

ORDINARY THERAPY

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At the base of psychotherapy, no matter what the illness and no matter what the treatment philosophy or technique, is a profound and genuine desire on the part of one human being to help another. Such ordinary human compassion is the ground without which no therapeutic path can exist. In fact, we could say that "ordinary therapy" is itself the root of the many varied psychotherapeutic techniques which have been developed in the mental health field. We could therefore explore this ordinary quality in our work and go further in cultivating it.

We can begin by looking at the environment in which therapy takes place. One approach, which I and a group of mental health workers have been exploring in the case of a young woman named Cory, is to meet in the client's home. Here the therapist is available to the client in an ordinary setting, and the therapy itself pertains largely to the details of the client's everyday life. What we have found in our work with Cory is that a good deal of our psychotherapeutic work involves working directly with her environment. By attending to her physical world we also work very immediately with her state of mind. Not only are we able to better understand her by seeing her in relation to her own world, but our presence helps her create a healthier environment in which her confusion and insecurity are minimized and her awareness of the world outside her psychosis is heightened.

Gentleness is an important aspect of home-based therapy. Often our clients are not motivated for treatment in the more formal sense. Many highly disturbed individuals, who are nonetheless living on their own outside the institution, are not able to make the emotional commitment to enter into private psychiatric treatment. We can help to eliminate this obstacle to therapy by reaching out to the client in the security of the home

environment. Here in the context of the "life-space,"¹ the therapist can make use of "a momentary life experience in order to draw out of it something that might be of use for long-range therapeutic goals."²

In many cases, casual contact is therapeutic in its own right. As we have found with Cory, it can be extremely important to maintain a simple avenue of contact with her in order to interrupt her withdrawal into self-contained psychotic thought processes. In such cases, as Fritz Redl suggests, "we surrender any plan to 'talk to the point,' but simply try to keep communication flowing . . . no matter on what theme and no matter how far removed it may be from the issue at hand."³ Such gentleness and flexibility in our approach often allows the only opportunity for therapy to occur.

Beyond this there is also a quality of pervasiveness in "life-space" therapy which quickens the therapeutic process. Scheduling arrangements, for instance, can allow for longer or more frequent contacts with the client than the more highly structured sessions in the office. Even more importantly, the interrelationship of therapy and ordinary life creates a powerful catalyst for the client's process of self-recovery. In home-based therapy, the structuring of the environment allows regularity and trust to develop in the client's ordinary life experience. Then, because the client's physical world has itself become somewhat orderly and trustworthy, the therapeutic relationship can develop as well. We have begun to discover with Cory, for instance, that her ability to rely on having a good meal each day and also on the regularity of her therapists' daily visits has directly influenced her willingness or ability to explore her state of mind. By showing that we are concerned with her well-being in every aspect of her life, we encourage Cory to reach out from a much more stable and secure home ground.

What we have been talking about is entering the client's world, quite literally, by doing the therapeutic work in the home. But it is equally important to realize that when we enter the client's world, we also bring our own world with us, other-

wise there is no therapy. It is our willingness to work not only with the client's state of mind but with our own as well that brings a sense of workability to the predicament for which the client is in treatment. In working with Cory it has become increasingly apparent that the therapeutic relationship is a mutual creation of client and therapist, and that this mutuality is the essence of the therapeutic process.

In conventional psychoanalytic terms this meeting of worlds is known as the transference/countertransference phenomenon. Through this process the therapeutic relationship begins to reflect the client's psychological predicament, the lifelong history of self-image and relationships which she carries with her into the present. The therapist is able to experience, first-hand, the dilemma which has led the client to live in a world of mental illness. The question then becomes, how to use the form of this relationship, which is a reflection of the client's previous relationships, in the service of freeing up the obstacles to her innate health and intelligence.

Certainly it is the therapist who initiates the process of transforming the predicament into the path of therapy. It is his discipline to engage in self-examination as the base of the therapeutic work. He takes a closer look at his own patterns of relationship and accepts responsibility for his own contribution to this mutual creation which is the therapeutic relationship. Beyond this he must work with the tendency to "retire into 'professionalism' which inhibits and hence protects against an emotional response" to his client,⁴ for it is his ability to touch and be touched emotionally by his client that allows the "nurturance"⁵ so essential to the establishment of a healthy alliance. It is the therapist's trust in the process of transference/-countertransference and his willingness to expose himself in the relationship that enable him to skillfully assist the client out of their mutual predicament.

The therapeutic path becomes particularly jagged in the "life-space" therapy. With the increased involvement in the client's world comes a greatly increased responsibility for the therapist to work in depth with his own mind. So it has been in

the case of Cory, for it is clear in our work together that I have difficulty in distinguishing what her experience is apart from my own. Her silence invites projection, and very careful observation of her outward behavior can only hint at her inner experience. As her therapist, I am given the difficult yet necessary task of becoming at ease with my uncertainty in our relationship. From this ground, my work proceeds in the form of a rigorous process of discrimination between what she is actually communicating, as I am able to perceive it, and what I am assuming and interpreting, based on my own expectations in the relationship. For this reason, my work with her is inseparable from my work with my own mind.

In the case study which follows we examine such work, as well as some of the other characteristics of "life-space" therapy.

Cory Kerr is a thirty-three year old woman, intriguingly beautiful, who has been severely psychotic for the past eighteen years. She is fascinated by angels and fashion models, and she seems to see herself as one or the other most of the time. The face she ponders in the mirror is delicately pale, framed by dark wavy hair which covers her shoulders. Her lips are usually set in an expression which suggests either anger or acute suffering, but at times a strained smile or laugh emerges. Yet it is her eyes which are perhaps the greatest mystery—darting, dark brown, flashing furtive hints of the pain she is either unwilling or unable to share.

Gazing into her own eyes reflected in the mirror, she brings her long slender hands to her face and smooths her hair over her temples and cheekbones. Then with a toss of her head and a last darting, sidewise glance at her profile in the mirror, she turns on one heel and paces quickly across the cluttered apartment. She struts, at times almost prancing, and flaunts her mystery.

She could go on pacing indefinitely—out the door and down the stairs, then back across the one-room apartment, and then out again. The magazines and dirty laundry which litter the apartment floor seem not to hinder her; she floats above her life's wreckage, tapping the tips of her fingers together as if in contemplation. Stopping before the mirror from time to time, she flirts with the image that faces her. She turns her head first

one way, then another, examining every detail, every line. In wonderment she leans close, as if to merge her body with the irresistible mirror image.

She rarely speaks, and I find myself straining to read the gestures and movements of her slender body, or the details of her cluttered environment, in order to discover who she is, what she is communicating. Somehow the log of her life's daily journey is written in the cryptic pen and crayon markings in the dozens of fashion magazines, the old Baptist hymnal, the travel brochures scattered throughout the apartment. Is it history or prophecy that she writes? She doesn't say. I can only keep searching through the visible details of her world.

It is unclear why Cory finally gave herself permission to venture into the psychotic world from which she has never completely reemerged. Her history has varied depending on the crisis worker or therapist to whom she has told it over the past several years. Each version seems to tell us as much about the listener as it does about Cory herself. We gather bits and pieces, read between the lines, and add the color of our own version to the chronical of her illness.

Cory's world is a lonely one, arrived at through many years of progressive isolation and withdrawal into psychosis. In the years that immediately followed her first break at the age of sixteen, there were long promising periods of remission dotted by intermittent hospitalizations. She finished high school and went on to receive a college degree in psychology, hoping to become a great humanitarian. Following her graduation, she was able to live on her own, with financial support from her mother, and she actively sought counselling and social involvement through the local mental health center. Gradually, however, her contact with the world outside her own mind dwindled due to her fierce disdain, and quite possibly her fear of involvement with anything other than her own ideals. She now lives a lonely existence in her own apartment, depending almost entirely upon case-workers and volunteers from the mental health center to carry out the daily details of a life she has all but abandoned.

WORK

From our first meeting I was completely taken by this eccentric woman who had isolated herself from so much of the world. My first case notes read:

I am struck by how withdrawn she is, sitting in a chair in a corner of the small apartment with her knees drawn up to her chest. Seemingly self-absorbed, yet at the same time sharp, quick, critical, scrutinizing hawk-eyes peering out . . .

Jane, the terminating therapist, and Terra, my co-worker, have arrived before me, and apparently Terra has introduced herself. Jane introduces me and asks me to tell Cory something about myself. Cory has been staring at me intently, especially at my pregnant belly. I begin by telling her the obvious, that I am expecting a baby soon.

At first she does not speak but watches with pursed lips, tense forehead, scrutinizing, almost angry. I wonder what she is seeing as she stares at me. I have difficulty maintaining eye contact with her, feeling intimidated. I want her to like me. She lightens her gaze and looks away, up at the wall behind me, the ceiling. She begins to tap her fingertips lightly together at about chest-height in front of her. Now she is willing to respond, "Oh. Yeah, uh-huh, sure." I wonder whether she has heard what I said.

Jane told me later that Cory herself worried about being fat, and that she was probably trying to discern at first whether I was fat or pregnant, comparing our two bodies. She suggested that Cory probably envied my relatively successful position in life, symbolized by my pregnancy. I felt a tinge of guilt about my good fortune and realized only later that I had begun to make a secret challenge to myself to make it up to Cory somehow.

In the weeks that followed our first meeting, Cory's world became increasingly a part of my own, to the point that I began to realize that I was having difficulty distinguishing who she was and who I was. On one afternoon, in the early stages of the relationship, I went to help her with her laundry. She had little to say to me, and I often found myself lost in my own thoughts. I wondered what she was thinking and whether she liked me.

Awakening from such musings to the actual experience of walking down the hot summer sidewalk on the way to the laundromat, Cory several paces ahead of me, I suddenly became aware of the interplay between my own inner and outer worlds. Later I wrote:

I am continually struck by my need to interpret her actions in some way, since she offers so little spoken communication. Is it possible that I have completely fabricated my own version of who Cory is? I begin to realize the tremendous difficulty in relating so intimately with one who does not speak. Looking more closely, in my moments of frustration or confusion, I see my expectations, my own patterns of relationship reflected back at me. It is this I must work with, first of all, in my work with Cory.

In the laundromat, she seemed extremely restless, and I could not enlist her help in starting the wash. Although I thought that I ought to get her to help me in some way, as a way of teaching living skills, I abandoned this agenda and finished the job alone. I suggested going to the cafe next door, hoping to pacify her restlessness, and perhaps my own as well. She agreed to this, but I had no idea whether she really wanted to go.

It became apparent after a few moments in the cafe that she was not comfortable there either. Sitting across the booth from me, she cocked her head as if in response to voices. She clicked her long nails on the table top and looked around the room anxiously. She jumped up from time to time and paced nervously across the room. I felt claustrophobic, hot, confined. I also felt nervous, and impatient, not knowing what to expect and somehow fearing her, not trusting her. What was she thinking? What did she want? I found myself alternating between concern for her comfort in the situation and concern for my own. I brought myself to ask whether she felt nervous here. She answered, "Yeah, a little bit." I asked whether she felt nervous being with me. No response. I told her that I felt nervous and shy around her, that this seemed natural to me and that it would take us some time to get to know each other.

Cory seemed much more relaxed when, after putting the clothes in to dry, we went out for a walk in the park across the

street. I was also relieved, realizing that I had expected that we should be able to talk with each other and had therefore felt a great deal of frustration. She walked several paces ahead of me, except when we were crossing the busy street. She appeared frightened of the traffic and relied on me to get us across safely. I felt somewhat depressed, but I found some strength in that—not expecting better, not fearing worse. I made no attempt to keep up with Cory. There was some dignity in walking at my own pace. She walked very quickly ahead of me, until she got about fifteen or twenty feet away. Then she stopped and turned to see whether I was still behind her. She reminded me of a young child, walking the fine line that is maintained between autonomy and the need for support. It seemed that we were indeed communicating after all.

Back at the laundromat, I began folding the clothes. She hovered nearby but appeared to be too shy to come close enough to help. I sensed that asking her to help would be too aggressive. We returned to her apartment in complete silence.

At my next supervision meeting, I was surprised to realize how different were the images Terra and I had of Cory, how different our relationships with her were. Talking it over with Terra and our supervisor, I realized how my expectations and impatience influenced the relationship. I saw how I obscured my perceptions of Cory and her life predicament. The quality of wanting to be “something grand” in the relationship, a self-image so similar to Cory’s own, was my therapeutic predicament. Somehow the self-expectation and fear of disappointment which had frozen Cory in a psychotic world were now reflected in my own feelings of frustration about the relationship. Only by cultivating awareness of my own states of mind in our moment-to-moment interaction—the helplessness, the anger, the ambition—was I able to expose my own “great expectations” which imprisoned the sane, healing qualities of the relationship.

I was still thinking this over when I went to help Cory with the grocery shopping that evening. The usual frustration arose, this time not so much as a barrier but as a reminder of my

tendency to expect rather than to see what was happening in our relationship. After we had finished the shopping, I sat quietly on Cory's bed, wondering, and in the awkwardness of silence and no activity, she began to speak as she paced about the dark apartment.

She began asking questions, one after another, about whether I go to church, to school. We talked about religions, including Buddhism and various denominations of Christianity. Soon we were talking about our backgrounds and what we liked to do.

At one point she began talking about her sister, who lived nearby, and about her sister's children. She told me a little about her family, that she was "not blessed with a brother. . . . Just us (two sisters), and half a mother." She talked briefly about her father and stepfather, both dead. I told her that my own father was also dead.

We talked for some time before I left. I felt much more appreciation for Cory as an individual, somewhat awestruck to see my previous image of her dissolve. As I left I thanked her for sharing herself with me.

Whatever ambition or security I may have felt after such a "good session" soon dissolved when Cory appeared at the crisis center saying that she wanted to die. I felt that I was somehow responsible for this, having seen her only hours beforehand. What was she trying to communicate to me? Again I felt lost and disappointed, which reminded me to take a closer look at the relationship. Her depression and my disappointment may both have been clues that I was somehow missing the point with her, looking for what I wanted to see, rather than seeing what was actually there.

Although Cory soon returned home, her emotional crisis apparently past, I continued to feel somewhat shaken by the episode. I was on edge when I saw her the following day, not knowing what to expect. We went out to buy new bedsheets, and when we returned to her apartment I offered to help her make up the bed. I began to do so, but she walked out of the apartment. I finished the job alone as she paced in and out of

the room. At that point I confronted her, saying, "I feel as if I'm your mother, cleaning up after you." She gave me a glance that told me she heard me, laughed and walked out of the room. I left soon after, feeling completely enraged.

It was several days before I saw Cory again, and I felt much more at ease this time. The state of her apartment was appalling but I had grown accustomed to her lifestyle. From where I stood I could see face cream, half-eaten food and hair trimmings all mashed together in the sink as if a four-year-old had been at play. There were obscure lipstick writings on the mirror, coins plastered to the walls with toothpaste, empty milk cartons sitting on the living room floor. The whole environment communicated something beyond mere neglect on Cory's part, something more like frivolous disrespect, or perhaps a deep hatred.

I asked whether she would mind if I did some housecleaning, intending to do it alone if she wouldn't help. Unexpectedly, she did pick up the dirty laundry and straighten her books as I was cleaning elsewhere. After nearly an hour's work, I washed up and sat near her at the foot of her bed, saying that I wanted to tell her something about myself. I told her that I believed one felt better in a clean, healthy environment, that I cared about her and wanted her to feel as healthy as possible. I told her that I appreciated her help with the housecleaning, that I'd rather not be her housemaid. I thought that she heard me and believed that I cared.

We continued our usual contacts over the next few days, sometimes communicating and sometimes spending whole hours in silence. Our relationship was beginning to deepen, I thought. This was as frightening to me as it seemed to be for her—uncharted territory.

One morning Cory and I went out to breakfast and to pick up some groceries on the way home. She was completely unresponsive to me for the whole two hours. I felt very sad about this, and I told her so. Such direct communication about my own feelings seemed to spark something in her. She came out of her

withdrawal to give me a momentary tender, puzzled look and said goodbye when I left. I felt confused and depressed afterward, wondering if she also felt this way. How could I know, when she wouldn't speak? How could I be more disciplined in my exchange with her? How could I refrain from blaming her for the way I felt?

Stepping further into the confusion, I gradually relinquished the armor of my expectations with Cory, the mental overlay which shielded me from direct experience of her world. In subsequent meetings, feeling somewhat depressed and at a loss for what to do, I found myself more willing to follow her lead, relaxing my own ambition to change her world.

I was surprised when she called me one evening and asked if I would take her out to buy groceries. When I arrived at the apartment she was lying face down on her bed. I slipped off my sandals and knelt nearby. After saying hello, I asked whether she was feeling lonely. She nodded, her face turned away from me. Soon she looked over at me, then stood and walked to the mirror. Then she slipped on her shoes, and I followed her out of the apartment.

At the supermarket I realized that what she wanted more than the groceries was companionship. She selected only a few items, then said very clearly, "This is all I want to buy." I appreciated her assertiveness. I was struck by the quality of her eye contact with me. She had often looked at me directly this evening as I had spoken to her. There was a troubled, somewhat fearful quality about her look, but it was clear and direct.

On the way home, she suggested that we go out for pizza, again surprising me with her assertiveness. We sat in silence at the pizza place, and I wondered whether I should insist upon more verbal communication. This seemed too aggressive, under the circumstances, so we spent most of the evening in silence, except for a few moments when we returned to her apartment.

When I left I thanked her for calling me. I told her that I'd like to see her again soon and asked if I could call her. I felt that she wanted something more than she was able to ask for. She

walked me to the door, which she'd never done before, and said goodnight.

I called Cory two days later and suggested going out to breakfast. She agreed to meet me at her apartment, and when I arrived she was again lying on her bed. I noticed that she seemed quite sad, and I asked whether there was anything I could do to help her feel better. She agreed that she felt sad. I said that such a sensitive person had reason to be sad sometimes, because the world is filled with suffering. She did not talk. I told her I'd like to know what she was thinking and feeling, but that I realized she could not tell me about it just now. I began to feel more comfortable sharing space with Cory. The awkwardness felt like openness that day.

During breakfast Cory began to withdraw, hiding her face and curling up in the booth. She often looked at me, laughing, but she ignored any comments I made. She appeared to be hallucinating but became much more clear and steady during our walk home.

Back at her apartment, I thanked her for joining me for breakfast. Then, without a second thought, I said that she seemed to be hallucinating back in the restaurant. I was somewhat surprised by my own directness, and even more so by her response. She agreed that she was "delusional a little bit," and she talked for some time about this. I asked her what she was seeing when she was looking at me in the restaurant. She was pacing rapidly across the floor and began to stutter as she tried to answer, as if wanting to communicate in spite of a tremendous fear: "I was trying to clear up a little bit." I asked her about "clearing up," whether she had any special practices that helped her with this. She talked first about taking medications, then mentioned going to church, where she prays and asks Satan to leave her body. She was quiet for a moment, standing at the mirror, I mentioned the fact that she studied psychology in college. I asked whether she thought that she was schizophrenic. Turning to face me, she said, "Yeah, a little bit." I asked her to tell me what she knew about schizophrenia. She answered with direct, piercing eye-contact, that schizophrenics

are “unhappy people, outcast. Not unloving, but unloved, unhappy.” I told her that I had often experienced schizophrenics as very brilliant and sensitive, and that I thought the illness was in some ways a reaction to the suffering that she saw and felt so sharply.

We continued talking. She mentioned her sister and the children, then asked what names I had chosen for my own child. I was touched by having such ordinary human contact with her. She talked about shyness, which she felt is a “burden that can never be overcome.” I shared my feelings about my own shyness, saying that I often felt it when I was with her and that I believed it could be worked with.

At a point when it seemed that our intimacy had nearly reached its limit, she went to the mirror. Watching her look at her image I said, feeling a sense of daring, that while she was indeed very shy she was also very attractive—that I thought she could be a fashion model. She turned and sat down again and told me, in a very soft voice, about her modeling experience. I realized then that I had become a therapeutic “model” for Cory.

Soon she covered her face with her hair and turned away from me. We had gotten very close in the past hour and I thought that this could easily become too much. I said that I would see her again very soon, and I thanked her for sharing herself with me. She nodded but did not uncover her face.

In our next meeting Cory was again quite reserved, offering very little of herself to me. I was saddened once again and disappointed after such closeness between us. What had I expected from that moment that should lead to such disappointment now? Certainly this remains an open question in our ongoing work.

LONGING AND THERAPEUTIC AMBITION

As the path of relationship begins to unfold, the experience of genuine contact with another person becomes increasingly undeniable. We have been touched, and we have touched the

other, and an often urgent longing arises for a further meeting of worlds. Such is the course of any intimate relationship, especially the therapeutic relationship.

Sometimes our reaction to this rather raw feeling of longing takes the form of fear, pushing away, as if to ward off the possibility of being hurt. Or perhaps we feel insatiable and wretched, as if our longing could never be fulfilled. We might even decide, whether consciously or unconsciously, to ignore the whole experience, to pretend that no meeting at all had taken place between the two of us. In any case, our reaction might cause us to miss the point of the longing altogether. Fearing the openness between ourselves and the other, we might allow the opportunity for further healing contact to slip away.

The very potency of ordinary therapy lies in the discovery that we don't have to react. We don't have to do anything at all with our longing. We can regard it as fuel for our further work, cultivating an understanding that genuine contact is real and essential to the therapeutic process. From there, the ups and downs typical in any relationship, the expectation and disappointment, are seen as characteristic of the changeable quality of mind. We can relax, allow the other to be as he is, allow ourself to be as we are.

From this perspective, transference/countertransference is not a problem but a form, a phenomenon, the way two persons are manifesting in a given relationship. To the extent that the therapist is able to take this attitude toward his work, a sense of relaxation can occur in which his ambition to "cure" the client gives way to a more ordinary level of communication with, and curiosity about, the other. The client may also, perhaps for the first time, touch into a sense of basic worth or goodness within himself. At this point a freshness begins to happen, the self-healing aspect of ordinary therapy.

The ordinary approach to therapy is by no means easy. Paradoxically, the extent to which one begins to experience longing for real contact with another is often countered by an equally stubborn resistance to such involvement.

As we see in the preceding casework, instances in which Cory was able to reach out and share her world with me were nearly always followed by periods of impenetrable silence. For each moment I was able to relax my ambition concerning my work with her or let go of my self-defeating sense of inadequacy, at least as many moments arose in which I was confronted by these persistent qualities in my style as a therapist. Without a doubt, a central theme in the path of ordinary therapy is that of increasing awareness of one's styles of attachment for client and therapist alike. Such self-discovery is not always an easy or enjoyable task.

Fortunately, such effort directed at the development of openness toward oneself and another has as its reward a sense of friendliness and health, which generates the inspiration to continue in spite of obstacles that might arise. Our own growth is actually spurred by the growth of the other, to the point that we welcome not only the sense of progress in our work but the resistance as well, because it is the resistance which heralds the possibility of further growth.⁶ In this way, ordinary therapy is our proclamation that states of mind are workable and that no situation lies beyond our capacity to act compassionately toward others.

NOTES

1. Fritz Redl, "Strategy and Techniques of the Life-Space Interview," presented to the 1957 workshop (The Life-Space Interview"). Published in the *American Journal of Orthopsychology*, 1959.
2. Ibid. p. 12.
3. Ibid. p. 10.
4. Bruno Bettelheim, "The Love That is Enough: Countertransference and the Ego Processes of Staff Members in a Therapeutic Milieu," in *Tactics and Techniques in Psychoanalytic Therapy, Volume II: Countertransference.*, ed. Peter L. Giovacchini (New York: Jason Aronson, 1975), p. 262.
5. Ibid. p. 276.
6. One thinks of the Mahayana Buddhist slogan, "Be grateful to everyone." See *A Direct Path to Enlightenment* by Jam-mGon Kong-sPrul

(Kagyü Kunkhyab Chuling: Vancouver, 1975), pp. 34-35. And as Searles suggests, "the therapist has reason to feel as rare and memorable and intense a form of gratitude as has the patient whose therapist has affected, so we conventionally say, a remarkable cure." ("The Patient as Therapist to His Analyst". . . *Countertransference*, especially pp. 437-39).