

Beliefs and Reflections of a Therapist

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I had agreed to do the impossible: to tell or write what I am all about in doing therapy. The emphasis was not to be on theory, nor on clinical syndromes, nor on techniques, nor on our changing philosophical notions. I have no enticing new technique or dynamic formula of a particular syndrome to offer. Instead I hope to impart my particular flavor of doing therapy. I will talk about myself, my way of thinking about life, about our condition humaine, about my way of seeing troubled people, about ideas that matter to me and thus flavor my therapeutic activity.

We are biologically social beings. We need a social frame to order or facilitate order in our existence. Above all we need some affirmation of our perceptions, for only then do they take on enough substance to be available for integration into concepts, beliefs, impressions, or convictions.

A brief clinical vignette will enliven this statement. A very bright youngster emerged from a troubled childhood into a period of passionate political and sexual aliveness at age 12. Her rebellious behavior was called sick. She had some unfortunate undermining psychiatric attention; and then, through the death of one parent and the remarriage of the other, she lost a welcoming home. She felt she was not allowed to be. "I had the fantasy of dying young," she said,

"metaphorically speaking. People did not accept me for what I was. I was not to feel what I felt, not to know what I knew. Even obvious truth was denied." She went into years of blank detachment, half alive, hardly even suffering. She developed a facade to get by. Her face looked sadly old and missed the spark of youth. When I saw her, she was 16. She emerged only slowly to feel and communicate the true poignancy of her feelings and thoughts, past and present.

As mentioned, thoughts, feelings, and perceptions remain unformed, unavailable for conceptual use unless they find validation in some social reflection. By validation I mean no more than that somewhere in the world of mankind one encounters similar experiences. Books, drama, myths, fairy tales, music, or the sharing thoughts of others, all are potential sources for giving our perceptions the right to be.

Isolation, if this includes isolation from people, their rituals and creative products, is inimical to a sense of aliveness. It does more than starve the mind and senses; it disorganizes our mental functioning.

Thus one of my therapeutic activities is a special kind of listening. It is the listening that tries to separate what was truly perceived and what was borrowed or constructed after the fact. I freely explore to get a sense of what rings true, sometimes with success and often just aware that, for the time being, I do not know. Perceptions undergo secondary elaborations or intellectualizations so rapidly. A third sentence of a spontaneous description of an event may contradict the more immediate first sentence spoken. My patients

hear me say over and over again, "Rely on your own perceptions. It is all you have to go by. It is not a matter of being right or wrong; they reflect where you happen to be, and you can go on from there. You may change your impressions by further experience, which we call learning. If you rely on what 'one' thinks, or 'he' says, or 'the therapist' say, either you will continue to believe that others know more about your perceptions than you, which is not helpful, or you will discover that other people's estimate was wrong, and you continue to flounder."

Part of my effort to respect patients' own perceptions and help their sense of validation is that I try to know the details of a past or present troublesome situation. I ask questions which allow me to visualize the particulars and the atmosphere as clearly as possible. Free associations are valuable for the reasons stated in our books, but they will omit much we therapists need to know for satisfactory visualization, for the patient takes for granted what is familiar to him, and our only good guide is our total curiosity. I am fairly free with responses to what I hear, be they empathetic, puzzling, or challenging. I view my responsiveness as a dialogue, not an interpretation, and certainly not as telling the patient what to do; as a dialogue which is a necessary social context for the patient to clarify his thoughts and feelings. While I aim to understand right, a wrong response of mine may clarify as much as one that would have been more accurate. By knowing what is not, we sometimes know what is. But knowing what one perceives is just the first step. I

make a clear distinction between the experiencing of a feeling and action. Perception acknowledged permits further exploration. The question of action or expression always involves a larger context of appropriateness. I apologize for this self-evident statement, but simplistic notions of communication or expression of feelings for their own sake as a valuable enterprise are still much in vogue.

I believe in the uniqueness of the individual, uniqueness in the sense that no two living beings are ever totally alike. Our bodies and their chemistry are different; so is our way of perceiving, our sensitivities, the things which matter, our gifts, flairs, inclinations, and temperament. By uniqueness I do not mean exceptionality, but a quality, a flavor which is distinct. This is a precious possession. It constitutes what at times we experience as our identity. The words identity and self-realization have been bantered about a great deal to no one's benefit. They have contributed to a cult of individualism which, asocial and self-centered, wants to be different at all costs, in opposition to others; often aggressively asserting their domain, yet wanting tribute from those they do not respect. What I mean by uniqueness is simply there in all of us and to be equally appreciated and respected in others as well as in ourselves.

More than anything else, uniqueness is the spice, the flavor, the joys of many hues, as well as the sorrows and the disappointments. It is the gamut we call the meaning of life. I am talking about many little things. I love the spectacular view of the East River from my window, as if from the captain's perch on a boat. The birds and

brightly striped boats, the blues or greys, the crispness or fogginess of the sky, change to make it ever new. There are several chimneys spouting huge streams of white smoke. I know it is pollution, but that is not what I think of. The white stream makes lines in the sky, sometimes meandering lazily straight upwards, at other times lashed horizontally by the wind and dissolving in ever-varying forms. It is there for me to see. I drive in my little Toyota up the F.D.R. Drive to my office. Sometimes I am contented to be peacefully stuck behind a slow poke car. I can dream along or attend to thinking and not worry about the traffic. Other times the little stretch becomes a game. I weave just enough to keep up my speed and am slightly victorious over having gotten the best of some other car. Then there are the red lights. They can stop me four times along the way, and there is precious little I can do about their occurrence or non-occurrence. But sometimes I feel smiled on by fate if only one red light stops my progress, and very rarely I am triumphantly ushered through, green lights all the way.

These are little inconsequential games. René Dubos describes an aspect of child development: "Increasingly, furthermore," he writes, "the child tries to create a world, external and conceptual, in which to discover himself. Play can be regarded as the chief method children use for securing the kinds of sensation and perceptions out of which they construct their private reality."

Play and the play of fantasy continue on into adulthood. With

talent and work it emerges in creative art. It finds some expression in the games played by adults. I want to emphasize its presence in the thousand ways we conduct the usual activities of our lives. Pleasure and fantasy can enter into cooking, eating, a walk in the woods or along the beach, watching the sandpipers scurrying before us. The meaning of movement in dance, of the sound patterns in music, of the beauty of the spoken word, varying forever in poignancy for each individual. Joy and disappointment belong together. Meaning sometimes is a happening, unanticipated, a present offered by life. Usually meaning is the motivating force to create the opportunity for enrichment.

What does this have to do with therapy?

It is a dimension we have to pay as much attention to as to signs of what we call neurotic defenses, mechanisms, or trends. Most of our patients have curtailed their sense of aliveness. Many have emptied their life of meaning. Let us be sure to find out where meaning still exists, where it existed, when it was cut off, and under what circumstances.

Patients first tell us what troubles them. We gradually hear more about family and friends or enemies, about work, loneliness, and isolation. It takes quite a while before we come to know the many little things, the little passions, the more private world of the individual.

Freud, of course, made us aware of the negative repercussions of repressed sexuality and sensuality. Jung broadened Freud's concept

of vital energy. He led our attention to the realm of myths, imagination, and art. But our preoccupation with pathology, its causes and mechanisms, has made us inattentive to the manifold ways in which we enliven our private reality. In fact, our reductionistic theories have stereotyped rather than individualized people in spite of their therapeutic aim of personal unfolding.

I do explore this private dimension. I pursue, as you do, the necessary missing connections to a pathological phenomenon. I need to make sense out of what I hear. I know that a logic of patterns is there if I just go on looking. But I am equally interested in what I call the unique flavor in all its manifestations. So we do talk about books, hobbies, tastes, styles, food, and whatever. Nature for many is a non-ending harbor of peace, of physical and mental revitalization. But even this resource is often neglected. I will let another clinical vignette express my thoughts.

I discover that one of my patients owns a horse. Does she enjoy riding? "Oh, yes." Do you ride often? No, she has not ridden for two years. Her mild depression or unhappiness dates back at least that long. But it was not just that her spirits were dampened because of tensions in her family. We saw a whole trend of anti-enjoyment. No quiet time for herself, no reading of a pleasurable book, no fun-parties, no walk in the nearby woods. Did she ever have periods of aliveness? Oh, yes, there were periods of intense sparkle. Her early life and adolescence were burdened with much isolation and greyness. But even then, from early on, she was

a child of intense perceptions, of knowing that her parents made no sense. She fought for what appeared right to her. She assumed an excess of responsibility as they would not or could not do their share. She argued to convince others and to make them see. Here, then, I knew there was a keen vitality and perceptiveness, an inborn wiseness and also a capacity for joy. In the partial warfare of a personal relationship she lost some of her spirit and protected herself by a determined self-reliance which resignedly accepted the existence of incompetent, irrational others. She talked to me at a furious rate to pour out her thoughts and feelings, never expecting me or letting me get in a response to what she had to say. Whatever I did therapeutically addressed itself to her present troubled way of being but invariably also to what I had sensed of her vitality, sparkle, and particular quality of knowingness. Therapy, I believe, was effective, because I enjoyed what she had to say, I enjoyed her common sense and her courage of her own convictions. Whatever wisdom I may have had to offer was purely incidental in the process.

Many patients, as a consequence of interpersonal troubles leading to neurotic reaction patterns, will empty their lives of meaning. A lover deserts, a marriage goes dead, a companion dies, a meaningful productive work situation dissolves, and all color, taste, meaning recede from life. Depression is prototypical, and so is pervasive anxiety. It matters little what the anxiety is all about. Like a pervasive pain, it centers life on the pain and not on life. The obsessive-compulsive, too, forever riding two horses of doing and negation at the same time, is much too busy with his

agitated "yes-but" to let life penetrate to a level of real meaning. But let us be aware of our great talent and inclination for generalization. We speak or think about the holistic nature of neurosis. The most enticing version of the holistic nature of neurotic character structure was brilliantly conceptualized by Andra Angyal in his book Neurosis and Treatment--A Holistic Theory, a very rich, stimulating book indeed. His main theme is, briefly: Every whole is organized according to some leading principle. Consequently we must begin by defining the leading principle in the organization of the process of life. While a personality must be viewed as a multivalent, pluralistic organization, nevertheless there exists a basic difference in the overall organization we may call healthy, as against the one we call neurotic. The organization of the neurotic system bears imprint of its origin in the state of isolation and anxiety; several features present defects of integration along with the dimensions of depth, progression, and breadth. The world of the healthy feels like one's home; it is rich in opportunities, lawfully ordered, and meaningfully related to the person. Angyal's special contribution is his concept of universal ambiguity. In each neurotic the neurotic system and the healthy system coexist; but, like the figure-ground perception, one system is dominant at any one time. If the neurotic system is dominant, all is neurotic; if the healthy mode is dominant, the productive mode is dominant. The dual organization is mainly recognized when a shift occurs. Angyal is referring here to a very important phenomenon which I have often

witnessed. One day the patient will give me an account of an inner-outer happening with a maze of neurotic distortions. The next day he will be clear as a bell, with a refined perspective that just seems right, always spoken with calmness and self assurance. I will come back to the importance of the concept of our organizing and structuring experience, but at the moment I wish to state that in my experience, while neurotic patterns can be pervasive, more often they dominate certain areas of living but leave other areas of functioning completely unaffected. These well-functioning areas are significant. They give us a sense of the potentiality of love, knowledge, islands of well-being and freedom, quiet talents for organization or creative flair. Once you know a person's capacity for meaningful functioning, you also have a better feel for the self-restrictiveness in the areas of dysfunction.

Basically I have found that I had to separate theories of neurotic development and my clinical perception. It is only in the beginning hours of getting to know a patient, when I try to build a structure with little information, that the patterns I see tend to conform with classical descriptions. The more I get to know the patient, the less the standard version fits and the more the individual version alone has relevance. The notion of pathology also dims in what becomes a human story with its own struggles and its own means of coping.

I have never liked our concepts of normality or of pathology in our theories of neuroses. It was all too black and white. I do

not see the child as a passive victim of the environment, and I am against any blaming of parents or other circumstances for the shortcomings in our living. Life and people have been complex and difficult since Adam and Eve. Each culture and each generation brings its own particular stresses. I have seen patients emerge with utmost integrity of self out of impossible circumstances, and others get enmeshed to their own detriment. In spite of all our passion for explanation there remains something we have to call fate. There remains an accidental choice in our particular mode of adjustment or coping, for the same circumstances provide many options of reacting. But that is as far as my fatalism goes, for I see the child as a very active partner in his own personality development.

Let me quote René Dubos again: "From the first day of life, the child perceives his environment, stores information about it, and develops patterns of response that become a permanent part of his organic being. Even in the early phase, awareness of environment is not entirely passive, since it is an expression of the biological urge to explore--a curiosity that is universal in its general manifestations but takes forms peculiar to the organism. Very soon the responses to environmental stimuli become conscious and are converted into creative processes; the child behaves as if he were selectively exploring the world around him with some kind of purpose in mind.

"Children differ, of course, and each tends to select the

environmental conditions best suited to his innate endowment. Increasingly, furthermore, the child tries to create a world, external and conceptual, in which to discover himself."

Many a defense, which we conceptualize as arising from anxiety, did not arise out of anxiety at all, but originated, after some experimentation, from a well remembered tactical consideration. Many a later attitude of seeming pleasing or conforming arose out of a decision that it is better policy to appear to go along, keeping one's own council, than to allow others to intrude with nagging criticism, advice, or hysteria. These decisions often make eminent sense, given the environmental conditions. Hardened into attitudes, they lead to secrecy, a troublesome compliance, lack of self-direction, and a seeming weak ego-strength. Anxiety is often a secondary manifestation arising when the urge to avoid confrontation clashes with a growing intolerance of whatever corner one has been cornered in. These patients do not necessarily have a weak ego. To me, it is very important to trace the manner in which a non-adaptive or neurotic attitude arises. Often anxiety, resignation, and tactical decisions all play a part; at other times one of these alone may set a pattern into existence, and each is a distinctly different inner experience.

Adolescence is a great time for such decisions. I always inquire about diaries and poetry written at any time during the patient's life, but particularly during his adolescence. It is an interesting though inconsequential observation that so many adolescents

have written poetry or diaries and then write no more once they become adults. Have we stereotyped adulthood and maturity and socialized the demonic or the transcendental at the expense of our contact with the non-rational, with poetry, myths, plays? Some adolescents are truly in no-man's land, and life does not exist as a meaningful structure or a meaningful self; lonely adolescents pour their intensity into a world of their own making. Diaries are still written and so is poetry. Private passions still exist; some still cry out in pain; many teeter on the brink of resignation, and others have given up. They become diffuse, obscure to others and themselves.

The following lines are from the diary of a youth not yet twenty, who sees the threat of going dead inside, yet in protest flings himself into the fullness of his senses. Some of the metaphor belongs to riding a horse. "How many of us take life and build a casket out of it? How many penthouses in the clouds, and how little song in the street? How many hours and rooms of solitude does it take to make a prism of manufactured and packaged loneliness into a neat ironed and starched picture of life? How much can we capture--how safe can we be, before we fall asleep with nothing else to wean?

"I will try to keep up with each inspiration and touch each glimpse, hold each vision in between my teeth and jump through nightmares like windows. I will let the wind howl as it blows through my ears and nose and I will stroke the gestures I love and

drink the caresses as they are beheld and my body will follow--it will not dictate--only when we lose shall we stop waving in the breeze like a banner--then we resign from the race and join the other team again. Yes, the right of desire is deep with shadows and lurking reminders--the wind with its quick touch softens his solitude as he rides his horse along."

I started out by talking about the many unique passions and meanings. Adolescence can be a terribly important time. Have we paid enough attention to it? When meaning is at its most intense, as yet unformed, untried, then it is at its most vulnerable. Yes, by that time a personality has already formed for many years. Yet many a deep resignation, a marginal adjustment, or a sacrifice of self follows the intensity which is here to be seen. No, adolescent rebellion and turmoil has no perspective. It is intensely personal, and its emotions create and see its own high drama--it is what we often call romantic. But in all of its rawness it contains a core which is still close to real human values. It knows lies, hypocrisy, and being misunderstood. It wants to be seen, heard, allowed to be, acknowledged, and loved; and it knows the gutty pain when hopes are shattered, reaching out ignored, or efforts negated. For some reason we do not seem to use the word disappointment too readily. Disappointment can be devastating; it can be all negating, especially when an event had gathered into itself all hope and meaning and sense of being. If the world denies, ignores, belittles, and ridicules, then a conviction of pointlessness, of what is the use, or that nothing matters

easily takes over with a vengeance.

We grow up and learn to adapt, to cope, to develop a persona. The neurotic propensities which in the early twenties hover at the crossroads of life can diminish or can take roots and forms as the person evolves into his or her thirties.

One way of conceiving our task of undoing what we call neuroses is that we open the person by whatever psychotherapeutic techniques to new experiences by new explorations, reflecting a willingness to risk the unknown fate. Control, security, and guarantee is not what life has to offer. Another way of conceiving the same task is that we facilitate the person's getting in touch with the meaning and values which once existed in his perception, but which became befogged in the process of adaptation, and make them available for a restructuring of the person's way of living. Meaning and values, also, are the basic guidelines for our share of effort which imparts to our social existence a sense of partnership.

There is more method in my choice of emphasis than may appear. My conceptualizations of personality functioning have a great affinity to the school of thought which Silvano Arieti described in a chapter of his American Handbook of Psychiatry as "The Cognitive Volitional School." As I do not like the principle of an ideological school of thought, I prefer to say merely that my thinking starts with the basic premise that there is no biological unit, no cell, no organ, no aspect of a being, no total being without a functional organization. Perceptions are immediately organized into experience,

into a pattern which has some sort of meaning and permits functional orientation. Arieti states that a stress on cognition and volition implies that at the human level all feelings except the most primitive are consequent to meaning and choice. But meaning and choice and feeling again depend on how we view people, the world, and ourselves. Our views are patterned by many factors, by the culture, but always by a process which Suzanne Langer calls our symbol making function, which is a primary activity of man, a fundamental, ever ongoing process of the mind. Good functioning has a lot to do with meaningful functional organization. Knowing what matters, values, beliefs are essential organizing factors in how we behave and direct our life. Our psychoanalytic theories dwelt on pathological structure and organization. We know the power of this kind of organization on thought, feeling, and action. But normality was conceived as an absence of pathology, and little thought was given to the rather intricate organization involved in so-called normal living. We have been very good at breaking old patterns and eliciting feelings held in abeyance, yet from there on out we have assumed that without repression, without denial, the psyche would take care of itself. But meaning and value, when recognized, need to be integrated as active organizing factors into our life style if they are to be effective. Some patients are marvelous, in fact, amazing, in their ability to immediately integrate and act on a perspective once clarified. Others only slowly grow into an exploration of existing possibilities. They have difficulties grasping

their actual role in life for good or bad. They lack the imaginative flow that experiments with life events from many an angle to arrive at a perspective which is right for them. Others, especially those who have a lifelong tendency to blend with others, or to function in symbiotic dependence, have an incredible difficulty in adhering to a system of priorities even though they have already discovered the delightful freedom of living out of their own center.

Good functioning is so varied that no blueprint is possible. But a few important considerations exist. As mentioned, in spite of the ever variedness of our activities, there exists something one might call a philosophy of life. It imparts to each activity and relationship a meaningful connection to whatever is our unique Gestalt, and a sense of purposiveness, however undefined. It serves as a perspective to which we can return when moods or disappointments produce enough turmoil to cloud our vision. Then there is the factor of time, an essential ingredient of any good functioning. A lot of people are at odds with time. Events, our own needs, relationships, all have to have their space in time. Rushing, hecticness, no time for thought, no time for simply doing nothing, is not conducive to meaningful activity. Quality of anything has its very specific demands for time, care, and concentration. New York, which I call the rat-race city, poses a never ending challenge to balance our particular requirements for work and recreation, privacy and sociability. Then there is the care of our physical health. Our American culture is poor in even minimum rituals for appropriate physical health. Many a fatigue, many an ache and pain, and many an

emotional disturbance could be avoided by better attention to our physical needs and a greater awareness that body and mind are an inseparable unit. My experience has led me to believe that the persistence of neurotic patterns can be due as much to the absence of a new pattern of being as to the rigid hold of the past. I say "can," which means I have seen many a patient who is visibly anchored in the imagery of the past. But I have also seen others, non-functional for many years, who respond to new vistas in an amazingly short time, as if we had given them a new lease on life. This need not be a matter for argument. My therapy is never one-dimensional. I do, though, believe that we should not underestimate our patients' capacity for moving forward. Either they do or they do not; if they do not, we work all the harder.

Let me rephrase this thought to connect with the theme with which I began this talk. We are social beings, and our perceptions need some echo to stay alive and gain significance for integration into the function of their life. Many a pathological defense may drop away if we address ourselves to that which is meaningful to the person. Integrating meaning and value into normal living is at times a natural propensity in a patient, but most of the time it requires a growth process of trial and error, of exploration, venturing, and imagination.