



Moments of Truth *Stories Told at the End of the Day* By Marian Sandmaier

May/June 2018

Storytelling is nearly as old as language itself, a way of communing with others through showing and telling what's meaningful—even necessary—in our lives. Many linguists believe that sharing in-person tales is encoded in our very DNA, with tone of voice, facial expressions, and gestures combining to more fully engage others and develop intimate connections with them.

Yet here we are. After thousands of years of oral storytelling, a large chunk of human communication now takes place at a safe and silent remove, as we punch our thumbs into glass to access the vast social media gang. We make arrangements to see each other, espouse political viewpoints to strangers around the world, and exchange photos featuring our adorable children and envy-worthy vacations. But when it comes to the struggle side of life—the side that most deeply connects people to one another—we often background it, or omit it altogether. Even as we gain an ever-larger audience for our communications, we may be losing a measure of raw, genuine communion. That kind of communion is the province of oral storytelling.

In our own small way, the *Networker* has tried to revive this ancient, tribal practice. At this year's Symposium, we hosted our third annual evening of storytelling, wherein five veteran therapists got up on stage and told first-person stories about the client, or family member, who taught them something vital about themselves. What follows are these stories, brimming with early cluelessness, flashes of dark humor, outright failure, sudden insight, and ongoing surprises. To fully appreciate them as you read them, imagine each of these stories told and enacted, with a live audience and the full engagement of both body and mind. **(You can actually see them performed here (<https://psychotherapynetworker.org/Page/stories2018>)).**

As a member of the audience for the storytelling event, I first noticed a shift in the quality of intimacy that set it apart from the usual bustle and din of a conference of

4,000 therapists. On a Saturday evening in a hotel ballroom, following a chatty dinner, the lights were turned down two notches. People quieted themselves. As each storyteller came onstage and presented a true tale, the contrast between the clinical workshops earlier in the day and the performances unfolding before us was vivid. In the workshops, every speaker was an acknowledged expert. Here, no one was. No matter what their level of therapeutic skill—and in every case, it was considerable—here, the storytellers were just people like you and me, feeling their way through their work and their lives. None of the performers tied up their tale in a sparkly bow. They simply showed us “This is who I am.”

And the showing—the pulsing physicality of the presentations—was at the heart of the experience. It began with voice. The performers started calmly and conversationally, but as their stories evolved, we began to hear a larger range of vocal modes—near-whispers, shouts, mutters, the musical timbre of joy, and in one case, a strangled squeak. None of the storytellers told their tales from a podium; instead, they ranged across the stage and fully embodied their tales. One storyteller took on four characters almost simultaneously as he mimed a whole family entering a therapy office: the parents slumping their shoulders in defeat while their teenaged son sauntered in, bristling with cool disdain, and the therapist—then young and untested—practically flailing in panic.

Another performer sang and danced a slice of Motown, while still another channeled a client moving from frozen-bodied fear into wild, arm-wheeling triumph. We in the audience were riveted, now laughing our heads off, now holding our collective breath. The stories were live organisms. We were with them. We were *there*.

Perhaps the most unexpected element of the experience was its quietly interactive nature. As the performer enacted his or her story, the audience came to life, leaning forward at times, guffawing at others, sometimes visibly saddened, and occasionally looking a bit lost. And as the audience was watching the performer, you could see the performer watching the audience, reading its energy and then sometimes shifting direction or tone. This sort of improvisation is a vital element of oral storytelling, creating a charged, intimate space in which teller and listener matter to each other. And as the story evolves into a kind of cocreation, people on both sides of the stage begin to change. In in that darkened room, in that moment, we become a community.

Marian Sandmaier is features editor of the Networker. Watch videos of the storytelling performances here (<https://psychotherapynetworker.org/Page/stories2018>).

Photo by Sam Levitan.



My First Client, My Best Teacher *From an Evening of Storytelling 2018* By Susan Johnson

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My journey as a therapist began as a counselor in a residential treatment center for emotionally disturbed adolescents in British Columbia, Canada. Overnight I was plunged into doing individual, group, and family therapy with kids who showed up with every problem under the sun, including schizophrenia, homicidal behavior, and anxiety disorders. I had an undergraduate degree in English literature and one year of teacher training. My actual training for helping these kids at the time was exactly *zip, nada*.

Back then, the human potential movement was in full swing. Encounter groups were the cutting edge, with everyone lining up to beat a cushion with a tennis racket and yell about their mother, thereby releasing their deep inner rage. Gestalt therapy and primal screams were everywhere. For a nice, polite English girl, it was like being thrown in the touchy-feely deep end without a life jacket. And I was lost!

At the treatment center, I was immediately given my own kid to work with, one on one. His first name was Lee, and he had a last name that sounded something like Wimple. I remember that because Bruce the Bulldozer, the reigning Cottage One bully, who terrified kids and staff alike with his graphic physical threats and huge wide shoulders, would stamp around chanting “Wimple, Pimple, Simple” whenever he saw poor Lee. It said something about Bruce’s power that all the staff would do about it was to ask him, politely, whether he might consider stopping this chant. Of course he ignored us.

Lee was about 15, thin and tall, with huge round eyes and a wardrobe of pale button-down, plaid, short-sleeve shirts, which made him almost invisible. His most striking feature was a corrugated helmet of hair that stood straight up on his head in waves, like a young Kramer from Seinfeld.

Also, Lee did not speak, ever. He was silent from sunup to lights-out. And he had a phobia that if he swallowed his saliva, he'd die. So he'd walk around with his cheeks gradually ballooning out, until he'd finally have to dash to the bathroom to empty out his mouth. Lee's mom had died when he was small, and he'd been brought up by his much older father on an isolated farm, missing school and finally being apprehended by social welfare workers. Despite my grand title of chief therapist, I had absolutely no idea what to do with him.

In family sessions, Lee stared at the floor while his dad sat with his back to his son and droned on to me about the farm and how Lee wasn't much help to him there. There seemed to be no connection between father and son. In group, Lee would react to questions by widening his eyes and staring frozen into space or moving his head down like he was about to dive head first into the carpet. This would invariably trigger Bulldozer Bruce to unleash the "Wimple, Pimple, Simple" chant, plus a few more particularly virulent expletives.

But the individual sessions with Lee were the real challenge for me. Despite all my best efforts at empathy, insight, and problem solving, all I could get in response to my questions and suggestions was his wide-eyed stare. That was it. We were stuck. *I can do conflict*, I thought, *but this is too hard. Maybe I should go into law. Maybe therapy only works in California, where folks like self-disclosure. How can you do catharsis with The Silent One?*

One day, after noticing that Lee had books of birds in his room, I suggested that we sit in the garden for our sessions. He nodded agreement and sat silently while I singlehandedly carried on with "therapy." I was too green to realize that putting words in a client's mouth was no-no, so I went on about how hard it must be to be a kid, all alone in the world, not able to trust anyone, not feeling safe even within my own body. I went on about how poisonous all the taunting and being left out must feel to him, and how if I were in his place, I wouldn't be able to swallow that. "I think I'd put a big wall of silence around me and just watch for danger," I told him.

As I tried to tune into his world and put words to his experience, he occasionally gave me a slight nod. Sometimes I'd tell him stories from my own past, when I was bullied because my accent was too working class. I told him that my response was to become enraged and even mean, and that I thought that his way of silence was probably a better reaction. Still, my sessions with Lee felt very long, and the weeks went by very slowly.

After about two months, however, I noticed that he began sitting just a little closer to

me. One afternoon, when I saw his cheeks start to fill with saliva, I touched him gently on the arm and suggested that he try to swallow, and if anything happened, I'd be there with him. He did.

Soon, when I began talking to him about the birds we saw in the garden, meticulously written fact sheets started turning up on my desk about grackles and rufous-sided towhees. My supervisor said Lee wasn't making any progress, but he'd started swallowing when I'd touch him on the arm at various times during the day. And when Bruce the Bulldozer began his tirades against him, Lee began to stand beside me.

Then came the day when Bruce went out and bought himself an expensive pair of white, pointy cowboy boots. For days, he proudly pranced around the cottage showing off those boots. But one morning, he stormed into the cottage group meeting enraged. "Someone has wrecked my boots!" he screamed. "They're ruined! I'll kill whoever did this. I'll kill them!"

Everyone carefully stared at the floor as Bruce raged and ranted. But when I looked over at Lee, I noticed he had a little grin on his face; and when I grinned back at him, it broke into a huge smile. Suddenly, Lee stood up and flapping his hands like he was revving himself up, he opened his arms wide, threw them high into the air, and announced triumphantly to me, and to everyone in the room, "I peed in his boots! I peed in his boots!"

There was utter silence. Nobody moved. Then I started to laugh—I just couldn't help it—and suddenly we were all roaring as Lee stood tall, grinning, looking infinitely pleased with himself. Bruce the Bulldozer was thunderstruck; he looked confused, and then he fled.

Lee changed after that: defiant urination could definitely be considered the treatment of choice in his case. He started to talk to me, albeit in long, stilted sentences. He made a friend in the group. We found him a foster family, and he told his dad he wasn't coming back to the farm. Finally, he left the cottage. I never found out what happened to him after that, but I know he stopped being afraid to swallow—and that he found his voice.

It would take a little longer for me to find my voice as a therapist, but I learned so much from Lee. That skinny boy with the big eyes taught me how to simply stay with a client and accept where he is—how to feel into and respond to another's pain, and help him make sense of it. I learned that therapy is a dance, and just as in a dance, the magic is

not in the steps, or the tricks, techniques, or flashy moves. It's in the togetherness, in the belonging that leads to becoming. Lee taught me that therapy is about attunement, attunement, attunement. This coming together changes both client and therapist! And I use what Lee taught me in every session.

Watch Susan Johnson perform this story live at Symposium here (<https://psychotherapynetworker.org/Page/stories2018>).

Susan Johnson, EdD, developer of Emotionally Focused Therapy, is the director of The International Center for Excellence in EFT. Her latest book is Love Sense: The Revolutionary New Science of Romantic Relationships.

Photo by Sam Levitan.



The Hearing

From an Evening of Storytelling 2018

By Kirsten Lind Seal

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So there I was in the courtroom. I walked up to the witness stand, put my right hand up in the air and my left hand on the Bible, and I promised to tell the truth, the whole truth, and nothing but the truth, so help me God. . . .

But I'm getting ahead of myself. This isn't just a story about my time in court, facing a judge on behalf of my client, whose life, and perhaps those of her daughters, depended on the outcome of this immigration hearing. And, maybe surprisingly these days, this isn't just a story about our country's broken immigration system. It's a story about a client who became so firmly lodged in my heart and mind that, for a time, her survival felt interchangeable with my own.

The night I first saw Adèle, I was volunteering at a walk-in counseling center. She was with an interpreter, who asked if there were any counselors who spoke Somali or French.

I speak French, I thought, and so I introduced myself to her. "Bonsoir. Je m'appelle Kirsten."

"Je m'appelle Adèle," she answered, and we walked back to one of the counseling rooms. She was a small woman, not more than five feet tall, wearing a dark flowing skirt that touched the floor and a hijab to cover her hair. Her face was drawn and sad. I could almost feel the weight that seemed to surround her.

In the tiny interview room at the clinic, we sat down. I waited, and waited, and waited some more. Finally, she looked at me and said, *"Pourquoi vous parlez francais? Why do you speak French?"*

I told her that I was born in Holland and raised in Rangoon, and that when I was a teenager, I'd worked in Paris as an au pair.

"Ah," she said, and then fell silent again.

“And how is it that *you* speak French?” I asked.

She told me that the country she was from is a Francophone country, and that she was a professor of French there.

“And what brings you here tonight?” I asked.

She looked down at the ground for a long while. Finally, she said, “*Je veux me tuer*. I want to kill myself. I don’t know what else to do. I’ve been here for two years waiting for my hearing for asylum, and it keeps getting pushed back. I have four children but no money, and the only way I can get food for them is to see the men.” She stopped and kept her eyes on the floor.

“See the men?” I asked.

She responded sadly, “They come to my house and bring food for my children. Then I go with them into the bedroom.”

As Adèle looked over at me, I held her gaze gently, hoping to help her bear the weight of her situation, at least a little. Not knowing what else to do, I said, “Ah, *c’est dûr, ça*. That’s hard.”

In the brief silence that followed, we both seemed to be fighting the gravitational pull of her despair. Then she let out a deep sigh and said, “I can’t do it anymore. It will be better for the children if I am gone. Then there will be some help for them. But for me, there’s no help.”

I took a breath and leaned toward her. “Your children need you,” I told her. “I think I can help you find ways to take care of them so you don’t have to go with the men. Shall we try?”

She burst into tears and nodded. And that was our first moment of intense connection.

Looking back, I realize now how different it felt for me to be speaking French in session. My mother and I spoke French together, so maybe it felt more like my mother tongue. Whatever the reason, I found myself drawn into an unusually deep personal bond with Adèle. Because of this, and almost without realizing it, I began to feel responsible for her, as if only I could guide her out of isolation and despair; as if only I could help her figure out how to find community resources, get boots for her kids—keep herself *alive* as she waited for an asylum hearing that would decide her future. How could I not ride to the rescue?

In addition to meeting with Adèle every week, between sessions I often found myself thinking about her and her children. I wondered if they were eating enough, if they were warm enough, if the resources I'd been able to offer her were enough to keep her going until the hearing, when she would either be allowed to stay or forced to leave.

And the pull I felt to ride to Adèle's rescue only increased when, after several months of working together, I found out why she'd fled to the US with her children in the first place. "*Quand j'avais neuf ans, ma mère ma pris on vacances toute seule,*" she said to me one afternoon. "When I was nine years old, my mother took me on vacation into the bush, where my grandmother lives. When we got to her house, my aunties took me and held me down and cut me with a rusty razor." (We had to pause here because I didn't know the French word for *razor*, and Adèle had to mime it until I understood.)

"It hurt so, so much," she continued when I finally did understand, realizing the horror of what she was telling me. "Then when it was over, they tied my legs together for three days, and my mother gave me a lot of water to drink so I would urinate. That hurt even worse, but she told me that it was good for me, and this would help me heal. I never want my daughters to go through that—never! So I came here and brought them with me."

My heart broke for her. Adèle was a survivor of female genital mutilation, a brutal cultural ritual still practiced in many parts of the globe, even though it's internationally recognized as a violation of the human rights of girls and women and defined as torture. Sitting there across from Adèle, I could hardly bear the thought of it. There was a long pause. Then I reached for something, anything, to connect around the experience she'd just shared with me.

"Where I grew up, in Burma," I offered lamely, "the only thing they did to girls was pierce their ears when they were babies."

"In my country," she said, "the boys are circumcised, too, but that's done in the hospital with anesthetic when they're babies. But not the girls. The girls go out into the bush and their aunties do this to them."

"You wanted to save your girls from this," I replied, still struggling to know what to say.

"Yes," she said, "And my husband agreed. He gave us the money and stayed behind so that no one would suspect until we were on the plane and in the air."

I shook my head and tried not to cry, as I thought about how hard it all must have been

for her, how much courage it must've taken to leave everything she knew behind and chance it for her children's sake.

As the time for the asylum hearing approached, I accompanied Adèle to a meeting with her lawyer to go over the questions he'd ask her on the stand. Even though some of his questions about why she'd lied in her paperwork about details on her passport left her distressed and agitated, she seemed okay when we parted.

Half an hour later, I was standing in my kitchen making a sandwich when my client phone rang. Recognizing Adèle's number, I answered, "Âllo?"

In a faint voice, she said, "*C'est fini*. It's finished, over. *J'ai pris tout les médicaments dans la maison*. I have taken all the medicine in the house."

My heart dropped, and I could hardly breathe. I'd been afraid of this all along.

"I have to call the police," I told her immediately.

"No, no," she said. "It's not worth it. You don't have to. *C'est pas important*. Now we don't have to worry about the hearing."

"No," I said, "You don't understand. I *do* have to."

Keeping her on the line, I got out my other phone and dialed 911. After explaining to the operator several times who I was and what had happened, officers were dispatched to her apartment. I stayed on the phone with Adèle until she faded out entirely and stopped answering me. I tried to control my mounting panic, especially when the operator came back to report, "Ma'am, the officers are there, but there's no response to their knocking."

"Of course there's no response to their knocking," I yelled, trying to stay calm. "She's taken a lot of medication and probably isn't even conscious anymore. Please do something!"

"Are you a friend of this person's?" asked the operator.

"No, I'm her therapist!" I said for the fifth time. "She's very depressed, and she's in there, and she's taken all the pills in the house, and she needs help! Tell them to break down the door!"

Which is what they did. They found her inside and took her to the hospital, where they stabilized her and put her on enough antidepressants to help her manage in the weeks

before the hearing. Still, I woke up several times a night, panicked, thinking, *What will she do if she's not granted asylum?*

She'd already told me in no uncertain terms that she'd rather die than go back to her home country, but after her suicide attempt, I began to realize the gravity of the situation. The usual boundaries I've always put in place to help me separate myself from my clients wouldn't hold with Adèle. *What will she do? What will I do?* It felt as if her life was literally in my hands.

Finally, the day of the asylum hearing arrived. The court had all her documents, including a letter from me spelling out her diagnosis of PTSD and my worries that she'd try to kill herself again if she were sent back to her home country. When I caught her eye as I entered the courtroom, I gave her an awkward thumbs-up and immediately felt silly. But what *is* the etiquette in a situation like this?

The lawyers began their arguments, back and forth, disagreeing fervently over details of the paperwork as Adèle sat there, frozen, and the interpreter whispered in her ear. Finally, the arguments got so heated that the judge asked everyone to leave the courtroom. We trooped out to the waiting room—and waited. After a long while, her lawyer came out and beckoned to me.

"The judge wants you to testify on the client's behalf," he whispered.

So I told her story to the court—the day we'd first connected at the clinic through French, the trauma she'd shared with me about the mutilation she'd undergone, the suicide attempt, all of it. And then my part was done. Everyone else came back into the courtroom and we all watched the judge shuffle papers around for a few minutes. And then, matter of factly, almost blandly, the judge announced, "The court finds for the plaintiff. She is granted asylum in this country."

Adèle stood up and turned around to face me, an amazed expression on her face. "Yes," I nodded, "yes that's right! You won!" We hugged each other and cried and cried. And then my knees actually buckled from the relief I felt. Now I wouldn't have to see what she'd do if she couldn't stay in the country, because she could, she could, she could!

More than with any case I'd ever worked on, I felt I'd shared a profound and ultimately triumphant journey with my client. We therapists like to believe that what we do matters and, maybe sometimes, even changes our clients' lives. With Adèle, this had actually happened. And in our last session, when she told me about sending away for her Social

Security card, she was lit up from within—just completely lit up. And so was I.

Watch Kirsten Lind Seal perform this story live at Symposium here (<https://psychotherapynetworker.org/Page/stories2018>).

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Photo by Sam Levitan.



Jimmy

From an Evening of Storytelling 2018

By David Treadway

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A raised eyebrow. A tilt of the head. Pursed lips. A subtle shrug. Growing up, that was the language we used in my old New England Yankee family to express anger, and even rage. Yes, we were an incredibly charming and handsome family. So much so that in 1949, *Look* magazine printed a photo of us as a full-page, glossy model of the ideal American family. We were so well-mannered and well-behaved that you'd never guess that of the six of us, my sister and my father had florid psychosis, my mother would commit suicide, and my two brothers would end up with lifelong addictions. Of course, this family also produced a family therapist. Big shock.

Many of you could probably guess what kinds of skills I brought to family therapy at the beginning. I was so gifted at hypervigilance that I could read and interpret people's feelings before they even knew they had them, and then put them into words so they could feel known. I was also so pathologically conflict avoidant that I could calm anybody down. I was a master at smoothing ruffled feathers, or tamping down feelings, because that's how I'd learned to survive.

But then I collided into structural family therapy training with Salvador Minuchin and Jay Haley. And in that world, where chaos and conflict were part of the plan, where often you had to have an intense family crisis in order to have the catalyst for meaningful change, I was like a fish out of water. In fact, I remember watching the famous Minuchin hot-dog lunch session on tape. There was Minuchin, sitting with a family as they're having lunch, and he's letting the parents each demonstrate how their way of getting their ferocious, tiny, defiant, 14-year-old girl to eat is the right way. So first, you get the mother, who's sweet and loving and kind. As she's encouraging, cajoling her daughter to eat, she goes into a kind of baby talk with her. Nothing happens: the girl just refuses to touch her food. And after 20 minutes, the mother ends up screaming at the top of her lungs, "You're ruining the family."

So the father steps in, calm, steady, and starts lecturing the girl on nutrition and how

eating was going to be helpful for her, not just physically but emotionally. So he's working that schtick, but over his allotted time, he gets more and more frustrated, and he starts yelling at the girl. And then he picks up her hot dog and actually physically tries to put it in her mouth. And all the while, Minuchin is just hanging out. So I'm watching this going, "This is insane. Am I supposed to be able to do this? This is crazy! I'd never, ever, be able to do this." But then, I found out that the kid starting eating the very next day. And furthermore, she ate so well that she got discharged from the hospital three days later. I was dumbfounded.

That was when I met Jimmy and his parents. The mother walked into the first interview anxious and upset, the father charged up. Then Jimmy walked in. I first picked up on the subtle cues that Jimmy might be difficult when the father said, "Jimmy, would you like to start the session?" and Jimmy said, "Fuck you." And then the mother jumps in and says, "Now, Jimmy . . ." and he interrupts the mother and says, "And fuck you too."

Okay, so I'm a little worried about how the case is going so far. But in structural family therapy in those days, with defiant, off-the-charts kids, we were supposed to empower the parents to create hierarchy, to help them become a united front to set boundaries, limits, consequences. That's what was supposed to happen. But this family was difficult. Whenever I got one of the parents propped up to challenge Jimmy, the other one would slip off into "Oh, poor Jimmy. He's having such a hard time," which would completely undermine the tough one.

On the tough-love spectrum, they kept role-reversing. And Jimmy just sat there from session to session muttering, "Fuck you." Needless to say, it wasn't going well. Then one evening, the father comes in all charged up because Jimmy had a bag of pot in his back pocket. Now, I'm thinking, *This is structural family therapy. We'll do an enactment!* So I invite the dad to confiscate the pot.

"Jimmy, give up the pot," he says. And Jimmy says . . . well, you can guess what Jimmy says. So the next thing you know, the father is grabbing at Jimmy, trying to get the pot, and they end up wrestling on the floor of my office.

And I'm sitting there thinking, *I'm so untrained for this.* Then in the middle of it all, the mom gets down on the floor to help the dad get the pot. So now I'm thinking, *We should have this on videotape. Minuchin would just love this.* Suddenly, I'm feeling like this is working. Soon enough, Jimmy bursts free. He stands up. The dad stands up. Jimmy pulls his arm back to cold-cock the dad and shatters my office lamp, at which point I'm

thinking, *No, this is probably not going well.*

I know I have to do something, but I've lost my voice. I have no voice. The most I manage to do is squeak out, "I gotta call the police." At that, Jimmy just walks out of the room, a cool customer. Back in their chairs, the mother is crying, the dad is sweating heavily. But before I can think of anything to say, Jimmy returns carrying a metal wastebasket full of water. He soaks them with it, throws down the wastebasket, and leaves again. By this time, I'm really glad this isn't on tape.

Now the mother and father are looking like drowned rats, just so sad and pathetic. And I'm kinda trying to gather myself to engage in a meaningful way when, all of a sudden, the father says, "Wait a minute! Do the math. There's three of us and just one of him. What's happening here?" It was like a light bulb went off for us.

Although I never saw Jimmy again, the parents were united from that moment on. Jimmy would try threatening stuff, and they'd say, "Fine. We'll call the police. No problem." He was grounded over and over again, and the parents stayed glued at the hip. Four or five months later, Jimmy had settled down. Go figure. But, you know, the truth is that I was really glad when the parents stopped coming, because I was never really comfortable with the whole case.

Anyway, six years later, I'm getting on a plane in New York, and I see the mother ahead of me in line. I quickly try to turn away like I'm reading a newspaper, but she spots me, comes over, and she says, "You'll never guess what's happened with our Jimmy." *Our Jimmy?* I'm thinking. *Whoa.* And she says, "Yep. Jimmy just was elected vice president of his college class, and he's honoring in his major, which is accounting." *Accounting?* So I'm dumbfounded all over again by this family.

Now, this happened 41 years ago, and I've told this story quite a few times over the years, because, you know, it's a good one, especially for a late-night audience. But we're supposed to be up here telling stories that have been transformative in some way. So it got me thinking, *Well, how did Jimmy change my life?* And in reality, he didn't. That's what I figured out. Decades of individual psychotherapy helped me finally not be that little boy from long ago, who was terrified of conflict and had to rescue everybody in order to survive. That was a lot of hard work to get there. Jimmy doesn't get the credit for it.

And yet I often think of Jimmy when the shit's hitting the fan in the therapy room and tensions are escalating. Instead of reflexively thinking, *I've gotta calm things down, get the*

lid on, remembering the bizarre story of Jimmy and him dousing his parents with a trashcan of water right there in my office allows me to sit and think, *What's right here?* I can breathe into just being in the moment without having to contain it all. The containment is just the way I knew how to take care of myself, and it works for some families. But the crises, the conflict, the challenges, the explosions, those work for some other families.

In fact, about a week ago, as I'm thinking about all of this, I was sitting with a pretty buttoned-up couple during an escalating conflict and thinking, *This is a good thing. I've gotta let them get into it.* I'm feeling pretty comfortable with the conflict, and the next thing you know, the wife storms out of the room and slams the door. The old me would've quickly felt like I had to chase after her, cajole her to come back, step in and save the day. But I didn't. I could just sit still. I could calm myself.

"What do you think we oughtta do?" I asked the husband. He said, "Why don't we give her some time?" And we did. Soon, what do you know? The wife walked back in, looked me in the eye, and said, "I'm sorry I walked out of the session and slammed your door. But that was a really good thing I did. I was about to say some very hateful, maybe irreparable things to my husband, and I had to do that to protect him and us." It was a touching moment for all of us, and it happened because I didn't chase after her. I didn't go to rescue her in order to take care of myself.

So where does this end? It ends with my feeling like I want to say, "Thanks, Jimmy." And I wonder what his version of the story would be.

Watch David Treadway perform this story live at Symposium here (<https://psychotherapynetworker.org/Page/stories2018>).

David Treadway, PhD, is a therapist who's been giving workshops and trainings for 40 years. A long-time contributor to the Networker, he's the author of Treating Couples Well and four other books.

Photo by Sam Levitan.



Karaoke on Five South

From an Evening of Storytelling 2018
By Martha Manning

May/June 2018

After you've been through years of killer depression and agitation that escalate into repeated interventions, it's impossible to ignore how much you've taken your family along for the ride.

By the time she was in college, my daughter Keara's optimistic cheerleading approach to my illness had exhausted itself, leaving her weary, angry, and cautious.

As a psychologist, I knew this made perfect sense. As a mother, it broke my heart.

After an especially vicious and snowballing episode, a friend who was a big shot at a prestigious New York City hospital encouraged me to enter a program that was studying certain aspects of ECT. The good news was that it was free. The bad news was that I'd have to commit to six months on a locked inpatient unit.

To get to the hospital, my husband and I drove from Virginia to New York, where we met Keara, who was going to school there. Together, the three of us approached my new home, which lay beyond a big, scary, gray door with a small, dirty, mesh window. It was hard to see in or out of it.

After the grand tour, Keara made it clear how much she had going on at school, the subtext being that I shouldn't expect much from her, even though we'd be in the same city.

There were three basic groups on the unit: the heroin addicts, the eating disorder girls, and my spiritual sisters—the dowdy women of a certain age who wore long, boring skirts and no makeup, and had unfortunate hair and a demeanor that screamed, *I don't give a shit!*

The heroin addicts—all tattoos and piercings—looked like they'd be packing heat if you met them on the street. But I loved them. They painstakingly explained to me how to

rob parking meters and laundromat machines. They were the ones—the only ones—who saw how rocket launched I was coming off Xanax, which was a precursor to starting ECT. Seeing me struggle, one guy took me aside and whispered, “Mami, we could hook you up for *free*.”

The eating disorder girls were always on the lookout for the good mother, but they let me know that they’d feel a lot better about me if I lost 80 pounds, and they were full of ideas—some of them really disgusting—about how to make that happen.

Keara visited almost every week, bearing wicked treats from the West Village cupcake paradise of Magnolia Bakery, and engaging in sometimes fluid, sometimes stilted conversation. Knowing I was safe and taken care of by other people for once seemed to comfort her.

About three months in, at an emergency community meeting, the staff made a stunning announcement. Because a patient had broken a CD the night before, and had used the shards to cut her legs, all CDs and CD players would be confiscated. We captives went berserk with indignation and helplessness.

These weren’t childish tantrums about forbidden toys. We *needed* those CD players! Plugged in, they transported us outside the hospital. They were a profound comfort, which helped us feel private and autonomous in a place where we were neither.

The next day, in an effort to lift our mood, our beloved recreation therapist, Luis, proposed having a karaoke night with all the other units. When he didn’t get a rousing reaction, he emphasized that we could perform in groups. We could choose our songs, dress up, wear jewelry and makeup. And if we were feeling ambitious, we could throw in some choreography. We were welcome to invite friends and family to be our audience.

Not everyone participated. The heroin addicts couldn’t because they were restricted to the unit, and most of the eating disorder girls wouldn’t because it overlapped with that day’s episode of *America’s Next Top Model*. That left the depressed middle-aged ladies, of which I was one, to represent the unit, with a few of the girls delighted with the assignment of giving us head-to-toe makeovers.

God knows who originally suggested it—frankly, it’s possible it was me—but we chose to sing “Cruisin” by Smokey Robinson, a guy who sounds like he gargles with honey.

Baby, let’s cruise; let’s go away from here. Don’t be confused; the way is clear, And if you want it, you got it forever. This is not a one-night stand, oh baby. . . .

Even though I was convinced she wouldn't attend, I decided to invite Keara, and standing there cringing on the phone at the nurse's station, I was amazed when she casually answered, "Yeah, Mom. What time?"

Admittedly, the ladies and I could've done more practicing in the few days before our performance. But every time we'd start, we had to confront the painful reality that we truly sucked, at which point one of us would quickly say, "Okay, that's good enough for now. Let's pick it up in a few hours." And *that* never happened.

Even if our performance didn't improve, thanks to the girls, when the big night rolled around, we middle-aged ladies looked 200 percent better than we had before. Using words like *base* and *exfoliant* with relish, the girls—attacking their collective assemblage of creams, colors, and brushes—were swirled into action, eventually applying so much eye makeup I could barely lift my lids to see. By the time they were finished with me, I wasn't even wearing any of my own clothes.

The evening's opening act was a totally atonal guy who had schizophrenia and performed a hip-hop song while never moving an inch. Next came a lovely waif of a girl who sang Louis Armstrong's "What a Wonderful World." Before I could choke on the heartbreaking irony of that choice, it was our turn.

I was ready to flee—and then I saw Keara. She looked bemused as my confederates and I clomped up the stairs to the dreaded stage and launched into our song.

To say we were *terrible* is an insult to the word terrible. We sucked the libido out of that sexy song. One of the women had the screechiest, highest-pitched voice I'd ever heard. Another got so anxious she forgot the words were on a screen right in front of her and started making up her own lyrics. There was no hope that harmony would be realized. We sounded like a pack of little dogs yapping at each other.

Quickly forgetting the "less is more" philosophy of watchable performances, we launched into the dance part of the routine. If there was a question about whether any of us had even a modicum of rhythm, that was settled as we slammed into each other while trying to execute our moves. The fiasco seemed to go on and on, the music continuing, as if Luis kept cuing our song up over and over.

Mercifully, the speakers finally went silent. A sparse handful of people pitied us and clapped as we took the walk of shame back to our seats. Feeling as mortified as I'd ever been, I gazed squarely at the floor tiles as I managed to put one foot in front of the

other. The fact that my daughter had witnessed this humiliation just ramped it up.

Then, all of a sudden, Keara was there, blocking the route to my seat and pulling me back to stage. She pointed to a Human League song from the '80s on Luis's playlist: "Don't You Want Me, Baby?" (It's a question on its own that's got to be worth at least a year of therapy.) I gave her a look that screamed, *Are you kidding me?!* But I allowed myself to be led by her.

As I mumbled the lyrics on the screen, she belted them out. And as she brought the crowd to life with her dancing—God, she had moves I certainly had never taught her!—something suddenly let loose in me too. *I let myself sing. And I let myself dance.*

It all happened in an instant—or was it a lifetime? In those few moments, out of nowhere, Keara and I shared a bond of pure, improbable joy.

As we walked back to the unit, arm in arm, we were sweaty and laughing. Keara's cheeks were red and her long, auburn hair was wild around her face. After Luis gently separated us at the big, gray door, I watched her walk away until she finally waved and disappeared around a corner.

By the end of my six months on the unit, the ECT had muted my depression and agitation . . . until the next time, and the time after that. I now know that for me, there are respites from my bad spells, but not cures.

I'm one of the lucky ones: I'm well-loved, and over the years, I've come by a bag of tricks that help me. But sometimes I still have to do everything I can just to keep on going. It's as simple and complicated as that.

Over the intervening years, my daughter and I have lost and found each other many times. Our travels have been bumpy, exposing all our vulnerabilities. It's never perfect, is it? But whatever our ups and downs, we keep coming back to each other.

Remnants of that crazy night have sustained me for a long time. I've come to know something very important—that Keara and I *are* karaoke. Together, we know how it feels to be awful or brilliant, often at the same time. And we've taught each other that love never feels as real as when it mixes with sorrow and joy.

Watch Martha Manning perform this story live at Symposium here (<https://psychotherapynetworker.org/Page/stories2018>).

Martha Manning, PhD, is a writer, clinical psychologist, and former professor of psychology at George Mason University. She's the author of Chasing Grace: Reflections of a Catholic Girl, Grown Up, The Common Bond: Mothers Daughters and the Power of Empathy, and other books. Her work has appeared in numerous publications, including The New York Times Book Review and The Washington Post. She's also performed at three Moth storytelling events.

Photo by Sam Levitan.



A Complete Life

From an Evening of Storytelling 2018

By David Kessler

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As a specialist in issues of death and grief, I was called in by an oncologist to see a 29-year-old patient named Leslie, who was dying of cancer. As I approached her hospital room, I found her mother, tall and straight-backed, standing outside like a guard waiting to meet me. She said, "Under no circumstances should you tell Leslie that she's dying." I nodded, having heard this kind of thing before. "I don't want her to know," the mother continued. "She needs to keep fighting. She needs to have a complete life."

"Well," I told her, "it's not my place to break any news to her."

I entered the room to find Leslie sitting in a chair next to her bed. She stood up to shake my hand but immediately sat down from the effort.

"Nice to meet you," I said, finding it hard to believe that Leslie was only a few years younger than me. Her sunken cheeks and fragility had aged her dramatically. "How are you doing today?" I asked.

"I'm dying," she said. "That's how I'm doing today."

"Oh, so you know?" I asked.

"Yes, of course I know," she said. "It's my body. I was the first one to know. But, listen, I'm really glad you're here, because I need to talk to you about something." I took a moment to remind myself that whatever was on her mind, I was there simply to be present, and to bear witness to her dying and her grief, no matter what that looked like.

It turned out Leslie didn't want to discuss dying at all. She wanted to talk about the struggles she was having with her boyfriend, the little tiffs they were getting into, her insecurities and jealousies—things that sounded like everyday relationship challenges. She told me they'd been together about two years and had met just when her health had begun to decline.

As I listened to the details of her love life, I couldn't help but think, *What kind of guy gives his dying girlfriend a hard time?* Nonetheless, we had a nice session about how hard relationships can be. We talked about how it felt for her when he didn't call when he was supposed to, and some ways she could express these feelings to him. She was smiling when I left, and we agreed to see each other the following week.

When I returned for our second meeting, Leslie had been moved to hospice care. "This place isn't for me," she said as soon as I walked in. "My boyfriend is going to leave me if he sees me in this place."

Resisting the urge once again to tell Leslie that he sounded like a jerk, I noted instead, "You two didn't really have a lot of good health time together to just enjoy dating and getting to know one another."

"That's why I have to get out of this place," she replied. "So I can be with him."

The hospice resembled a hotel lobby with 10 private rooms, each with its own patio overlooking beautiful gardens. "What if this is the best place for your care now?" I asked.

"That doesn't matter," she said, beginning to cry. "I don't want to lose him."

After sitting with her for a few minutes, I asked her to tell me more about what she wanted from him. It turned out her dreams for the two of them were full of whimsy, romance, laughter, the kind of Hollywood rom-com montage we all long for at some point in our lives and usually grow out of. It was doubtful Leslie would get to experience much of this before her death, nor would she have the time to grow out of this vision of intimacy.

As she talked, I thought, *my role is to bear witness not only to her death, but to her life—the one she's having now.* The reality is that we don't suddenly become emotionally mature in our relationships just because we're dying. And just because we're dying doesn't mean that death is our primary focus. In fact, other than when we first met, Leslie had barely mentioned her death. I wondered if and when she would; certainly, she wasn't speaking about it with her mother, or with her boyfriend for that matter.

Then as I was getting up to leave that day, Leslie suddenly said, "Last night, I went out on the patio. I was just sitting there, looking up at the stars, and I saw them wheel out a gurney with a body bag on it. They wheeled it right by me."

As I gently nodded, she grabbed my hand and asked, "When I die, do I have to go in a

body bag?"

I said I didn't know the answer but promised to find out. After speaking to the charge nurse who called the mortuary, I went back into Leslie's room and said, "I actually have some good news. You only need a body bag if you have an infectious disease. So if there's anything positive about the cancer, maybe it's that you don't need a body bag."

"Thank goodness," she said. "Please, let everyone here know that I don't ever want to be in a body bag." I assured her I'd document it.

As I went to her room for our next session a few days later, I wondered if we'd be talking death or relationships. It turned out to be both. Specifically, we were forced to confront the death of her relationship, since the boyfriend had ended things with her the day before. Understandably, Leslie was devastated. Breakups are painful for all of us, but dealing with issues of abandonment as she was dying was particularly complicated and painful. All I felt I could do for Leslie was try to help her find some strength.

"Were you okay before you met him?" I asked.

"Yes," she said.

"You'll still be okay," I assured her. "Your family is with you. Whatever future is in front of you, there are people who care."

As our session was winding down and Leslie seemed much more composed, I noticed a costume in a package by her bedside. Halloween was a few days away. In a hospice, much like in a hospital and other places where people are confined without a lot to do, they have an activity planner, who did her best to host festivities. "Do you have plans for Halloween?" I asked, pointing at the package.

To my surprise, Leslie said, "Yes, I have a friend who's a makeup artist. She's going to make my costume perfect." As pale and gaunt as she was, I hoped Leslie wasn't planning to dress as a zombie.

Instead, when I walked into her room on Halloween, I found her dressed as Dorothy from *The Wizard of Oz*. There was a sweet innocence about her appearance—until she beckoned me over to show me what the makeup artist had done. "This is the best part," she said, revealing the creation: a large, bloody carving knife that appeared to pierce through the center of her hand.

"Watch," Leslie said to me, "this is going to be fun." Getting up on her thin, wobbly legs,

she hid her hand in the folds of her skirt and headed out to the common room.

They'd decorated the whole hospice for Halloween, and the activity planner had the largest orange and black cake I'd ever seen laid out on the table. In front of the staff members milling around next to it, Leslie grabbed the actual cake knife as if to cut a piece and said, "Mmm, this looks good." Then she slipped the real knife behind her back and held her bloody, prop-knife hand high in the air, crying, "Oh my gosh!" In an instant, the staff members let out a collective scream. Leslie was delighted and laughed uproariously. I couldn't help but laugh myself. As I left that evening, I marveled at how her humor could persist even after the breakup, and even as her body was giving out.

In our next session a few days later, we talked about the idea that Dorothy, at the end of her journey through Oz, learned everything she truly needed was within herself. She told me it felt a bit freeing not to have the boyfriend around anymore. "He tied me down to a world I'm no longer going to be a part of," she said. "He needed to be free also."

At this point, Leslie's mother walked into the room without knocking. "I need Leslie to understand that I was there the moment she was born, and I'm going to be there the moment she dies," she said, locking eyes with me.

Leslie turned to her mom and in a quiet voice said, "Mom, I've never died before. I have no clue what this is going to be like. Maybe I'm going to want to be holding your hand. But maybe it'll be a really private moment. Whatever happens, Mom, don't judge our relationship by that last moment."

Her mother turned to me and said, "Tell her I'm going to be here."

I replied, "I think you're doing very well, and some things may be out of our control."

She shook her head at the both of us as she left, muttering. "No, no, I'm going to be here."

Toward the end of the last session I had with Leslie, she said to me, "I've been thinking about the body bag. I want it."

"You do?" I asked.

"Yes."

"Tell me why," I said.

"Because that's what you do with dead bodies. You put them in body bags."

And there it was. Her acceptance of what was happening. The next day she passed away, with her mother down the hall, filling up a glass of water from the fountain.

Thinking about Leslie, I've come to realize that although she didn't have a long life, she did have a complete one. We all want more time here, but the reality is that a complete life doesn't always involve a Hollywood romance, or marriage, or children, or even old age. It involves fully living in the time we're given. Leslie felt love, delighted in humor, and knew family. She was a teacher of life to her mother, to our staff, and to me. In her short time, she lived with gusto and died with grace. That's a complete life.

Watch David Kessler perform this story live at Symposium here (<https://psychotherapynetworker.org/Page/stories2018>).

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Photo by Sam Levitan.