

Therapy on the Edge

I have moved back to my country office and observed the outside. I witnessed my metal sculptures like soldiers guarding the house while I was away. They contain memories of when I was stronger and able to weld. I love to see metal dance, come together, and form new shapes and forms. Now however I confine my creative work to working with tissue paper and collage.

I miss my office in the city as it served as my holding environment to work. The colors and texture as well as pictures mirrored the picture of how I saw myself as well as my hope for how others would see me. With much reluctance I have moved to my country house as it offers me more opportunities to move and get exercise.

I reflect: why am I writing this? I am 92 years old and feel a need to put a lifetime of experiences down in written form if only to give some articulation to my life's work. The reader however should not go any further if they wish for something clear and analytic. If you decide to join me you may find yourself wandering up and down and around until all the particles of the field come together. I go back to written form. Often I do not know where I'm going until I get there, and ultimately I become attuned to the flow of material. I welcome the reader to join me on this adventure. Take what you wish from this exploration and discover what resonates with you.

I am going to share with you my movements that are organized to the sensory spatial level. I apprehend gestalts and find new organizations in the process. In this experience, I move back and forth from the non linear to linear form of expression. The former is characterized by energy that moves from one polarity to another. Energy has many interpretations. For myself, it can best be described as electronic particles of light connecting different parts of my kinesthetic field. There is movement from one organization or structure to another. In the process I am grounded so that I can be present for this exploration.

Our receptivity to the patient's projections becomes a transforming experience of taking in toxicity that belongs to the patient and going back and transforming it into an empathic resonance. I am constantly in my body and when I lose my ground I discover repetition and a stoppage of flow. I breathe into my body and discover if there are any images or sensory experiences that are connected to the restriction of flow. This process in contrast to more traditional supervision is far more cognitively oriented and puts the emphasis on the patient's communications. In this nontraditional approach, the emphasis is on both the supervisor's and therapist's unconscious and how we hold and process the projection. I am also constantly checking my impressions against a framework of diagnosis, research, history and other relevant material. Most importantly, in order to engage on this level of oscillation, the therapist lets go of their personal identification with the material so that they can be free to follow the flow.

In order to engage in non linear modes of expression, I am aware of my breath. I feel the energy in my body. I can feel breath going in and out. I am aware of my ground. At times I picture myself as a tree with roots holding me and helping me to be present. I make note of whether my roots are shallow or deep. I have an internal card catalogue of case material that helps me gain an anchor as I explore the unknown. Material is apprehended; I refer to new gestalts arising rather than my pushing towards one direction or another. If anything, I attempt to simply be present and holding and trust that our mutual process is something we can trust and that will lead us where we need to go.

Let me elaborate on a more differentiated sense of energy. Different parts of my body act as a resource that projects itself into the flow of material. My heart often sends out open communications of loving vibrations. My belly serves as a fueling spot for libidinal and sexual connections. When I move upwards in my body I become closer to a spiritual level of consciousness.

I make a distinction between healing and psychotherapy. Within the healing context, I become bigger than myself. There is an awareness of a universal experience of consciousness. I move past my body boundaries and sometimes approach levels of transformation and transcendence. Many of our patients search for this experience rather than a psychotherapeutic approach. Indeed they may have profound pain that is too intense to deal directly or even within a transitional space. Meditation either individually or through a community offers this experience of a deep form of healing. In this experience they go apart from their body boundaries. Still remaining are early conflicts but a meditative approach opens doors of soothing and oneness. Spirituality can not solve early developmental problems but it becomes a necessary holding experience that is extremely helpful. In other instances we must move toward the underlying conflicts when spirituality is basely used as a defense rather than healing.

In this emotional climate, our relationship with power and authority comes to the forefront. There is a very authoritarian approach that states a right and wrong way to do things. By contrast, there is a more laissez faire approach where anything goes and there is little safety or structure. Finally, there is also a more democratic use of authority where one knows what you stand for as a separate being and can respect the boundaries of others and their differences.

We know it when we are in conflicting territory when everything gets repetitive or flat. Pain emanates often from different levels of experiences. They can be described briefly by the following terms: anxiety embodies a feeling of helplessness and often is associated with separation issues. Guilt describes an underlying feeling of dread that is veiled by a grandiose self. Finally there is shame when one has a tendency to avoid anything that makes them feel small or inadequate.

Let me elaborate upon this thumbnail sketch of inductions. In moral masochism, there is an attack of oneself before anyone else does it for you. The flip side is where we idolize the other and attach oneself as a means of protection and distraction. There is also a deeper form of masochism where pain becomes a form of survival and identification.

There is a continuum of all of these diagnostic inductions. If I feel burdened, I wonder whether I am experiencing the internal load of the patient. If I feel flat, I wonder whether the angry impulses are also present but hidden. If there is a good deal of withholding, I reflect upon the underlying sadism. Obsessional defenses can be neurotically organized when there is an anchor that grounds the patient. On the other hand, these defenses can cover depression if not a sense of disorganization. In the latter, I feel drugged whereas in a more neurotic organization I am clear and connected. A patient can be histrionic as a way of getting attention and distraction. For others, however, it is their dramatic style of making contact with others.

In borderline conditions there are many similarities to the traumatized state. However, trauma has much more dissociation and less shifting back and forth to different ego states.

There are many analogies to therapeutic engagement. When I work with stone I feel it's texture. I wait until it talks back to me. When I am connected to the stone and have taken it in I am not so frightened of my own aggression and fear of penetration or wounding the stone. Aggression can be delivered in a loving, playful, and caring context. It can also manifest in an attempt to destroy or kill others.

Within all of these polarities and shifting I am constantly aware of when material becomes flat. I may then need to shift my field of engagement with the patient.

What comes to mind is a patient who rarely spoke to me the first two years in treatment. At the end of one of the sessions I asked where she was off to. She said she was going to buy pizza. This led to a whole discussion about pizza and the general attributes of this snack. We were both engaged in the subject and slowly the dialogue turned to other important parts of the patient's life. The field of engagement therefore is where all parties are engaged with each other. There is chemistry with one another and a mingling of each other's field of connection.

Later on this patient reported to me that she was taking sculpting courses. She gave me a jar of fat and asked me to store it in my refrigerator. Later on she wanted it returned so she could feel it and create shape in a more solid form. I could see no better analogy for the treatment between the patient and myself.

I do not restrict myself to one field of play. I can go to movement or drama or just plain talk. I can meet my patient on a sports field and talk about any shifts in energy. We joke about a quarter back on a football team who knows ahead of time where his receiver will be. We speak about our commonality and there is a chemical excitement and exchange.

Today we are encountering a climate of confusion, chaos, disorganization and loss. In terms of vaccinations, we seem to have turned a corner. But one never knows what lies ahead of us. Loss has become a big part of our culture. There are feelings of loss and pain as well as ultimately a dread of death. Here one's spiritual discipline may be of help in dealing with our dread of leaving our earthly presence.

We often witness the death of close friends or even partners. At times, one can suffer from some

form of mental deterioration. In the sharing of one's individual pain with each other becomes a field of curative contact.

Today, you cannot hide from what all of us have been exposed to in our culture. We are more aware than ever of pervasive prejudice and racial discrimination. We forget how long the history is for this country has been associated with genocide and white man's power. All of us are part of that history. We live in this power system where many of us have without knowing it reaped the benefits of a power system. Exploring racial issues in the process becomes an important part of working with supervisees and patients.

Splitting becomes an important piece of analytic understanding. We try to make things simple and identify with only people who are like us. We break things down in terms of tribalism rather than a whole nation. Searching for the unified concepts, where black and white and being not so heavily divided becomes also a piece of this exploration.

I also need to understand how patients living within different cultures have a variety of morals and values different from ourselves. I recall a Japanese patient that made profound contact on a non-verbal level. This is part of being Japanese. I think it is possible to work with people from other cultures and societies, but we need to lose our own boundaries and put ourselves in their own shoes and body. When I work with somebody from Scandinavia, I think of being proper, correct and just as motivating factors. Working in China, I think of the loss of individualism and submitting to the greater good.

Most importantly, we are trying to mend splits. I am suspicious of placing people in one category or another. How a patient has been treated earlier in life can be very different than how they were experienced later on. Searching for the broad connection unites all of us because part of this process is too easy to fall into one camp or another rather than be part of a shared nation.

This form of supervision is not for everyone. It requires an openness of sharing when it is appropriate to facilitate flow. When we are sick, a patient has a right to know when we will be back in the office. If we are very ill, a patient also needs to be informed as to where we are medically. This is all part of being authentic. I am equally aware of flooding people with too much personal information that stops the process.

In this openness, I make a distinction between mirroring and empathy. I am all too comfortable with being empathic with patients. I am available to communicate that I understand how they feel. However, when it comes to opening up my own feelings that mirror the patients, this experience becomes much more challenging.

Ultimately, I encourage everyone to follow their own drumbeat. Take what you wish from the supervision and leave alone what doesn't work. I encourage you to trust the process. Forget about leaving with a treatment plan. If you are in a process then you have accomplished a good deal. In fact, one of the goals of supervision is finding a process of what they're doing in their work.

I do not include books and articles that I have written. They are already out of date, even those I wrote ten years ago. You can find references online but most important, I encourage you to incorporate an attitude about your work as a therapist. We follow the process and offer a holding environment, a trust in the unknown that will lead us somewhere and are not concerned with doing good or bad work.

I am indebted to my son Michael for his responsiveness and discussion regarding Buddhism as well as group dynamics. He is also an expert editor. Also my wife, who has opened me up to the possibilities of active meditation and movement and discussed many areas of healing with me. I am also thankful for my daughter Melissa who has helped me edit my work.

I am also thankful to my sculpting teachers as well as all students I have worked with who have become my teachers as well: this paper is in process. It likely will be different even as I am 92 as I move along in life.