

# THE IRONIES AND ART OF PSYCHOTHERAPY: A CALL FOR THE HUMANITIES

## A Narrative Essay \*

*My purpose in this essay is not only to add to a genre of literature that represents the humanities, but to use a personal ethnography, a narrative account of my experiences in psychotherapy, with psychotherapists, and doing psychotherapy to illustrate the ironies, paradoxes, and other all-too-human idiosyncracies that call for the wisdom of the humanities and the arts for the education for and practice of helping.*

*It is a story that bridges over 40 years, most of my adult life and the total of my professional life. Not only does the story begin without presuppositions; its origin is my initial state of confused innocence and naiveté. More than just a collection of anecdotes, the narrative mode has as its purpose the telling of more than it says in moral, critical, and cautionary terms. My license for this undertaking – augmented by whatever qualifications I have earned as a scholar, therapist, educator, and researcher – is age: simply, I have been around long enough – from the eras of Freud, Jung, and Rogers to those of Prozac and Wellbutrin have gathered a bit of wisdom about the vagaries of therapy.*

### By Howard Goldstein

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### 1.

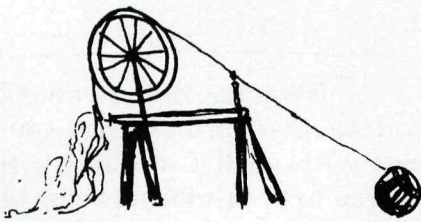
“What really happened?” A familiar question that not only dominates the courtroom but, one way or another, intrudes itself into the activities of everyday life. Why I make a point of these three little words is that one of them, the modifier “really,” expresses the idea that there are indeed abiding doubts about what is real or unreal, what is truth or fiction, fact or value, intuition or reality. This dilemma is at the heart of great literature: the romantic misunderstandings of fiction and drama, the esoterica of science-fiction, the puzzle of mystery stories, even the sophistries of autobiography. The dilemma sits at the center of philosophy and its preoccupations with The Nature of Truth; of religion and its revelations; of social history and its revisions, and not the least, psychology and psychotherapy and their sober pondering about the relations between brain, mind, behavior, personality, and society.

The question of what is truth is, of course, critical to courtroom proceedings: one way or another, like it or not, judgments are made that settle the matter, if only for the time being. The question is no less critical to psychotherapy settings since how what we judge what we consider as truth, facts, values, intuitions, and the like will have serious consequences for how things progress — if they actually do. For one, these judgments, unlike the court’s, cannot be settled because life and human nature are never settled. Moreover, such psychotherapeutic judgments are tenuous, even flimsy, because they are not supported by precedent, laws, or theoretical foundations made of universal truths about human behavior: they are necessarily devised of subjectivities rather than “hard evidence.”

I use the term “psychotherapy” cautiously since it can refer to any of an immense and wildly varied array of schools, procedures, and belief systems.

\* The author differentiates between literary and “professional” sources. Citings for literary sources are unlisted.

And so I speak in generic terms of the "helping" situation where one or more people ("client[s]" or "families" or "groups" or "patient[s]") are (voluntarily or by persuasion) telling a specialist (e.g., therapist, analyst, social worker, counselor) a story about a "problem" — that is, any of the countless adversities, torments, stresses, and grievances that are the penalties of being a sentient, self-conscious, and social human being. Adding to this mosaic are the variants of method, technique, and goals of helping.



What these diversities hold in common is the clients' obligation to tell their stories; these stories are truly theirs — their "true-to-life," personal, deeply-held, perhaps shared version of reality. It may be admitted that the version in question may not be working too well at that moment in life; it is still, to the teller, not only "all I know" but "all I understand or can explain" about what is going on.

Now, what does the well-meaning, committed therapist "do" with this story? How is it translated into judgments, decisions, plans — guides for "how to be?" and "what to do next?" Variations on such questions about the therapist's role and responsibilities fill the literature of criticism and analysis that has burgeoned, starting, if you will, at the moment Dr. Freud set pen to

paper. Over time, research variables of all kinds have been selected to test hypotheses about the dynamics of psychotherapy in empirical and computational terms. This essay does not pretend to employ such scientific pretensions. Its concern is with the dynamics of the therapist's frame of reference, the personal and professional world view — essentially how he or she thinks about, and makes sense of an ambiguous story to come to terms with questions of being and doing. To what extent is the client's story filtered and translated into the helper's preferred "truths" by artificial screens of theory and technique? Who knows best what it means, what it implies?

Let me start with the obvious: whatever we call psychotherapy or helping is fundamentally a human event, an experience between and among people which, at the same time, involves relationships that differ along many important dimensions from the relationships in ordinary social life. However else it may be studied — sociologically or psychologically — it seems obvious that we might gather some light, some deeper understanding of the event from the reflections and thoughts of human beings who "know" that experience first hand. As I will emphasize later, there is a valuable body of "non-professional" literature — autobiographies, poetry, essays — that offer rich and bountiful — and empirical, if you will — insights into what it means, what it is like to "be in" or "to do" psychotherapy.

For whatever reasons, professional literature is not par-

ticularly alive with — and perhaps is a bit suspicious of — texts of personal experiences. A rare example is *Rose's Story*<sup>1</sup> a 35 year old woman's stark and uncompromising account of her lifetime of experience with professional helpers. As I wrote in the forward to this book:

*Straightforward and uncluttered by sentiment or apparent motive, her story is a personal travelogue of a journey through the backwoods of our social welfare system . . . readers find themselves involved in a private dialogue with Rose, trying to make sense of her life within the subjective framework of Rose's perception of it . . . Rose is, in important ways, every client . . .*

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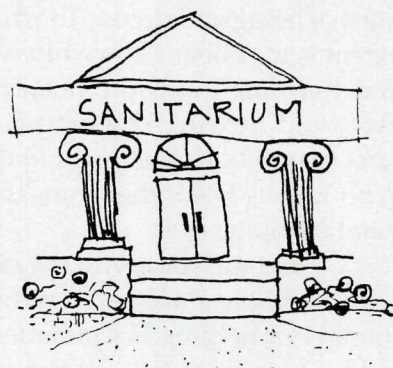
cator, and researcher — is age: simply, I have been around long enough — from the eras of Freud, Jung, and Rogers to those of Prozac and Wellbutrin have gathered a bit of wisdom about the vagaries of therapy.

Given the gravity of the topic, some may misconstrue my accent on the many ironies of therapy as satire. This is not the intention: where irony reflects the paradoxes and twists of being human, satire attacks or exposes human vice or folly none of which reflects the nature or intent of the well-meaning actors, the good therapists described in this account. As a full-blooded human account and not a prim sample of scholarship, perhaps this tale be considered an allegorical narrative that stands for more than its literal detail and facts; its real-life absurdities and ironies and curiosities and fallibilities lead me to the kind of principle that allegories intend. Here it is the affirmation of respect for another's version of what counts. Consider what is at risk when we entrust our stories, their versions of who we are and what is real for us, to another being, who is equally human. Someone summed up psychotherapy as a relationship between people, one of which, it is hoped, is less anxious than the other.

## 2

Like others of my generation, what little I knew about psychiatry, psychology and psychotherapy, was learned largely from the romantic movies of the 1930s and 40s. I assumed most psychiatrists were like Claude Raines

who, in the 1942 film, *Now Voyager*, was the omniscient alienist who ran the splendid, pillared "sanitarium" and who rescued Bette Davis from her cold, repressed spinsterhood. Gentle but powerful in demeanor, he roamed the spacious lawns where patients sunned and would not dare to be difficult for fear they would be trundled off in the muscular arms of huge white-coated attendants.



I had to wait until I was in my early 30s, as a student in a class called "Psychiatric Information for Social Workers," before I entered the presence of a real-life psychiatrist. He did not have the elegance of manner of Claude Raines nor did he have the continental character of Dr. Freud. An adjunct professor and renowned consultant, he was appointed only to indoctrinate us with the fundamentals of classic psychoanalysis. And "information" is what we got: nothing we learned would ever raise us from the inferior status of the callow uninitiated. Put on notice to not even think about probing the black chasms of the psyche, our noses could only vicariously be pressed against the window of the unconscious. Our lecturer reveled in being the

guardian of the creed, condescending to answer the few questions that were put to him if they were not challenging. The erotic elements of the Oedipus were his forte; that the young priest and a few nuns, also students, would show their unease by their deliberate retreat to their missals, seemed only to awaken more carnality in his lectures. I was persuaded that my professional place was to be on the mundane margins of the psyche, its deeper mysteries the exclusive domain of the medical eminence.

## 3.

It was not long after that I had the occasion, the need, to consult with such a specialist. It proved to be just the first stop of a journey through the psychiatric domain. I will use ordinal pseudonyms to preserve the anonymity of the players.

Dr. One: If there was something specific that compelled me to seek psychological help for the first time, it is now lost in the morass of failed memories of those overwrought years. Strains and demands there were aplenty. I was trying to catch up on my lost years (like other veterans of the second War, married with two children, and fast approaching my thirtieth year) by carrying a heavy class load and racing through the undergraduate curriculum in three years (making Phi Beta Kappa along the way). I supported my family with what driving a Yellow cab on weekends added to my GI Bill income. This meant that I was not only changing hats at a frantic pace but always trying to remember where I

left the last one. The least fitting of these hats was the newest one — the crown of the credentialed professional; hindsight tells me that was probably the source of my compelling anxieties.

Dr. One was perhaps a few years my senior and also Jewish — but far more secular, polished, and free of the graininess of my kind of immigrant breeding. The subdued grandeur of his office made me wonder: since there are kitchen and bath designers, is there also another subspecialty of interior decorators of psychiatric consulting rooms who can create an ambiance august and splendid enough to persuade you that you are indeed in the presence of unquestionable authority. Dr. One was insulated by his desk; he lounged a bit with thumb and forefinger supporting his pensive face, just as Claude Raines did while listening to Bette Davis' hysterical ranting. Dr. One could not be called verbose, his activity restricted to punctuated questions including non sequiturs such as, "What makes you think you're intelligent?" Still, I make it easy for these silent therapeutic types: just give me the go ahead and I will fill any 50 minutes with abundant verbiage.

If you can think of psychotherapy as a duet of sorts then, if I may enlarge on this metaphor, my experiences with therapists sometimes turned out to be episodes of psychiatric musical chairs. After just a few sessions with Dr. One, chance put me — literally — in the driver's seat. On one of my taxi driving weekends, I was dispatched to pick up a customer who, as taken aback as I was, turned out to be Dr. One: in

unison, "OH, it's YOU!" Then what do you say to your therapist/customer after, "Where to?" In the flat light of day and sunk into the seedy back seat of my old De Soto cab, he was something less than his practiced imposing self. He was obviously vulnerable, certainly awkward without his professional script. He could only lament about his nasty head cold which he ventured was probably psychosomatic "because, well ...um."

The irony of the event: because we had been willing actors in a scenario designed to create an appearance of intimacy — the controlled ambiance of the psychotherapy consulting room — we had no practice in conversing as ordinary mortals in an ordinary setting. I knew nothing about him; all he knew about me was what I thought he probably wanted to hear. The usual candor and artlessness of human conversation — my companionable banter with my other passengers, for example — were replaced by stricken self-consciousness. The term "impasse" took on new meaning. He paid me my fare. I never returned to pay his. I think we both knew why. Sadly, had we been free and loose enough to confront the irony, we could have made something good out of it.

Dr. Two: No uncertainty about the reasons for this cry for help: We, my family, were moving to Cleveland. I was choked by panic and self-doubt, but there was no going back on the choice.

According to the rules of higher education, I had become professionalized. But as I stood at the threshold of my career, it

seemed that my professional education had been only a secular mockery of religious conversion: you go through the rituals, repeat the dogma, endure purification and solemnization, and then stand puzzled, credentials in hand, wondering, "Now what do I do?" Masters degree in my grasp, there were terrible moments when I was unsure whether I was equipped even to sit in the same room with a troubled client, never mind say anything helpful.

At first it seemed like a great, even heroic idea: find the social agency — wherever it happens to be — that promises excellent training and experience and, perhaps eventually, professional self-confidence. I didn't stop to wonder whether other heroic adventurers — Lewis and Clark, the Conestoga wagon pioneers, or Albert Schweitzer — worried about renting their homes, or had mothers-in-law who grimly tried to block the move, or weren't sure whether there were apartments available and affordable in Cleveland. But I took the entry-level position at a social agency of considerable repute; we really were moving to Cleveland. Suddenly the terror struck me: Why am I doing this? Find a psychiatrist quick. Now. And cheap.

The *Yellow Pages* yielded a doctor who met the immediate criteria. He agreed to see me at a cut-rate price. I entered his well-appointed but hermetically silent waiting room, aware after a few moments that all I was hearing was my own anxious breathing. Softly, the office door opened and I was motioned in.

If this young analyst were

striving to meet the rules of anonymity of the Freudian persuasion — the idea that the therapist acts as a blank screen upon which the patient will project (according to the tenets of “transference”) his id feelings and impressions — he did so with flying colors (well, with flying shades of gray). The scene, the doctor, and the 50 minutes were leaden and somber. I spilled the froth of my deep cup of fears but my words evaporated into his dutifully taken notes. If he said anything during that short hour, all that ever got conveyed that stays with me was that the time was up. He pointed to another door — not the one I entered — which led me into a small vestibule and then the street. (He made sure that his patients could not meet and therefore contaminate the cloister of analysis.) I stood on busy Westwood Boulevard, flummoxed about the last hour’s monologue; still in awe of high priests and experts, I figured something had happened that perhaps I hadn’t caught onto yet; at least the enigma was distracting enough to allow me to forget the panic for the time. What he might have said that would have made a difference, I’m not sure. Still, from his years of training and personal analysis, had he offered some Freudian equivalent of, “You’ll be OK,” I would have welcomed that.

Two winters in Cleveland proved my (our) talents for survival. I don’t think I learned how to do anything seismic from my true mentor and supervisor, Loutilla; her impatience, however, with my well—learnt, working class, upwardly mobile awe of and obeisance to self—pro-

claimed authority allowed me to begin to confess to my own cynicism. She herself,

a single, middle-aged, rotund brown lady had, of course, battled every breed of bigotry and brute power; her ability to cut incisively through pretension and sham was virtually surgical. Who better to disabuse me of such reverence than she who had trained and practiced, if not at the feet of Freud, then at those of another of his disciples: her career bore her impressions of some years at the esteemed Menninger Foundation. She lent me a parable, her story about a training session led by a bombastic psychiatrist who was lecturing a rapt audience (except for Loutilla). Loutilla was at that moment searching the deeper corners of her purse for a fresh pack of cigarettes, the perfect illustration of what the analyst was trying to drive home. “There it is,” he beamed, pointing to Loutilla’s arm churning the contents of her purse, “there’s a good example of sublimated masturbatory tendencies.” Loutilla slowly — very slowly — removed the elusive pack, looked the great doctor right in the eye, and firmly assured him that “Doc, when I’m looking for cigarettes, I’m looking for cigarettes. When I masturbate, I masturbate.”

Dr. Three: My brief misadventure with Dr. Three and a dream stirred by our therapeutic alliance led to another step forward toward a greater trust in the authority of my own perceptions



freud

and judgments. Nothing acute that I can recall compelled me to call on him other than this was still the time when it was believed you couldn’t be a really good therapist if you didn’t have your own therapy (a truly elite therapist would have been in long—term, if not eternal, psychoanalysis). Also, that he was on the staff of the county hospital meant that his fees were reasonable for a first—year social worker.

Dr. Three always sat with legs propped upon his desk; I had a closer view of his soles than his face, although from the twitch of his eyebrow and the nod of his head, I could catch the clue that I should keep on talking. His pen and pad were at the ready and I tried to figure out whether I had uttered something meaningful or inane by carefully watching when he did and did not inscribe something I said. At any rate, I came to suspect that his impassive, silent reaction to my chatter was again perhaps the veneer of his analytic techniques. I also toyed with the idea that perhaps he had nothing to say.

The symbolic and rather obvious dream occurred a few weeks into the experience and, as I look back, it was a kind of literary gift to him: at that point I was not especially forthcoming about some troubling matters. The context in the dream was a prison; Dr. Three was its warden and I was a prisoner. He lived on the grounds with his family. I was a prison trusty, my responsibility to care for the grounds of his home and provide other services. The warden, it seemed, was oblivious of me, didn’t know who I was, and so I was free to come and go, even

leave the walls of the prison without risk of penalty. His reaction to my telling of the dream was just another moue and a meager hint of a smile. I think he was amused; he should have understood. Or at least he might have asked.

Dr. Four: Some 20 years passed before I had the need or occasion to commune with Dr. Four. In those two decades I had divorced, remarried, divorced, and remarried again, taught in four universities — on the west coast, the south, Canada, and the Midwest — and in the meanwhile finally earned my doctorate. Clearly, there was enough psychological cargo to unload during these migrations — but I assure you that during this time I was not entirely seized by mania, instability, or capriciousness. Psychological help is not always necessary at such critical, even cataclysmic, times of choice and action: there are times when you need to discover your own strengths and the values of relationships more profound than the therapeutic. I must admit that my experience with my previous, brusque, two-doored analyst encouraged such thinking. Then too, psychiatric services in the deep south were not an inviting prospect since even ordinary surgical services in that (then) medical backwater nearly did me in. And while teaching in Canada, I was truly dismayed when a fairly well-glued client I referred to a psychiatrist for consultation barely escaped involuntary commitment. The psychiatrist turned out to be a green card holder who, because of his unfamiliarity with the native idiom, intended to hospitalize my client as a hallucinating psychotic when

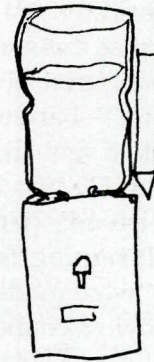
she casually mentioned, "When I have to make a speech, I feel like I have butterflies in my belly."

Although I vacated the patient's chair in the therapeutic duet during those years, I was never far removed from the view of therapists at work and at play. Two practitioners of the psychic arts — one, real, the other theatrical — lent me an image of what I came to value as the effective — the humanistic — psychotherapist. By "humanistic" I mean a helper who is spontaneously and openly responsive to the here—and—now of meaning and being and responsibility, to strength, spirit, and resilience, to what might be rather than what might have been, and to the pathological defenses and defects that shrink the human soul.

The first, Vince, a rangy, strong-fibered man, was much too earthy and real to think of himself as such an ideal or as omniscient in any way. He would have agreed with Saul Bellow's commentary in *The Dean's December*: "Psycho-analysis(sic) pretends to investigate the Unconscious. The Unconscious by definition is what you are not conscious of. But the analysts already know what's in it — they should because they put it all in beforehand."

Vince was our agency's consultant and soon became a friend and colleague. He was unassuming, even artless; you quickly learned to forgive the absence of jargon and heed his wisdom. Consider that the time was the early Sixties, just before the ascendance of client-centered, existential, or other Third Force, humanistic psychotherapies. Un-

like most consultant/experts, he joined our agency's case discussions as an active learner, respecting presenters' firsthand authority about their cases. Vince's easy comfort with uncertainty and ambiguity leavened our insistent search for final answers and impressive diagnoses; they would, he cautioned, only short circuit the attempt to get a sense of the ever-changing, even temperamental, qualities of the wider world of the client.



His orthodox psychiatric training (also including some years at Menninger Clinic) cannot explain (and in fact was antipathetic to) his natural, here—we—are manner of joining up with his patients in a journey for meaning. I could identify with his communal ways of being with people: perhaps it had something to do with our respective immigrant parents' Old Country stories and values. Even here, however, Vince was an oddity: where Jews of Eastern European origins were well represented within the helping professions, the same could not be said about first generation Sicilians, such as he was. Indirectly, Vince taught me that it was possible to be properly respectful to one's mentors and their elegant

theories, but that it was within the plain prose and boundless meanings of patients' lives where you learn how to be of help.

It was delightful to soon come across a cinematic rendering of Vince's style of the humanistic psychiatrist—in—action, to see it in its dramatic forms. A British film, "The Mark," produced about that time, the early Sixties, portrayed a court-related psychiatrist (played by Rod Steiger) treating a released sexual offender. Virtually sacrilegious in its reversion of the priestly, restrained role of the therapist, this shirt-sleeved, tieless psychiatrist occupied an office—a loft—barren except for an old desk, a few chairs, and a water cooler. He was loudly impatient with his professional victim's self-serving, fine—tuned treatise on "what made me do it," circling, moving, challenging, but with such caring ardor that he would settle for nothing less than his patient's admission of his own worth and moral conscience. If this were psychotherapy, it was something far more open, full-blooded, without posture and affectation than the textbook or professional image revealed; it was the use of a beneficent authority not to cure but to free virtue and character by inviting the same plain matter-of-factness.

Human relationships are, by nature, metaphors of existence; beyond structure they are fully known, I say again, by the satire, pathos, and whimsy they embody and, not the least, irony. And irony indeed was the likeness of my relations with Drs. Five A and B. As it happened, our therapeutic chairs were switched: I was the therapist or, as they preferred, a

marital counselor, and they—a sadly mismatched pair, husband and wife—were my patients.

Drs. Five A and B: Because of its "man bites dog" genre, it is doubtful this story would sell as fiction; it is, however, a tale that needs no inventing. Dr. Five (I will henceforth call him Ted) had briefly brushed through my life some 15 years before this turn of fate. About the same age, I was then a self-conscious apprentice completing my second year of field practicum at a Child Guidance Clinic in Los Angeles. Ted was already a rising star, at least a locally recognized expert in child psychiatry. In case conferences, Ted took charge, crisply stamping each case with his diagnostic imprint. It was said that he had already published a few articles on child therapy and was going places.

Now it is on the brink of the Seventies in Southern California, karma flourishes, and Ted and I are improbable neighbors: my family counseling office is around the corner from his child psychiatry practice. Again improbably, we happen to meet at the local chicken pie restaurant (I had to reintroduce myself and remind him of our previous association) and other lunch meetings followed. It was apparent from his languor and mood that Ted's promising brilliance had dulled considerably. By common measures, he was certainly successful: his practice was secured by a long waiting list for his services; his wife, El, was also a psychiatrist at the local mental hospital; their lovely home had one of the more exclusive and pricey ocean views; they had two sons. But the symp-

toms of middle—age vegetation were apparent. Super diagnostic skills were not required to see that lethargy, corpulence, and cynicism had progressively replaced his former *joie de vivre*, his ambitions. The irony here is that although the heart of Ted's practice had withered, he could still intervene in the lives of his young patients with the indifferent technical tools of his specialty.

Soon, Ted asked if he might refer some of his young patients' parents to me for counseling. He left me to gather that, while he wasn't exceptionally thrilled to spend his therapy days with whiny little people, their parents were beyond his sufferance. Not long after, he mentioned in passing that he and El might want to try marital counseling with me: "things weren't . . . well . . . I don't know . . ."

His diagnosis was an understatement if not entirely a euphemism. He could scarcely reflect on, find words for, the shambles of their marriage. Nor could I stir a trace of hope, or ambition, or lust, or despair in his bland weekly recitations of the indifferent this's and that's of everyday life. He had, he admitted, earned his one reward: his 11 months of practice allowed him to travel in August with his sons to other lands. And El? My few meetings with her proved her locution to be beyond the language of ordinary mortals. The standard opening therapeutic gambit, "How did it go last weekend?" was met with a shrug of dismissal and, "The same. Ted obsessed the whole time." Had I been misreading Ted? I asked her to explain. Impatiently: "He obsessed. What

can I say? He repaired the lawnmower, fixed the washer, replaced the water filter . . ."

Ted taught me much; the troubling circumstances in my life were raw enough at that time to assure I would be an eager learner. Every session was a rerun of his aimless and wretched life; he could not ask himself the questions he routinely asked his patients — even the trite, "How do you feel about that?" And so, what for some of us would be suffering and frustration for him was, well, humdrum. Gradually — in my eyes — Ted became a sad, overweight puppet on a loop of film running through the same motions and words forever. But for me, at least, he was an all-too familiar figure — a forewarning of my own destiny, all things considered. Unwittingly, Ted had achieved his best as a therapist merely by being just what he was. What he had become in his life was a warning that it was getting time for me to move out and on. I soon did.

Another act, another story, another year. By the Manual, it was Depression (but not in my own idiom) that led me again to reclaim the patient's chair. Explaining the "why?" of anything (especially sour moods) does not take much of a bent for storytelling for anyone to weave a fascinating plot to explain and justify any twist of mind and behavior. The account could be as romantic as a Gothic tale about my battle with my creative demons or as down-to-earth as a bleak account of life in the grimy, dismal winters peculiar to Cleveland; in any case, the mood, albeit distressing, did not notably

handicap life in general. My own diagnostic preference, since the intermittent angst has lasted and resisted the best of pharmacology, self-help treatises, and the interventions of specialists, is "gridzh." Sounding like it feels, it is a peculiarly Yiddish idiom for an inner sense of gnawing or nagging or grinding — located, in my case, in the "kishkes." The last means the guts, but loses some of its depth in the translation. My Gridzh was sometimes my fretful visitor during dark moments of sleeplessness; more dependably, he was awake to greet me at the first moments of the new day. Pay heed, our fastidious catalogers of psychic disorders: to assume that the diagnosis of depression or any other condition of mind is as universal as, say, the diagnosis of appendicitis or bronchitis ignores the energies of culture, the power of ethnic disease.

By the frequency with which my trusted family doctor used the term, "geriatric" (even Sixty was yet — albeit not too far — ahead) he apparently had other ideas. He asked me to try an anti-depressant ("Don't worry, it's only a geriatric dose") that immediately dropped me into a non-functioning, soporific state. A referral to a therapist "who specializes in geriatrics" followed. He was Doctor Six.

Dr. Six: Except for the absence of a little mustache, he was hardly distinguishable from the decades earlier Doctor Three, the warden of my dream. I recall his waiting room and office, tastefully done in tan and gold tones, muted as I would expect such a tranquil setting to be except for a number of eye-catching artifacts: photo-

graphs and models of World War II fighter aircraft including my favorite P-51 Mustangs and P-38 Lightnings. Based on his demeanor when I acclaimed the wonder of these unusual ornaments, the doctor seemed to be far more excited by his hobby of collecting and flying these vintage aircraft than listening to other people's sorrows, judging from his very temperate reaction to non-aeronautical complaints. We had some good war stories to talk about; he was particularly intrigued about my memory of the extremely welcome sightings of P-38s in flight during another South Pacific island invasion.

But as we got back to the more earthbound nature of my depression, so did his professional reserve; the image of a dashing pilot gave way to the man in the three-piece suit. During the few sessions allowed by my medical plan, my second book was hot off the press. With hope for a little lift and praise (or "support" as we call it), I autographed a copy and placed it in his hands. He mumbled something about the cover, expressed thanks, and that was the last I heard about it. I understand a little better the caveat about giving gifts to or taking them from your therapist: either way, you are left with an unresolvable paradox should a genuine response not follow. As my Old Country grandmother would say: "If you already have to ask, it's no good."

The budding realization that me and my pal, The Gridzh, were kind of stuck with one another persuaded me that I had used up the time and assets of the therapy. Indeed, there were the



grand mornings when I would awaken and, from my very bearable lightness of being, know he had taken leave; I also understood that sooner or later there would be another homecoming.

The recent coming of the Prozac era and its inescapable claims in word, picture, and sound of its veritable psychomagic — its potentials for dissolving depression by chemical means and liberating one's essential spirits — excited the idea that perhaps my moody in-dweller was merely a case of chemistry at work. It was not entirely a new idea: I was long disenchanted by theories of psyche and behavior that floated in some mystic or cryptic fashion, disengaged from the real matter and control of brain and mind: speaking about "unconscious motivations," for example, is as admissible as the assumption that your auto's ignition system is endowed with its own predeterminations and intentions. This much can be said: consciousness, thought, memory, and recall are, of course, subjective functions of the mind; they are also manifestations of neurotransmitters and therefore chemical processes of the brain. I did my homework and asked my family physician to refer me to a psychiatrist knowledgeable about pharmacological therapies.

And so enters Dr. Seven, a pleasant man in his early 40s wearing the prototypical beard; he deserves only brief mention. Always attired in suit (or sport coat) and tie, the discount store cut and quality of his attire hinted at an income something less than his private practice colleagues. His office down the hall from the psy-

chiatric ward of the local hospital was furnished in standard gray metal, personalized slightly by some photos of his family and a few out-of-date psychiatric texts, relics of his residency. He was usually late, and in the grim, cramped waiting room piled with old *Newsweeks* and *Redbooks* and pharmaceutical flyers on Depression, I would fill the time imagining him as the Good M&M Fairy, tossing pink and blue and yellow and red wonder pills to the disturbed cast of characters certified by the latest *Diagnostic and Statistical Manual*. One positive thing can be said about him: he candidly admitted he really didn't know that much. Psychotherapy was beyond his ken, "But I think there is a good social worker or psychologist I could refer you to if you're interested."

Nor was he too sure about his pharmacological specialty. His authority on meds and the mind seemed to be based on some trial and error experiences ("I had pretty good luck with lithium"), data from the *Physician's Desk Reference*, and advice of the detail men, the sales people representing the various pharmaceutical distributors. I got the fairly standard, "Well, we're really not sure how it works" from him when I pressed him about chemistry of the brain.

He prescribed an alternative to Prozac that had immediate effects: bug-eyed insomnia. Another drug was less dramatic but not noticeably analeptic and so he suggested adding still others that required periodic checks of my kidneys. My hopeful attitude was the placebo that worked for a while. Also, our monthly ses-

sions were pleasant diversions; for him, they seemed to be entertaining breaks in his otherwise workaday world of dementias. He stretched back in his chair as we chatted about my work, the latest word in popular psychology, and so on — even chuckling at times about some of my more preposterous misadventures.

After five or six months of biochemical diddling, the finale came. My inner anxieties and moods seemed almost chimerical when I was awakened to the existence of a far more serious physical, possibly fatal, symptom. It was necessary to cancel my next appointment with Dr. Seven when I was scheduled for consultation at a distant specialized clinic. I asked for another appointment; my panic begged for a sympathetic ear, something more than our former conviviality. Dr. Seven never returned my urgent calls. I don't know why.

Dr. Eight: With the medical problem no longer as urgent and aware that the previous experiment was, to say the least, inconclusive, it seemed only fair to give the meds another try. It took some perseverance to start with since I had to spend six weeks dangling on the end of his waiting list but finally entered the presence of Dr. Eight. This chap looked more newly minted than his predecessor, but far less but-toned—down; attired in L. L. Bean hiking boots, cord trousers, and an open-necked shirt, he was rather outdoorsy. Still, he insisted on wearing the badge of his profession, a crisp white medical jacket on which was embroidered his name and below, the label PSYCHIATRIST. I had no doubts

about who he was; I hoped he was as sure. Other than feeling a slight qualm, noticing that every door had apparently been refitted with large brass locks, his waiting room was tastefully designed and furnished, recent copies of *The New Yorker* and *Smithsonian* neatly stacked on end tables. His consulting room included a large partially screened desk where he answered phone calls, wrote his records, and signed insurance forms. The talking treatment took place in the small but gracious seating area, just large enough to hold a small family. One's gaze might be drawn to an Ansel Adams poster or an attractive plant or a bowl of mints but what couldn't be missed was any one of the room's four clocks — two digital, an analog, and neon — each strategically placed.

Dr. Eight greeted me with a smile, a handshake firm enough to remind me that my sprained finger had not yet healed, and asked a few questions to orient himself about how I happened to be there. And then expectant silence; it was for me to cast the first die.

His manner radiated an aura of scientific confidence, an assured expertise about pharmacology and the brain. He was even more instructive when, after he continued to escalate the dosage, I felt no discernible change in mood. More as instruction than explanation, he assured me that because of the structural changes that had to take place in neurotransmitters, it usually took six weeks for the sprouting of first signs of relief; I wondered how some severely depressed soul living on the desperate fringe of

hope would deal with the news, "Hey! Only six more weeks of black despair!"

At any rate, the story grows thin and repetitive. We reached an unspoken impasse: Dr. Eight tried but could not convince me that the "condition" he was trying to treat was an abstract mood disorder listed in the Diagnostic and Statistical Manual; I, in turn, tried to inform him that my moods — no matter where they were on his scale — were mine and legitimate. Even if one didn't watch CNN News twice a day, the cricks and cramps of getting old, the increasingly unwelcome reminders of mortality, the undeniably frequent funerals of friends and family, our children and grandchildren spread over creation; the isolation of the state of emeritus from former professorial status and collegial stimulation, and other unsettling circumstances were surely likely to disorder the best of my — anyone's — moods every now and then if not frequently. I tried to tell him, like my grandmother said, that is life, and that is where we should have started. That is where understanding begins. Where I am.

#### 4.

Before I verbally boarded this psychotherapeutic carousel, I said this account should be considered an allegory in contrast with or even as an adjunct to the conventional body of controversial literature on the nature and methods of psychotherapy. It is the symbolic essence and meaning that count here, more so than the "truths" of my experience or "what really happened." What-

ever really happened in my therapeutic ventures was overshadowed or displaced by the ironies that shaped and colored these events. The postscript (or in the now popular nomenclature subtext) of this narrative is that any helping experience is, in itself, one defined and marked by its ironies — however it begins and however it turns out.

Let me explain. Irony occurs when there is contrast — or better, incongruity — between what is expected and how things turn out. The perceptive helper knows that when people voluntarily seek professional help for whatever reason — painfully personal or practical — they usually entertain some assumption about what is wrong and what needs fixing; when others are compelled to do the same, their expectations are likely to be less hopeful if not antagonistic. If these incongruities are not respected and, in some ways, harmonized, things begin to get bungled and especially ironic when felt or expressed attributions of "resistance," "hard-to-reach," or "hostile" begin to intrude.

Now to the broader implications that I promised at the outset. The ability to recognize the ironic nature of human affairs is a sure test of what we consider the best attributes of the genuine helper: sensitivity, responsiveness, openness to ambiguity and metaphor, wit, an appreciation of paradox, and other humanistic traits. He or she understands that people don't "present problems" like the patient with acne or nephritis or the householder with a leaky basement; rather, they are fellow beings who find them-

selves beset by ironic outcomes — if not tragedies — even though they tried to do what they at least believed was the sincere “right thing.” The irony may be dramatic (the loyal employee who is suddenly a victim of being downsized); poignant (who will care for the aging parent who unexpectedly recovered from a fatal illness?); mocking or bitter or brutal (divorce, abuse, and child—custody cases); and on the other side, even comic or romantic. Not the least, there is the peculiar irony of psychotherapy when distress in these arts and skills of living is subjected to the protocols of systems of change or the science of behavior.

Thus, whatever psychotherapy stands for, and whether it is focused on practical predicaments, providing for certain adversities, or the search for lost meanings, it is, broadly put, an event touched by drama and story of ironic proportions. When we dig into a good novel or biography or make up the audience of a play, we ordinarily do not have at our side a text on literary criticism to resort to for guidance on how to analyze what we are reading or observing. Nor do we require a blocked out structure of plot and characters. It would be gratuitous for me to tell you how you read a book or observe a play. The British author, Angela Carter, put it well: “Reading a book is like rewriting it for yourself . . . You bring to a novel anything you read, all your experience of the world. You bring your history and you read it in your terms.” There is, of course, a difference between the personal ways we read or observe in our terms and the profes-

sional obligation to make responsible judgments, the reasonings that guide what we do. Knowledge and training and skill are essential: the question is, how do we find balance?

What the distinguished political scientist, Sir Isaiah Berlin, has to say about excellence in political judgment pertains equally to psychological judgment.<sup>2</sup> Challenging the intrusion of the pure sciences and its universalities and laws into matters of human concern and judgment, he acknowledges that to be a good doctor, or gardener, or cook, or safe to say, therapist, requires a theoretical background. But how to apply a theory to specific cases — a particularly sick patient, spring garden, catered affair, or troubled family requires personal experience and a special art and aptitude that, in some instances, may overrule or disarm the theory. Berlin argues that even laws based on a large collection of empirical data or on hypothetico—deductive methods are not readily applicable to the complexity, the variousness, and peculiarities of human affairs. The art that cannot be taught (but can be learned), the gift that is not altogether unlike that of artists and creative writers, is not occult or magical but is:

*a capacity for integrating a vast amalgam of constantly changing, multi-colored, evanescent, perpetually overlapping data, too many, too swift, too intermingled to be caught and pinned down and labeled like so many individual butterflies. . . a gift akin to that of some novelists, that. . . convey a sense of direct acquaintance with the texture of life . . . of what matters from the rest . . . it is a sense of what is quali-*

*tative rather than quantitative, of what is specific rather than general. . . it is what is called natural wisdom, imaginative understanding, insight, perceptiveness, and more misleadingly, intuition.<sup>3</sup>*

From yet another field, music and arts, Albert Murray, a man of letters, a student of American culture and jazz speaks about his quarrel with the social sciences as the basis for education:

*Oversimplification of motive. Questionable underlying assumptions. The social function of literature, of all art, is to help the individual come to terms with himself upon the earth, to help him confront the deepest, most complex questions of life. . . If you deal with sociological concepts, you never deal with the basic complexity of life. You reduce everything to social and political problems. . . . When you look at the deeper and much more complicated personal problems, you'll find the oldest answers are still the answers. There's nothing outdated about fairy tales, about legends, about the religious holy books, and so forth. When you know how to decode them and apply them to your life — well, you approach wisdom.<sup>3</sup>*

As I have argued<sup>4</sup> elsewhere irrespective of the credibility that may be attributed to knowledge, theory, and skill, the arts and humanities deserve attention as a valuable means for tempering and humanizing our methods, for drawing closer to this wisdom. Let us say that the professional credentials earned by the initiate are, at best, a passport for a journey that is launched only when the newly minted practitioner steps out of the abstractions of the classroom and into the real world of clients. Ideally, the lec-

ture hall has prepared practitioners to acquire knowledge and, even more, to think and act in analytic and reflective terms; still, as Berlin<sup>2</sup> claims, the academe cannot prepare them to anticipate the remarkable exorbitance of thought, feeling, behavior, the variability of values and beliefs, the rigidities and resignation, and myriad other particulars of being human even in its most ordinary sense. Reliance largely on the promises of science and theory can only dull creative acuities and sensibilities, and worst of all, impede the emergence of the mark of whatever we might call effectiveness — and that is personal style. A term that does — and should — resist definition, style is, for each person, a seamless synthesis of self, experience, and knowledge and, more, a deep caring for one's subject matter. Simply, it is one's professional signature that never lets the client forget that he or she is in consort with a vital, authentic human being. All in the metièr of the arts and humanities, one's style might at times resemble the editor who helps clients rewrite their narrative, the accompanist who provides the harmonic background for clients' solo attempts at expression, or the conductor who makes sure everyone is reading the same page.

Where and how the humanities might be integrated into standard curricula is a challenging question.<sup>5</sup> But you who are curious and seek, who are taken with the art and style of helping, who remain in wonder about the ironies and paradoxes that characterize anyone's life, who have a sense that at the heart of every-

thing are more questions than answers, may need to make your own special choices: what are the humanistic ideals, the philosophy of change, the orientation to how one works with people that fit and enhance your perspective? Saul Bellows, the modern novelist, recommends the many poets, novelists, and dramatists who "give new eyes to human beings, inducing them to view the world differently, converting them from fixed modes of experience."<sup>6</sup>

Perhaps an historical turn should be the first step, a profession's epistemological story. We like to think that prevailing educational systems and protocols of practice, perspectives on humanity, have evolved in rational ways, the consequence of dependable proofs and in accord with standards of technological growth. Not so. This narrative will not prove to be a romantic account of battles of wills or of revolutionary ideas but more of the helter-skelter influences of personalities, politics, transient fads, and ongoing empiricist-humanist debates<sup>7</sup>

Since our engagement in the storied lives of irony, hope, need, and courage is our forte, I suggest the values of autobiography. The poetry of Anne Sexton and selected essays or novels of Seymour Krim,<sup>8</sup> who, having been psychiatric patients, offer firsthand reflections that have no equivalent in standard mental health texts. At the other end of the autobiographical and biographical spectrum are insights into the lives of the masters whose ideas we have inherited, a vast library of often contentious and factious biographies of Freud,

Jung, Sullivan, and other magisterial analysts. And if you feel uneasy about the received wisdom, the ethics, the assumptions underlying psychotherapy, there are veritable shelves of incisive, sometimes biting, criticism including the work of Thomas Szasz. There is an endless harvest in the arts and humanities when it comes to reflections on and the meanings of critical moments of change, growth or regression among individuals, families, and communities: psychotherapy serves as a marvelous foil for writers, critics, philosophers — particularly those who see the pathos, irony, and even comedy when the scientific pretensions of psychotherapy and the proletarian miseries of being human trip over one another. These suggestions aside, the joys of your travels in the humanities are guided by your individual inspirations and motives, about what you want to know, what inspires you, as well as what you are officially required to know.

## 5.

My proposal about the significance of the arts and humanities for how we attempt to make sense of and work within the world of experience of our clients will, I hope, add to and support the scanty literature on this topic. In addition to Maxine Green's early article on deepening understanding of moral dilemmas through the use of novels, Hugh England's thoughtful book and Max Siporin and Mark Kaminsky's articles deserve your attention.<sup>9</sup>

The question that began this essay, "What really happened?" might well serve as a substitute for the "Conclusion" that ordinarily closes an article. Since my intention was to speak to the significance, meaning, and vitality of the humanities, it struck me that it would be slightly inconsistent if not incongruous to employ the familiar and sober structure, composition, and syntax of the social sciences to make this point. Thus, I wrapped my advice in a few of the styles of the humanities — the essay, narrative, autobiography, and allegory. The risk in using this style is that the readers is not taken by the hand and instructively led through the article and its conclusions as is the case with research reports or standard scholarly treatises. The reader may righteously be left with the question, "What really happened?"

My best conclusion is to underscore the importance of this question by topping off this essay with two rhetorical examples — one academic, the other poetic. Although both in their respective ways deal with the grief about the impending end of life, they are equally pertinent to any profoundly personal human circumstance wherein What does it really mean? What really matters? Are fundamental questions.

The first is an article published in a professional journal concerned with issues of aging and dying.<sup>10</sup> Very thoughtfully presented, the authors not only identify the "variables" that might influence the "grief process" including "stigma," "multiple losses," and "psychosocial death," also show how each vari-

able calls for special tasks. As the stages of the chronic illness are outlined, the reader is given, in effect, a map of the dying field and thus, from the outside looking in, useful guidance as to what to look for and what to do. But to what extent is this objective, structural approach sufficient? How can the helper whose ordinary mission is the enrichment of the vitality and quality of life grasp the meaning — the deeply personal, subjective state — of something as bizarre as the inescapable experience of one's slow dance with death?

Listen to an excerpt of a poem, "Message to Myself," written by Esther Fibush, herself a social work psychotherapist, author,<sup>11</sup> and poet — and as she had been for me, a frequent source of inspiration — at the time she first learned she was stricken with a terminal illness. □

*Letting go cannot be done  
with the flick of the wrist,  
like tossing salt over one's shoulder  
to ward off evil.*

*Oh no, it is done with great pain like  
giving birth,  
or the slow death of a long illness.*

*Letting go is preparation  
for a burial — ones own,  
digging the grave oneself,  
day after day, night after night:  
A laborious rehearsal, over and over  
again, until one has become letter-  
perfect  
for the final performance.*

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