of her screaming was louder than I had ever heard. I believe, and still do, that the instructor had manipulated her and given her a dose of clever poison to choke on as he protected himself from her paranoid wisdom. I tried to get her to hear that. Her ears were closed by the noise of her own anguished, vicious screaming. She broke out of my office, fleeing from me and from her rage, almost wrenching the door off its hinges—although she probably does not weigh more than ninety-five pounds. I did not see her again for several months.

I must pause now to see where the flow of my reverie carries me. I know I want to talk about those two beliefs I mentioned before that were so precious to me and so profoundly influenced my commerce with Gwen for better or for worse. You see, I needed desperately to believe in both the principles I described to you: that *heeding the whisper of one's heart* and *daring to encounter the other bravely* would together make life bearable. The mortal sadness of my marriage was then killing me. The beliefs in question showed me a way, gave me a direction. They gave me a justification for doing two things that I badly needed to do. I found the courage to have the first of what turned out to be several love affairs in my attempt to create for myself that which had been lacking in my empty life, to assuage that ache that had been leading me to walk staring always at the ground with lead in my groin; and I found the even greater courage to begin to speak the unspeakable to my former wife and to lance the painful abscesses of hidden and festering silences that had existed between us for over a decade. My beliefs, inflicted on Gwen and most others who opened themselves to me, were my armor, my sword, and my shield at that time of my life. Will I ever

dare to walk the road of my life naked?

The next many months Gwen found exquisite ways to torment me, even though I could *not* get her to come to my office. She began, for example, to call me, usually around three in the morning. I would stagger out of bed to answer the phone. There would be an ominous silence, then a loud screaming, "You goddam piece of shit! I want you to die!" or something equally vicious and abusive. Suddenly the phone would be hung up and it would be over until the next time. I believed then that my life was in the grip of some malevolent, overwhelmingly crushing principle, for Gwen's timing was exquisite. Most of her calls occurred at times when I felt too weary, too battered to stand one more moment of anguish in my life. My struggle to build a new existence was beginning to consume me. Most of those nights I had fallen into fitful sleep after lengthy episodes of bitter acrimony with my former wife or of crying desperate tears at having to cross such a limitless desert alone. Gwen's calls would cause me to start up from steamy, sweat-rumpled sheets in terror; I did not feel the strength to deal with her. She would punish my eardrums, I would submit, and then I would stagger back to my nightmares.

At last, after an absence of four months, I finally received a daytime call from Gwen. She asked to make an appointment! When she came in, she told me that she had been thinking about her therapy a lot and that she felt she wanted to enter group therapy. Having others around would, she believed, keep the two of us from getting into terrible trouble together. (I often notice patients possess incredible wisdom, if we would only listen!) I also, as did she, wanted and needed to dilute the horrible intensity of what had been transpiring between us. I readily assented, and Gwen started group.

To my surprise and delight, she began to work in ways she had not before, and the effects of that work also began to result in changes in her life away from therapy. Thus, she cultivated a relationship with a childhood sweetheart and surrendered her virginity to him. She also began to feel and act in many other

ways much more like an age-appropriate nineteen-year-old. I learned a great deal more about the chaos of her past during those months, too. Her parents had divorced when she was six. Her mother remarried when Gwen was twelve after a period of intense economic hardship filled with illness and hunger. In her middle adolescence, Gwen's stepfather had a psychotic episode, preceded by a period of great violence during which he brandished a pistol repeatedly, screamed at his family members often in desperate viciousness, and engaged in great, raging, hallucinatory battles with his wife—during which he sometimes bloodied her or broke her bones—before he himself finally went to a psychiatric hospital. Gwen trembled violently as she remembered and related these things. During this period of treatment, also, Gwen got herself a job as a secretary, decided to attend college at night, and moved into her own apartment, separating from her family for the first time in her life. And I felt smug, pompous, and marvelously effective as her therapist. What an ass I was!

More vignettes now flood my awareness...a weekend marathon. I had begun to become interested in this therapeutic modality and had begun to explore its dimensions. Gwen accompanied me several times. Once I was working with another patient. The other patient was pouting, sullen, withholding. She had come up to the edge of something and now sat stolidly, defiantly, unyieldingly. I became exasperated and started shaking her. The next thing I knew, Gwen threw herself on me, fists flailing, screaming "You fucker, you fucker!" It took ten people to pry her off of me. I was very shaken.

Another marathon. Days, months, years—I do not know how much later. I had taken twenty patients into the Sierra Nevada. We were camped out in a snow-surrounded, glacial-scoured, lake-filled paradise. I had asked a woman along to share my sleeping bag at night. As I look back, I now feel ashamed of my choice. My companion was young and very pretty but had nothing more for me than sexual compliance. For this she wished to present me with a large number of emotional demands. At that period of my life I was desperate for any crumb of nourishment, did not appreciate my worth, and would hunger after anyone I

believed would have me. We fought a great deal that weekend. Gwen kept watching the two of us balefully. During the second day, she asked the largest man in the group to restrain her physically while she talked to me. He did so, and once again she shifted gears into her screaming viciousness, calling me a piece of shit, a motherfucker—any obscenity she could muster. He held her so she wouldn't hit me. She struggled hard to get free while she vilified me. The gist of her tirade was, of course, that I was a moral leper, a vile sensualist, and a user of people.

As my first marriage continued to die and as I searched for the goodness I so longed for, Gwen became somehow in my mind the world's representation of the established moral order. She had been selected to make me suffer for my sinful attempts to make a new life. The night calls and screaming at me over the telephone continued, usually when I could least bear them. Incredible vituperation also spilled out of her in group each week.

A memory now erupts into my awareness. It is a soft spring Monday morning. Los Angeles is scented and fresh, scrubbed clean by the warm desert winds. To the left I see mountains, over my shoulder the Pacific with Catalina Island rising out of it meets my gaze as the car I am driving seems to pulsate effortlessly toward my office. I am exhausted. I had cried myself to sleep the night before. Weekends are always terrible when marriages are dying. Gwen had called again. *I want her dead!* I suddenly knew it and began to fantasize the myriad ways I could kill her. I danced exultantly over her broken corpse. Her life must end so that mine could go on! Yes, I knew it and hungered for the moment when vengeance would be mine. That shitty, stinking little cunt-bitch! I arrived at work trembling in fearful awe over the intensity of my own murderousness. That night in group my patience was exhausted. The two of us got into a screaming battle with each other. I told her how I longed for her to die. We traded insults and murderous fantasies. I felt momentarily better.

Another night—weeks later. I am talking to someone else about

masturbation. Gwen's paranoia flares up again. She accuses me of sitting with my legs apart to compel her to stare at my crotch. She insists that I am talking about masturbation to shame her. She yells that I should get it straight once and for all that she does not masturbate. I get furious. I tell her that she is a stupid little bitch. I tell her she is twenty years old and that it is time she started masturbating. I describe to her how to do it and order her to go home and carry out my instructions after group. I add that I never want to hear anything about masturbation from her again. She becomes silent. Finally, I start searching my heart about her accusations. I tell her that they are partly justified, that when I first met her I had indeed tried her on in fantasy as a possible lover. I assented that I had probably teased her provocatively and flirted with her in subtle ways. I admitted to her the crazy desperation that seized most of my life then, the hunger to be at rest in a good woman's arms. I added that my fantasies about her had died, though, soon after my getting to know her—that she was *not* my other half, nor what I needed for me. I said that I regretted that fact. I believed that my inability even to imagine her any longer as a partner to me was a sad tragedy. I felt forlorn as I talked to her. I closed the group by expressing my wish that a day might come before either of us were dead when once again she could stir me in such a way as to invoke in me imagery of her being my woman. I knew that *that* would be a sign that something profound had happened to each of us.

Early the next morning, Gwen called. She asked if she could have an individual appointment with me. I had a cancellation that afternoon and readily assented. At the appointed hour, I opened the waiting room door. Her face was contracted with rage. As she walked by me, she slapped my face. When we entered my office, I asked her what the hell *that* had been for. She screamed that I had exposed, shamed, and humiliated her in front of her friends in group. Then she went berserk and threw herself on me, trying to claw my face and spitting at me as we tussled. We crashed to the floor, spilling furniture and books everywhere. I finally subdued her, and as she began to feel the assertion of my strength and control she murmured between clenched teeth: "Go ahead, you



bastard. Fuck me." I told her I wasn't interested. She began to sob convulsively. I had never seen her like that. She was suddenly very little and helpless, a three-year-old who had been running around in murderous fury, trying to pretend that she had adult competencies lest the world penetrate her disguise and annihilate her. An image is indelibly burned into my awareness: the two of us sitting there on the floor in the midst of the rubble of my office, Gwen sobbing helplessly in my arms, my rocking her and feeling rubber-kneed and weak from the awe and fearfulness of what we had just experienced.

Over the following several weeks, Gwen gushed forth with that which made her life more comprehensible. The next time the group met, she sighed and said that she wanted to talk some more about her stepfather. She then repeated how terrible were the scenes of brutality she witnessed being inflicted on her mother. Once she ran to get a knife and threatened to use it if he did not leave her mother alone. I came, thus, to appreciate the toxic introjects she had incorporated into her own being from those bruising encounters. Now suddenly, however, her tale shifted. She began describing her stepfather coming into her room one night. Gwen stopped, flushed, went incredibly tense, and would not go on. I asked her what was happening. She screamed, "I can't bear him." I assumed she was talking about her stepfather. I urged her to say what she wanted to say to him. My instructions to her to enter into a dialogue with the half-fantasied, half-remembered shade of that man on that nameless occasion precipitated a kind of trance-like state. Gwen *became* fourteen again. She relived and reproduced what I knew was in store for all of us—her stepfather's feared, longed-for, luscious, tormenting, lacerating, hungering attempted rape of her that awful night of her memory. Who knows whether the events were real or not? I still do not. But their reality was powerful that evening she described them to us. It gushed from her in great anguished screams and sobs. All of us ceased to exist for her as she contended once more with her forbidden lover-opponent. When she had finished, she lapsed into almost soundless, battered whimperings. Her tear-drowned eyes remained closed. I picked her up and rocked her as I would my own daughter. At

first she drank me in. Then I felt her stiffen. I knew intuitively what was happening, and I said to Gwen, "No, I don't have an erection." She realized it too, at the same time, and turned to rubber once again in my lap. Yet, at that moment, I sensed our relationship was doomed and hopeless. If I held her at some emotional distance to placate her longing, terrified struggle over being penetrated, she would rail at me for being no help, disinterested or worthless to her. If she captured my attention, and I started to move closer to her, I would become the bearded satyr—too exciting, too forbidden, and too dangerous to deal with. Either way the end result was an outburst of fearful hatred. I talked to her often about this frustrated, impotent dilemma into which she thrust me. It never did any good.

Instead, Gwen began to separate from me. She started to come to group less and less. At first I felt comfortable with this, for the events of her life demonstrated a thrust toward increasing competency and mastery. She received a significant promotion at work. She separated from her boyhood lover and began to explore the possibilities of loving a much more capable man a few years older than she was.

In spite of the growing separation between us, I first began to appreciate that she and I were still in some kind of chaotic trouble together when she executed a tremendously devious manipulation on me. One day she called me to ask me for a referral. A friend who did not have much money wanted to enter therapy and asked her, so she said, for the name of a good clinic. I provided this to her, and I added that the friend should ask for Dr. X, if possible, at that agency for I knew he had a good reputation. Three months later I found out, when Gwen began to talk matter-of-factly about it in group, that it was Gwen herself who had gone to see Dr. X and that Dr. X had begun seeing her, not at the clinic, but in his private practice!

I went on seeing Gwen on her occasional visits to group until a little over three years ago. Then her world fell apart. She finally mustered the courage to

tell her new lover that she was falling in love with him and to ask him for more of himself than he had been willing to give her thus far. He smiled, told her that she was a sweet thing, but that all he wanted her for was an occasional night in the sack. He laughed delightedly at her precious gift of her avowing that she wanted him, and he went to the refrigerator to break out a bottle of champagne. Gwen went berserk, tore up the man's apartment, and forced him to throw her out bodily. She then came to group the next week, started up her screaming machine again, complained that I was an evil monster who ruined people's lives, and stormed out of the office.

I did not see Gwen again for three months. I was relieved. I thought she was gone forever, and I was happy. I had at last left my previous life, was living alone, and felt joyously in love with the woman who is now my wife. Gwen's seeming departure was a mystical sign to me that my perilous journey was at last over and that I would be able to rest in my wife's arms, exhausted, ecstatic, and optimistic about what we were beginning to build.

Much to my surprise, Gwen signed up for a weekend marathon I held the next January. My soon-to-be wife accompanied me on that occasion. As I relive those moments, I remember how Gwen stared at the two of us in hateful envy. She detested my happiness. She tried to interfere, with sarcasm and cruel mockery, in any work I attempted to do. I finally stopped everything to contend with her. I was quaking with tension. After Gwen played many screaming broken records over and over again, I asked her what the hell she wanted from me. To my astonishment, she softened and asked to be held. Haltingly, I agreed. She came and sat next to me. I put my arm around her and she leaned against me, but I felt some kind of stiffness and unyieldingness in her manner and bearing. I told her I missed the vulnerable child she had—on a precious very few occasions—allowed herself to be with me. My wife, in her usual marvelously intuitive fashion, saw the look in Gwen's eyes and began to speak to her of her own struggles with pride and envy. They swapped tales of being children, of longing for good fathers, and of all the turmoil and fear such longings create. My wife

urged that Gwen be resolute in searching for what she wanted and that she not allow her fears of other women's retribution to turn her aside from her quest. Gwen softened and allowed herself at last to surrender to being held. Later in the night one of the women in the group asked Gwen for permission to, and indeed did, feed her from a baby's bottle.

Gwen then disappeared from my life. Once in a while I would get a phone call from her complaining bitterly about the cold, cruel, and vicious treatment she was receiving at the hands of Dr. X. I urged her each time to discuss her grievances, real or imagined, with him and told her she was always welcome, if she wished, to return to group—that many people missed her and asked about her. Last June, I got a call from her again. She and Dr. X had gotten into a fight, and he had thrown her out of therapy, saying that he was sick of her vicious bitchiness, would not put up with it any more, and was not going to see her again. Gwen sounded crazy and frightened on the phone. I began to get anxious.

Two weeks later I came into my office and found it a shambles. All my books had been thrown on the floor. The furniture was overturned. Papers had been ripped up. A cover from *Time* magazine, the one with Jesus Christ Superstar on it, had been ripped off. A knife, thrust through the face of Jesus, impaled it to my couch. I knew immediately who had done it, and I began to fear for my life. Then Gwen called and asked for an individual appointment. I refused, telling her that I was afraid of the violence in her. I urged her to come to group so that we could talk where we would both be safe. She screamed at me and hung up.

One Monday night at 10 P.M., late in June, I left group and went to the basement of my building to get my car. Gwen jumped me, shrieking murderously from the shadows of my car. In fear and fury I protected myself and decked her. She went down hard and lay still, moaning in pain. I broke my finger in the process. She mumbled that her back was hurt. I ran to fetch aid. When I returned, she was gone.

Three weeks later, a fireman came into my office. Gwen had been gathered in off the roof of my building after having threatened noisily for an hour to jump. She was on the way to the receiving hospital. The physician in charge called me. He said Gwen had confessed to him it was the third attempt she had made on her life in forty-eight hours. Not only were her wrists slashed, but her body was battered from having driven her car into a bridge abutment as well. I called Gwen's mother and urged her to have Gwen detained. The mother reported that Gwen had assaulted her parents and her father's psychiatrist during the past week. I begged the mother to have Gwen hospitalized. Instead the mother screamed at me for being "one of the fucking Jew-doctors" that had ruined her daughter's life. Screaming in fury, she told me she was going to take Gwen home. For the next three weeks I walked in dread, not knowing whether Gwen was alive or dead, not knowing if she would come at me out of some other dark night, this time with a weapon.

Late in July, Gwen called again. She asked for an appointment. For some reason known only to my sense of the uncanny, I granted her request. I was terrified, but I needed to confront some primitive dread in me. I was sick to death of being a person who always ducked bullies and fled from the possibility of violence. She would be the occasion for me to confront me.

I got the office early—Gwen was due at 8 A.M.—and removed everything breakable or throwable. She appeared. We glared at each other. She berated me for not coming to rescue her from her suicide attempts. I told her I, too, was not willing to contend with her murderousness. She began to weep. She related to me that she had made appointments with eight different therapists in the past four weeks and had physically assaulted all eight of them and fled. I cursed her for having broken my finger. She then launched into a vicious tirade against Dr. X that occupied most of the balance of our time. When her fury was spent, she sighed and said, "I guess I'll live. But I don't think I'm going to go on with therapy." When our session was over, Gwen suddenly lunged at me. I stiffened in terror and was on the verge of screaming, but all she did was plant a child's kiss

on my cheek. As she disappeared down the hall she smiled bravely and called out over her shoulder, "You're the only one who always lets me come back." I have not seen or heard from her this past three years.

Psychotherapy is an incredible, always incomplete journey. I could analyze the vicissitudes of the transference and counter-transference struggle in this case and/or describe how our mutual dynamics led us to bruise each other. I shall, however, refrain. I believe, with Kierkegaard, that "to analyze an experience is to destroy it." I choose, then, to be simply a narrator, a philosopher, a novelist of human lives, a poet. In the long run, it is the *experiences* we inflict on each other that mold and reshape us. Gwen served me well as my vicious companion at a time I needed one. The impress of her being will always be with me.

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## **THE POWER PARADOX**

For several years I have been plagued by a recurring dream, the theme of which runs somewhat as follows: I find myself before a large group of people who have come to hear me deliver a lecture, or I am responsible for conducting a class of students, all sitting with notebooks and poised pens, waiting for "The Word." The problem is that I am totally unprepared and have nothing to offer. The feelings of the dream have generally been a mixture of embarrassment, inadequacy, and guilt, bordering at times on despair and panic. In each case I felt something like, "Oh, God, here I am again."

A year or so ago, the same dream occurred, but this time with a new twist: Again I am confronted with the situation of being in charge of a group of people; again I am empty and "unprepared." But this time, in the dream itself, I realize with a sudden flash of insight that this emptiness is OK. I am operating in accord with my own nature and with the situation. The people in the group are quite capable of taking care of themselves, and, in acknowledging that I am not responsible for them, we are then free to engage in an exciting process of learning together. This version of the dream seemed to indicate that an integration of some of the warring parts of me might be taking place.

But wait. The very night after the above was written, perhaps for the purpose of keeping me humble and honest, I dreamt the dream in its original version. Back came the same old feelings of inadequacy without the neat resolution!

Nearly four months have elapsed since I first accepted the invitation to write about my own vulnerability as I see it.<sup>\*</sup> Previous attempts were for the most part abortive, with the one exception of a paper concerning my own

experience in therapy, which issued forth as a kind of related and important side trip. That paper also dealt with a paradox— namely, that doing therapy according to the rules, so called "good therapy," may be quite unrelated to the process of liberation. I am reminded of a couple of incidents from my training days—one involving me, the other involving a Freudian psychiatrist.

The first concerned a wildly hallucinating schizophrenic patient with whom I was assigned to spend something like three hours a week at the mental institution where I was interning. Playing the therapeutic game pretty much according to the rules as I saw them, I listened politely for many boring and unproductive hours to his verbal rambling. One day I had the outrageous but distinct feeling that he was putting me on. Out of something like sheer desperation I looked him in the eye and told him I thought what he needed was a good kick in the ass. He broke out in a laugh, and for a few brief moments we were two human beings chuckling together on a bench in the sun. The door had opened temporarily, and we saw each other with patient and therapist masks removed. Even though the interlude was brief, and in the long run probably not very significant, within it seemed to lie an important key that somehow got filed away for future reference.

The second incident, involving the psychiatrist and his patient, was apologetically described by the psychiatrist in a training session back in the late 1940s. He was quite frankly admitting a very puzzling situation in working with an extremely depressed patient. On one occasion, being completely at wit's end, with nothing left to say or do, he touched her on the arm and uttered the words, "I'm sorry," as she left the office. Months later she reported that out of all the hours spent in therapy, this was the single most significant event. It was almost too frustrating for the psychiatrist to admit that this simple act of compassion might possibly have been more effective than any of the sophisticated techniques in his professional armamentarium.

Now another memory joins this train of associations. A therapist cites one



of the most important experiences in her own personal therapy as the time her therapist, who was undergoing personal difficulties at the time, broke down and cried during a therapy session. Why is it that after some twenty-five years these seemingly incidental but perhaps related events come to mind?

On several occasions I have experienced deep feelings of love and/or sexual attraction for clients. At other times I have felt and expressed feelings of irritation and anger. None of these emotionally charged situations, however, seems to provide the devastating frustration of those in which no truly personal contact occurred. I am recalling the long and seemingly fruitless hours spent with depressed patients in mental institutions, which seem to put one's faith in a therapeutic process to the ultimate test. I guess some of my most embarrassing recollections are occasions when I literally fell asleep while interviewing a client. Looking on the bright side, I see that these latter have just got to be among my most honest moments! I would like to be able to report that such behavioral truthfulness bore fruit, but alas, I know of no evidence to support such a contention.

Although searching for the most embarrassing moment has about it an almost perverse attractiveness, I question whether this is the path to take. It's tempting to lapse into a sort of one-downsmanship game in which a real whopper of a tale would qualify me for the big league. Disheartening as it is to recognize that I might consider such an approach, it's worse to realize that, at the moment at least, I cannot seem to do so even when I try!

It seems important to make a distinction between exhibitionism and valid self-revelation. Exhibitionism, or soul-baring, has about it a vertical (one up, one down) quality. It is designed to impress, to show how superior one is, and probably in most cases stems from a feeling of not quite measuring up. It also appears to be related to an inability to accept one's own weaknesses, one's vulnerability—i.e., one's humanity.

The kind of self-revelation to be sought, however, is of a vastly different sort. It is horizontal in nature. It accepts human nature as it is—with tolerance, humor, and love. It is the stuff of which true dialogue is composed, and it leads to communion. The importance of such self-revelation in my personal value system is one of the most significant propelling forces for my life's work. It is among the best experiences I know.

Perhaps the toughest experiences of my career were the days of attempting to practice before I myself had undergone personal therapy. I had mastered the knowledge, techniques, and procedures well enough to obtain a clinical Ph.D., but the heart and guts of the process were missing. Bizarre as it may sound, I even recall on more than one occasion actually envying the experiences of some of my clients in therapy. They were getting something that I had not yet allowed myself to experience. There were moments of near panic when I felt utterly undeserving of the trust people were placing in me. One of these moments occurred when a lady client at a clinic where I interned seemed to be attributing to me all kinds of power that I knew I didn't have. Feeling quite the opposite, in fact, I seemed to lack any facility for dealing with the situation. At one point, being almost overwhelmed by a state of panic and feeling completely helpless, I found myself literally praying for help. At that point, as with several situations before and since, the feeling of panic subsided, and I found that life continued. (More about this later.)

Approximately four years after completing a doctorate, I entered personal therapy. Reasons for the long delay are not easy to determine. In spite of episodes such as the above, I seemed to be endowed with sufficient ego strength to keep the show going. Besides, I was not convinced that the Freudian model and many of its practitioners, who represented the bulk of my exposure to clinical practice at the time, were the answer either to my own or to the world's problems. It was then, and is now, my conviction that one best chooses a therapist out of some deep intuitive place, and one can do no better than to follow one's feelings when making such a choice.

While still a graduate student, I found myself drawn to a particular Jungian therapist, and when the time came to enter therapy, I moved in that direction. One of the qualities that attracted me to him was a personal spontaneity that seemed relatively free of dogma (even the Jungian variety). Prior to that time, and for some similar reasons, I had responded to Carl Rogers—through his writings and subsequently in person. Whatever the case, it was evident to me at the time that my choice to continue being a therapist necessitated receiving personal therapy myself. I have never regretted that decision.

### **BOUTS WITH THE PERFECTION MONSTER**

One of my bogey-men who still hangs around, however, is an illusion of perfection. He's a guy who is free and clear of most of the psychological hang-ups that plague ordinary human beings. He's the end product of the current fashion in therapy, whatever it happens to be. Years ago an orthodox Freudian analysis would supposedly do it for a person, and anything less didn't quite make it. Being "analyzed," at least in the circles in which I traveled at the time, also qualified one for membership in a rather exclusive club. A part of me wanted to belong, to be accepted, to be part of the action. Another part, for whatever reasons, refused to join up and pay the membership dues. Over the years, this other part (I call him the maverick) has tended to win out.

The perfection bogey-man, however, is tenacious and gives me lots of trouble. When I was practicing prior to my own personal therapy, he kept taunting me with jabs like, "How can a naive jerk like you help someone else when you are so dumb and inexperienced? Do you really have any business trying to help another person deal with his hang-ups when you haven't gotten rid of your own? You superficial bastard! If you had the discipline and guts, and were willing to make the necessary sacrifices, you'd get yourself a real, honest-to-God psychoanalysis that would clear your head and purify your soul. Then maybe you'd be properly equipped to practice your trade.

Despite this top-dog voice, and despite whatever needs I might have had to become a member of the exclusive club, I dealt with the problem by choosing what was at that time a less fashionable brand of therapy. (Ironically, my impression is that, currently, the Jungian school is considered more "in" than the Freudian. At the time, such was definitely not the case.) In choosing the therapist that I did, I was responding in large part to my maverick voice (or "underdog," if you prefer).

Several years of therapy with two Jungian therapists whom I later came to know as friends, along with a variety of other experiences, helped immensely in a very special way—probably best characterized as something like gradually learning to accept myself as I am, faults and all. I learned, largely through the models my therapists offered—merely by being free to be who they were—that, paradoxically, the greatest power available to a person is based on an acknowledgment and acceptance of one's own human frailty. My feelings of inadequacy and powerlessness, whenever I experience them, often appear to be directly related to an inability at that moment to accept my shortcomings—i.e., my humanity. It seems equally true that my need to feel powerful and superior to my fellow human beings also derives from the failure to acknowledge and accept those qualities, often perceived as flaws, that actually are my ticket to membership in the human race.

#### **THE CREEPING HORROR**

In my writing a few days ago I had the distinct feeling that the essence of what this paper was all about lay in the earlier example of my experience with the lady in the clinic who attributed more power to me than I felt I had. Somehow, this is a tough one to discuss, for a number of reasons; nevertheless, it seems important to go into it and see where it takes me. The panic that I felt then and at other times in my life has a similar flavor about it each time it occurs. Each time, I get the distinct impression that it is something I am doing to myself. It begins in an almost playful way, like a kid who enjoys scaring himself up to the

point at which he is just barely in control of the situation, then gradually discovers, to his horror, that he is no longer in control and is about to be overwhelmed and incapacitated.

My recollections of this experience go back at least as far as elementary school. Even though I tended to be a good student and, most of the time, had little trouble taking exams, I do recall an experience of almost flubbing a fifth-grade math test by playing this scary game and finding, to my dismay, that my mind really did go blank and that I was unable to solve even the simplest problems. My way out was recourse to the only tactic that seemed available at the time: I prayed, and somehow I got unscared. Next time it happened was during my first college entrance exam. I was sailing through a batch of math problems when out of the blue comes the idea, "What if all of a sudden I can't function?" Then, BAM! The creeping horror—the damned idea becomes a reality, and I *really am* immobilized! This time I think I must be going crazy. "I blew it! Now I can't even get into college. OK, God, please help me!" Pretty soon the panic subsides, and I'm back working math problems well enough to get by, but in a far less cocky mood than before. (A clue perhaps? Two extremes: cockiness and powerlessness.)

Now, back to the lady in the clinic and a more detailed description of this creeping horror. She is seated before a young intern who has passed most of the tests and who has learned how to perform as a therapist to the satisfaction of himself and his supervisors. (At least so it seems.) She respects him, insists on calling him "Doctor" even though he hasn't quite earned the title yet. She's pouring out her troubles. He's doing his best, listening, attempting to understand, hopefully not interfering, allowing the process to unfold. Everything appears to be proceeding as it should. Let's see: client freely expressing feeling, rapport and empathy excellent, climate of openness and trust. Intern goes over checklist—all systems go—smooth operation. Then a nagging idea: "What if you weren't able to perform so well? Hmm, interesting but absurd thought. It can't happen here, of course...well, it's not likely to, anyway...but...Oh, no! What in hell is going on? Here it is again—the creeping horror. And everything was going just right. What

can I do? There isn't a damn thing *to do*! I am helpless—"utterly, completely helpless." That beautiful, competent, smoothly functioning machine is now immobilized except for an inward scream: "Help, Whoever or Whatever is out there!" The feeling of helpless terror gradually subsides, and the intern again is able to focus his attention on the client. She gives no indication of knowing what just happened to "the Doctor." He does not share his experience with her. The outer drama in which therapist and client each play their respective roles continues, apparently without interruption, until the end of the hour.

The experience of panic occasionally recurs, sometimes in the consulting room, sometimes while teaching a class, or sometimes during seemingly ordinary conversation—usually, in each case, when I feel pretty much in charge and everything appears to be running smoothly. (Another clue here, perhaps?)

#### **A FEW ASSOCIATIONS**

Piano recital when I was a young kid—"gifted student, really plays well for his age"—sailing through a number before an admiring audience. Mind begins to drift from concentration on task to how well I'm doing, "Fingers gliding smoothly over keys. Nice job, kiddo!"—whoops, a flub! Recovery of sorts. Performance OK but not up to snuff.

Sixth grade, just prior to Christmas vacation. Teacher announces that the kids who finish their assignments early get to work on putting up Christmas decorations. I want to work on the decorations and dash through the assignment. I notice that the teacher's pets are the only other ones through with their work. I purposely mess up my assignment, foregoing the pleasure of working on the decorations rather than being singled out by the teacher and risking losing favor with my friends.

My mother some years ago revealed to me that she had been terrified of dogs from childhood. Determined not to pass this fear on to her children, she

allowed us to have dogs as pets, and through sheer self-discipline refused to give in to her fears. I never knew of her fear until she told me after I had become an adult. (Regardless of what I or anyone else might think of the ultimate wisdom of such an approach, I cannot help but admire courage whenever I encounter it.)

In an encounter group a physician describes the tremendous gap between the trust his patients place in him and the actual feelings he has about his own capabilities. (I have heard numerous other physicians describe similar feelings.) He seems to act much in the same way I saw myself behaving with the lady in the clinic. When a job is to be done, he mobilizes the forces at his disposal, plunges in, and tries to do his best, regardless of what's going on inside. Sometimes it works. Again, I cannot help but admire the gutsiness of such persons (myself included), but obviously the price is high, and I really believe there is a better way. We need not always stand alone.

I wonder what understanding might be derived from the consulting room and the resulting associations.

A skillful performance is often accompanied by exhilarating feelings of personal satisfaction. The performer is being recognized, admired, and praised. Feelings of self-esteem are likely to be bolstered. The individual is no longer insignificant and ignored and now amounts to something. "Look, Mom, I finally made it!" It is too easy, say in the instance of the piano recital, for the performer to shift attention from the task at hand to admiring his performance. Loss of concentration then results in error. Another possibility: Might he in some unconscious way be sabotaging the performance? It seems important to keep in mind that the opposite side of the coin of admiration is envy. In the second example he quite consciously sabotaged his schoolwork so as not to lose favor with his friends. Adult approval nearly always takes second place to being "in" with the gang. Even to this day I am sensitive to the fact that personal success brings with it the threat of alienation from my peers, and this causes me to wonder how often I dilute my effectiveness because of this fear. "Eating one's

cake and having it, too” is being able to give full expression to one’s powers without losing the sense of fellowship with other human beings—a neat balance, unfortunately not always easily maintained.

The third example (Mother and her fear of dogs), the fourth example (the physician), and my experience with the lady in the clinic all seem related in the sense that in each instance a vertical (one up, one down) relationship is implied. That is to say, a helper and helpee are involved—i.e., parent-child, doctor-patient, therapist-client. The young child looks up to the parent for guidance. People in distress come to physicians and psychotherapists for help. Generally speaking, the more weak and vulnerable or the more acutely distressed the person is feeling at any given time, the more dependent he or she is on a strong, expert-like figure who does not fumble or collapse at the least sign of distress. When I feel as though I’m coming apart at the seams, it’s damned important to me that the person I go to for help isn’t *at that moment* as shaky as I am. Furthermore, it seems highly unlikely to me that the woman mentioned earlier whose therapist broke down and cried during a session would have found it such a positive experience had she herself been in an intensely hurting place at the time. I feel reasonably safe in assuming that, had the client been in this kind of trouble, the therapist would in all probability have been able to hold her own need sufficiently in abeyance so as to be able to give assistance to the one in greater need. On the other hand, there obviously *was* an appropriate time and place for the therapist to step out of role and merely “be herself” by spontaneously expressing the way she felt.

The times that have given me the most trouble, however, have been those in which I have allowed myself to get locked into the strong-helper role and have exaggerated both my own power and the other person’s weakness. My hunch is that the state of panic is a corrective, devised by my wiser Self to help put things back in the proper perspective—a real therapeutic kick in the ass to remind me that I’m not God. As I write these words, I recall my remark to the hallucinating “patient” mentioned earlier and our all-too-brief human encounter. Had I been



able to see him less as a "patient" and more as a person, things might well have been different. Unfortunately, at that time I needed to see myself as "doctor," as I also needed to do with the lady in the clinic.

Perhaps the most important thing that any healer must learn is the fact that *he* cannot *heal* anyone. It is possible to learn various procedures that may contribute to healing and growth, but in so doing it is essential to know how to *let be*. In the final analysis it seems that the healer is, at best, a *participating witness* to an unfolding process of which he is a part. I inevitably run into trouble whenever I lose sight of this principle and somehow believe *I'm* doing it.

### **BEING A CO-CREATOR**

Several years ago, before encounter groups were as well known as they are today, I was acting as facilitator for a group of professional psychotherapists, most of whom had had no experience with such groups. I want to recount this experience for the purpose of clarifying a final point toward which I'm groping.

The group was to meet for approximately one and a half days. By the end of the evening of the first day, I seriously questioned whether anything significant had occurred or was even likely to occur before the group was scheduled to disband the afternoon of the following day. The resistance of the group to dealing with anything but what appeared to be highly intellectualized and irrelevant chitchat defied all of my attempts to break through. Throughout the day at various times I had employed a number of so-called interventions when they seemed to be appropriate. On other occasions it seemed better to take a less active role and allow the group to move more on its own. As far as I could tell, I was not following any set pattern or procedure. I felt that I was personally involved and giving the best of myself. Yet, how incredibly frustrating to find that the majority of the group found the whole thing to be a meaningless experience. Just prior to ending the evening meeting of the first day there was a general gripe session (a gross understatement) at which time many negative feelings were

expressed. These feelings were more hopeless, despairing, and cynical than I had ever remembered experiencing before. I shared my own feelings of disappointment and frustration with the group. I attempted to give them a picture of what the day had been for me—how, in spite of everything I had done or not done, it apparently had been a futile experience. A number of people appeared convinced that encounter groups were valueless. I had to agree that on the basis of that day's experience I would probably feel much the same way. However, I did briefly share with them some of my feelings about the potential value of encounter groups based on my past experiences. As the group disbanded, each person seemingly encapsulated in a cocoon of loneliness, I doubted whether many would return the next morning. More than once throughout the day I had heard such remarks as, "I just don't like the people in this group." "*These are* the kind of people therapists are?" or "There is not a person in this group that I would choose as a therapist."

I seriously questioned the value of this experience. Here is an excerpt from my personal journal written at the end of the evening of the first day:

This group is one of the most difficult I recall. Everything seems to be falling apart—a real bummer. Funny, but I don't hit myself over the head so much this time. At times I have felt helpless, scared, disappointed, but that's how it is. I've given it everything I knew how, but this one really looks like a failure.

Needless to say, I did not look forward to meeting that group the next morning. There was, however, a marked change in the psychological atmosphere when the group finally assembled. I find myself searching for words to describe the experience. The terms "flowing," "being," and "process" come immediately to mind. Now present within this same group were attitudes of listening attentively to one another, accepting ourselves and the present situation, and mutual problem solving. This phenomenon, which I find so difficult to describe adequately, I know has been experienced many times by people working with such groups. When it happens to me I tend to feel awe, wonder, and a sense of gratitude. Here are a few of my personal notes written the following day:

Yesterday morning it was incredibly difficult to face the group, but miraculously things fell into place. Hard to explain. There does seem to be a strange force operating, and I must find out how to be midwife to that force—that's all, midwife. It was a valuable group experience—you feel it. You can relax and stop trying and things flow along.

I suspect that a clue to understanding the sudden and drastic shift in group atmosphere lies somewhere in the experience of having openly faced the negative. It is the experiencing of what appears to be the "unfaceable," the most dreaded aspects of one's situation, the unsolvable problem, and then letting go. Obviously, one cannot *try* to let go. In cases such as the above, letting go occurs because there is literally no alternative. Ironically, the more diligently one seeks the state I am describing, the less likely the possibility of its occurrence.

My perfection bogey-man stays with me a good deal of the time, however. Having experienced that paradisaical state of Being, I do keep searching for ways to get there and stay there. Even when I appear to be laying back, I'm trying—trying to *do*, trying *not* to do. And, too often, in rushing to reach home I forget to smell the flowers along the way.

In my early days as a therapist I tried pretty much to focus on the person with whom I was working and to exclude my own feelings from the relationship. This was the way I was trained, and as I've tried to indicate, I believe there will always be a place for this approach in a therapeutic relationship. (I can document this statement from my position on both sides of the desk/couch.) But, there is basically something unnatural about a relationship in which one person is always the helper and the other always the helpee. I recall a feisty young lady who initiated her first interview with me by declaring, "OK, I don't want any nondirective crap. I need a *person* to talk to." I remember liking her right away. She certainly gave *me* a person to talk to, and I like to think that I was able to return the favor. Come to think of it, "being persons" with each other isn't a bad way to pass the time, and might not therapy be a good place to get some practice?

When my own therapists revealed themselves to me as persons, not gods, I

soon realized that human imperfection has about it its own particular beauty. In a very real sense they became models, not of perfection, but of what it means to be human. At some point we gotta learn that there ain't nobody here but us folks and that life indeed is a "do-it-yourself proposition." On the other hand, "doing it ourselves" doesn't always have to mean "doing it alone," which brings us back to the importance of knowing that we are all in the human predicament together. When the therapist spontaneously fumbles, or shows vulnerability in whatever way, he is contributing to this understanding.

Finally, the dream of being empty and unprepared, along with the perfection bogey-man, serves to remind me that indeed I am incomplete and that I need to keep my eyes ever open for new learnings and new possibilities. There is also another voice, gentle and wise, that does not blame me for my inability to change myself and the world overnight. It reminds me that true effectiveness comes from knowing something about my limitations and that I can only be what I am at any given moment. At my best I am also dimly aware of being a part of a much larger unfolding Process (call it what you will) that includes me as co-creator.

\* I wish to express my gratitude to a friend and colleague, Nina Menrath, who listened and gave feedback and encouragement just at the point when I had about decided to abandon this project as a hopeless endeavor.

## WHERE YOU GONNA RUN TO?

I think I've made most of the mistakes and suffered most of the embarrassments standard for therapists. The sharp, clear, painful ones come to mind first: breaking an important confidence inadvertently; forgetting material of deep importance to the patient; making a humorous retort that landed with devastating impact; failing to act or to confront. Most especially, I remember times of personal despair, rage, or craziness in myself that I was not able to admit or tried to cover up, while demanding that my patients deny similar aches at a high cost to them. Specific patients also come to mind: the woman who miscarried after the interview in which, without enough sensitivity, I told her that her oldest child was autistic; the man who got up angrily in the middle of a session, claiming I was not hearing what was troubling him, and left, never to return or recontact me; the sudden attack at the end of a marathon by a schizophrenic man whom I had thought (with some smugness) that I had helped very much—an attack that left me feeling crazier and more despairing than he was; my telling another therapist that I had never had a patient suicide on me, followed the next day by my "best" patient's swallowing a medicine cabinet full of pills but saving both of us by throwing them up. The sharp, clear errors have often been provocative of learning, as there is no way to avoid facing them and making whatever repairs are possible. After salvaging enough knowing to cover my embarrassment, I have sometimes been able to write of these.<sup>1</sup>

Obvious errors are one thing, but there are also more subtle inadequacies: all those patients whom I helped less than they needed—the equivalents of the first child, who has to teach his mother about mothering at a cost to him. As I've on occasion repaired the errors made by another therapist, I'm aware that there are therapists out there repairing some of mine that I may never hear about.

So, in response to Shelly's invitation to think of my nakedness and embarrassment: a haze of memories of errors and mistakes, but none that stood out clearly or moved me to begin writing. When I do not find a clear path, I have learned to wait. And when waiting will no longer do, I seek oracles—friends, dreams, the *I Ching*—expecting not that they "know," but that they may arouse or point to my own latent knowing. One of my oracles is the dictionary. Built into the derivation of words and the range of their meanings is a cohesion of human experience. So I asked Webster the meaning of *naked*, and found my eye pausing over and returning to "defenseless, unarmed, lacking confirmation or support." As I sat, feeling my way into these meanings, I remembered William.

He wasn't a patient, but an older student enrolled in my course in Abnormal Psychology. Then, fifteen years ago, I was teaching in an undergraduate program, but often there would be one or two students with degrees in other areas who were taking psychology courses to apply for graduate training in clinical work. Usually they were in their thirties, married and with children, possessing a variety of life experiences and a level of intelligence and motivation that set them apart from the younger undergraduates. They improved the quality of a course by asking good questions and relating material to their own experiences in a way that made them instructing of the other students and also of me, an outwardly competent and assured but inwardly schizoid, frightened, and self-limiting young assistant professor. So I noted William on the information sheet that students filled out for me and quickly identified him in class, a round-faced man with very dark hair and a sallow complexion, average in size and appearance, but with a trace of intensity and urgency. He sat in the front row, nodding at the right times and laughing at my jokes, behaviors much appreciated by a teacher. His comments and questions were thoughtful and well-taken. A few times, though, these would be phrased in a way that sounded placating, or manipulative, or became leading or argumentative: "You know so much about this; don't you think ...?" or "Why wouldn't it be true that...?"

William stayed after class to chat, then began to come by my office. He

talked about his plans for graduate school, asked for information about different programs, and began to talk about himself. He was divorced, and there were some continuing problems with his ex-wife over financial arrangements. He was living with his father. He was working part-time as a warehouseman. He had a master's degree in business administration. He had seen Carl Whitaker for therapy for a year but hadn't had an appointment for several months.

It was not uncommon for students to come by for such talks; Abnormal Psychology, especially, stirred them up. Many wanted advice about personal concerns and would get around to asking for therapy referrals; others would explore a beginning or deepening of interest in graduate training. The quarter was half over, and William's talking for the most part seemed routine. There was just an occasional trace of wariness on my part, a feeling of subtle intrusion on my psychological space, a rubbing against the limits of student-teacher relation. Yet he was my age, and several of the older students in past courses had become acquaintances or personal friends. I was lonely, but people had to press against me to become friends; even though I needed and wanted them, my reserve and hesitancy took some broaching. It was the same with students who had asked me to counsel with them. They had to persist past my uncertainty and self-doubts. So I accepted some intrusiveness and tolerated my discomfort with him without firm limits or comments.

Did I think he needed to go back into therapy? Did I think he was crazy? His father had said that to him this week. His wife had told him that too. But he thought he was doing well. Would I see him for therapy?

"No, William."

"Why not?"

"You're not finished with Carl. Besides, I won't see students who are taking courses from me for therapy." (Avoiding saying, of course, that I doubted my ability to handle him or that he was too manipulative.)

"Well, will you have lunch with me? Why not?"

He was becoming a nuisance. Once, as he got up to go, he suddenly leaned over and tried to kiss me. I was angry then and told him so.

It was now the last week in the quarter. One more visit to my office. Did I think he was crazy? He had been hospitalized before. What did I think? "I think you're bothered about a number of things and should go back and see Carl."

It was clear to me that he was quite disturbed. What would have happened if I had said so forcefully and directly? "Goddammit, you *are* crazy. Get your ass in to see Carl and get some help instead of driving your father, your ex-wife, and me crazy. I'm not going to waste any more time with you because help is what you want and need and you're not getting any from this routine you've been trying to pull with me."

But I didn't. That wasn't in the repertoire of a scared twenty-seven-year-old just beginning to feel adequate as a therapist and teacher. Anyway, in another week summer vacation would start, and three months away from the college would solve the whole thing.

It was now exam time, and I enjoyed making up good ones. There was a case history in Arieti,<sup>2</sup> a family with a harsh repressive father who had produced a neurotic son (whose account I had already used in a test covering neurosis) and a schizophrenic who, misunderstood and mocked, had committed suicide. Half of the examination was to write the suicide note. William did an exquisite one; I learned something about schizophrenia and desperation from reading it. I turned in my grades, with an A+ for him, and started finishing up the quarter's last details.

The next morning an envelope was in the mailbox at my house; it was a somewhat confused but humorous letter from William saying he had decided to spend the summer in a nearby public park and inviting me to join him. My



response was a perplexed shrug, and I turned to tasks that needed completing.

The next day there was another letter, more angry and threatening, with some sexual allusions that were immediately denied. "You know, of course, that I'm just kidding. I love you and wouldn't hurt you or do you harm." I began feeling frightened and did not sleep well. The letter the next day was even more threatening. "If you won't see me, you won't see anybody. I want you and I'll get you." The tone was dark and the contents disorganized. I began to feel very uncomfortable and had fantasies that he was watching the house. It was with relief that I got a call that afternoon: "I'm William's father. He disappeared three days ago, and this may sound odd, but I have reason to believe that you might know where he went to."

"This may sound odd," I replied, "but I think he's at the Number 12 grill in Chastain Park."

The father called me later that afternoon to say that he had found William and had had him admitted to a psychiatric ward. My relief, though, was short-lived. Letters now started coming through the mail, openly delusional, abusive, threatening, and sexually blatant. Again I waited and did nothing, not knowing anything to do. Should I contact his unit? Or him? Or his father? To do what? Say I was scared? Then his father called again. He thought I might want to know that William had escaped from the ward.

There was a paranoid somewhere in the city and I was the center of his delusions. Several days of extreme anxiety. I put chain locks on my doors and jumped at noises. I remembered a patient at the hospital where I had interned, who, ten years after his last contact with a former female therapist, still maintained a similar life-focusing preoccupation with her. The hospital viewed him as sufficiently dangerous to call and warn her when he escaped. I remembered my mild disdain at her having set up such a response and not having been better able to handle him. I remembered other threats to therapists

and attacks by patients, and I frantically found work to do and friends to be with.

Another call from his father to say that William was in New York. That felt like a reprieve, but the letters started again. I called the Post Office, which advised me to refuse them. Occasionally one would slip through, including a program from the Met and a subscription to a motorcycle magazine. Then came a letter from Chase Manhattan welcoming me as a depositor but needing to verify my signature. Wherever he had gotten it from, it was a passable imitation. I called his father, got an address, and wrote William a letter with as much fury as I could muster, saying that I wanted this stopped. As I think back to the letter, I suspect it mostly substituted officiousness for anything akin to real power or directness. Shortly after that an FBI agent called to say they had investigated the forgery at the request of the bank but did not recommend pressing charges since William was now in the psychiatric ward at Bellevue. Again, relief.

Once every few months a postcard came, and one time, a box of candy on Valentine's Day. He might no longer have been paranoid, but I was; thinking there was a chance it was poisoned, I threw it away. The sight of the neat, familiar writing could still evoke anxiety, but the cards came less and less frequently until finally a year or more had passed with nothing to remind me of him.

Then one day, his voice on the phone: "This is William. I'm in town and I want to see you."

The rush of anxiety, but I was older now and clearly determined to protect myself: "I don't want to see you. I know I was important to you, but I don't and never have existed in reality for you, and I don't want to see you now and act as if that's so, or as if I'm available. It's best for me, and I think for you, just to say good-bye and go on about your life. I want that chapter finished for both of us."

He pleaded a little, but when I stayed firm, he reluctantly agreed that I was probably right.

He had taken me completely by surprise. I had felt some power in my response, but also fear and uncertainty. Not wanting to be alone that night, I called a friend to come stay with me. That night and the next three days were uneventful. I had again forgotten him when, working on some papers at my desk at the college, I looked up and saw him standing in the doorway. His face was thinner and more gaunt, and his suit, tie, and shoes were black, making him look like an undertaker.

"Can I come in?"

There was no more avoiding the confrontation. Want to or not, I would have to deal with him. With a curious release I realized that a part of me was glad to have it this way, and that he was right to insist.

"Come in."

"Can I close the door?"

Without waiting to hear my response, he did. I took a deep breath. No more running was possible.

"Sit down, William," I said. "I'm hearing you saying that we do have to see each other to finish up, and I think you are right. But first, what have you been doing these last years?"

He'd been driving a cab in New York. He was back in Atlanta because his father was sick and in the hospital. How had I been?

Five minutes of exchanging facts and events. Then he began wheedling. He was different now. Wouldn't I spend some time with him? Try a relationship? Why not?

I told him, "Today we'll say good-bye and finish with each other. And that's that."

He tried again.

"No, I don't know what I meant to you. I do know that much of that had nothing to do with me as a person, but was mostly in your fantasy. And much of what happened was frightening and felt bad to me. What you wanted for you was all right, but I was not and am not the person for you to get that from. I want you to know that and say good-bye and let go of me."

We had been talking for fifteen minutes. We were now silent, holding each other's eyes. A long pause. He sat back in his chair, his expression changed. He leaned forward and spoke quietly: "Do you know that you saved my life?"

"No, William, I didn't know that."

He stood up, went to the door, paused, said good-bye, and left. I realized that I had no idea what he had meant.

One more phone call, three months later. He wanted me to know that he had met a woman and was going to marry her and move to her home in Ireland. I wished him much happiness. Two months later, a letter came with a picture of a small cottage and a curly-headed boy—his stepson. He and his wife were doing well.

Do you know, William, how much you taught me about the impossibility of running?

### THE POWER OF MY "WEAKNESS"

When Shelly's letter arrived proposing this book, a secret switch tripped in me: This, baby, is it; your hand has now been called in a way you can't possibly resist. The Universe has at last presented the ultimate problem for you and your shame-secrecy-no-exposure defensive lifestyle. It is as if somewhere "up there" is a giant amphitheater filled with angels assigned to my case saying, "Aha, let's watch her try to wiggle out of *this* one." I am caught. There is no way my vanity will let me avoid rising to the challenge, no way I would decline contributing to this book...but *knowing this* as my personal dilemma: the risk of exposure of a place inside myself—a place I have found virtually unbearable...a place I have virtually given my life to protect.

And now the time has come to bare it, whether or not I can bear it.

Having made the decision to accept the challenge (which took no longer than getting to the last sentence in the letter), I found myself immediately and rather desperately searching my mind for my most "perfect" mistake, even wildly considering ways of going out to *make* one suitable to the occasion. It was then that I slowly began to realize, to my chagrin, that I had conducted my therapeutic relationships in such a way as to allow minimum expression of my errors from patients and peers and, worse yet, protected myself from my own recognition of these errors to the point that I could not recall a single "good" example. Then I knew I was really involved and that the process of the writing and its theme was going to be one of the major themes in my life for the next several months.

What follows is, from my perspective, a tangle of "mistake" and "encounter." At this point, I have stopped trying to evaluate and separate one from the other. Nor can I separate the two human-being-events I am about to

relate from my total process. What I present is an excerpt, a few "frames" out of our reels at the point at which they crossed.

As I began to consider mistakes and vulnerability and looking foolish and nakedness—what's "wrong" and what's "good" (self-judge that I all too often am)—I could not with certainty distinguish "mistake" from "inability to know the direction a process will take after an intervention."

Then I started thinking about Jerry and Mary Jane.

When I met Jerry, I was in the first month of my first clinical job, armed with my degree and with all of the accompanying mixtures of zeal and anxiety. There was Jerry. Transferred to the local state hospital's adolescent unit because his family's funds had run out (after nine months of psychoanalysis and private hospitalization), Jerry was as crazy at that point as he had been nine months before. I had known his analyst, so I knew a bit of his history.

I decided to take Jerry on.

I had no rational idea what I was doing; however, it soon became clear to me that most of my fellow professionals had less of an idea than I did. Notwithstanding all my uncertainty, I decided to "play it from the gut." In my youthful mind, if one of the best analysts in town was giving up, I was already expiated from whatever penalties of failure might ensue and from the awesome demands of Knowing What I'm Doing.

Jerry and I did well. Then one day the hospital decided to discharge him, prematurely in my judgment. I sent him to what I considered to be the best mental health center in town and tried to tell myself something to make the uneasiness a little easier in my hitherto-relied-on gut.

In the next couple of weeks, something mysterious and ominous happened in my physical gut. Suddenly late one night I became very ill. The next morning

Jerry called me in a panic; his medicine had run out. I remembered how acutely suicidal he had been. I was much more seriously ill than I realized that Sunday morning and had been vomiting every twenty minutes for several hours. I was much less aware of the need for my own self-care in those days and was very much aware of "my boy's" fear. I calculated I could give him the first five minutes of the twenty between the vomiting. Vomit and five minutes of transitory tranquility. I did that a couple of times—long enough to set up an appointment for two days later (figuring it would take me two days to be well again).

My resumption of health didn't go as I had planned. The next day I was admitted to the hospital with peritonitis of undetermined etiology, and my continued living was suddenly and inexplicably very much in question.

While waiting for emergency exploratory surgery, I went through a paradoxical series of revelations. In the process of making phone calls (which I insisted on doing for myself) to prepare for my absence in the various forefronts of my life, I became aware of two truths, one a comfort and the other a joy. The first was that the world would, indeed, go on without me. Somebody else would cancel or see the appointments I had made. I was *not*, in fact, the genesis for the world's turning. I was not omnipotently indispensable. Deep relief came with that one. But the really affirming realization came as I thought of Jerry, with somebody else taking on that job: *Nobody was going to do it just like I would have done it. The Me is not replaceable.*

I have contemplated this subject, trying to guide myself toward the concept of mistakes and the implications of mistakes. What has emerged in me is an increasing awareness of my own areas of vulnerability rather than of specific errors in judgment.

Probably my greatest error in judgment has been my grandiosity in genuinely believing I could have constructive impact on a public mental health hospital and clinical system and in rather grossly underestimating my own deep

personal sensitivity. It has only been in this last year, after a decade of submitting my sensitive self to this torture, that I have begun to realize that this is *not* a task I have to complete in order to justify my existence. I am such a glaring infiltrator into this deadening-of-the-souls system that I am recognized almost immediately and placed under house arrest within whatever symbolic means are available. I have, in fact, left a clear trail of humanization in any system through which I have passed. But it is my blood along those trails, and I am no longer willing to pour out my life for the creation of what can only be small shelters and patches. These traces can be sustained only as long as the mindless Organization Monster is momentarily blinded to them for one reason or another.

In my wanderings and struggles through this wilderness of "mental health," I found myself singularly vulnerable to two particular human beings caught in the nets of their own torments. I am profoundly grateful for having found them.

Back to me in that hospital bed, halfway between life and death. Right midway. In that dim, just-lie-there kind of place. Almost too sick to feel pain, but acutely aware of touch and moods. "Please don't make that nurse mad; my life is in her hands." Hanging in that twilight zone. My own therapist comes in, tries to look like a doctor, takes my pulse. "Are you depressed?" he says. I reply, "I'm too sick to be depressed. Come back in a few days and I might have a depression for you."

Eyes open. Surgery some twenty-four hours behind me. At the end of my bed stands my father, my analyst, and Jerry, my patient. To this day I don't know how that boy got there, or even how he knew how to find me. (In less than two days, he had not only found out my whereabouts but had gotten a job as an orderly at the same hospital!) Without even giving it thought, I made an instant decision not to confide my patient's identity to anybody. I sent my father and analyst out, and, amidst my various tubes and needles, I made a contract with Jerry that he come twice daily on his fifteen-minute coffee breaks. Somewhat apologetically, I advised him I'd have to do a lot more listening than talking.



I had no clear idea what I theoretically "should" be doing with him. I was aware, simply, that his life was hanging by a thread no thicker than mine, and I knew I could not pull out on him as long as I could think clearly and talk at all.

While I was healing and beginning to come off the critical list, Jerry got a better job, opened a savings account, and began to thrive. His improvement was phenomenal. His grandiosity diminished markedly. His agitation was gone. His manner was pleasant and affable.

Now I see the inutterably important (though simple, simple) convergence of our humanities. I was utterly vulnerable and virtually helpless—I had a tube through my nose attaching me to a machine, which meant the range of my movement hardly exceeded lifting my head off the pillow. Games and "hiding" just took more energy than I had available. Exposure was virtually my only alternative. His helplessness and mine matched. I was obviously no superhuman; I was mortal; I was possibly dying. Questions of power, potency, strength, wit, "ego" were all meaningless. At that point, all my training had been analytically based. I had no background for self-exposure on the part of the therapist, but having my life so completely simplified and reduced to the absolute basics seemed to bring an unusual clarity. So I was just there.

Jerry died the following fall.

We had lost our connection after my discharge. I had referred him to the best therapist I knew in community outpatient mental health clinics. He was rehospitalized. I vehemently protested when hospital policy dictated that he not be admitted to my unit simply because of having had one more birthday since his discharge. I might have conquered death, but I was not going to have an effect on the monolithic mental ill-health system. He went to the adult unit and killed himself while out on pass.

I remained employed at that state mental hospital until the daily assaults to my sensibilities became unbearable. Then I went on to an out-patient clinic.

As I have let myself unfold and reinspect these events, my self-confrontation has revealed the gigantic illusion I at one time followed. Unwillingly, bit by bit, I have succumbed to powerful, dehumanizing forces. To my horror, and only because of the focus of this book, I have realized that my human-to-human contact with patients had become so limited that I could think of only two people with whom I could associate the issues of "mistake" and "exposure." I feel an increasing impetus to stop this betrayal of my delicate self.

When I think of shame, embarrassment, and mistake, my first response is my feeling about the situation with Jerry. As I turn to my thoughts about Jerry and myself, I realize that the theme is vulnerability, risk of error, and stepping momentarily *out* of the shackles of shame of association with machine-like systems.

It was several years later. Mary Jane came in late. We had talked about the likelihood of her suddenly feeling suicidal. She came in saying that she was still alive only because she had decided she could make it until 9:30 A.M. Wednesday. She had stayed out drinking all night so that she would be able to make it till then. "Don't ask me why," she said.

I wasn't going to ask her why. I *knew* why. Six weeks earlier I had been in that same place myself.

"Maybe you should commit me," she said. "I can't take care of myself any longer; I just can't face it all." Despair laced every word. She went on, "But that would only delay it. I would just have to come to this place again; it would only put it off."

I thought of our state hospital—fairly advanced as mental hospitals go, particularly *state* mental hospitals. I looked at Mary Jane. She was very bright and deceptively "put together"; far more sophisticated than the average "Ward C patient." I thought of sensitive Mary Jane and wondered what drugs they would give her, what this year's class of residents was like, what the politics were at the

hospital these days.

As if she had an inside line to my head, I heard Mary Jane saying, "I'd probably just save up my pills to overdose, and I wouldn't have you if I were over there."

Once I had trusted a patient to the mental health machine. I had been young, a social worker in that hospital, only a year out of school with little experience and less influence. My alternatives had been very limited. From my present office window, I could see the top of the hotel from which he jumped the day he killed himself seven summers before.

This time I elected to trust Me and take the risk. Mary Jane mentioned she was thirsty. In the middle of her life or death, my life or death, our trust/distrust of me, I said, "Shall I get you a cup of cold water?"

I brought her the water.

She said, "I know this is crazy, but it's like you put something in this water. My body is beginning to feel like I've been given a tranquilizing drug."

"Would you like another one?"

Mary Jane did not go to the hospital that day. I spent two hours with her, sent her home with a friend, and told her to return that afternoon. But first we agreed that she could make it until 4:00 P.M. We made the same kind of contract, day by day, until the next week. She came in then telling me something about what the cards and spirits and stars were telling her: Her eleven-year-old son had had a vision of "The Blessed Mother"; her reader had told her that meant she was being cared for.

I know enough about that "don't exist" message<sup>1</sup> to be unsure whether Mary Jane will ever approach that terrifying place again, but I think the next time she may be more sure she doesn't have to go alone. (And I've never been sure

what might eventually have happened if I hadn't brought her the cup of cold water.)

My attempts to free myself from the public mental health system have been sporadic and spaced by years. I prostituted myself in the name of "security" and allowed myself to be seduced by the songs of \$1,000 more per year than x private agency. My other means of binding myself to this Sisyphus rock was a variation of grandiosity. Fending off my shame, I sustained myself by holding this notion as a sort of "secret."

I believe I feel a sudden burst of *true* humility. Going round and round with the concepts of "mistake," "exposure," and "vulnerability," the more I think, the more blurred the boundaries seem. I feel very uncomfortable thinking about them. I begin to want to put away my typewriter—put away this subject. Yet I won't avoid presenting myself with exposing experiences. I hide myself, I hide my work, I dread even the active, direct expression of thought in a group of colleagues. Then I drag myself out in print like this. Prod my thoughts out like bashful children in a school speech recital. Push one out, then quickly take it back! All my old critical tapes go on: "Who are you to express opinions on embarrassing events in therapy? You, who arrange your personal and professional life so that nobody sees you. You don't take enough chances to make mistakes. You don't recognize mistakes when you make them. Your whole professional life is a mistake. You have arranged it so that you do very little therapy yet insist on saying you *want* to do therapy. Your major mistake is having continued to be seduced by those deceptive songs of 'security' and '\$1,000 more per year' and not having taken the risk to get out on your own."

Through the act of putting this chapter together, I have been putting my life together. I have been pushing myself to the edges of: "What are you really doing?" Exposure, expression, mistake, all are cyclical. My exposure is beginning to sound like my salvation. That which I fear most seems to serve my best interests most powerfully. I'm beginning to feel what Little Black Sambo must

have felt as he watched his tigers all turn to butter.

In considering the mistake/exposure subject, I have found myself repeatedly drawn toward framing the situations so that my mistakes "look good," so that my risk of exposure brought positive results, or at least colorful events. I dodge and twist and evade. I am tirelessly reluctant to even allow myself an imperfect mistake. In putting my thoughts together, I have, by necessity, put together a full appraisal of the extent to which I have allowed the living of my life to be governed by shame and by fear of embarrassment.

This chapter and that life-chapter end. My tigers are butter.

*Carl A. Whitaker, M.D.*

## THE LEARNING TREE

Mary looked like any other patient when I saw her on the sixth floor of the Sixth Avenue Hotel. The hotel looked like a fairly standard, lushly equipped whorehouse, with men in fancy suits and women in nightclothes wandering the halls from room to room. This particular girl was in the waiting room. I was to examine her for a pain in her belly. She had infectious pelvic disease. I had just put down my hat (upside down so I wouldn't get fleas) when I was surprised by her greeting: "Hello, Carl."

She was a girl I had seen in the hospital six weeks before. She'd come in for acute gonorrhea, stayed in the hospital for three days, and asked if I would talk with her and her husband. This was surprising to me. Looking back, it's probably the first psychiatric interview I ever did. They were concerned about their sexual relationships. I was just a year out of medical school and about to begin my gynecology and obstetrics residency. I was not really mature enough or aware enough to do much except sit there open-mouthed while they talked about sex.

I told the girl we'd take her back to the hospital. They asked if I would see the other patient in the back room. The other patient turned out to be the madam. At sixty, she was dying of cirrhosis of the liver from long-time alcoholism.

We took the patient back to the hospital and made plans with the ambulance driver to come back and pick up the madam. At that time I had no sense that I would ever get out of gynecology and obstetrics. Three hundred major operations later, plus a year of taking care of the Green Girls (acutely infected teenagers), I thought of myself as a good surgeon and ready to spend the rest of my days in a moderate-sized town, delivering babies and probably doing a

lot of general practice. But I was bedeviled by the horror involved in all this. Before antibiotics, treatment of gonorrhea in the female usually consisted of months of hospital bedrest. The Green Girls were locked in a big ward on top of the hospital in the middle of the East River. It was my job to try to keep them from becoming overly excited in order to prevent flaring up of the infection that had gotten them arrested and imprisoned.

It was a strange flip for a religious country boy to end up dealing with Broadway chorus girls. They wanted to have their operation by our own gyn department because we used a special incision below the hairline. That way they could go back on the stage and not be laughed at for exposing their surgical scar.

One threshold experience during this period involved a voluntary operation that went wrong. One of the fifty women we saw in the clinic three times a week had had intractable pain. Every menstrual period for five or six years had been hell. She became the haunt of the clinic. Nobody seemed able to help. The chief finally decided we'd take her uterus out in hopes that that would stop the pain. It was my job—a routine hysterectomy. I had never met her husband or the kids. All I had met was the body and the pain.

The operation was comfortably finished in half an hour or so. The intern was sewing up the skin. The anesthesia resident routinely slipped the ether-filled bag off the machine to blow the ether out. When he began to fill it with oxygen to wash out the patient's lungs, the machine exploded. Pandemonium. I was deaf for two hours. The patient began to bleed from the mouth, and four hours later she died. Nobody knew why. Nobody understood the dynamics of the electrical spark. But the patient was dead. I've often wondered whether that was why I lost interest in the field when I finished my residency.

I elected to spend a year in the psychiatric hospital. Maybe I could understand the emotional aspects of gyn/ob problems. I never turned back to gyn/ob.

The Syracuse psychiatric hospital was a little three-ward, sixty-bed diagnostic unit with three staff people. It was set up for the treatment of patients who could be returned to their homes. I ran the neurosyphilis clinic in those days, and, except for artificial fever heat box treatment, triparisimide was our only recourse. Thus the dangers of induced blindness and jaundice were ever present.

In the beginning I saw psychiatric patients as curiosities. I often think about the alcoholic psychotic who said, "I saw this big white polar bear sitting on the bed, and I knew he wasn't real, but I had to call the nurse because he looked so real." Or the schizophrenic who insisted that they were shooting with machine guns out of the electric light bulb. My mothering pattern of breaking the bulb didn't prove there were no machine guns. His reality had nothing to do with this information.

As I learned more about the vivid experiences of psychosis, I rapidly lost my interest in the mechanical carpentry work we call surgery. A patient who was mumbling to himself explained that voices were calling him horrible things and saying that he had intercourse with his mother. I said, "That must be very upsetting," and he waved me off with, "Oh, no, they've been doing that for years, and I don't pay attention anymore." One nurse threatened to sink her foot in a patient's behind up to her ankle. He looked so sad and depressed, and I thought she was being degrading. Two weeks later I found he didn't want to leave her ward because she was the only person he loved.

These experiences were corners in my thinking about other people and, of course, parenthetically about myself. For instance, it surprised me more than it did him to discover that a wildly psychotic patient who threatened to kill me suddenly collapsed into a three-year-old child when I authoritatively stated that he would have to go back on the ward. Later I talked with an eighty-five-year-old man who came in for molesting an eight-year-old girl. When I met the girl, who looked like a professional actress fresh out of Hollywood, it made huge gashes in



my fantasy of what life and people were all about.

I had casually repressed my experiences in the Manhattan ghetto, but now they came alive. This call of the wild, the agony and ecstasy of schizophrenia, of the whole psychotic world, ballooned inside of me. I became preoccupied with why these things had happened to these people. Immediately, I decided to go into child psychiatry and find out how to prevent such problems.

Louisville and the child psychiatry world was a whole new territory—another threshold experience. The magic of schizophrenia, that Alice-in-Wonderland quality of spending hour after hour, sometimes all night long, with a patient whose preoccupation with delusions and hallucinations made him as fascinating as yourself, was matched by the mystery world of play therapy. I spent month after month on the floor with little children, watching them talk about their families through my toys. Their honest replay of death and birth, of jealousy and hatred and sexuality, was humbling. My discovery of Melanie Klein and her beliefs about infant sexuality was like a repetition in depth of my earlier discovery of the psychotic world.

In 1940 the child psychiatry clinic taught friendly listening, but there was an old social worker who had been analyzed by Otto Rank. Thus, my first introduction to psychotherapy was by way of the Philadelphia social work school's form of Rank's process thinking. I became more and more intrigued by what brings about change. There was an eight-year-old boy who hadn't said anything since he had whooping cough at age two. I spent six months seeing that boy once a week while the social worker talked to his mother upstairs. He never said anything to me either, but we threw the football out in the yard. He did listen to me talk about him. I finally gave up and admitted I couldn't help. He and his mother went away disappointed. I thought I'd had it with psychotherapy until we got a call back three weeks later saying he'd started talking.

One other child, a ten-year-old, came in bitter and rebellious and stood

inside the door, staring into space. He taught me another lesson. I said, "I'm a doctor of people's feelings, and they must think you have hurt feelings or they wouldn't have forced you to come and see me." He said nothing. Having come from the New England silent world, I was easily induced to spend the rest of the hour sitting, meditating. I told him our time was up and he left. He came back the next time. I said hello and we sat—or he stood and I sat. This went on for ten weeks. After the second week I didn't even say hello or goodbye, I just opened the door to let him in and out. At the end of that time I got a call from his schoolteacher saying, "Are you the man who's treating Joe Smith?" I said that I was, and she continued, "Well, I want you to know what a remarkable improvement he's made. He doesn't burn the curtains anymore, he doesn't hit other kids, he now studies, and he doesn't stick out his tongue at me. I don't know how you did it." I didn't tell her. It was a professional secret, because I didn't know how I did it, either.

During those three years, I worked with delinquents and taught in the medical school part-time. I began to learn about toughness. Tenderness had always been my thing, but toughness between people was harder to come by. Toughness with animals I had learned way back. Fortunately, the arrival of our second daughter gave me access to warmth and closeness, which made it easier to forgive myself when I had to be professional and/or hard-boiled in my work with teenagers.

It became more and more clear that medical students were divided into those who didn't know how to be tender and those who didn't know how to be tough. How difficult it was to teach either one to have access to the other. I didn't really know I was merely talking about myself for some years, but I did discover the joys of working with delinquents. That power! I always thought of them as Cadillacs with steering gear problems, whereas the neurotics we saw in the medical school clinic were like old Fords that were only hitting on two cylinders. Looking back, I often wonder how many of the delinquents stole cars just so they could come back and tell me about it. I'd never have guts enough to do it, but I'm

sure my enthusiasm for their adventures tempted them to do it again, like they probably had been doing it for Dad and his repressed delinquency before they ever got to the institution.

I discovered more about psychopathology and psychotherapy. My next patient up was Henry, a manic psychotic on the ward. The previous patient had been a five-year-old boy whom I was treating with play therapy, using a bottle with warm milk, which helped him regress. One day the bottle was left sitting on the desk. The manic came in, took one look at it, and began a regressive sucking on it. Needless to say, I had another baby bottle with warm milk the next day. In twelve days of this intense bottle feeding experience he came completely out of his manic episode, and again I thought I'd discovered the secret of psychotherapy. As a matter of fact, for the next three or four years I bottle fed almost every patient I saw—man, woman, or child; neurotic, psychotic, psychopathic, or alcoholic—and with a high degree of usefulness, if not success. It was only some time later that it dawned on me that it wasn't the patient who required the technique, but the therapist. I was learning to mother, and once that was developed I couldn't use the technique anymore.

It was at Oak Ridge where I first discovered that I needed a partner for my professional life as well as I needed a mate for my real life. Raising patients, like raising children, is horribly distorted if it's a one-parent project. John Warkentin helped, but he wasn't always where I expected him to be. I still recall the day I was having the first interview with a returned South Pacific veteran. I was suddenly terrified he was going to kill me right there. Excusing myself, I went over, interrupted John and his patient, and dragged him back to my office and told him of my fear. He took one look at the patient and said to him, "You know, I don't blame you. There have been times when I wanted to kill him myself," and got up and walked out. It's hard for me to believe, even now, how tremendously helpful that was in the peculiar kind of paradoxical way that therapists understand better nowadays. It did lead me to set up patients that John and I saw together, so that we could at least talk about psychotherapy from the same

experience. It was only later that I discovered that the other assets of co-therapy were probably even more important. Co-therapy gave the freedom to back away and look at what's happening as well as the freedom to plunge in and not be afraid of what's happening to you and the patient. We discovered that the administrative component is something that can be handled by a third entity—the *we*. I didn't even know then that cotherapy was a secret system for learning how to talk about emotional experiences. It allowed you to be able to objectify a subjective experience shared with someone else.

I eventually left to work in Atlanta, where we discovered in those early days that the baby bottle was a valuable way to induce regression in the service of growth but that fighting was equally valuable. Just as the baby bottles spread from one to another in our staff group of seven, so the fighting moved until we were apt to be involved physically with almost every patient in one way or another. The intimacy of physical contact—of slapping games, of wrestling, and of arm wrestling—became a part of our discovery of our own toughness.

Concurrent with all this, Tom Malone and I were developing a secondary program of investigating the process of psychotherapy. We spent three half days a week at a blackboard talking about psychotherapy—developing an outline. After a couple of years the outline grew massive. Then, between teaching hours, we dictated *The Roots of Psychotherapy*.

This give-and-take over a cognitive understanding of the process of psychotherapy constituted the establishment of my third intimate peer relationship. Previously, a pinochle group in high school and a threesome in college had each been a kind of therapeutic group. The peer relationship with my wife, then with Dr. Warkentin, and now with Dr. Malone were uniquely different. They involved a freedom to approach and withdraw—a quality of separation and togetherness within the control of each. My respect and even veneration for Dr. Malone's intellectual sweep of psychoanalysis and psychological theory was paired with his respect for my intuitive understanding. It was quite a remarkable

event, and it stood in dramatic contrast to my inherent sense of being a country bumpkin. It was as though I was learning how to think with him, just as I was practicing how to fight with Dr. Warkentin and also learning the kind of discipline and control in which he was such an expert.

I first went for psychotherapy in my child psychiatry days. That brief period was the beginning of my discovery that there was more to me than was visible. Later, in Oak Ridge, I decided to go to co-therapy group. I went for a year, was interrupted for a year or two, went back for another year, and so on for the next six or eight years.

By 1946 we had three daughters and a son. The problem of trying to be an administrator and a clinician had exteriorized a lot of my immaturity. When the stress in the hospital and medical school got high, I began to precipitate myself into psychosomatic attacks with cold sweats, chills, vomiting, diarrhea, and a half day in bed. Cuddling with my wife resolved this, but I went back into psychotherapy to help develop confidence in preventing it. Living with our own children also convinced Muriel and me that the only "unconditional positive regard" in this world comes from little children.

My psychosomatic attacks lasted for four or five years. Then I began to have more access to my somatic symptoms in relationship to patients. These ran the gamut from intestinal spasm, hunger, full bladder, sneezing, the hair on the back of my neck standing up, tingling on one side of my body, peculiar restless walking around the office, and boredom, to my embarrassing habit of going to sleep in the interview. In my early days I assumed that this habit expressed boredom and withdrawal, and so I was very embarrassed by what I took to be my social misbehavior.

As time went along, I survived some of my guilt and embarrassment—I made it into my territory. When I went to sleep, I often dreamed about what was happening in the interview. The relevance of these dreams to the therapeutic

struggle made it more and more clear that what was going on inside me was a way of making connection with my introject of the patient and of finding a way of communicating this to the patient. It was usually more powerful than my left-brain intellectual concepts.

For example, Bill and Mary had a daughter who was a freshman in medical school. They referred the daughter for psychiatric help because she insisted on working in the black clinic the summer before she went to medical school. The daughter revealed that she and her father were linked up very tightly and that her mother was the household maid. The mother was then referred to me for psychotherapy, and I tried to indoctrinate her with some of the women's liberation virus. Since this was 1953, the virus was still quite weak and didn't take. In my anxiety, concern, and frustration I went to sleep and dreamed of a large banquet table—twelve feet long and four feet wide—with a huge silver tureen in the middle. Mama was sitting on this side with a large soup ladle, daughter and husband were sitting on the other side with soup bowls, and mother was dishing out soup. However, her right arm was adhesive taped from midway on the forearm to midway up the upper arm. There was no way she could get any soup into her own bowl. I woke and told her my dream, and for the first time I made a massive assault on her male-chauvinist lifestyle.

Some of my other somatic symptoms included headaches, a stiff neck, and double vision. The double vision was very intriguing. It would take place when I was preoccupied with a patient's anxiety symptoms and with our relationship. Much of the time, of course, there was a great new freedom to be tender and maternal, but there was also considerable freedom to be angry and demanding of the patient in the relationship. More and more I became convinced that the relationship was what caused the change, rather than any insights or any unconditional positive regard. I developed a capacity not only to accept transference but also, as Ronny Laing suggests, to act out the projection. If the patient looked at me and saw mother qualities, my intuition was good enough to carry out the role and augment this transference. And then I would have to

violate the projection when it violated my own personal life space.

Simultaneous with my other struggles was the struggle to move from individual psychotherapy to a larger system. One factor that lured us from individual to a larger system was a series of failures in the intensive co-therapy treatment of seriously ill schizophrenics. Starting with bottle feeding, we went on to a physical kind of induced-regression therapy where the patient and therapist were involved in a very existential forced-regression pattern. But many times after the patient had been pulled out of his psychosis and was well on his way to what we thought was a good maturity, the family would intercede and destroy our therapeutic efforts. This led us more and more toward a decision to start out with the family. I think of this fighting with schizophrenics and failing as my fourth watershed in developing toughness.

Coincident with the mandatory group therapy for medical students and the intensive book-writing effort with Tom Malone, we instigated a series of ten conferences on psychotherapy of schizophrenia. The group was formed in 1950 by our Atlanta colleagues and some therapists in Philadelphia. It included Ed Taylor, John Rosen, and Mike Hayward. Every six months we'd set up a four-day weekend, and the seven of us would work these four days with a particular schizophrenic patient. Those six to ten interview hours were loaded, as were the many hours of reverberation to those interviews. The first two or three were spent on the treatment of an individual, but later in the series we began to work with families as well as with the schizophrenic himself. The struggle for concurrence, the struggle for new ideas, and the sharing of the exquisite joy and the profound pain and suffering involved in trying to treat schizophrenia brought us close. We stayed up many nights in the effort to find our way into the unconscious perceptions we assumed were there but that were not available on a deliberate, conscious level.

Having made some gains, we decided the tenth conference would include Donald Jackson and Gregory Bateson (to make it cognitive enough to publish).

Don was a brain who sparked a lot of new thinking, and Greg was an elder statesman anthropologist—a sage who smelled of people. At that conference we struggled over a definition of schizophrenia and finally decided it couldn't be defined. We also decided *not* to include a chapter on techniques, which was probably just as wise. It was clear to us that the reason people work with schizophrenics is that they want to find their own psychotic inner-person, which is known more and more as the right brain—that nonanalytic total-gestalt-organized part of our cortex. We struggled over the schizophrenogenic mother and over whether the father himself can create schizophrenia. All this anteceded systems theory, which made it clear that it takes a family system (and more) to originate such a holocaust.

The discovery of families was another one of my learning-tree branches. The eighty-year-old mother of one of our faculty was brought in for help. Because of my own interest, I stayed with her as she gradually deteriorated into being an interpersonal and psychological vegetable. I enjoyed her as a person; as in play therapy, I found that I did not need to have logical conversation with her to enjoy her. In this way the family also learned to go on enjoying her without needing her to be an intellectual, social organism. She was just their mother. Two years later she was still living at home. The craziness that had overlain her arteriosclerosis of the brain had long since faded into the background. She just ate and slept and smiled and went to the bathroom. But the family still loved her and still enjoyed being with her. They had not turned away from her because of her failing health.

I still remember the game she and I played about being boyfriend and girl friend and going to Bermuda for a week together. One day in her childlike deterioration she said, "Young man, are you playing or are you for real?" I had to laugh and say I was playing. The next week this eighty-year-old grandma brought me her bottle of smelling salts, which she had been keeping in her pocketbook for forty years, saying she thought I needed it more than she did.

The move to the Atlanta Psychiatric Clinic was a gradual one, carried out by



a joint decision. The university couldn't stand our all-out psychotherapy orientation, and we couldn't resolve the administrative differences. So the group of us moved out and set up separate offices. Setting up a clinic, buying a building, and learning how to be businessmen in the world of psychotherapy were all new experiences.

At the new offices we discovered the use of the routine second-interview consultation. At first it was merely administrative—a way to get a consultant in, to get additional data, to get a more thorough-going evaluation of where things were, so that we could report back to the referring doctor and so that we could report to the patient or patients. Very quickly, however, we developed other uses of great significance. It seems that the initial therapist is contaminated with all of the usual problems of being a mother: He's all-forgiving, all-accepting, and minimally demanding. In contrast, when the consultant comes in for the second interview, he turns out to be very much like the father: He is reality-oriented, demanding, intellectual, much less tempted to accept the original complaints or the original presentation, and very much freer to think about what's being presented in a conceptual, total gestalt manner.

In practice this turned out to be almost ridiculous. For instance, I would have an initial interview with family A and the next week would have whoever on the staff happened to have free time available to be consultant. That person would listen while I told the story in front of the patient or patients, and then he would expand the history for the rest of the hour. Unless the situation was pretty serious, the staff meeting between the two of us would take place with the family present. The consultant formulated a diagnosis of the dynamics and a proposition for therapy. We would then move to the other therapist's office, where I would be consultant to his family. In both of these situations the original therapist—the primary therapist—would serve mostly as secretary. In either setting the conceptual organizational thinking would be done by the second person.

We also discovered a dual contract. Having listened to the initial story,

formulated a description, and reported our findings to the family, we considered the initial contract ended. We suggested that the family members not make another appointment until they had taken the time to sit down and talk with each other about what, if anything, they wanted. Then they might establish a new contract for an ongoing program of therapy.

As our group of teachers gradually became a professional clinic staff whose objectives were treating patients rather than teaching physicians, the pattern of interaction changed. We took to treating each other as students. We developed a professional supervision system of endless give-and-take about what had happened to each of us or to couples with whom we were working. This seven-member cuddle group also began to exercise more authority. Whenever a member got into an impasse, it would be brought to staff meeting, and decisions would be made by the whole group rather than by the therapist alone.

The decision to move to Madison was more a family decision than a professional one. Certainly it was clear that moving to Madison meant I would become a full-time family therapist and would do little or no individual therapy.

The repetition pattern of the farm boy moving to the city seemed loaded. The Atlanta clinic was our private world, and the sophisticated world of a psychoanalytic organized group left me with uncertainties, awkwardness, and the temptation to be isolated.

The period in Madison from 1965 to 1976 was a whole different pattern. During the six-week period in 1964 when I had been a visiting professor, I had dealt mostly with the problems of the schizophrenic patient. When I arrived back, in 1965, I carefully decided that I would only deal in family therapy, and this of course meant that I was going to have to push myself to conceptualize a lot more about families than I had done before. Much of the more recent therapeutic patterns of the Atlanta Psychiatric Clinic had not been well verbalized. We understood each other so well that our behavior, like the dancing in a well-

established marriage, had been largely implied rather than overt. The effort to coax residents in Madison into daring to treat couples and families demanded a conceptual framework. The residents' endless questions, my natural selfdoubt, and the long series of families coming through made conceptualization take place almost in spite of us.

The decision to use residents as co-therapists was also a deliberate one. I decided I could not tolerate playing games and trying to tease the residents into working with families. Instead I just invited them to sit in with me in my private-practice families and to follow their own ideas. This gradually developed into a fairly simple system. They were free to participate or to watch. They automatically became part of the sessions, many times to their own amazement. I remember one resident who had said little or nothing for five interviews. When the sophisticated faculty family came back for the sixth session, he wasn't there, having been up all night on call. They stayed for five minutes and then said, "Well, if Bill isn't going to be here, we might just as well come back next week," and walked out. This was a bit of a surprise to me, but it was a massive shock to the resident, who thought he was very unimportant.

Ecologically, the situation at Madison turned out to be very much like James Framo described it. Like most family-therapy program set-ups handled by an individual, our therapy procedures did not become part of the overall administrative structure. For some years it seemed as though I was quite isolated.

One of the conceptual patternings that came out of this was a thorough conviction of the politics of family therapy. The initial phase of working with the family demands a political coup d'etat, in which the therapist proves his power and his control of the therapeutic process, thus enabling the family to have the courage to change their living pattern. Other concepts, such as the importance of the detumescence of the scapegoat or surfacing other scapegoats in the family, spreading the anxiety around the family, and the necessity of using paradoxical

intention to reverse the axis of responsibility so the family would carry the initiative for their own change, all were picked up from the residents when they were working with families as co-therapists. Particularly important in this regard was Dr. Gus Napier, who was centrally interested in family therapy and who is a very creative thinker in his own right. Each time I would propose ideas for him they would be expanded, elaborated, and altered, and I was sure to get something extra in return.

One of the covert changes that I experienced was my increasing conviction that everybody is schizophrenic. Most of us don't have the courage to be crazy except in the middle of the night when we're sound asleep, and we try to forget it before we wake up. I became more and more courageous in my advancing years and tenured role, and I began to use the word with greater nonchalance. During the first six months to one year, it was quite a shock, but after that it became gradually more and more accepted, at least in my own head.

I began to understand more clearly that there are different kinds of craziness. There is being *driven* crazy, which means that one's malignant isolationism is brought about by being forced out of one's family. There is *going* crazy, which, in the case of falling in love, is a delightful experience, although very frightening. Going crazy also takes place in the therapeutic setting, where it's sometimes called transference psychosis, much in the same way we talk of transference neurosis. And then there is *acting* crazy—the crazy responsiveness of the individual who has once been insane and who, when under stress, returns to that state of being even though he's not out of control in the same way. He's like the child who has just learned to walk. If he gets in a hurry, he'll get down and crawl on his hands and knees, even though it's slower.

There are other models of craziness, including the quasicraziness that happens in social groups or in therapeutic interviews and the imitation craziness that sometimes takes place when a therapist is trying to make it with a patient or a patient is trying to make it with the therapist. One of the characteristic models

for quasi-craziness, or maybe-going- crazy, is the religious ceremony in which people "speak in tongues."

Behind these concepts about therapy is my increasing conviction that the most important things for the therapist are to preserve his own life space, to preserve his own personhood, and to see his professional function as being different from that amateur enthusiasm that he started out with and when he wasn't working for the love of it but because it was his job.

I expect to have more and more fun in my family therapy as I learn to bring more and more of my professional creativity into focus. May you, too, make your own mistakes, tolerate your own embarrassments, and have more fun.

*Alex Redmountain, Ph.D.*

## **WORKING THE STREET**

Lou Salome was a brilliant, beautiful, adventurous, and chillingly relentless woman whose life spanned the turn of the century. She was admired by Rilke and Nietzsche, among others. She trained as a lay analyst within Freud's inner circle. She once said, with obvious pride: "Early in my life, I determined to find out if the limits imposed on every side were actual barriers, or merely chalk lines that I could erase at will."

When I was younger, I liked to think that, like Lou Salome, I was a heroic challenger to all restrictions, both internal and external. As a neophyte therapist, I had to test every parameter: time, money, physical proximity, self-revelation. I trusted no one else's experience. I was contemptuous of the warnings posted by those who had passed through before. There is a certain strength in this, and I do not disparage that; what I failed to see, as she did, was the affliction camouflaged by daring.

The affliction is self-love, narcissism, a narrowness of vision that places everything outside oneself at the periphery. Though it appears open and seeking, it makes learning very difficult. "Stop reinventing the wheel," I was told; I finally did, but since no one told me to stop reinventing the compass, and sextant, and steam engine, I kept on doing that for quite a while.

This essay is a kind of expiation. It tells of a five-year period in my life as a psychotherapist when, like equally naive Peace Corps volunteers, I undertook to "change a piece of the world." This particular piece was a small part of the so-called "counter-culture" of the city in which I live. I staked out the territory because I was familiar with it, knew many of the people, felt comfortable in it. Seeing an opportunity to do more than "just therapy," hooking into the new

emphasis on consultation at my community mental health center, I took to the street.

Out on the street, the therapist is like a hooker who's been thrown out by her pimp. There's no security, no status. You're surrounded by a dozen other hustlers, each selling some exotic solution to life's problems: astrology, card reading, Scientology, revolution, a quickie in the back of the Dodge van parked across the street. Psychotherapy looks like just another fast fix, a way to set the pain aside momentarily or to pretend to an inflated self-importance. And often it is.

But like the whore without a honcho, the therapist who comes out of the office sanctuary and into the street may discover excitement and elation of a different order. I did, although I was never far removed from fear and trembling. I liked knowing that the sanctuary was there when I needed it.

Let me explain briefly what I mean by "working the street." I am a clinical psychologist, traditionally trained, and I was still doing the usual clinical psychologist things: testing, individual and group therapy, supervision, formal consultation. But I was getting restless, found it hard to stay within the confines of the clinic where I saw my patients. Little by little, mostly by self-invitation, I cultivated a street beat through familiar geography: free schools and open universities, gay people and street people, adolescents of infinite variety and the many species of chickenhawk who prey on them, alternate enterprises of every ideology imaginable, and a total spectrum of lifestyles. It seemed like a great opportunity for checking out the barriers. It was also a great opportunity for, as we used to say in The Bronx, getting my ass handed to me—as in the sentence, "When I hand you your *ass*, boy, your head is gonna fall so low you'll be looking up at *roach* shit."

As I look back over the last few paragraphs, two obvious conceits stand out: the tough, street-wise tone and a surfeit of sexual references. In the worst old

private eye tradition, I seem to be trying to come across as someone who's at home on the street, at home with constant danger and threat, at home with the crusty language. There's a passing reference to "fear and trembling," but that only underlines the alleged derring-do.

It is all more than a little bit ridiculous. Basically, I'm a middle-class grownup with slightly rebellious inclinations; the one time I was impulsive enough to drop out of school, I joined the U.S. Army and was promptly dispatched to die of boredom in Korea. The setting for my street-shrink activities was a deteriorating, exciting, but not especially dangerous or sinful neighborhood in a large Eastern city. It was exciting because of its variety: Its residents encompassed all ages and classes, at least three races, and a dozen ethnic groups; Maoist food "collectives" operated on the same block with thirty-year-old Mom and Pop groceries; soul music blared from one record shop speaker while salsa and bomba rhythms leaped out from another around the corner; storefront churches rose from the ashes of revolutionary Trotskyite print shops—and vice versa. It was still two or three years before a phalanx of realtors would attempt to "upgrade" the area and deliver it, cosmeticized, to affluent white liberal buyers.

So much for the battlefield. The references to sex have a more subtle significance. Away from the protection of my therapist office and my therapist role, I am besieged by sexual fantasies—yes, even more than usual. It's a way of mitigating the constant loneliness, the loneliness of being *among* people, but not *of* them, the same kind of loneliness I felt most poignantly in adolescence at carnivals, amusement parks, strangers' parties. The fantasies of sex are a way of connecting, however inadequate. They were also a source of some of my troubles as a psychotherapist cut loose from his moorings.

Another source was the illusion of being a savior, a reconciliator loved by all. When I walked around the neighborhood, greeting militants and leftover flower children, precinct captains and self-actualization addicts, I imagined



myself a combination of country doctor and masterful statesman, healing rifts both psychic and physical as I passed on through. And in the best Lone Ranger silver bullet tradition, I dreamed of encountering evil, overcoming it, and riding off toward the foothills and the setting sun—all within the thirty minutes normally reserved for the radio serials of my youth.

This kind of delusion wreaks havoc with the long-distance running qualities usually required of the psychotherapist. It also helped me suppress some doubts about my own endurance. With every new patient I took on in my public practice, I wondered: Can I really last the journey? As the complexity of every individual unfolded, I worried: It may be just too hard, too long, too draining. What if I want to run off and fast alongside Cesar Chavez in the lettuce fields? What if I decide to go to Harvard Business School so I can destroy capitalism from within?

But I never did run off, anywhere. Instead I discovered that street work often took even more patience and long-range vision than more conventional psychotherapy. The consequences, if anything, were less predictable. Mostly there was chaos and confusion, loose threads and shifting sands, old faces reemerging briefly in the smog. But in the midst of all that upheaval, I felt, sometimes, that I was in charge. And that is a heady fantasy.

So we continue this contemporary tale with two ancient, classical themes: lust and hubris. Mine was no great tragedy. The falls I took were more like pratfalls than plunges from mighty thrones. Pathos and low comedy were my dramatic contexts. I began, not with a sense of inexorable destiny, but with post-adolescent randiness and a slightly inflated pride. I can give only a few examples here of a succession of events, both personal and professional, that brought about my gradual detumescence.

*First Tale of Hubris.* It's two o'clock in the morning. I wake to the insistence of the phone. The Sanctuary, a shelter for runaways, is calling: One of the kids who came in the night before is running amok, presumably out of his mind on

garbage drugs. Could I come down and *do* something, maybe talk him down or take him to a doctor who would give him something and not report it to the cops?

I'm there in twenty minutes. Who said that house calls were a thing of the past? Upstairs I can hear crunching and smashing noises. Down in the "parlor" eight resident runaways and two counselors mill about, looking worried, indifferent, scared, sullen—depending on whom you are looking at. A third counselor leads me up the steps.

Now we are only a thin wall's width from the sound of splintering furniture. "I'll take it from here," I say pompously. I open the door and close it fast behind me, managing to jerk away just as a chair leg hurtles past me and bounces off the frame. Near the bay window I see the hurtler himself, a monstrous teenage version of an NFL defensive end, six foot six, at least 240 pounds. He is methodically ripping apart the wooden bunks—the bunks that my friend Joe put together over a couple of weeks of unpaid labor, *after* his unemployment ran out! I am outraged.

"Hey!" I shout, with as much authority as I can muster. "Cut this shit out!"

He turns and looks me over. His eyes aren't quite there. His facial muscles are flaccid and twisted. He comes closer, looks me up and down again. My knee bone does *not* seem connected to my ankle bone.

He says something that sounds like "Who the hell are *you*?"

"Alex," I say.

"You're the *shrink*!"

I approximate a nod.

His name, I find out later, is Moose. Not his nickname, his *name*. He looks at me again, starts shaking his head like a puppet, keeps doing it. A daft smile draws

his lips apart. Now he laughs. Now he laughs even louder. Then he collapses on the mattress by the door, laughing and crying and thrashing about like a baby whale going through a primal.

I figure he's hallucinating. I kneel down next to the mattress, put my hand lightly on his arm.

"Take it easy. Take it easy," I keep saying.

My touch, or my voice, seems to make him even more hysterical. He rolls and pitches, this way and that, flings himself from one side to the other. He is still crying or laughing or both, I can't really tell.

After a while, he is so weak he lets me take him by the wrist and lead him out of the room. He's like a child of five now, very tired and very sleepy, and I lead him to the small room in the back where visitors often stay, the one with just a huge mattress on the floor. I can see some heads poking up through the stair rails; I feel like Horatio at the Bridge, or MacArthur at Guadalcanal, or at least Walter Mitty on the Poopdeck.

Soon Moose is asleep. I wait a few minutes to make sure his breathing is normal, then pull the door to, leaving a small wedge of light inside (in case he wakes up scared).

Subtly, I make a modest exit from The Sanctuary. A few quiet words with the counselors, hugs of love and appreciation, a wave of the hand to the kids, a stumble and unexpected flight down the front steps. Well, subtlety is relative.

No one calls me for the next couple of days, so I assume everything is all right with Moose. When I visit The Sanctuary at the end of the week, Sally greets me with a strange, playful look in her sensual eyes. (Whoops, it's hard to keep lust and hubris clearly separate.) For many reasons, Sally is one of my favorite counselors.

"What happened to Moose?" I ask.

She shrugs. "He moved on. To bigger and better things, I guess. There wasn't much left to wreck around here."

"You mean he did it *again*?"

"Oh, no," she reassures me. "He was really okay after that night. After his encounter with *you*."

I almost scuffed my toe. "Yeah, well ..."

"He even turned out to be pretty funny." Now her smile seems dangerously sly. "The day before he left, he had a bunch of us crackin' up and fallin' all over each other."

Suddenly she puffs up her chest, squares her shoulders, stretches upward from the soles of her feet. Her face takes on a bruiser's permanent scowl.

"So this *dude*," she says, imitating Moose with what I imagine to be perfect accuracy, "comes in the *room*, dig? And I am *stoned* out of my *mind*. I mean I am *wasted*. And I am real *paranoid* behind the speed, everyone yelling at me through the door that the goddamn *shrink* is coming, the shrink is coming to put you in the hospital. Now I *been* in the hospital, and I ain't going *back* to the hospital. Shrink or no shrink.

"And I am waiting for the shrink to come and *mess* with me. I am *ready*, dig? But my head is so fucked *up*, this shrink in my mind keeps getting bigger and bigger, and meaner and meaner, right?

"So who comes in, can you *believe* it? This little round dude, this Alex that everyone has been yelling at me about. And the top of his head don't come up to my *shoulder*!

"And then he says, 'Cut this shit out!' just like that, a little dude with a *big* mouth, and I just break *up*, can't *help* it, keep thinking about that big mean nasty shrink in my head and this little round dude in front of me, I just break *up*! I even forget all about that *razor* I had, strapped to my leg ..."

Sally stops. She shrinks back to her normal, delectable size. She is grinning at me. "I was the only counselor in the place. And all the kids who were there are probably in California by now, never to return." She comes closer, presses against me, puts her arms around my neck.

"Your secret," she says in a French-Hungarian accent, "is safe wiz me."

The Moose incident didn't injure my ego much, but it was one of many that made me very wary of taking credit for anything. "God works in mysterious ways," said Sally, having been raised a brimstone Baptist and never quite given it up. I had to agree. I often had the feeling, when I was doing therapy, that anything I said would work: Insight, catharsis, epiphanies would follow some inaudible inanity from my mouth. At other times, when I thought I was being wondrous wise, my words fell as flat as a swatted bug. It all has to do with chemistry, or radiation, or smell. Or something. Before I knew that, I sometimes took the calling of therapy very seriously indeed.

*Second Tale of Hubris.* Gonzo is its *nickname*, not its name. Gonzo is a free school; thirty or so high schoolers who gave up on public, parochial, private, and even military schools, huddled together now in an old, condemned tenement, giving mutual support to one another. Often they give each other honesty and love. Sometimes they even learn things they could never have learned elsewhere.

There are teachers in this school, too. They fix the plumbing, explain quadratic equations, evade building inspectors, draw giant colored maps of North Africa in lectures about colonialism, chase rats with a broom handle, and talk with the kids—about everything—from noon to early morning.

(If I had said "from dawn to dusk," then you would have known that Gonzo *is not* a free school. One of the definitions of a free school is that no one gets up that early.)

I am in love with the teachers and the kids. I come to the school once a week, meet with the staff, then "do a group." I am *their* therapist. I'm very careful not to *call* myself a therapist. I think it's pretentious and elitist and probably even fattening. Besides, *I* know that I'm much too involved and intimate with everyone there to be really doing *therapy*.

One afternoon I am meeting with Barbara, a Gonzo teacher who has taken to spending much time with the most difficult kids. For some, she has assumed the role of comforter and confessor. Barbara has always been a good listener, but now there is a steady stream of young people coming in and out of the upstairs room where she has arranged remnants of rug, pillows, a few posters on the wall.

We are talking about Cindy, a sixteen-year-old; she has an alcoholic mother, no father since the age of four, and two younger sisters. She lives in a topside approximation of hell. Barbara wants to check out some of her perceptions with me. We talk dynamics, back and forth, for half an hour.

"I think my work with her is going well," she concludes. "She responds to therapy ..."

My stomach lurches, sideways.

"Yeah," I say. Long, heavy silence. "You don't have to call it *therapy*."

"Well, it is."

"Sort of," I hedge. "But you know, you're not allowed to call yourself a therapist, so ..."

"Shit. I didn't put it on a billboard or anything. I was just telling *you* about

it.”

“Well, it makes me uncomfortable,” I say.

“How come?”

“Because I think it’s just an ego trip. *I* don’t even call myself a therapist, you know.”

“What do you mean, even *you*! Who are *you*, Sigmund Freud?”

“No, but at least I’m not trying to be something I’m *not*!”

“Aw, fuck you!” she shouts.

“Fuck *you*!” I yell back.

No peaks of riposte and counter-riposte are scaled that day.

Barbara leaves the room and slams the door behind her. I feel like feeding her, limb by limb, to the meat grinder in the basement kitchen—a rusty relic inherited by Gonzo’s vegetarians and abandoned to decay. So goddamned pompous and self-important! She just wants a goddamn short-cut to status! Without paying a *dime* on her fucking *dues*! Arrogant bitch!

Half an hour later, we all meet for group. I can see tear tracks on Barbara’s face. She is lying with her head on Cindy’s lap, the very Cindy who is supposed to be her damn “patient”! Of course, that’s what *every* “therapist” does—goes running to her patients for comfort when she’s feeling bad! Shee-it! I feel even more justified in my contempt. Soon everyone is in the room and we are ready to begin.

As usual, one of the more extroverted kids gets things moving. He finishes his “work,” then someone else picks up on it. I nearly forget about Barbara, although I keep compulsively sneaking glances at her from time to time.

Halfway through the allotted ninety minutes, a long silence ensues. I'm beginning to wonder if I should do something when I become vaguely aware of Cindy's voice to my left.

"I got somethin' to say." She starts out very, very softly, gaining volume as she goes. Cindy is one of the nontalkers in the group, so everyone stirs with curiosity.

She continues. "Alex, I heard you an' Barbara hasslin' today. I was out in the hallway, waitin' to talk to her, not sneakin' or anything. An' I wanna tell you all *this*."

She described how she had been sent to a clinic when she was six years old, overheard a woman who had seen her twice talk about "brain-damaged" and "retarded," and although she didn't know what the words meant, had memorized them and found out later from a teacher. She told about seeing a doctor who kept falling asleep while they played checkers, week after boring week.

Then there was another time, in fourth grade, when she kept getting in fights with the boys, and was sent to *another* clinic, across town this time in a rich part of the city, and a nice young woman met with her for a while but didn't seem to know what to *do* with her. Cindy didn't know what to do, either.

A couple of years ago, she got pregnant, and her mother's boyfriend took her to a "big-shot psychiatrist." He had a fancy office in one of those buildings where the "guy who runs the elevator looks like he been to college."

"All that doctor done was *yell* at me, tell me I was a whore and would end up a junkie or dead or in prison, and I'd never have kids, or a man, or anything decent at all." She stopped for a minute, screwed up her face in disgust. "Then I came to Gonzo. When I heard 'bout *you*, Alex, I didn't want *nothin'* to do with you. Still don't trust you much.



"But I *did* begin to trust Barbara, little by little. She listened. She cried with me, laughed with me, too. She got mad at me sometimes, but never put me *down*. And I could get mad at her; it was okay. Sometimes we held each other.

"I just called her my friend. I didn't want to call her nothin' else. But after I heard what you said to her, I want to tell you now: She *is* my therapist! The first one I ever had! She *is*!"

I was trembling. Then my wall of resistance came crashing down, my heart opened, tears burst, and I was hugging Barbara and Cindy both, blindly nodding my head as our tears mingled, trying to say but not quite saying, "She is. You are. Of course you are."

No one else in the group knew exactly what was happening. But everyone huddled instinctively together. We stayed that way, in silence, as the winter afternoon turned to darkness.

These were but two brief moments in a humbling process that still goes on. As far as I am concerned, the making of a therapist and the making of a centered person are parallel, though not congruent, journeys. Neither has a destination, but both have a finite—sometimes abrupt—termination. From the perspective of a good traveler, they can be very exciting journeys. That is one reason so many people want to be therapists today. That would be fine, but many also want to be rich at the same time, which strikes me as somewhat unjust, although quite in keeping with one of our covert national slogans: "Them as has, gets!"

So much for social commentary.

Now, on to the dirty part. I've titillated you long enough with promises of lusty tales, but as I get closer to setting them down, I am suddenly aware that there isn't that much difference between what I call lust and what I call hubris. Not for me there isn't. It was only prideful lust, self-deluded lust, that left stains on my street-therapist career. It was lust entwined so utterly with ego that ego

had to crawl out of the manhole once again, wiping custard out of its squinty eyes.

*First Tale of Lust.* I had agreed to see Janet for short-term therapy at her home; she had a one-year-old daughter, a night job as a waitress, and no one to babysit. I knew there were many caveats against this kind of thing, but I was sure I could handle it.

At first, I wasn't very much aware of Janet as a sexual being. Her immediate problems seemed so insistent, so overwhelming, that I focused on the work. But as I gradually became more conscious of her attractiveness, I also became more conscious of our halting progress. Something needed to be done, I reasoned, to break up the logjam.

I kept trying to remember why therapists shouldn't become sexually involved with patients. I found myself perusing, at length, articles that argued an opposing view. Even the reputable Association of Humanistic Psychology, I noted, was sponsoring a panel at its annual meeting: "Sexual Relations Between Therapists and Clients."

Was the unthinkable just another one of those damn *chalk* lines? Janet brought the subject up before I did. She observed that the tension between us was palpable. I agreed. In fact, it was becoming intolerable. Yes, I said. Well, she wanted to know, what were we going to do about it?

I was a registered Cartesian then; I knew what my *body* wanted to do about it, but my head still balked a bit. We decided to not see each other for a couple of weeks, to decide independently, and then to move boldly forward. As the fortnight inched its way across my desk calendar, I became more and more obsessed with her long auburn hair, her green deep-pond eyes, her full mouth and body. I read Albert Ellis and Martin Shepard, wrote an essay entitled "Challenging Some Traditional Preconceptions in Psychotherapy"—in which I never mentioned sex.

On the thirteenth day, I received a short note from Janet on the back of an old Valentine card: "I've discovered that there are more fine lovers around than psychotherapists. Will you be my [one and only] therapist?"

Human, all-too-human: After I daydreamed about choking her with a spiked bulldog collar, boiling her in oil, and throwing her out of a dirigible over the most polluted part of the Hudson River, I met with her—in my office. We dealt with it, as the New Yorker cartoon says, by talking about it. We actually went on to do some excellent work together, fifty minutes at a time, two days a week, face to face, and *no* hugging.

*Second Tale of Lust.* Tamara was sixteen, dark as an Arab princess, radiating ripeness. She was a resident at one of the group foster homes at which I dispensed weekly advice. Whenever she greeted me, she would wrap herself around me like the original seductive serpent, and I would try desperately to keep my cool—without success.

I am seldom drawn to adolescents sexually, or so I like to believe. I like the way they look, I enjoy their narcissism from afar, but I'm not crazy enough to trade a tumble for a prison sentence, not even in fantasy.

One night, I was invited to a party at the local free university. I seemed to know half the people there: patients, supervisees, clients once removed (like Tamara, whose house parents I met regularly for case consultation and whose Oedipal problems I knew almost as well as my own).

Wearing a nearly frontless, backless, lacy 1930s thriftshop special, she greeted me that night in the usual way. I untangled myself, but very slowly. I couldn't take my eyes off her, and I didn't want to take the rest of me off, either.

Although I danced with many people that night, I found myself dancing with Tamara more than with anyone else: more sensually, more energetically, more proximately. After a few beers, I forgot the age gap between us. After a few more,

stalwart drinker that I am, I was carried upstairs by some friends and carefully placed upon an unoccupied mattress. I woke a couple of hours later to find Tamara bending over me, swaying, her hair against my face. I wasn't very alert, but she seemed completely out of it—drunk and stoned and incoherent.

Without thinking, I pulled her down beside me, touched her, kissed her, felt her responding to me. As I caressed her, she spoke softly at first, and then more insistently. Her mumbling only gradually became comprehensible: "Daddy, Daddy, Daddy ..."

Laying her head against the pillow, I drew away gently. The one short pang inside me yielded to tenderness. I massaged her eyes and brow until she fell asleep.

*Third Tale of Lust.* It was spring, and five of my street clients, including one gay male, declared their love-lust for me. I knew all about transference, of course, but I was also feeling very sexual in my new, slimmed-down version.

At my therapy seminar that week, another fledgling therapist like myself spoke of how he enjoyed his patients' sexual fantasies about him. Our teacher-supervisor looked at him wryly. "Just remember," he said, "that there are a dozen paunchy, balding, seventy-year-old therapists in this town whose patients are madly in love with them. Don't take *too* much credit."

I decided not to, either.

Those were a few of the ways I learned about pride and lust via "the gut experience."

I was also able to arrive at an intellectual position on both.

It became clear to me that the major argument against patient-therapist sex, one that is seldom advanced very cogently, is the inequity of power in the relationship. By its very nature, the relationship is not an encounter between

equals and would therefore *have* to be sexually exploitative.

Therapist hubris, on the other hand, is based on the mutual illusion of patient and therapist that theirs is *not* a relationship among equals. Thus, it fires the therapist's infantile yearnings for magical solutions, omnipotence, oceanic love.

Well, it's as good an intellectual position as most.

Many of us who practice psychotherapy realize that we are inexorably bound by paradox.

I loved being on the street. The absence of strictures opened up some of my creativity as a therapist. The absence of constraints often blocked the ritual power of psychotherapy. Once again I had to define my limits.

That is how it was, and is.

I am sitting on a park bench, in winter, feeding cake crumbs to the hated starlings. They will shit on me in the summertime. I know, and they know, and it all seems very much to the point, somehow. And without sadness.

## PART THREE: THE WISE FOOL

Everything is folly in this world,  
except to play the fool.

[Leopardi](#)

Embarrassment is inevitable from time to time. For each of us situations arise for which we simply are unprepared. At times this is a matter of circumstances demanding more of us than we had anticipated. In other instances we cannot cope because we have expected too much of ourselves (or others have).

At times like these, it is natural for certain adaptive emotional and physiological reactions to occur. We experience these as embarrassment. Normal people in everyday social situations react this way involuntarily. A person caught off balance is uneasy *"not* because he is personally maladjusted but rather *because he is not.*"<sup>[1](#)</sup>

The response of embarrassment is *not* a personal flaw. On the contrary, it is a socially oriented readjustment pattern that acts to reestablish more orderly, adequate behavior. In showing embarrassment, the flustered person (sometimes unwittingly) reveals his responsiveness to the discrepancy between expected and actual performance. This offers the blunderer a chance to get himself together while remaining in consensual accord with the rest of the group. At the same time, perceiving his reaction, his audience is in a position to help him to reestablish his earlier state of unselfconscious ease.

The others have the opportunity to respond by offering the reassuring acceptance of disarming themselves as being just as capable of making the same

mistakes. This is what the other contributors to this book have done for me. I feel less pained and alone in my embarrassment, standing among these other naked therapists.

The ill-at-ease person may repair the temporary damage to his status by joining in one or more of the many ways in which people reduce the seriousness of a mistake or of a moment of inadequacy. These righting behaviors may include "joshing," exaggeration, and playful mock insults. Making fun of the experienced gravity of the situation reduces the tension by showing that what has happened is not so bad at all.

So it is that "embarrassment is not an irrational impulse breaking through socially prescribed behavior but a part [of the reconstructive aspect] of this orderly behavior itself."<sup>2</sup> For the moment the fumbling individual cannot live up to expectations of competence, nor is he prepared to comfortably discredit himself as being temporarily less competent than expected. His show of embarrassment leaves open the possibility of his taking either role more acceptably in the near future.

Living as we do with idealized goals of what we should be, each of us is normally subject to some feelings of inferiority. These may even serve us well at times by establishing attainable future goals that someday will bring new rewards and pleasures to our lives. *Everyone* has dreams of triumph and fantasies of humiliation.

But for those of us who have not been subjected to excessive shaming, failing at something may be experienced as no more than not yet attaining what we might. For others who have too often been made to feel worthless, each failed attempt may create the feeling of being a total failure.

There is no way to avoid completely sometimes playing the Fool. None of us is sufficiently wise, competent, or consistent to escape ever making a mistake, failing, or acting just plain silly from time to time. So it is that we each must

endure periodic embarrassment.

I no longer ask myself, "How can I get past playing the Fool once and for all?" Instead I ask, "How can I learn to go through these inevitable episodes of embarrassment without feeling needless shame?"

I would like to learn to accept more fully my sometimes foolish Self. My wish is to learn to be more true to my natural foolishness, to know better how to enjoy it all. If a Fool I must sometimes be, at least let me be a *Wise Fool*.

As I learn not to take myself too seriously, I am more often able to enjoy being that sort of clownish Fool who can suffer less of the needless shame that is the price of unwarranted pride. So it was with the Zen Master Chai-Chou:

Once when asked by a monk what he saw as the most important principle of Zen, he abruptly excused himself, saying, "I must now go to make water. Think, even such a trifling thing I have to do in person!"<sup>3</sup>

It was Erasmus who gave the West the paradox of the Wise Fool. In the literature of the Middle Ages, the Fool had played a minor role. But beginning with Erasmus' book, *In Praise of Folly*,<sup>4</sup> the Renaissance Fool stepped forward as a major figure in the humanist vision of man. Desiderius Erasmus of Rotterdam, the bastard son of an obscure father, emerged as a great humanist who would be courted by princes, popes, and scholars of his age, a man whose Wise Fool would foster men's *self-acceptance* for centuries to come.

*In Praise of Folly* is a work of great irony, delicately balancing the comic and serious in just the proportions necessary to get through this life, which is at the same time both earnest and absurd. In Erasmus' book, Folly herself delivers the discourse as she satirically challenges the "wisdom" of the clergy, the princes, and the academy. At the same time she boasts of her own failings and frailties, lovingly contemplating her weaknesses as though they were strengths. Like Socrates, her only claim to wisdom is that she knows that she knows not.



Out of this comes a clear image of the *universality* of Folly, of the Fool as the *natural* human being. Like the Zen Master, this child of nature is foolish enough to believe that there is no wisdom except to perform her natural functions naturally. The Fool knows only that when she is hungry, she eats, and when she is tired, she sleeps.

Like all those later Fools, Don Quixote, Huck Finn, Chaplin's little tramp, and the Marx Brothers, she does not comprehend what is expected of her by society. Like all clowns she is free to walk irreverently through the walls of convention, simply because she does not see that they exist. Often enough, these hollow boundaries collapse before the force of her "ignorance."

Fools rush in where angels fear to tread. The "good judgment" of the Wise is sometimes no more than the closed mindedness of those v/ho "know better." So it is that Folly asks

if prudence depends on experience of affairs, to whom does the honor of this attribute belong? To the wise man, who, by reason of modesty and partly of faint-heartedness, will attempt no action? Or to the fool, who is not deterred from any enterprise by modesty, of which he is innocent, or by peril, which he never pauses to weigh?<sup>5</sup>

To which she then answers:

The wise man runs to books of the ancients and learns from them a merely verbal shrewdness. The fool arrives at true prudence...by addressing himself at once to the business and taking his chances.<sup>6</sup>

By accepting the Fool in myself, I open my imagination to all the possibilities that I was once too wise to consider. Folly points the way as she explains that

there are two great obstacles to developing a knowledge of affairs—shame, which throws a smoke over the understanding, and fear, which, once danger has been sighted, dissuades from going through with an exploit. Folly, with a grand gesture, frees us from both. Never to feel shame [frees us] to dare anything...<sup>7</sup>

To gain real wisdom, we need only be bold enough to persist in boldly playing the Fool.

It is the power of Folly to destroy many illusions if only we recognize the universality of the Fool in all of us. Accepting myself as a Fool tears the cobwebs of conventional wisdom from my eyes. It also gives me a place to stand, a place of power. After all,

a normal, reasonable man...is expected to "know better" [than to criticize the accepted order of things]...but...[because] the fool is not expected to *know* anything...  
[he is] a difficult adversary to combat, precisely because he [is] only a fool.<sup>8</sup>

So it is that when I was a young man I hoped to make fewer and fewer mistakes, while in my later life my ambition is to make more. I would sin boldly. Not that I have come to like feeling embarrassed. Not at all! Rather most of the time now it all just seems worth it to me to experience feeling foolish if that is the price of trying new ways of being.

I make more mistakes now than when I was young, but in part that is simply because I risk doing more things. I am more often wrong now, but I am also more often right. Moreover, my fuck-ups are more likely to be sins of commission than of omission.

I relish advertising myself as an eccentric. A Fool is not expected to behave himself. He is not bound by traditional *social* values and is free to redefine all principles in accordance with his own foolish *personal* perspective.

Lacking the burdens of Western ideals of Reason and Progress, the Orient comes earlier to an acceptance of human frailty. The wisdom of accepting our foolishness is clear among the Zen Buddhists who admonish that "a petty fool is nothing but a worlding, but a Great Fool is a Buddha."<sup>9</sup> So it is that so many Zen Masters are clowns, that the studying of koans is a comedy of errors, and that enlightenment so often occurs in a burst of hearty laughter.

My own favorites among these gurus have "the appearance of tramps, the demeanor of madmen, and the comportment of pranksters."<sup>10</sup> Even at the point of death these Wise Fools remained irreverent spiritual clowns.

The classic instance is that of Teng Yin-feng (8th century) who, when he was about to die, asked, "I have seen monks die sitting and lying, but have any died standing?" "Yes, some," was the reply. "How about upside-down?" "Never have we seen such a thing!" Whereupon Teng stood on his head and died. When it was time to carry him to the funeral pyre he remained upside-down, to the wonder of those who came to view the remains, and the consternation of those who would dispose of them. Finally his younger sister, a nun, came and grumbling at him said, "When you were alive you took no notice of laws and customs, and even now that you are dead you are making a nuisance of yourself!"<sup>11</sup>

The Taoist clown/priests also insisted that conventional wisdom must not be taken too seriously, even at the grave time of death.

When Chuang Tzu discovered that his disciples were planning a splendid funeral for him, he demanded to know why they wasted themselves in this way when, if he went unburied, he would have all of heaven and earth, of stars and planets about him. His disciples protested that if he remained above ground, he would surely be eaten by crows and kites. And the Master of the Tao replied: "Well, above ground I shall be eaten by crows and kites and below it by ants and worms. In either case I shall be eaten. Why are you so partial to birds?"<sup>12</sup>

By playing the clown and the Fool, Oriental teachers refused to put themselves above other men. They encouraged a fellow-feeling of fools among the community of ordinary men. Nothing was too sacred to laugh at. Reason, hierarchies, all distinctions were overturned by these great levelers.

They were Wise Fools for whom no category was too important to be made fun of by standing it on its head. Their Grand Folly turned out to be an acceptance of everything just as it was, a celebration by laughter of man's imperfections. For them, there was no distinction between the sacred and the comic, the sublime and the ridiculous. By *taking things as they are*, rather than as they *should be*, they encourage freedom for all of us to laugh at our own follies.

A single individual's solitary failing is painful, but the shared frailties of all men are ultimately comic. So it is that one stutterer is tragic, but like it or not, three stutterers having an argument is a funny scene. If these stutterers can be free for a moment to laugh at their own situation, "such laughter is itself a form of reverence; it is the laughter of acceptance, and appreciation and wonder."<sup>13</sup>

Having acquired a like orientation, Herman Hesse writes in *Steppenwolf*:

Seriousness is an accident of time. It consists in putting too high a value on time. In eternity there is no time. Eternity is a mere moment, just long enough for a joke.<sup>14</sup>

Laughing at former foolishness affords the wisdom of realizing truths too simple, obvious, and natural to be grasped when we are taking ourselves too seriously. Self-importance is a trap from which we can only be sprung by the irreverence of sacrilegious laughter.

It is not only the timelessly nonrational Far East that provides earlier solutions than the West with its ideals of Reason and Progress. Out of the Middle East comes the tradition of the Sufi, that mystical/intuitive aspect of Islam that ranges from the whirling trance states of the Dervishes to the teaching stories of that Wise Fool, Nasrudin. The Sufi tales offer the sort of folk wisdom that discloses that out of each situation comes its own remedy. *Each mishap is an opportunity to learn* if only our imagination is open to reappraising the source of our discomfort. Consider the time that "a monkey threw a coconut from a treetop at a hungry Sufi, and it hit him on his leg. He picked it up; drank the milk; ate the flesh; made a bowl from the shell."<sup>15</sup>

Nothing can be had without paying for it. When any of us makes a mistake, we have simply paid in advance for that which we may yet acquire. To gain from misfortune, a man in trouble because of his own foolishness need only get a clearer perspective, a chance to look at himself in a new light. Nasrudin can be that mirror in which we see ourselves.

For example, in the matter of personal inadequacies, we must first of all learn to assess what sorts of matters are worth being embarrassed about and which ones are not. We may be instructed by the tale about the time when

Nasrudin, ferrying a pedant across a piece of rough water, said something ungrammatical to him. "Have you never studied grammar?" asked the scholar.

"No."

"Then half of your life has been wasted."

A few minutes later Nasrudin turned to the passenger. "Have you ever learned how to swim?"

No. Why?"

"Then *all* your life is wasted—we are sinking!"<sup>16</sup>

The work on the Self in such matters requires the clear development of a set of internal personal standards for deciding what is important. Depending on others by meeting their social standards never works as well. So it is that one of Nasrudin's sayings is "Enjoy yourself, or try to learn—you will annoy someone. If you do not—you will annoy someone."<sup>17</sup> Concealing our shortcomings is costly, demanding as it does the needless expenditure of energy on impersonations. Having a clear sense of who I am requires that I open my eyes to my weaknesses, face the discomfort of my embarrassments, and reveal myself to others for what I am. Often enough my frailties turn out to be no more than human. Pretending that they do not exist can only give me an exaggerated sense of my own importance, burden me with restrictive self-controls, and rob me of a sense of community with all the other imperfect people who make up the world.

Again the Mulla is instructive:

A king who enjoyed Nasrudin's company, and liked to hunt, commanded him to accompany him on a bear hunt. Nasrudin was terrified.

When Nasrudin returned to his village, someone asked him: "How did the hunt go?"

"Marvelously."

"How many bears did you see?"

"None."

"How could it have gone so marvelously, then?"

"When you are hunting bears, and when you are me, seeing no bears at all *is* a marvelous experience."<sup>18</sup>

What is required is that we reclaim the openness of the child in each of us.

As Jesus tells us, "Unless you turn and become like children you will never enter the Kingdom of Heaven."<sup>19</sup> Concealment of shame and embarrassment only makes matters worse. It makes us feel more peculiar as it separates us from realizing that everyone is in the same boat. There is a beautiful Sikh saying that when you know God knows everything, you're free. Everyone's the same and so there is nothing to hide. As Baba Ram Dass says,

it's like you go home at the end of the day and you sit down and you take off your shoes and you loosen your tie and you put your feet up and put your wallet on the table, or put your pocket book down, and you're home and you feel safe, and you're just—here we are, just us....almost anything can be shared with another human being if it's done lovingly and openly. And if the other person doesn't understand it or makes fun of it that's his or her predicament, not yours....Who is it who's rejecting whom?...if somebody rejects me...who they think they're rejecting isn't me anyway.... By them pushing me away I see them caught in their own paranoia .<sup>20</sup>

What's to be done in the face of our not meeting others' expectations or our own idealized self-images? Ram Dass goes on to suggest

that it all has to do with how I define who I am and if I define somebody that's hurtable, then everybody can potentially hurt me. On the other hand, if I'm somebody who is just here, watching the dance of life, including my body and my personality, there's very little anybody can do to me. It's the question of how deep into your center you are about yourself. And your work now is to get more centered in this place where we always are, so that you can watch your own personality drama with a little less attachment to it. You're just attached in being the guy that's afraid or the guy that's going to be rejected and we all have that in us. That's the stuff we've gotten from being little children [who were] socialized in the West. Everybody's got it to a greater or lesser degree...The frustration is due to the fact that you're looking for a reaction from somebody else. You are defining the way in which you feel your love is working by how somebody reacts...If you see that as *your* attachment...the answer is always: *Work on your Self!*<sup>21</sup>

Part of the work on yourself is simply taking on the role of a nonjudgmental witness to your life. Ram Dass gives the example of someone who is trying to give up smoking.

The game is to not get so caught in being finished but rather be involved with the experience of the whole process. That is, treat the lows as well as the highs as part of the teaching that's happening to you. That is, when you've just said I'm giving up smoking and you suddenly find a cigarette in your hand. The first thing you do is, you get very irritated with yourself. That's just more of your ego melodrama and more of the ways the ego maintains itself through what's called the superego. And then behind all of that there's a voice in you that's just watching and saying, "Ah,

there you are smoking again. There you are putting yourself down for smoking." Just a witness, it's called. And pretty soon, more and more that witness takes over until almost all the time you're just sitting inside watching yourself go through all of these dramas of fighting to give something up, impurely unfortunately because you're not ready. You don't decide to give something up. They fall away, that's the secret of it. All you do is keep your consciousness as much as you can directed towards the highest state of consciousness or God-ness that you can conceive of. And then all this stuff will keep changing. Every time you go under, notice how upset you get about going under. That's part of the process. That's the fire that's purifying you. And if you can just start to flip it over so you start to dig your falling as well as your getting up, that's what's known as honoring shiva you see, honoring the forces in you that are still stronger than the force for you to awaken.<sup>22</sup>

Paradoxically, it is by way of this nonjudgmental, loving witnessing of the Self, that as a grownup I can reclaim something akin to the unselfconscious playful immediacy and spontaneity of early childhood. This self-acceptance opens me to the path of recovering some of the freedom and naturalness of that innocent joyful time *before* I knew shame.

Ultimately, comparisons always turn out to be deadly, one way or another. Expectations are burdensome, distinguishing as they do between what I am and what I *should* be. Even when I am doing well, or being special, being judged is oppressive, carrying with it as it does the impossible ideal of perfection. How much easier is the freedom to be what I am, ordinary and imperfect as that may be, no more than a natural Fool.

Reclaiming the child in myself reopens the possibility of the joy of being *childlike* once more. This is not to be equated with being childish. How lovely to be grown-up enough to be past feeling embarrassed when others see that I have not forgotten what it means to be a child.

To witness my Self without blaming myself is like being a child again, only this time in a safe, warm place under the watchful eyes of loving parents. It is during such moments that I can accept whatever I do as no more than what I must do at that time. It is then that I would no more question the adequacy of what I am doing than I would wonder whether or not my cat knows just how to go about being a cat.

## Biographies

GERALD BAUMAN, who practices privately in New York City, is Associate Clinical Professor of Psychiatry, Albert Einstein College of Medicine, and was formerly Director of Psychological Services, Lincoln Hospital Mental Health Services, Bronx, New York. He has co-authored two books: *Psychiatric Rehabilitation in the Ghetto*, with R. Grunes, and *Creative Variations in the Projective Techniques*, with M. Harrower, P. Vorhaus, Melvin Roman, and C. C. Thomas.

BARBARA JO BROTHERS received a B. A. in Sociology at the University of Texas, 1961, and an M.S.W. at Tulane University in 1965. After ten years experience in Louisiana state mental and clinic systems, she now has a private practice in New Orleans. She is a member of The Academy of Certified Social Workers and The American Academy of Psychotherapists.

JACQULYN S. CLEMENTS, a clinical psychologist, has been in private practice with her husband for fourteen years. They moved from Atlanta to Virginia Beach in 1973. Her theoretical orientation is humanistic/transpersonal.

ARTHUR D. COLMAN, a psychiatrist in San Francisco, divides his time between depth psychotherapy and writing. His most recent books are *Pregnancy: The Psychological Experience and Love and Ecstasy*, both co-authored with Libby Colman. They are now writing a book about fathering. This is the first time he has felt experienced enough to write about his work as a psychotherapist.

ALBERT ELLIS founded the school of rational-emotive psychotherapy and practices this form of therapy (as well as rational-emotive marriage and family counseling and sex therapy) at the psychological clinic of the Institute for Advanced Study in Rational Psychotherapy, in New York. He has published over 450 articles and 37 books and monographs, including *Reason and Emotion in Psychotherapy*, *Growth Through Reason*, *The Sensuous Person*, and *A New Guide to Rational Living*.

JOEN FAGAN writes, "Most of my learning has come from Gestalt, Transactional Analysis, and psychomotor techniques. I can do a passable imitation of any of these if I'm demonstrating in a training workshop, but otherwise I find that I don't have much interest in using either the language or the techniques from them unless it seems just right. What I have done is absorb these ways of thinking about people and of intersecting with them in my nervous system so that I'm freer to operate directly or intuitively." She is the author of many articles, both theoretical and practical.

HOWARD FINK writes, "I consider myself a humanistic psychotherapist. I am most comfortable using Gestalt and Bioenergetic approaches to my own and my patients' goals. I am fifty-one years old, 5 feet 7½ inches tall, and weigh about 165 pounds."

SHELDON KOPP is a psychotherapist and teacher of psychotherapy in private practice living in Washington, D.C. His books include *Guru, If You Meet the Buddha on the Road, Kill Him!*, *The Hanged Man, No Hidden Meanings* (with Claire Flanders), and *This Side of Tragedy*. His work



is also available on five cassette recorded series produced by The Human Development Institute of IDI, in Chicago.

ARTHUR KOVACS, the founding Campus Dean of the California School of Professional Psychology, Los Angeles campus, has been in the private practice of psychotherapy for the past nineteen years. He has stated his belief that "every psychotherapist who wishes to remain alive must eschew dogma and create his beliefs, his techniques, and his style in a very personal and lonely way. I now subscribe to no orthodox religion whatsoever." He is the author of numerous articles and papers.

DONALD D. LATHROP is a Jungian psychotherapist practicing in Los Angeles. He heads Psychotherapy Center, Inc., a training and communicating organization, and he publishes *The Psychotherapy Newsletter*, which he describes as "a medium for exchange among all of us."

LORA PRICE is a social-worker-trained private practitioner of psychotherapy. She works in the Washington, D.C., area.

ALEX REDMOUNTAIN, a clinical psychologist in Washington, D.C., teaches and practices psychotherapy in a public health context. He lists his interests as "competitive swimming, metapsychology, my wife and children and beloved friends, sky sports, political prisoners, prevention of emotional disorders, social change, and mind/body integration in psychotherapy." Despite his name, he is not an American Indian, but, rather improbably, a Jewish-Slavic refugee of World War II.

ARTHUR REISEL is a clinical psychologist in private practice in Ramsey, New Jersey. His psychotherapeutic orientation is Jungian, and he works mainly with adults and adolescents, both in individual and family contexts.

VIN ROSENTHAL has been practicing a modified experiential psychotherapy for over twenty years. He is the author of over twenty-five articles on psychotherapy, most of which have appeared in *Voices*, for which he has served as editor since 1970. The articles include "Transcending the Role of Psychotherapist," "Of Course There Are Ghosts," and "Seventeen Syllables: Haiku as Psychotherapy."

HOBART F. THOMAS, currently Professor of Psychology and Provost of the School of Expressive Arts, California State College, Sonoma, has been involved with a variety of consulting positions, including a former part-time private practice in individual therapy and "a fair amount" of work as a group facilitator. He writes, "I'm usually reluctant to pin labels on anything, but when forced into a corner, as is now the case, I have least aversion to the term 'existential' in describing my approach to psychotherapy." He is the author of several articles, has lived "with a rather remarkable woman in a somewhat unusual arrangement—marriage" for thirty years, and has three grown children.

CARL WHITAKER has had a long and distinguished career. His books include *The Roots of Psychotherapy* and *Psychotherapy of Chronic Schizophrenia* and he has written numerous papers and journal articles.

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### PART ONE

\* Thomas Szasz, *The Second Sin* (Garden City, N.Y.: Doubleday, 1974), p. 119.

<sup>1</sup> Erik H. Erikson, *Childhood and Society*, 2nd ed. (New York: Norton, 1963), p. 85.

<sup>2</sup> Erving Goffman, "Embarrassment and Social Organization," in *Interaction Ritual: Essays on Face-to-Face Behavior* (Garden City, N.Y.: Doubleday, 1967), p. 97.

<sup>3</sup> *Ibid.*, p. 97.

<sup>4</sup> *Ibid.*, p. 97.

<sup>5</sup> In addition to *social* embarrassment there are other forms of equivalent instances of coping below the expected level. The medical term for less-than-normal breathing capacity, for instance, is "respiratory embarrassment."

<sup>6</sup> This is why shame, embarrassment, and protective modesty are so associated with exposure of the genitals and of sexuality in general (though the role of sex as the primary source of all of this has been exaggerated by psychoanalysis).

<sup>7</sup> Helen Merrell Lynd, *On Shame and the Search for Identity* (New York: Harcourt, 1958), p. 46.

<sup>8</sup> Goffman, "Embarrassment and Social Organization," p. 99.

<sup>9</sup> *Ibid.*, p. 102.

<sup>10</sup> Philip G. Zimbardo, Paul A. Pilkonis, and Robert M. Norwood, "A Shrinking Violet Overreacts: The Social Disease Called Shyness," *Psychology Today* 8 (May 1975): 72.

<sup>11</sup> T. S. Eliot, "The Love Song of J. Alfred Prufrock," in *Collected Poems 1909-1935* (New York: Harcourt, 1930), pp. 11-17.

<sup>12</sup> Guy de Maupassant, "The Diamond Necklace," in *The Best Stories of Guy de Maupassant*, ed. Saxe Commons (New York: Random House, 1945).

<sup>13</sup> *Ibid.*, pp. 241-242.

<sup>14</sup> *Ibid.*, pp. 242-243.

<sup>15</sup> Goffman, "Embarrassment and Social Organization," p. 101.

- <sup>16</sup> Helen Merrell Lynd, quoted in *The Ordeal of Civility: Freud, Marx, Levi-Strauss, and the Jewish Struggle with Modernity* (New York: Basic Books, 1974), p. 62.
- <sup>17</sup> Erik H. Erikson, *Identity, Youth and Crisis* (New York: Norton, 1968), pp. 111-112.
- <sup>18</sup> Sheldon B. Kopp, *The Hanged Man: Psychotherapy and the Forces of Darkness* (Palo Alto, Calif.: Science and Behavior Books, 1974), pp. 86-87.
- <sup>19</sup> Robert Crichton, *The Great Imposter: The Amazing Careers of Ferdinand Waldo Demara* (New York: Random House, 1959), p. 103.

## PART TWO

- \* Idries Shah, *The Way of the Sufi* (New York: Dutton, 1970), pp. 212-213.

### Albert Ellis

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### Arthur D. Colman

- <sup>1</sup> A. D. Colman and L. L. Colman, *Love and Ecstasy* (New York: Seabury, 1975).

### Arthur Reisel

- <sup>1</sup> Elie Weisel, *Souls on Fire* (New York: Vintage Books, 1972), p. 49.

<sup>2</sup> Martin Buber, *The Tales of Rabbi Nachman* (New York: Avon, 1970), p. 38.

<sup>3</sup> Adolf Guggenbühl-Craig, *Power in the Helping Professions* (New York: Spring Publications, 1971), especially pp. 81-101.

### **Vin Rosenthal**

<sup>1</sup> William C. Andrews, "The Psychologist and Liability," *Pennsylvania Psychological Bulletin*, August 1975.

<sup>2</sup> Vin Rosenthal, "From Stranger to Intimate: An Expression of Hope," *Voices* 6(3), Winter 1970, pp. 2-6.

<sup>3</sup> Vin Rosenthal, "Holding: A Way Through the Looking- Glass?" *Voices* 11(1), Spring 1975, pp. 2-7.

<sup>4</sup> Vin Rosenthal, "Transcending the Role of Psychotherapist," *Voices* 7(3), Fall 1971, pp. 2-7.

### **Joen Fagan**

<sup>1</sup> See my articles "Message from Mother" (*Psychotherapy*, 1968, 5, 21-23) and "Three Views of an Incident at a Marathon" (with R. Timms and R. D. Smith, in *Voices*, 1968, 4, 54-60).

<sup>2</sup> S. Arieti, *Interpretation of Schizophrenia* (New York: Brunner, 1955).

## **PART THREE**

\* Walter Kaiser, *Praises of Folly: Erasmus, Rabelais, Shakespeare* (Cambridge, Mass.: Harvard University Press, 1963), p. 10.

<sup>1</sup> Erving Goffman, *Interaction Ritual: Essays on Face-to-Face Behavior* (Garden City, N.Y.: Doubleday, 1967), p. 109. My italics.

<sup>2</sup> Ibid., p. 111.

<sup>3</sup> Conrad Hyers, *Zen and the Comic Spirit* (Philadelphia: Westminster Press, 1973), p. 137.

<sup>4</sup> Desiderius Erasmus, *In Praise of Folly*, ed. and trans. Hoyt Hopewell Hudson (New York: Random House, 1941).

<sup>5</sup> Ibid., p. 35.

<sup>6</sup> Walter Kaiser, *Praises of Folly: Erasmus, Rabelais, Shakespeare* (Cambridge, Mass.: Harvard University Press, 1963), p. 8.

<sup>7</sup> Erasmus, *In Praise of Folly*, p. 36.

<sup>8</sup> Kaiser, *Praises of Folly*, p. 8.

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[10](#) Ibid., p. 44.

[11](#) Ibid., p. 43.

[12](#) Sheldon B. Kopp, *Guru: Metaphors from a Psychotherapist* (Palo Alto, Calif.: Science and Behavior Books, 1971), p. 63.

[13](#) Hyers, *Zen and the Comic Spirit*, p. 88.

[14](#) Hermann Hesse, *Steppenwolf* (New York: Holt, Rinehart and Winston, 1963), p. 111.

[15](#) Idries Shah, *The Sufis* (Garden City, N.Y.: Doubleday, 1971), p. 109.

[16](#) Ibid., pp. 65-66.

[17](#) Idries Shah, *Nasrudin: The Pleasantries of the Incredible Mulla* (New York: Dutton, 1971), p. 12.

[18](#) Shah, *The Sufis*, pp. 68-69.

[19](#) Matt. 18:3.

[20](#) Baba Ram Dass, *Love, Serve, Remember*, a recording produced by ZBS Foundation, 1973 (telephone dialogues carried on during a WBAI radio broadcast in New York City).

[21](#) Ibid.

[22](#) Ibid.

## Suggested Readings

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