

Part III:

PRACTICE

OF

THERAPY

CHAPTER NINE:

GROUPS

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Problem-solving groups are the backbone of our practice as Radical Psychiatrists. We do groups, not as an adjunct to “more serious” therapy, as many other therapists do, but as our major practice. That we organize our work around groups speaks to the heart of our theory.

Some of the reasons for our pro-group bias arise from qualities common to all group therapy:

1. Groups break *isolation*, and we see isolation as a major source of people's problems. Because we believe that the source of our problems is alienation (see Chapter 2), it makes simple sense to create supportive group environments as an antidote. Our theory says that awareness, contact and action are needed to counter alienation, and groups provide the potential for all three.
2. Group members have an easier time *identifying the sources of their oppression*. The drama of recognition is frequent: “ I know exactly

what you mean. I always thought I was the only one who had that problem.” People speak of loneliness, of frustration about work, of conflict with lovers or mates or parents or children, and seven others nod. It becomes harder and harder to believe that one’s problems are a result of one’s personal pathology. Common, and therefore social, sources of problems become clearer and clearer.

3. Group members benefit from *the healing power of numbers*. To reveal one’s secrets, to weep openly, to take a stand against one’s Internalized Oppression in the presence of eight others is a far more dramatic and healing experience than to do it with only one other person there.

4. Group members get *more feedback from more people*. Not only is the quantity of input helpful, but so also is its variety. Group members may have opinions which counter those of the leader; controversy can act as a check on the power of the therapist. Similarly, if a group member has a tendency to lock horns with the therapist, the intervention of other people can be a helpful check on competitiveness.

5. Groups help to *demystify the power of the therapist*. Both the diversity of opinions, and the healing power of numbers help to demonstrate that the therapist is only one among many. Healing that

occurs in individual therapy is easily attributable to the magical powers of the therapist. When effective work occurs in the group, the specific role of the group leader is easier to delineate.

6. Groups *mirror real life*; they are a place where people can do what they ordinarily do, learn where their problems lie, and practice ways to improve. They are a stage for dramatizing problems, and a laboratory for practicing change.

7. Groups are *cheaper* than individual therapy. That they cost less is a fact of theoretical significance. We believe that people are fifty-percent responsible for their own healing. The group leader provides a place to do it, protection and certain skills. But the group member provides knowledge of what her problems are, and the will and energy to solve them. To charge reasonable rates for therapy is to codify the shared nature of the work. If you pay me enormous fees, you must believe you need me very badly. If you need me so badly, what I have must be very special, very hard to come by, very rare. We don't think so. We think *you* have something special, although not at all rare: the power to change for the better. We have something important, but it is readily accessible, and only one part of what you need.

8. Finally, groups *counter the dyadic approach* to life which dominates our culture. We are trained to expect our most meaningful connections to occur in twosomes. We relate more intimately to mother in childhood than to any other adult. We seek boyfriends and girlfriends as teenagers. We couple as young adults. We go to a shrink and reveal our innermost thoughts to him and to nobody else. To construct intimacy with seven other people at one time is to challenge a thick set of beliefs implicit in the “ twosome” nature of so many of our relationships.

Other reasons why we do groups flow from the particular way in which we organize them. In general, problem-solving groups follow a cooperative model (see Chapter 4). Members make contracts to accomplish whatever goals they wish. Therapists do not diagnose: the person who comes to work on herself is the ultimate expert on what her true problems are. We encourage people to expect to solve real problems in measurable ways, so that results are clearly achieved. We assume that history is important in shaping both problems and an individual's responses to them. But understanding the past is only important insofar as it helps one to change the present. We'll return to all these characteristics of group work in more detail soon, but for now we want to point out the theoretical significance of the ways we work:

9. To organize groups around problem-solving implies the belief that the present matters more than the past. That position *challenges the Freudian view that character is formed in early childhood* (see Chapter 14). Individual therapy is often based on the idea that therapy consists of rectifying problems encountered in early childhood. Relationships are encouraged which mirror those between parents and children. The inequalities of power between a mostly silent therapist and a self-revealing client are precisely those sought to be replicated from the past. Cooperatively organized problem-solving groups, in contrast, encourage power relations of a very different sort (which I shall discuss more fully below), because what is important is not redoing the past but rather changing the present.

10. Because we are interested in making real changes in the moment, we seek *not merely to reveal needs, but also to take care of them*. Most people, for instance, need more “strokes” (see Chapter 8) in their lives. Group is an ideal place to get them. If most of modern life is lived in an economy of stroke scarcity, group provides an economy of plenty. We believe that the experience of enough strokes to go around is enormously progressive; most people will not again tolerate starvation after having once eaten their fill.

11. What goes along with the economy of plenty is the notion of *group as a training school*. Groups are in large measure a schoolroom: We are not in the business of healing illness; what we seek instead is to teach people how to solve problems. People ideally leave empowered with skills to handle what confronts them in the real world. To practice with others is a crucial part of learning those skills.

12. Group leaders in a cooperative problem-solving group say what they are thinking. They demystify their thinking, and they give advice. *Group members learn to sort that advice*, to take what is useful and reject the rest, and to assess realistically the power of the therapist.

13. On the other side of the coin, group members have an *opportunity to practice helping others*. Not only do they become more skillful at solving problems, their own and other's, but they also get meaningful strokes in the process.

PRACTICE OF GROUPS

A problem-solving group meets once a week for two to two-and-a-half hours. It consists of seven or eight members, one or two group leaders, and sometimes a trainee (see Chapter 12). Groups are on-going; places in

them become available when someone finishes her work and leaves. New members are often unknown to the group leaders; we do not routinely screen people for group, although sometimes we will have met with them individually while they've waited for a place to become available, or worked on immediate crises. In general, though, we have found that randomly collected groups work well, as opposed to groups organized around a theme or a certain type of problem. We do offer some groups for women only, and some for all lesbians or gay men. When women and men meet together in mixed groups, we keep the numbers even.

Cooperation

Group members are asked to abide by the cooperative contract (see Chapter 4): *no secrets, no rescues, no power plays*. When a new member joins, we give her a written list of the unstated agreements (reproduced in Appendix 2). We also suggest that new people try group out for a month or more before deciding whether or not it is right for them. On the one hand, we encourage critical consumerism; if group is not helping, then something is wrong with it. On the other hand, we believe that experience is the best guide to how helpful it is likely to be. We do not ask for a formal commitment, however, trusting people to use their own best judgment.

Because we see group as an experience in cooperation, we ask the members to divide up the time available in a way that is equitable. That does not necessarily mean an equal division; sometimes some members need and want more or less time than others. The system for deciding who gets how much time is left to the group; most use a blackboard, signing up for the amount of time they would like, and then negotiating if they need to, to be able to end (more or less) promptly.

Some groups set aside time at the beginning to take care of held feelings and resentments (see Chapter 8), although doing so is up to the particular group and many do not. We often encourage people to stay after the end of group to give each other strokes.

Contracts

The first task of a new group member is to make a “contract,” our euphemism for a clear statement of goals. We use contracts for several reasons. First, we do not believe in diagnosis, trusting that each member is the best judge of what is wrong with her life and what she wants to change. That is not to say that group leaders and other members do not engage in active dialogue to settle on the contract. Sometimes, people need to talk through their

problems and hopes before they can articulate a good contract.

A second reason for using contracts is that they give the group participant a measure by which to judge whether the work is actually helping. If change is not palpable, then something is amiss with the group and should be corrected.

The very business of making a contract is an important act of power, because it helps to identify and to prioritize the work, implying optimism about the future. On her first night in group, Susan signs up for twenty minutes at the bottom of the list. She asks a few questions, makes a comment or two, but is mostly silent, getting acquainted while others work. When her turn comes, she tells us that she is thirty-two years old, lives alone, and is having trouble in a relationship with a man she's been seeing for five years.

“ I'm mean to him all the time. I don't know why, but there's nothing he says that doesn't make me mad. We don't sleep together anymore, because I'm not turned on. I think I have to work on my anger. It's too much.”

“ My contract should be to be less aggressive, selfish and mean.”

A good contract has several characteristics:

- ◆ It is a short, snappy sentence. To be helpful, the contract should appeal to the Child (in the sense that the word is used in Transactional Analysis to mean the feeling, intuitive, creative part of the psyche).
- ◆ It is a positive statement. It tells you where you're headed, not where you've come from, so that you can tell when you've gotten there.
- ◆ It suggests action to take that will help you to make changes.

Susan's proposed contract fails to meet a number of these standards. First of all, it contains a string of judgments about herself, reflecting not her Child's fondest desires, but rather her Pig's assessment of her faults. Second, it is negative, about what she should stop instead of what she wants to have happen. Third, it contains no helpful hints about what to do. Indeed, because it is cast in such accusatory terms, it suggests that Susan must “ simply” become a better person if anything is to change.

So, while we respect Susan's take on what she's experiencing as a problem — the level of anger she feels at

her boyfriend — we ask to look more deeply at what is actually going on.

Group leader: “ Give us an example of when you're angry.”

Susan: “ Well, last Friday, we were out on a date, eating at a restaurant that Bob especially likes...”

Group member: “ Do *you* like the restaurant?”

Susan: (Pauses) “ It's fine (in a half-hearted tone).”

Group member: “ You don't sound very enthusiastic.”

Susan: (Speaking slowly) “ It's OK with me, only we'd eaten there three weeks in a row and,” (picking up speed), “ I'm trying to diet and there's nothing there I can eat, but Bob's not very sympathetic about my dieting, although he hates it when I'm overweight.”

We explore the transactions between Bob and Susan (as Susan experiences them) some more. A picture emerges of two dynamics: Susan Rescues Bob often (see Chapter 7), and they are competitive with each other about

decisions and tastes (see Chapter 6). The group leader tells Susan what she's thinking, while other people in the group add their own perceptions and ideas. As the analysis emerges, a new statement of the contract can be articulated. Susan has a set of ideas that interfere with her ability to say what she wants. Moreover, she does not complain about minor grievances, waiting instead until she's built a massive case against Bob, and then she explodes. We suggest she needs to work, not on being less angry, but on being angry more quickly and saying it right away in a clear and direct fashion. The suggestion contains a number of values and opinions of ours: that honesty and openness are good, that Susan has sufficient power to be able to stick up for herself, and so on, and we state them openly.

Susan restates her contract:

“ I want to talk honestly about what I feel and want.”

The word “ contract” is a less-than-accurate description of what Susan has just negotiated with the group, because it is not binding in the ways usually associated with a contract; nobody will enforce it. Susan comes to group each week and talks about whatever is going on in her life that seems most pressing. If it turns out that her relationship with Bob is not on her mind very often, then she may need to

reformulate her contract to address what really troubles her. Contract-making is a matter of noting what is actually going on rather than limiting the terrain. Occasionally, people may not mention some problematic area of their lives because of shame or fear; a contract in those circumstances may be a helpful way of checking a tendency toward secrecy. But in general, the contract reflects a trust that people will work on what they need to work on.

Contracts are also used in another sense: to rule out behavior that is harmful. We use contracts against suicide, violence and substance abuse in particular. In these cases, the group member makes an actual promise to the group. “I will not kill myself.” “I will not drink alcohol for a year.”

No-Suicide Contracts

No-suicide contracts are an important part of our work, and a good example of this second sense in which we use contracts. We have a very straight-forward and simple approach to suicide. We believe that it is a choice, and that people can decide for life instead of death. To work on anything else while someone is considering suicide is useless. We see suicide as the ultimate line of attack of the Pig: “You deserve to die” (see Chapter 5). The notion of

suicide is a counterproductive escape-hatch; so long as it is an option, it is less likely that one will do the hard work of fighting for changes that make life worthwhile. The notion of suicide, therefore, is self-fulfilling: if you think, “I can always kill myself,” you are far less likely to insist on happiness and do whatever is needed to achieve it, and therefore you are far more likely to wish to die.

On a more prosaic level, it is a waste of time to work with someone who is going to kill herself. Moreover, suicide is unfair to everyone touched by it. Group members and leaders alike would be marked by proximity to it for life. The group leader's conscience and reputation would be seriously damaged.

For all these reasons, we insist that people who are considering suicide rule it out. We ask for a contract that the person will not kill herself. We explore in detail the plan for suiciding, and ask the person to dispense of the means (to bring the pills or gun or whatever to group and leave them with the leader, or to flush the pills down the toilet or destroy the weapon).

In return for the decision to live, the group, and especially the group leader, pledge an extra measure of support. Often, we help to make the decision by saying why we want the person to live (including talking straight about the consequences to us if she doesn't). Once she has made the

contract, we construct the details of help: when she can call people (anytime of the day or night, in the case of the leader, if she is feeling suicidal); what she can ask for that will help to fight the suicide Pig; what special measures she may need to take in order to protect herself from fresh infusions of Pig — space from parents, changes of work, altering drinking or drug habits, etc.). In other words, we take a no-suicide contract very, very seriously, appreciating how powerful, what hard work it is to make one, and matching that energy with our own.

Helping people who are suicidal depends very dramatically on the existence of the group. One leader cannot supply as much real support as people need. Moreover, the impact of a room full of people wishing life on someone is immeasurable. Finally, if the person will not make the contract, she is told she may not be in group. The no-suicide contract is one of the very few transactions which is non-negotiable in group. To continue to work with someone who is actively considering death is to collude with her Pig, and we clearly and firmly refuse to do so.

Substance Abuse

We use contracts to help people working on alcohol and other substance abuse. The first step is to figure out whether or not substances really are a problem. In the late

'80s, alcoholism and drug addiction have come under intense social scrutiny. The media is full of material about them. Nancy Reagan urges youngsters to "Just Say No!" The work of Alcoholics Anonymous, especially their Twelve-Step Program, is applied to all sorts of problems, from addictions to relationships, from family dynamics to sex. Questions of power and justice (why young people are attracted to drugs, how we have come to tolerate the exclusion of so many people from any hope of lawful well-being, why people rising on the occupational ladder turn to stimulants as a means of handling job-pressures, and on and on) are translated into conceptions of addiction: people as addicts, organizations as addicts, indeed the society as a whole as an addict. Moral overtones attach to individual responsibilities: addiction, clearly, is wrong, a moral failing.

We have traditionally taken a more fine-grained approach, making a distinction between substance use and abuse. We first ask a series of questions to decide whether there is actually a problem:

- ◆ Are you experiencing physical problems related to your use of substances? Are you hung over in the morning? Do you not remember what you did last night? Are you suffering from throat or sinus problems, or having chronic colds? The questions are many and detailed.

- ◆ Does your use of substances interfere with your relationships with people? Do you fight with those close to you when you've been drinking? Are substances a bone of contention between you? Are you jeopardizing work against your best judgment?

- ◆ Is your usage out of your control? In other words, do you use alcohol or drugs when you've decided not to?

Sometimes the answers are ambiguous, and we might ask people to moderate their usage as an experiment. They may try to drink only one drink a night for a week, for instance. It is much easier to eliminate a substance for a week, holding on tight and counting the minutes, than it is to use it regularly and moderately.

As it becomes clear that there are problems with the way a person uses substances, and precisely what those problems are, we ask that she make a contract of complete abstinence for a year. We examine in detail the problems generated by the contract. When is no-usage a hardship and what help do you need? Is it the lonely evenings, or socializing with co-workers, or hanging out at the neighborhood bar with friends? We help people make concrete strategies for dealing with the hard times.

Included is the agreement to call people, fellow group members, friends, and especially the group leader, whenever help is needed. We counsel people about nutrition, exercise and health in general. We work on the Pig that is encountered as the contract proceeds. In other words, making a contract guarantees lots of support.

We choose a time period that is long enough to baffle simple willpower. To eliminate usage for so long means coming to terms with other problems that are associated with the abuse. Some of those problems may have been obscured by the substance abuse. If a couple is fighting all the time about drinking, for example, it may be very difficult to unearth the real differences between them so that they can be adequately assessed and attended to. If someone can only be angry when drunk, then it is only once alcohol is ruled out that he can truly work on reclaiming his power to feel, and with it his power to change that which makes him angry.

Marijuana, the mainstream hysteria against which we opposed all through the '60s and '70s, has proven itself in the '80s to be often a problem. It softens the edges of rational thinking, sometimes at the exact time that people are trying to work on taking power in the world. Samuel gets stoned every morning, and then tries to work on organizing his life, finding new and better work, making a plan for his old age, and so on. The dope and the agenda

work against each other. Young people often find themselves trapped in a double-bind: they smoke dope to rebel against a joyless society, but in the process they remain stoned and silent in the face of the society which seeks to make them joyless. Act of political defiance that it once was, marijuana use has a way of undercutting its own statement and leaving its users voiceless and unprotected.

One of the most controversial of our stances about substances has been the contention that some people, having completed a year's contract and worked hard on themselves and their lives, can return to drinking or usage in a way that is not a problem. Over the years, as we've seen more and more people through this process, we have indeed watched many people do just that. Often, the process of learning how to use without abuse is far from automatic; people must experiment, with group and community support, over a long period of time in order to find their own way. Group members have invented methods of making contracts for limited usage: Susan contracts with her group to drink no more than twice a week, always when with other people, and no more than two drinks at a time. If it proves to be more work than she wants to do to stay on this contract, she may alter it, or go back to abstinence. But she has the choice and may sometimes choose to handle substances one way, sometimes another.

Some few people do seem to have strong and inalterable reactions to certain substances. Steven moves very quickly from one drink to drunkenness. Suzanne has a body-response to cocaine, craving it in large amounts once she's had a little; to control it is far more work than she chooses to do given the rewards of using it. For people with such responses, it makes perfect sense to declare themselves non-users for life.

For many years, we found ourselves in a contentious dialogue with Alcoholics Anonymous. Sorrowfully, the controversy has had a tendency to become caricatured, casting us as opponents and vice versa. AA offers a number of very rare and important resources to people. They build their program on an understanding of the value of community support. Meetings are available virtually any time of day and night. The self-help character of AA protects people from professionalism, and offers empowerment from peers. It is a cross-class, cross-gender, cross-race, cross-generation organization. For people who are struggling hard to change habits of substance abuse, AA meetings can often be an invaluable resource.

Many of us, however, continue to be critical of the way in which the spiritual is integrated into Twelve-Step work. We, too, have sought to address the "spiritual," in the sense that we have questioned the well-springs of our

commitment to the social good, and have understood that it springs from our values and from a strong sense of oneness with others. But, to seek the sources of strength from a “higher power” seems to us to be problematic. Even if that higher power is seen to reside inside the individual, it is a conception with troubling political implications.

The topics of spirituality and politics, of acceptance and rebellion, of transcendence and engagement, deserve lengthy discussion. It is a dialogue we hope to pursue, not in a spirit of argument, but rather among friends with a shared goal: the improvement and empowerment of all of our lives.

Working in Group

Making the contract, then, is the first piece of group “work.” From there on, people use group in a variety of ways. Problem-solving groups rely primarily on a form of “cognitive therapy.” That means that we use ideas and words as major tools in the work. We do not, however, exclude other more emotive approaches from the room. Indeed, sometimes people need simply to cry in a nurturing presence, to rage, to mourn and so on. In general, we are open to the work taking us wherever it seems useful to go, within a few parameters.

We do not permit people to abuse each other. The group leader has two main functions: to provide protection and permission. Protection means assuring that each member is safe to talk about whatever she needs. Fear of being trashed by someone else in the room would clearly erode that safety. On the other hand, permission includes, among other things, encouragement to give honest feedback, to say what one is feeling and thinking about fellow group members and their work. It is for this reason that we have developed techniques for saying critical things in ways that are safe, especially *held feelings* and *paranoias* (see Chapter 8). Group members are urged to use these forms for their own protection and that of others.

One form of working is to deal with transactions in the room. Group, as I have said, is a laboratory for practicing new ways to handle problems that occur outside of group. For Susan, for example, to give held feelings in group, to negotiate for the time she needs for herself, to get feedback on the ways in which she Rescues during other people's time, are all invaluable opportunities for learning.

A second form of work is to problem-solve about events outside the room. Susan reports on a conversation with Bob, and gets help from the group to understand why she ended up mad. She may need to rage at Bob before she can move into the analytic mode needed to do that analysis. She may need to fight her Pig, which tells her the

problem is all her fault, that she is crazy and mean. Eventually, she needs ideas about how to change her behavior. We do not hesitate to give people advice in group, trusting that they will sort good advice from bad. It is very consistent with our theory and values to tell people straight-forwardly what we think they should do. “Think” is an important word in that sentence; advice is always couched in terms of the therapist's opinion or beliefs, and the therapist is always open to discussion and to the very real possibility that she could be mistaken.

Some ways of working are:

- ◆ Reporting
- ◆ Dumping feelings
- ◆ Getting strokes and nurturing
- ◆ Analyzing problems
- ◆ Making new strategies
- ◆ Getting advice
- ◆ Transactions with other group members
- ◆ Fighting Pig (see Chapter 5)

In general, new people in group tend to work on the most pressing, external problems in their lives: work, relationships, substances, etc. Over time, as they take care of many of those problems, they learn more and more about themselves in relationship to the world: how their particular Pigs work, what are effective strategies in fighting them, where their lives structurally support their internal dramas, and so on. The work moves more and more inward, at the same time that it affects more and more profoundly the material conditions of life.

Susan, for instance, works as a clerk in a public utility office. She tells us that she's bored with her job, although, "It's okay; it pays well, and it's a whole lot better than a lot of other jobs I've had." Between work and her boyfriend, she has little time for other things. "I have some friends, but I don't see much of them, and besides, they're always busy with their own families or boyfriends." As she practices sticking up for herself with Bob, she realizes how much she depends on him, both to help her with real-life crises, and to provide the zing that she fails to get elsewhere. So long as she needs Bob so badly, she is hard-put to rattle his cage as much as she'd like.

Stage two of Susan's work, therefore, is to look for other sources of joy and well-being, to take the pressure off her relationship with Bob. She begins to ask more from her

friends, wanting regular dates and talking more intimately about herself. Some friends are thrilled with these changes, others are not, and she soon realizes she needs new friends. Where can she meet people? The question leads to another: What would I like to be doing that might put me in contact with people I like? She confesses that she's always had a secret yen to paint, and she signs up for classes at the local community college. To do so, she must recognize and combat the profound Pig which sees her as boring, stupid, a drone with nothing to offer others but her sexuality.

As the quality of her life and of her “ self-esteem” improves, she becomes more and more discontented with boredom at work. Newly engaged in the project of connecting more deeply with other people, she begins to talk to fellow-workers and discovers that many of them, too, are unhappy. They cook up ideas among them of ways to improve the quality of their jobs, including some innovative visions of organizational restructuring. Together, they begin to tackle the management.

One thing leads to another. Two fascinating facts emerge about working at the prompting of the client's wishes. First, while we never interject politics as an overt agenda, very often the project of personal improvement quickly leads to political action, in the broad sense of the word “ political.” That is to say, individuals can rarely change

their personal psychologies without bumping up against real structures of power and injustice in the world that must be confronted and changed. To seek power to change the world is the essence of politics. In a very real sense, problem-solving demonstrates that the personal and the political are one and the same.

The second interesting quality of working contractually is how often the work ends up being very comprehensive. Radical Psychiatry is often accused of being “not deep,” because we apparently concentrate on “superficialities.” According to our theory, the distinction is a false one. In practice, that theory is supported over and over again. People take on the most intimate and profound parts of themselves in the course of working on the most mundane.

Families and the Past

Because we engage in a contentious dialogue with Freudian views of the unconscious and of developmental theory (see Chapter 14), we sometimes are guilty of oversimplifying on paper our thinking about birth-families and the past. Biological families are important for two, interconnected reasons. First, the Pigeon is initially formed in the context of the family. The experience of small children is dominated by parents and siblings, although they are not exclusive influences. They themselves are operating in a

larger social context. They transmit ideas that have wide cultural currency.

Moreover, the very structure of the family is a potent source of ideology. One mother (who usually does the greatest amount of childcare), one father, perhaps some sisters and brothers, grandparents often at a distance, some shadowy aunts and uncles and cousins who appear at the Thanksgiving table expecting affection: the shape of the nuclear family in and of itself teaches potent lessons. We learn that mother, with too little help and too many demands on her heart and hands, is “supposed” to supply everything we need and in fact does not. We learn to compete for what we need. We learn that women and men relate differently. Studies show that fathers relate to children in ways that are often more verbal, more about play, punishment and teaching. Mothers, on the other hand, spend the bulk of their time with children dressing them, feeding them, scolding them about safety or chores or behavior, coddling them, nursing them — in general, tending to the necessities of bodily existence and family living. We learn that men dwell in a world of ideas and learning, while women are bounded by the mundane. From the treatment accorded these roles in the outside world, we learn to respect the one and treat the other with contempt.

The family is indeed a schoolroom of life. It is not, however, the only one. From the beginning of infancy, the larger world is a presence. The clothing infants wear, their toys and food, conventions about sleeping arrangements (cribs versus family-beds) all are mediators of social norms and notions. Television flickers in the room; music is in the air. Baby carriers begin early-on to influence body postures. Think about the differences between small infants carried straddling a hip, in a firm structure on the back, or in a soft bag against the grown-up's belly.

Before long, children are actively watching television, reading books, playing with toys loaded with social significance (white-skinned, blue-eyed baby dolls; guns and sticks and sling-shots; Barbie dolls and G.I. Joes). Playground interactions take shapes particular to the culture. Children in India run in multi-aged packs, for example; in America age segregation is much more the rule. Village children find toys in trees and animals and ponds, while city playgrounds offer ready-made climbing structures, swings and slides. Every experience, in fact, from birth onward, carries a lesson about the particular world in which a child is growing.

Nonetheless, experiences with the family of birth do carry a special significance. Because children in our society are so thoroughly dependent on parents for care, the points of view of parents are especially weighty. How father or

mother, sister or brother treats a child is of very great moment. The earliest, and sometimes some of the most potent, conceptions of the world are formed through these interactions, and they stay with us far into adulthood. Along the way, they are altered by other realities, reinforced by some, challenged by others, recombined in a myriad number of ways in a never-ending process. In other words, childhood consciousness is only the beginning of the story, not the end. But it is an important start.

To fight the Pig, therefore, it is often very useful at some point to understand where it came from. What was it in your own experience in your particular family that made you think you were crazy or bad? How did the family's treatment of you correspond to what you later figured out about yourself in school? Did your mother and three older sisters always do everything for you, convincing you that you were privileged on the one hand, and incompetent on the other? And did the fancy private school you went to confirm both those notions? To understand the historic roots of the Pig can be one very useful strategy. It is not always the most useful, however. Moreover, it often tells you some of what you need to know, but by itself does not necessarily tell you what to do about it.

The other way in which the family is important is contemporary. Those very family transactions that tended to form your Pig are likely to be continuing today. In more

conventional therapies, people sometimes construct very exact pictures of dynamics which in early childhood undermined their power to be happy, and then do nothing to alter those dynamics in the present. We are alert to the current transactions between people and their families, and we regularly urge people to take their power in the moment, and to struggle against debilitating dynamics right now. A favorite technique is to notice the transactions that activate the Pig when one is in contact with parents, and then to write a letter giving criticism and asking for changes. Often, this work seems hopeless to people. "My parents are old, they know nothing of therapy; they'd never, ever change." Statements like these are a reflection of the familiar ways that power is distributed in families: parents have it all, and children must adapt, or fight in underhanded and rebellious ways. What we are urging is precisely an alteration in those arrangements of power. We are suggesting a vision of equality between parents and grown children, in which children have rights equal to the parents. It is often a startling idea to parents. Surprisingly often, after the initial shock and bewilderment about what to do differently, parents may be relieved, welcoming the effort of children to make relationships better and the leadership they provide in doing so.

Group Dynamics

Every group has its own dynamics and gestalt. After years of leading problem-solving groups, I am struck by how unique the character of each particular mix of people can be. At the same time, several patterns and problems do tend to be common to many groups.

Minorities: Our group members more or less show the same demographic characteristics as therapy consumers in general. The majority are white, heterosexual, female, in their twenties to forties, middle-class (in the broadest definition of that word), and able-bodied. However, many working class people come to us, as well as many lesbians, a smaller number of gay men, some people of color, occasionally a disabled person, a few teens and a few people sixty and over.

In women's groups, we try to keep a balance between heterosexuals and lesbians, although lesbians are frequently somewhat in a minority. In mixed groups of seven, we tend to give women the numerical advantage. It is undesirable for anybody to be a minority of one in a group, although sometimes it is unavoidable. Support from at least one other person who shares the particular aspect of identity that's in question (who is also gay, or black, or elderly, or disabled) is very helpful, both as a

source of feedback from that particular vantage point, and also as a check on the judgments of the other group members. In the context of a cooperative agreement, and also because our general commitment is to the truth, to demystify the lies which characterize our society (see Chapter 2), we are obligated to be honest about our racism (see Chapter 21), homophobia, ageism and ableism (see Chapter 19), and to unlearn it. We presume that nobody immersed in a society in which “-isms” are so intrinsic can escape their influence. But we also think that such ideas are internalized oppression, or Pig, and, like all Pig, they can be uprooted.

It does occasionally happen that a group contains one person with a particular identity, at least for a period of time. The group leader tries hard to fill the next opening with someone else of the same community. Sometimes, when the task of identifying Pig is falling too much to the minority person, the rest of a group has met separately to take the initiative on unlearning their racism (or whatever). In general, the complaints and fears of the affected person must be taken very seriously and addressed (see Chapter 21). The tools of emotional literacy are enormously helpful.

Secrets: People keep secrets in groups for a variety of reasons.

They may Rescue other members by keeping silent about held feelings or complaints. They may give up their own time, or refrain from working on something they think will upset others.

Some people fear gossip. Ruth worries that Robert from her group will tell Janet, who works in the same office with Sam, the person about whom she wants to complain. Especially in the second decade of working in the same community, networks of acquaintanceship can grow quite Byzantine. Everybody knows somebody who knows somebody else.

Group members sometimes worry that others have heard their story too often before, that they will be bored, or worse yet, angry, wondering “ why she hasn't gotten off that yet!”

People often are frightened to talk about sex, money, politics or religion. Sexual problems are embarrassing, money evokes envy or contempt, politics are too controversial or dangerous, religion is “ taboo” in a “ radical” therapy. Stuart is a member of a political party which has often been persecuted. Many of his most important connections with people are with party members. Yet he is wary of stating what his affiliation is

to people he doesn't know well. In addition, his fellow party members are urging him not to give the show away.

In general, fears about working on something are useful. It is naive to believe that people will treat you well until you know it to be a fact. On the other hand, what's the point of paying good money for a group where you can't talk about what really matters? Hesitations are the raw material for making a group safe, an act of power which in and of itself is educational. To be able to say what you fear, check out the truth in it (and the group's task is to validate paranoias), and then construct the protection necessary are invaluable skills to have.

Stuart consults the group leader first privately. She urges him to tell the truth as soon as possible. They devise a strategy for checking out the preconceptions of group members about his politics, and for making an agreement of confidentiality that is convincing to Stuart. The group leader also urges Stuart to explain to his party-fellows why it is important to be able to talk openly in group, and to find out what guarantees they want of safety. Finally, she tells Stuart that there is some risk involved, although the risk can be minimized, and that he is the only one who can decide whether it's a risk worth taking for the benefit of being able to improve the things he wants to work on in his life.

Community and “Confidentiality”: Several of the problems noted above have to do with confidentiality. We have a rather unusual position about this matter. On the one hand, we promote a rule that people not discuss work outside of group lightly. The rule of thumb is that information not leave the room. The important exceptions are that the leader discusses people in collective (see below), and the trainees in their training sessions (see Chapter 12).

We are critical of a tendency in our culture to privatize personal business. Problems of isolation and mystification are central in our theory (see Chapter 2). What fuels the desire for “privacy” (more accurately, secrecy) is the assumption that others will judge one harshly. Often we make that assumption because we judge ourselves so cruelly. And it is true: most of us have learned to think in precisely those ways about ourselves and others, a facet of our internalized oppression (see Chapter 5). But in a community where there is clear agreement that nothing anybody does deserves judgment, to be open with one’s business is likely to be more beneficial than harmful. I do not wish to idealize the extended Radical Psychiatry community; to be sure, this is not utopia. But there is a common value on combating Pig, and that goal is protection against mean gossip.

Ruth tells Robert her fears, and Robert confirms that he and Janet do ordinarily talk freely about everything in their lives, that it would be unusual for him not to tell her about something that was relevant in his life. Ruth asks for a special agreement with Robert: “ I want you to be very, very careful about what you say to Janet. If you learn something here that would be hard for you to keep from her, given the nature of your relationship, I want you to tell me that first so we can figure out together how to handle it.” What the agreement implies is that Robert's relationship with Janet is important, too, and that there are likely to be ways that information can pass around this circle of people that are worthwhile for everyone.

Sex: We do not put lovers in the same group with each other. Occasionally, however, love affairs arise among people in a group. When that happens, a special set of problems arises. People are often strongly tempted to hold back information in the presence of their lover. They may need a separate space in which to think through troubles in the relationship, or to talk about being turned on to someone else. Lovers tend to make unspoken agreements not to talk about certain things, to Rescue each other around sensitive criticisms. They also have an understandable tendency to want to appear in a favorable light to a lover, particularly a new one or a would-be lover.

In general, we urge people to opt for friendship rather than love affairs with other group members. If, however, the attraction is strong and people choose to pursue it, we ask that they talk about it first. Starting a love affair involves a shift in the stroke economy of the group. Fellow group members have a right to know what the shift is about. Clearly, sex is a matter for autonomous decision-making; we do not wish to legislate it. But it is also a group matter, and the group deserves to be clued in. Most often, a love affair requires that one person switch to another group, to re-establish safety and equality for everyone concerned.

Power and Peers: Power is a central facet of our view of relationships (see Chapter 1). Part of what is “healing” about the group experience is being with equals in an atmosphere where cooperation is valued. But power is not an abstract concept, nor a unitary one. We must say what powers exactly we are talking about. Group members have equal rights to time, to strokes, to attention, to help. The shared commitment to equality guarantees a sincere attempt to avoid abusing powers which may derive from inequalities in the real world. Men, for example, learn in group to recognize ways in which they may assume a right to be taken more seriously, to talk more frequently, or to be afforded other special privileges, and the advantages to them as well as to women in being cooperative instead.

Nonetheless, some real inequalities do exist. In some groups, for instance, some people know each other outside of group, often having elaborate interconnections (living or working together, having friends in common, etc.). The power to elicit strokes inside group is affected by those connections outside group. Often, even when people are all strangers to each other, some group members are more drawn to each other than others. Strokes may not be exactly equal. It is our practice to be honest and forthcoming about these inequalities. For all intents and purposes, power is substantially equal among people in a group, and the exceptions can be addressed and either changed or accepted without ill-effect.

Between group members and leaders, on the other hand, there is a definite inequality of power. The group leader sets many of the terms of the group. She decides on which night it will meet, how many people will be in it, the ground-rules for participation (see Appendix 3) — the fundamental structure and philosophy of the group. Moreover, she does not work on her own life here. She knows a lot more about group members' "business" than they do about hers. We are generally willing to answer any questions about ourselves, and we are self-revealing whenever it is appropriate to be so, saying when we draw on our personal experiences, for example. But we also assume that people don't come to group to find out about us; they come to get help with their own problems, and so we try not to intrude our own problems into the process.

This relative mystification of the group leader can lead to an inequality of strokes.

Our stance about the leader's power is controversial. Some people, especially feminists who have struggled hard and bravely against hierarchy in the world, wish all power inside groups to be leveled. We have resisted doing so for two reasons. First, we think it is an unlikely task, so long as a leader exists at all. We prefer to talk openly about inequalities that in fact exist, especially since we do not think those inequalities are necessarily bad.

Indeed, we believe that it is precisely for the sake of the therapist's power that people, in some significant part, come to group. The leader is not a better person existentially; she is not a superior being in any context that matters. But she does have specific powers. She knows some skills for working on problems. She has accumulated experience through the years of hearing people's stories and watching their work. She has access to the even greater pool of expertise and experience represented by the collective (which we'll return to below). Moreover, the very fact that her own person is relatively absent from the process of the group gives her a greater-than-ordinary power to help fight the Pig. This last power is one which people can freely assign to her, and when it is important to do so, withdraw. I have spoken of protection and permission. Group members are directly benefitted by

giving to the leader the power to provide them. It is enormously empowering for individuals to be able to assign tasks like these to someone, with the promise that she will be very careful not to abuse those powers (not to inflict her own agenda, not to use them as sexual capital, not to treat lightly confidentiality, etc.), and with the knowledge that the assigned inequalities are temporal and situational. They apply only to the group process, and only so long as they are useful to the group member.

It does sometimes happen that the lines of power between therapist and group member are emotionally charged. A person may give over more power than feels comfortable, seeing the leader as magical or feeling that he cannot get along in the world without the therapist's help. More traditional therapists see this transaction as "transference" (see Chapter 14). It may be true that some elements of the exchange are common to other transactions with people in authority, maybe even parents. Rarely, however, is that quality the only important one, if it is important at all. What is more important is that the therapist be humble about the power given her, and that the group member be welcome to take it back when she wants.

Optimism is a very important part of the group leader's healing power. The simple anticipation that people can make the changes they seek — an anticipation implicit in the structure of the group, in contracts, in the straight-

forward way of working — is an empowering transaction. Optimism springs from two sources. First, over the many years that we have collectively done this work, we have been moved and heartened over and over again by people's successes. We have literally been educated to optimism by results.

Second, our underlying political stance is itself optimistic. To locate problems in conditions which exist in the real world, and in their learned reflections inside people's heads, is to suggest a do-able set of actions that will lead to change. Conditions can be altered; Pig can be unlearned. The tasks are straight-forward and manageable.

Our therapeutic politic is closely linked to a world view. Let me say that Radical Psychiatrists do not share a political "line." One of the most compelling facts about our Collective is the variety of points of view it comprises. Some of us are Marxists of an old school. Others come out of the New Left. Still others evolved their social conscience in church environments. The Women's Movement was a definitive politicizing experience for others. There are atheists and witches among us, socialists and democrats, confirmed urbanists and "back-to-naturers." Debate is lively, occasionally heated, always educational, and generally productive. We are content to live with differences, and to learn from them, because we have a very compelling reason to be together: our shared

work, and the unity we experience about the theory that underlies it.

What we do share is the conviction that people move toward well-being, and a view of history that sees behavior in a progressive light (see Chapter 3). We are very careful not to impose any particular political view on people in groups. Instead, our politics are contained in our psychological theory, and in the construction of our practice. We often speak about the wider context for personal problems, in order to demystify the experience of that problem and as a means of nurturing. When Sandra, a member of a prominent dance company, wept because she felt excruciating guilt about her envy of a fellow-dancer's skill, we spoke of the competitiveness of the art-world, and of how scarcity of money and an artistic ideology based on the notion of individual genius promote competitiveness. We both helped her to examine her own responses, to understand them in the larger context, and to find ways to address her legitimate needs for recognition and for continuing growth as a dancer. We did not lecture her about the evils of competitiveness, or the ideals of a cooperative art-world.

Leaderless Group: One time in a month, most groups meet without the leaders there. While the group follows exactly the same procedure as other nights, doing a full-fledged

problem-solving regimen, this is a time to experience a wholly peer group, when different things can happen. People tend to talk more, to practice problem-solving skills, to take risks they might not with the leaders there, and so on. The therapists get a rest, and the group members learn things they might not otherwise. Hogie Wyckoff dubbed this night “leader-full” group as opposed to leaderless.

Leaving Group

There comes a time, anywhere from six months to four years after starting group, when people are ready to leave. There is no value in Radical Psychiatry on “doing therapy” for its own sake. If people have problems and wish to work on them with the help of a group, then and only then should they be there. Sometimes a person knows she has a problem, and chooses not to work on it. Perhaps her career is more important than the lack of a relationship at the moment. Perhaps things are rocky with her teenaged child, but basically tolerable and not as pressing as the painting she is newly learning to make. It is crucial that the therapist not superimpose her own agenda.

For this reason, group leaders do not make leave-taking difficult. There is always a good reason why people talk about leaving, and most usually it is because they are ready

to go. Occasionally, a group member may change his mind, having talked it through with the group, and realized that there is a new contract he wants to make. Sometimes, the discussion may lead to the conclusion that he has not completed his current contract and is feeling hopeless. Usually, that hopelessness is grounded in some helpful criticism for him, for the group or the leader. Very occasionally, a group member or leader may volunteer the opinion that the leave-taker is succumbing to her Pig, that she could in fact benefit from staying in group and working things through. This is an intervention which should be made by a therapist only with a great deal of care, and only after having truly understood the legitimate reasons why the client is considering going. Most of the time, when people talk about leaving, they have given the matter a good deal of thought and have rightfully come to the conclusion that it is the right thing to do.

Once the decision has been made, people are free to leave on their own time-schedule. Usually, both they and the group appreciate a week or more notice, to get used to the idea, to tie up loose ends, and to ritualize the parting. Sometimes, however, people want to leave more abruptly, and they may. The top priority in participating in a group is to be benefiting from it; leave-taking should follow that rule, which ordinarily guarantees that people will also take sufficiently good care of their fellow members. It is very hard on relationships, for instance, for people to leave

without first discussing it in the group as a whole. A telephone call to the leader is not sufficient. But it almost never happens that people who have had a significant experience in a group would choose to leave without good-byes.

On the last night, we urge people to both give and get strokes. Sometimes, those strokes take the form of recounting the work accomplished over the time of participation. There are almost always stores of strokes to be given; this parting ritual both underscores the connections forged in group and sends the departing member into the world well-stroked.

As we've done groups for two decades, we've found that many people return for second or third rounds of problem-solving — a heartening procedure. If there is no such thing as “mental illness,” then “therapy” cannot lead to cure. Instead, people are learning ways to solve problems as they arise. Sometimes, the help of a formal group is enormously useful, and that is the time to join one again. Often, because people have taken care of the most obvious problems, and because they have learned many skills in their first group experience, they come back primed to work deeply and effectively on the next level of their problems. Once again, we all know best what we need. Trusting people to be their own “diagnosticians” has paid

off handsomely over the years we've led problem-solving groups.

CHAPTER TEN:

MEDIATION

Becky Jenkins

Claude Steiner

The Art of Mediation is one of the most powerful techniques we have developed in Radical Psychiatry and an important contribution to the general field of “conflict resolution.” It became clear to us that there were few, if any, models of cooperative behavior to guide people when conflicts arose in their families and love life, on the job or in the community. We saw an absence in the field of psychology of an analysis of power and competition that would aid people in their struggle for equal, happy relationships.

In the coming decade of the '80s it is clear that the material conditions necessary for life (jobs, housing, food, natural resources) will become more scarce and more expensive, and that consequently the pressures on the social units that sustain our emotional life — the family, lovers, friends, and workmates — will become more intense. Child-abuse, wife-beating, divorce, loneliness and

madness are on the increase. More people wander about alienated and disconnected from either families or defined community.

Where are people learning to be cooperative? How do people learn to communicate clearly to others what they think and feel, without being judgmental and hurting others' feelings? How do people resolve their conflicts without violence or giving away huge quantities of money to lawyers? Obviously, Mediations won't erase all these serious social problems, but learning how to work cooperatively on our disagreements is essential if we are to come together to find solutions.

Over the years, most of the Mediations we have done have been between two people, usually a man and a woman in a relationship. We have also done many Mediations for gay and lesbian couples, children and their parents, friends and co-workers. We have Mediated union staffs, health clinics, food coops, political organizations, newspaper staffs, restaurants, artists' groups, collective households and people who own property together in both the city and the country. We want to share what we have learned in the hope that it will be helpful and that in the future these techniques will continue to be improved and developed.

THEORY

Causes of Conflict

Our approach to Mediations comes out of Radical Psychiatry theory. “Establishment” therapists call their work that resembles Mediations, Counseling or Family Therapy. We picked the name “Mediation” because it reflects our belief that people who are having trouble have real, concrete differences: they are thinking differently, feeling differently, wanting different things. It is our belief that when these differences are identified and clearly stated, without judgment or cruelty, they can be negotiated. It is important to agree that a “creative solution” might include dissolving the relationship, understanding why it didn't work and leaving with a minimum of bad feeling.

Who Can Be Mediated

Since Radical Psychiatrists believe that conflict emerges when differences are (objectively) real and possible to identify (not “just in your head”), we insist that these objective differences be discussed, negotiated, and, if possible, changed. Some people and organizations, however, defy the intention and spirit of a Mediation: people who have more than their fair share of power and resources and who refuse to give them up. We won't do

Mediations between Standard Oil and “their” workers, or between wardens and prisoners. It is our position that a Mediation requires an assumption of equal rights and a desire to equalize power so that everyone can pursue their needs equally. We are only interested in negotiating between people who have a basic desire to work and live cooperatively, or who, in our terms, have or would like to have a mutual Cooperative Contract.

Cooperation Contract

In her book, *Solving Problems Together*, Hogie Wyckoff defined cooperation as:

...working together for everyone's good, including one's own. The Radical Psychiatry rules of cooperation are based on the following assumptions: there are sufficient resources to share, the individuals involved have equal rights; no one will lie or keep secrets; no one will misuse or abuse power through power plays; and no one will Rescue - that is, no one will do more than an equal share of the work, or anything she does not want to do.

To summarize, a Cooperative Contract is an agreement to work on:

1. no lies or secrets (distorted or withheld information),
2. no Rescues (doing more than your share, or something you don't want to do), and
3. no power plays (any action intended to get people to do things against their will). Rescues will be explained in greater detail later in this article (see also Chapter 7).

Who Can Mediate

Being a good Mediator takes skill. It takes a person committed to listening to both sides of an argument with an open mind and compassion. This capacity is manifested in being able to see why people act the way they do rather than judging them for it, and in looking for solutions to problems rather than finding who is to blame for them. Mediating takes power and conviction. A good Mediator is someone who is not afraid to offer her opinion, to say the unsayable and to evoke the best from people, to be both tough and tender.

SETTING UP THE MEDIATION

The ultimate success of a Mediation depends, to a large extent, on its having been set up adequately, most often

over the phone. There are a number of questions to ask and issues to negotiate before homework is assigned and a time and a date agreed upon.

Crucial Questions to Ask:

I. Does everyone want to have a Mediation?

It is most important to avoid entering into a Mediation with people who are not really interested in mediating their difficulties. It is not uncommon for a wife to drag a reluctant husband to a Mediation with threats of leaving him, or for a young person to come with parents because they feel they have no choice. In a large group there are often one or two people who are shy about talking about their problems in a large group or in front of a stranger.

Often people are worn out and feeling hopeless because of all the fighting and struggle that has gone on before the Mediator is called. Many people have had bad experiences with ineffectual counseling. Some of the complaints we most commonly hear are that other therapists allow people to vent angry feelings without restraint and care. They leave these kinds of sessions feeling great pain and hurt but without any new ideas or insights.

Unless everyone concerned wants a Mediation there is really no point. It won't work. We ask anyone who is unsure about it to call and speak to the Mediator separately. It is best if the reluctant party calls on their own volition, and is not dragged to the phone. We do not accept a third person's word. We do not ourselves call people or initiate contact. Most of the time a careful explanation of the general form of a Mediation and the homework assignment will allay people's fears. Sometimes just hearing the "warm and reasonable" voice of the Mediator over the phone makes a difference.

It is important that the Mediator ask, with real interest, what people are afraid of and be ready to validate the reasonableness of the fear, and to speak to it. For example, a woman might be afraid that a male Mediator would not be aware of sexism — his own and her husband's; she might doubt his ability to be impartial. If her fears can't be worked out, another Mediator should be found. Use your good judgment. The admonition here is to be extremely careful. You must be prepared to refuse to do a Mediation, no matter how badly someone may want it, if the conditions are not right. You'll have one more chance to check things out at the beginning of the Mediation itself.

2. Will everyone concerned be there ?

Often a Mediation will be requested when one crucial person will be missing (out of town or working). We once consented to do a Mediation for a large (14 people) collective household when one of the people had to be out of town. Finding a time convenient for all those people, including the Mediators (two of us went) was extremely difficult. After hesitating, we were assured that the missing person had promised to abide by any and all decisions made by the group in her absence, and that everyone knew her views backward and forward, well enough to represent them during the Mediation. It was an emergency: they were facing eviction. The Mediation was long and difficult. Finally, hard-won agreements were worked out. We left exhausted and victorious. We heard several days later that the missing woman had returned and been extremely upset when she heard what had been worked out. She was completely puzzled about how it had happened, and she refused to go along. Everyone had worked very hard for nothing.

3. Will everyone accept the Mediator as the ultimate authority during the Mediation?

This question is especially important in situations where the Mediator and the people don't know each other and

people don't have any experience with Mediations or know how they work. It is also important in large groups where specific issues are hotly disputed: e.g., one person has been asked to move out; people are fighting over ownership or money. The question of authority is raised in order to establish agreement that — for the purposes of the Mediation and only during its duration — people will defer to the Mediator as the ultimate authority in any matters being disputed, including procedure. For instance, someone might disagree on how to respond to a held resentment, or might rebel at the seemingly endless process of “clearing the boards.”

The Mediator needs a mandate (agreement) from the group to proceed according to her judgment, especially when things get tough (strong disagreements). This does not mean the Mediator is in fact the ultimate authority. Any participant can agree to disagree or leave the Mediation, thereby escaping the Mediator's opinion and the opinion of the group. Making this commitment ahead of time is helpful in preventing people from going into the Mediation with private, unspoken reservations which render the Mediation useless.

Homework

During the conversation setting up the Mediation, we explain to people that we want them to do some homework. We explain that this work will facilitate the process, helping it to go faster and reach a satisfactory conclusion. We want people to have time to give some calm thought to the matter at hand and walk in to the Mediation with thoughts and feelings as organized as possible.

A Mediation depends for its success on the rational, objective, linear part of people's faculties. We want to avoid, as much as possible, an emotional scene, with everyone hurt, angry, crying and thrashing around. Mediation is not an emotional release technique, but rather a process for thinking about and solving problems in a new, creative way. People who are fighting can usually release their emotions, and often do, without paying for it or having others watch. What people want are some new solutions. Be sure to ask people to prepare their homework on their own, without consulting others. We want each person's independent, individual thoughts and feelings.

I. Contracts

We ask people to prepare a Contract. A Contract is a clear, definite set of goals to be accomplished within the time of

the Mediation. Examples of familiar contracts are: “improve communication,” “learn to give and take criticism without fighting,” “improve sex,” “dissolve the relationship and stay friends,” “stop fighting,” “make clear agreements about the division of work,” “change economic arrangements,” and so on.

2. Held Feelings

We ask people to write down their Held Feelings: a statement of an event that made them angry or hurt their feelings and which has not been expressed. We explain that we want to clear the air, learn what is going on, and teach them how to exchange criticism in a way that is helpful.

People are asked to use this very simple, fill-in sentence: “When you (A _____), I feel (B _____).” We want two pieces of information: (A) an action (a verb), and (B) a feeling (an adjective). “When you come to a meeting late, I feel angry and hurt.” “When you raise your voice, I feel frightened and angry.” We ask people not to get fancy, just to record single events and use simple words to describe what feelings were evoked. Simple words for negative feelings are: angry, sad, hurt, frightened, ashamed, guilty. People must be encouraged to record anything that made them feel badly, no matter how silly and trivial it seems. People often ask if they should

write down something they have already said before; the answer is: yes, if they still have strong feelings about it.

The people who enjoy this assignment are those who welcome an opportunity to get all of the stuff in their head and hearts out on paper in an organized fashion. Often the people who have trouble with this assignment are those who discount their feelings and find it hard to remember the specific actions or events that made them feel badly. Men most often fall into this second group. More about that later.

3. Demands

We ask people to prepare their demands, things they cannot continue in the relationship without; for example: "I cannot stay in this relationship if you continue to have other lovers," or "I cannot stay in this relationship unless I am allowed to have other lovers," or "I want a baby," or "I don't want a baby." "I want to move to the country," or "I don't want to live with other people, collectively or any other way." People don't always have bottom-line, non-negotiable demands, but when they do, it is important to know them. This information will be useful in arriving at a Contract for the Mediation.

4. Paranoid Fantasies and Rescues

Depending on how well-acquainted the person is with our work and these techniques, and how difficult it might be to explain Paranoid Fantasies (a current fear about what another is feeling and doing that is a secret, or at least, not obvious) and Rescues (things you have done or said that you don't want to do or say), we might ask them to include them in their homework. Most of the time it is too difficult to explain all of this material over the phone and all that is asked for is Held Feelings, Contracts and Demands.

Payment

Finally, it is important that the payment or barter for the work of the Mediation is clear before the Mediation is convened. If the Mediator's hourly wage is twenty-five dollars, and people want to offer goods or services instead, the exchange should be crystal clear to all so that it doesn't become an issue during or after the Mediation. Being a Mediator is hard work, including recovery time later. It is important that the Mediator be recompensed in some satisfying way.

Advocates or “Outsiders”

Lately some of us have been experimenting with the use of advocates, that is, a friend who is outside the fight, whose function it is to be close at hand, to nurture and be supportive, and to make sure her charge is not feeling bad about herself and losing her capacity to think and proceed rationally. This advocate can perform important functions after the Mediation; for instance, he can be an objective memory bank about what went on when fully-active participants have forgotten. On occasion, if issues are to be dealt with about which the Mediator is not expert — such as race, gay or age issues — a consultant should be invited to sit in. In addition, the Mediator may want to bring along someone she is training or, if the group is large and issues complicated, she may need an assistant. All of these people will need to be discussed with all concerned, and permission gotten for their presence. In general, “the more the merrier,” up to eight people (or until the room is too crowded and uncomfortable), as long as it is understood that all the secondary people must subsume their needs to the needs of the people being mediated.

“Gossip”

We have discovered, after years of practice, that gossip, or information on the “grapevine” about people in a fight, can be extremely useful. A word of caution, however: all

such information must be taken with a grain of salt, for it is probably inaccurate, one-sided and sometimes just downright malicious. Despite that, it can alert a Mediator to a problem that needs to be considered. Different perspectives from different people, while not necessarily correct in themselves, when taken together give a picture of what's going on which could be helpful in the course of the Mediation. The correct use of information (gossip) depends on the premier quality of a good Mediator: someone who knows her own biases and keeps them out of the way through a process of careful sorting.

THE MEDIATION

Warm-Up

It is important that a Mediation take place in a comfortable, pleasant space which gives people the confidence that they can speak their minds without being overheard, and that they will not be intruded upon by uninvited outsiders. Seating is important. The distance between people engaging in the Mediation and between them and the Mediator should be neither too far nor too close for comfort. It is important that the Mediator does not sit closer to one of the parties than to the others in the Mediation so that she may keep an equidistant perspective on the situation. People's advocates should sit within

touching range of the person they are advocating for. In short, the seating arrangements need to be thoughtfully considered in order to make everyone feel protected, safe, and trusting. The first few exchanges in the Mediation should be spent relaxing and getting comfortable. There is no reason why there should not be a few minutes of idle get-acquainted chatter to precede the work. Some of us may serve tea or coffee.

Checking In

As soon as everyone is physically comfortable the Mediator should ask how each person is feeling, and that question should be answered by each person in turn with special attention to people who are scared or especially uncomfortable. If any negative emotions are expressed, time should be taken to find out what exactly they are and what, if anything, can be done to alleviate them.

Many times these feelings have to do with worry about the Mediator's prejudices and biases. This is a good opportunity to explain how we use the idea of Paranoid Fantasies, how they are presented and how they are responded to. For instance: "I'm afraid that you will take my wife's side in the Mediation because you are a woman and a feminist" — a perfectly reasonable fear (or Paranoia). The grain of truth must always be found and

stated by the person receiving the fear. “Yes, it is true that because I am a woman and a feminist, I have a keen eye for women's problems, and sometimes my feelings can get intense. However, I am well aware of how women can add to and accept their lot. My work here is to be objective. I understand that neither you nor your wife will learn anything here if I am unfair. I also trust your critical judgment. If you think I am being unfair, please stop me. I promise to be open to your criticism.”

It is not uncommon for us to know one of the people in a couple we are mediating — for example, to have that person in a problem-solving group we lead. This can lead to a fear that the Mediator will be prejudiced in favor of the person she knows best. We reassure people by explaining that our work is to be on top of such prejudices (validate what they are, if they exist), to protect both of them from abuse of any kind, and to accept and welcome criticism if we should make a mistake. That usually reassures people. It also helps to tell people that a fight is almost never the fault of only one person.

Once a frightened eight-year-old came for a Mediation with his father. He carried a Snoopy blanket, and when the Mediation began he turned his back to the adults in the room and stuck fingers in both his ears. The Mediator made the decision to give it a try and proceeded to ask the father some questions without disturbing the little boy.

When the child heard the Mediator tell his father that taking away the boy's allowance when he didn't clean his room wasn't fair, he unplugged his ears and joined the Mediation.

Other common fears before a Mediation starts are: "I'm afraid I'll start to cry and I won't be able to stop." Or, "I'm afraid I won't be able to make clear what I really feel, and I'll realize that only after I leave." Or, "I'm afraid I'll hurt his feelings." People anticipate that the Mediation will be real "heavy" and emotional. They are legitimately terrified to open themselves up, anticipating harsh criticism, blame and shame, or that something awful will be revealed. Sometimes this is due to the general reputation of confrontive encounter groups, attack-therapy approaches. Often it is because there are absolutely no models for good criticism, and people simply associate telling the truth with hurting others.

We reassure people, validating whatever fears we can, but explaining that we hope we will not only help them solve this current conflict they're in, but also teach them a method of problem-solving for the future; that we are interested in loving confrontation, not attacks; that if anyone is overcome with emotion, crying or rage, we will stop to give people time to cry, calm down, dry their eyes, and get their thoughts back together.

Sometimes telling people the general agenda for the Mediation, especially that it will end with “strokes” (verbal compliments) is reassuring. We are not asking people to let it all hang out without helping them put it back together before they leave.

Contracts

Having gone through the preliminaries of making people comfortable and taking care of their fears, it is time to begin the “formal” part of the Mediation. Ask people to get their written notes and give you their contracts. For example:

Julie and Harry are a young working class couple with a year-and-a-half old son. She is in a problem-solving group with the Mediator and has moved out of their small house to her sister's apartment with their son. Harry wants as his contract to find out what it will take on his part to make this marriage work (he adds it is the number one thing in his life), and to convince Julie to move back into their house. Julie says she wants to find out if it is possible to get the energy needed to save the marriage, and that she would like to continue living apart, and seeing Harry, slowly, while separated.

Earlier when they had been asked for their fears, Julie had said she was afraid to hurt Harry's feelings, afraid that she would be "too nice." Harry had said he felt afraid it wasn't going to work, that Julie was going to ask him to give up too much. The Mediator at this point needs to determine whether what people want from the Mediation is possible. Are their objectives mutually exclusive? Can the Mediator "deliver," be helpful?

On rare occasions, at this juncture, a Mediation can be called off. If after asking questions, you discover that no one is willing to compromise, it is useless to continue. In the case of Julie and Harry, if Harry had been unwilling to discuss an interim arrangement with his wife, seeing her while she lived with her sister, or if Julie had made up her mind never to live with Harry again, then it would have been our opinion that it was useless to go on without a change in the contract.

In almost all cases, even when the Mediator suspects that a solution will not be possible, either because of accumulated experience or an intuitive flash, it is better to let the Mediation continue. People need to be given the opportunity to go through the experience of exchanging Held Feelings before they are ready to give up on a relationship they feel deeply about. It is always possible, of course, that these people will be the exception to both your experience and your intuition.

Clearing the Boards

The exchange of Held Feelings, Paranoias and Rescues is the real “meat” of the Mediation. Their full expression not only clears out Held Feelings and opinions but also provides the perceptive observer with information which slowly forms a composite picture of what the conflict is all about. This process is fascinating. It is as if a three-dimensional hologram, a plastic representation of the relationship, slowly grows in the mind of the Mediator until she feels that she understands the situation well enough to be able to make helpful recommendations. The uniqueness of each person and each situation, no matter how many people and stories one has encountered, never ceases to be impressive.

Clearly this process only works if people are willing to be completely truthful and to reveal all of the feelings relevant to the situation. When people express their innermost and heartfelt emotions and the events which evoke those emotions, they will in fact provide the observers, the participants and each other with a concise and moving picture of the conflict. We use these specific, ritualistic forms for the expression of feelings and thoughts to insure that the exchange will be clean and safe.

In addition to clearing out and supplying information, the exchange of Held Feelings, Paranoias and Rescues is in itself a useful lesson in “Emotional Literacy” (see Chapter Eight). The sophisticated awareness of one's own feelings and the feelings of others, and the knowledge of how most constructively and nurturingly to deal with them, is being “emotionally literate.” True, one Mediation cannot teach all that needs to be known about emotional literacy, but it can be an important first step. A major objective of a good Mediation will be accomplished if people learn skills that will make the service of a Mediator be needed less frequently, if at all.

I. Held Feelings

A Held Feeling expresses what a person felt when she was exposed to another's behavior, and did not say. The more specifically described, the better. Harry: “Last Friday evening when you stopped the project we were doing together to go take care of Tim, I felt frustrated and angry.” Julie: “When you come home from work and read the paper right away, I feel neglected, disappointed and sad.” The person expressing the Held Feeling has to describe with clarity what the other did (specific times it happened are ideal) and how they felt as a result.

The person receiving the Held Feelings must work hard not to be defensive. The recipient needs to acknowledge (write it down, nod, or say: “I hear you”) that when he behaved in such-and-such a way, the other person had some feelings that were connected with that behavior. Harry wants to defend himself against Julie's feelings. He's exhausted after a full day's work; he needs some time to read the paper and get himself together — all perfectly understandable, but it misses the point: when he does it, Julie's feelings are hurt. The work of the Mediator is to urge the person hearing a feeling to relax and listen to how the other is feeling, even if he interprets his own behavior differently or feels that his behavior is not fairly portrayed. The impulse to correct another's perception often is a major problem in itself. What others feel is not up for debate.

With respect to Held Feelings, there are some things that happen fairly routinely. For example, it is a common occurrence for women to arrive at a Mediation with more Held Feelings prepared than men. That's probably because of the way that most men are oppressed (some notable exceptions are men who are artists or in other fields that need men to feel). Men are not given as much permission to feel, nor to pay attention to all the details of what makes them feel bad. You can't have a population of deeply-feeling men. Who would dig the ditches, work on the assembly lines, and push papers around in artificially-

lighted rooms all day? Men discount themselves, and then they forget they have done so, while women have more permission to be sensitive and to take better care of their feelings. Women, in their roles as mothers and nurturers of men, *have* to feel.

One of the exciting things we have noticed over the years is that, as a result of the Women's Movement, men's consciousness is changing. There is a whole new group of men who take the problem seriously and are beginning to think and feel differently.

Sometimes when a woman arrives with more feelings to give than her man, her material will inspire him. He will be reminded of events and feelings he had forgotten. Get him to take notes as they occur to him.

“Pigging”: Some people have to be painstakingly taught how to exchange feelings properly, without angry name-calling. “When you act like a slob, I feel angry.” (“Slob” is not a clearly described action; it's an opinion.) “When you left the dirty dishes in the sink, you were being a dirty slob.” No good: that's not a feeling, that's still just an opinion, a value judgment (“People who don't wash their dishes are dirty slob”). Someone else might think that not washing their dishes was a reasonable, ecological thing to do; or she might just not care. The Mediator's job is to prevent people from talking to each other in such a mean way, a way we call “Pigging” (See Chapter 5 and

Appendix A). Pigging is defined by us as name-calling, using metaphors, overstatements or “you are _____” statements. These styles of speech lead to the use of judgments and evoke hurt and angry responses (otherwise known as a fight).

This part of the Mediation may take a long time and needs a lot of patience and thoroughness. To help protect people we have developed some additional tricks:

Asking: Before every Held Feeling, Paranoia or Rescue expressed, it is important that the recipient be ready and receptive. Accordingly, we make sure that the question is asked, “I have a Held Feeling; do you want to hear it?” If the answer is “yes,” things proceed. During a Mediation it is unlikely that the answer would be “no;” people have made the appointment to do just that — exchange feelings. However in “normal” life sometimes the answer to the question should be “no;” if people are too tired, distracted, or ill to hear and respond thoughtfully to a Held Feeling, it should not be given.

Taking Turns: People take turns exchanging their Held Feelings, etc.: first one, then the other. In a large group, make sure no one speaks a second time until everyone has spoken once, and so on. The theory behind alternating is that it is a way to keep any one person from getting overloaded. In a group, often more than one person feels

the same thing about a specific person. The Mediator must protect that person from getting the same criticism over and over again, each on the heels of the one that came just before it. Ask people not to repeat a feeling if it has already been given (unless they just must in order to feel better; that can happen sometimes if people feel very, very strongly about an issue). Also, ask people who want to give a Held Feeling to someone who has just received one, to wait or to give one to somebody else if they can, while the receiver has time to rest.

New Subject: Make sure that one Held Feeling is not answered with another. For example, “When you left the dishes in the sink, I felt angry,” might be followed by “When you nagged me to wash the dishes right away, I was angry (too).” While the second resentment might be legitimate, its timing is probably wrong. It sounds suspiciously defensive and seems to be a discount of the previous resentment. Mediators have to be vigilant; people are smart enough to figure out how to argue and fight no matter how careful the technique.

2. Paranoid Fantasies

When a person has a Paranoid Fantasy, they are suspicious and fearful that someone is consciously thinking or doing something that is hidden, or at least not overtly stated. We have discovered that the less people know each other, the

more fantastic or outrageous-seeming are their Paranoias. A Mediator must be sure that Paranoias are expressed and validated. They are often found immediately behind a Held Feeling.

In fact, it takes people some time to distinguish the difference between a Held Feeling and a Paranoia. For example, Julie says, “When you were late for dinner, I felt you were angry at me and that was the way you were taking it out on me.” “I felt you were angry at me, etc.,” is not a feeling; it is a perfectly reasonable Paranoia, or intuition, about why Harry was late to dinner. But given in this fashion, it will rightfully make Harry angry. It is a speculation about why Harry has done something without asking him. Properly done, this complaint has two parts: 1) a Held Feeling — “When you were late for dinner, I felt hurt and angry” — and, 2) a Paranoia — “I am paranoid that when you were late to dinner it was because you were angry and trying to take it out on me. Is there some kernel of truth in that?” Harry answers, “Yes, it's true; I left the warehouse later than I usually do because I was angry at you and didn't want to come home. It is not true that I planned to be late for dinner; I didn't think about it.”

Remember that we consider Paranoia to be heightened awareness that always has at least a small grain of truth (see Chapter 8). To invalidate Paranoias is to produce emotional damage, and if done consistently and

systematically it will cause madness. Using the process of finding a kernel of truth both validates people's intuitions or perceptions, and at the same time takes away the distortion and brings the Paranoia into line with reality. For example, Harry has a Paranoia for Julie (after telling her he is angry that she almost never initiates sex): "I have a Paranoia that you don't like sex." Julie replies, "It's true; I used to enjoy sex with you when we were first together. Now there is no romance." When pushed, Julie makes it clearer what "romance" means (watch out for such catch-all words; they don't communicate much information). "I mean there is no foreplay; you don't say sweet, sexy things to me; and you don't keep yourself looking as nice as you used to."

If the recipient of a Paranoia is trying to be cooperative, she is under obligation to find the "grain of truth," whether large or small. Whatever the answer, the validation has to satisfy the person suffering the Paranoia, or more validation needs to be sought. It is not permissible to discount a Paranoia in its entirety.

3. Rescues

Rescue describes the times a person does something she doesn't want to do, or does more than her share of obligations (see Chapter 7). (Obviously, people must sometimes do things they don't want to do — like work, or

empty the garbage. It is important in a cooperative relationship that no one is doing more than their just share.) To Rescue is to disregard one's own feelings and rights, thereby generating feelings of resentment not only in the Rescuer but also in the person being Rescued (we call that person the Victim). People who are treated as Victims get angry at being treated as if they can't take care of themselves. For example, Julie says, "I Rescued you on the camping trip when I didn't ask to sleep separately on the nights I really wanted to be alone. I was afraid I would hurt your feelings." Expressing the Rescues that have been committed not only is an acknowledgment of an error, but a revelation about the possible source of heretofore unexplained bad feelings. (Julie felt grumpy during the trip and didn't know exactly why; certainly Harry didn't know why.) It places some of the responsibility for bad feelings on the Rescuer rather than solely on the Victim. Harry might have felt bad if Julie had said she wanted to sleep alone, but he can't be asked to take the responsibility for the fact she didn't even mention it. Stated Rescues do not require a response except for an acknowledgment that they have been heard and understood.

4. Flexibility

Even though we have established narrow guidelines for the expression of Held Feelings, Paranoias and Rescues, as well as for the general form and order of a Mediation, it

may become more efficient for the Mediator to pass over or rearrange some of these guidelines. Whenever it develops, however, that a speed-up or change allows discounts or judgmental statements to fly, then it will be necessary to retreat to the painstaking, step-by-step, ritualized approach — especially during the exchange of feelings.

The more experienced a Mediator is, the more flexible and experimental she can afford to be. For example, a Mediator could allow more than one Held Feeling to be given at a time (Harry gives Julie all his Held Feelings and when he is finished, Julie gives all of hers), if people understand the process and seem to be feeling calm enough to hear all of that material at one time. Some of us begin a Mediation by asking a few questions about people's ages, jobs, number of children, years married, whatever. Some of us insist on a ten to fifteen minute break in the middle of a Mediation. Some of us never work alone in a group larger than four. Some of us never work alone. Radical Psychiatry Mediation is a new art, and it needs skilled and concerned people to experiment, make changes and improve its power. A word of caution: All of these techniques have come out of many years of collective practice and criticism. It is important that people add to and improve these forms with the feedback and help of others, not in isolated practice.

Analysis and New Agreements (otherwise known as “The Moment of Truth”)

All the information is out. The Mediator has taken careful notes, asked many questions, and carefully observed the interactions between people (both verbal and non-verbal). She has not yet suggested any solutions. There are several questions a Mediator has been trying to answer in her mind and the process has unfolded up to this point:

- ◆ What are the objective, concrete inequalities between these people (power, money, responsibility, skill)?
- ◆ What repeated behavior could be corrected that would help them solve problems and improve their lives? (Examples: stop shouting; give Held Feelings sooner; have weekly date for fun; have weekly date to work out schedules and give Held Feelings; share initiation of sex 50/50.)

With a clear understanding that any analysis has zero probability of being completely correct and that any analysis will have to be accepted by both or all the participants to have any effectiveness, the Mediator can now give her analysis and suggest some new agreements. One more teaching technique: before speaking, the Mediator could ask the participants to say what they think the major problems are. This provides an opportunity for

people to take their own power and say what may already be obvious to them, as well as giving the Mediator more time and information to figure out what is going on.

Mediator: “I think that both of you have been in a long-standing power struggle in which you, Harry, have been wanting Julie to take care of your emotional and sexual needs, as well as your new baby, and Julie, you have wanted Harry to spend more time around the house helping with the baby and chores, generally hanging out and being loving and supportive in a non-sexual way. You have also depended on him to support the family financially. Both of you are constantly angry with each other and expressing it with power plays and regular fights. You have done some damaging things to each other, especially you, Harry, when you hit Julie, and Julie when you ran away with the baby to your sister's without telling Harry where you were and what you were doing. I am not sure it can be fixed. The division of labor has been too unequal for too long; most of your interactions are fights; you almost never have any fun together; Julie seldom enjoys sex and wants to live separately. I have a couple of suggestions of what you might try before any final decisions are made. Does what I have said so far make sense? Would you like to hear my ideas?”

It is difficult to reproduce exactly and explain this crucial moment in the Mediation. The point is, not to be shy with

an opinion. If people knew what was going on or what to do about it, they wouldn't come for the Mediation. If people agree with what you have said so far and want to hear more, continue.

Mediator, continuing: "It is our experience that a complete separation of at least six weeks is often helpful. It gives people time to rest, heal their wounds, and re-evaluate their feelings about the relationship. It also could be a time for you to do some work on yourselves — join a problem-solving group, join a men's group, make new friends to break your isolation, look for a job, Julie; etc. You could also try living together again under some extremely strict rules of behavior so that power plays and fights are avoided. It is my opinion that neither of you can take more hurt and abuse. What do you think about these suggestions?"

There are a number of possible alternatives for Harry and Julie to decide upon: they both may want to separate; they both may want to stay together; or one of them want to separate and the other to stay together. If Julie wants to move and Harry would like them to stay together, Harry will have to give in. There is no way to force someone to stay in a cooperative relationship against her will. The Mediator needs gently to make that clear to Harry. There is no way for him to be happy with a companion-lover who is with him against her will. The Mediator can also be

confident that the separation will catapult Harry into positive life changes he cannot imagine now. He should be told that. If Harry and Julie want to separate, all the details must be carefully negotiated and agreements made. (It helps to ask all parties to write down these agreements as they are reached.) How long is the separation? How thorough? Will it be complete: no phone calls, no letters, no third hand information from mutual friends, no sharing of familiar haunts (restaurants, bars, meetings, parties)? How will work be divided: childcare, bill-paying, other obligations? If there is an emergency, what is the procedure? (Often we suggest that they pick a mutually trusted third party to carry messages that cannot wait and concern business only. If children are involved, close friends and relatives can be agreed upon to help transport kids who are too young to make arrangements for themselves.)

If they decide to stay together, how will they deal with arguments? What is each one of them going to work on independently to improve their relationship? Harry should be urged to promise never, under any circumstances, to strike Julie or in any way take advantage of his superior physical strength.

This cannot be emphasized enough. It is ridiculous to carefully negotiate a cooperative contract which depends on equality if one person insists on exercising an

advantage that the other can never match and that will be the final arbitrator in a disagreement. Harry could decide that all this cooperation stuff had worn him out, that a punch in the mouth is more effective. Julie's fear would prevent her from saying what she really thinks.

How are they going to improve their sex life? (Harry could be urged to touch Julie more often and not insist it lead to sex. Julie could be urged to initiate sex 50% of the time, not leaving all the responsibility for timing and invention to Harry.) The secret for all of the above is detail. As the Mediator pushes for the details to be confronted and resolved, new conflict and information may emerge. Time should be allowed for the unexpected. As the Mediator becomes more skilled, Mediations should get shorter.

Another analysis from a different Mediation might run as follows: "The seven people in this household have been polarized into two opposing groups, one which backs Jack and the other which backs Ralph, who are vying for power in the house. Those who have chosen to remain neutral have been harassed for not taking sides in the argument. The life of this household is threatened by the power struggle between Jack and Ralph. I suggest that this group decide whether they want Jack, Ralph, or both to move out, or what will be required if both of them are to stay. I have a prejudice here and that is that you, Ralph, will not

be open to any cooperative behavior (as I've defined it), judging from your unwillingness to hear criticism and your general response to this meeting. I think it is you who should move out. But, for now, I am willing to negotiate whatever wishes the group expresses. I suggest that everybody else in the house stop taking sides and Rescuing both of these people and that you insist that they either settle their differences or move out.”

Again, people are asked what they think — whether they agree with the analysis or not. All sorts of things will have to be negotiated, such as how do Ralph and Jack decide who moves out? How will the one who is moving out be compensated? How much time will he have to move out? What if he refuses?

Another example of an analysis: “Mary and Susan, you have a strong and loving relationship which is being undermined by the fact that Susan wants to have lovers outside of your primary relationship and Mary does not. I think that you are going to have to negotiate this difference and come up with some pretty drastic compromises if your relationship is to survive. Mary, either you will have to accept Susan's desire to be non-monogamous, or Susan, you will have to give up your desire to have other lovers. I want you to know that this difference is usually extremely difficult, if not impossible to fix, but because of the strong love I see and feel between you, and because both of you

share the idea that non-monogamy is a good idea, at least in theory, I think it will be possible to work out careful and detailed agreements about what you can do. First you might tell me what we are to work on — monogamy, non-monogamy, or compromise?”

This conflict is an extremely common and painful one for people. It is important that if people decide to work cooperatively on non-monogamy, that the details are carefully worked out and forever up for re-negotiation. Loving, tender care is necessary if it is to work.

Yet another analysis goes: “This working situation, which is supposedly one in which equality of power and decision-making prevails, is in fact not that at all. Some people in this organization have a great deal more power than others because of their seniority in the organization and because they happen to be men. There is a pretense that everyone is equal when in fact that is not true. John especially takes on a lot of power and a lot of responsibility, not only because he was here first and knows a great deal, but also because he has a tendency to assume power. However, he is not being given an opportunity to give this unequal power up since no one is filling the vacuum which he occasionally leaves. Everyone is responsible for this dilemma in that John is Rescuing and everyone else is allowing him to do the extra work and take the extra responsibility. It makes sense everyone is resentful: John,

because of the extra work he does, and everyone else because of his tendency to talk more, interrupt, and make unilateral decisions. I suggest that John give up his extra power once and for all. I think he wants to, although perhaps not all at once. People in this group must decide whether they will or will not take on both the power and the responsibility which John will leave behind.”

Again, all of these alternatives can be negotiated. What will John do and not do? For how long? Who will take his place? What will be his compensation for giving up power, and so forth?

Every conflict is based on a number of contradictions out of which it is possible to find one major contradiction that subsumes all the others. The detection of this major contradiction is the substance of this section of the Mediation.

In the above examples, the major contradictions are:

- ◆ Harry is completely dependent on Julie for nurturing and intimacy (with sexual intercourse as its primary mode of expression), and Julie is dependent on Harry for economic support (and is suffering from isolation as a mother at home all day alone with a baby).

- ◆ Mary wants to be monogamous and Susan doesn't.
- ◆ Both Jack and Ralph want to be in charge and have the decision-making power in the house. (Secondarily, the rest of the members of the household have not taken their power, insisting that everyone equally share the decision making.)
- ◆ John feels angry and overworked but is not willing to give up his extra power. (Secondarily, the members of the collective want to take more power but have not been willing to do more work.)

Be careful that you don't make the error of pursuing a secondary, or lesser, contradiction to the exclusion or neglect of the major one. For example, it would be a waste of time to work out a carefully cooperative division of work between the people who are in the collective without pointing out the role of John and the results of his Rescue. A good Mediator must tenderly but emphatically nail John and his uncooperative behavior, always giving him and the group the benefit of the doubt. They would do it differently if they knew what "it" was and how.

Wrap-Up

Another Mediation

Sometimes it is impossible to get everything done that people hoped to achieve during one Mediation. The Mediation must keep shifting and reevaluating what is really possible given the time limitations and limitations on human energy. The Mediator must work hard not to Rescue by trying to fix everything. By this time your “average Mediator” has been moved by people's sweet honesty and deeply felt needs, and she feels the impulse to try to fix everyone up. New Mediators often work for hours, leaving on all fours and with not much to show for it. Don't do it. Let people do some work on themselves and the situation with the limited agreements you do have time to hammer out, and come back in several months for a “check up.”

Mediations usually take no less than two hours and should not take more than six. Most of us find that after three to four hours, exhaustion sets in, the brain weakens and grows lax. Within the limits of the energy of the Mediator and the group, choose goals that can be accomplished. On the other hand, be careful not to short-cut working out satisfactory agreements in sufficient detail, or people will leave with a sense of having gotten little accomplished and having wasted their time and money.

Strokes

A Mediation should be ended with Strokes (verbal compliments). It is incumbent upon the Mediator to pace the Mediation in such a way that time is left for them. Strokes are the pay-off for the work of the Mediation, and sometimes what happens can be predictive of what course the relationship will take. It has occasionally happened that at the end of a long and detailed Mediation, people cannot give strokes to each other; when all is said and done, “their juices have dried up.” It is difficult (and hardly desirable) to revitalize a relationship when the affection is gone.

On the other hand, it is more often true that after people have struggled long and hard to identify the course of their troubles and to come up with solutions, they have a new, revived sense of love and respect for each other. Freely-flowing strokes are a good sign because they mean that the relationship is still basically alive and “cooking.”

When people stroke each other at the ends of such hard work, their whole struggle is put into the context of mutual affection and a desire to cooperate. Strokes make it clear, and are a needed affirmation, that the driving force in all successful relationships is love and/or respect. Effective strokes should be clean, powerful and to the point. “I like the way you look,” “I like the way you acted during this

Mediation,” “I like the way you talk,” “I like the way you make love,” “I like the way you smell,” “I like how open and honest you are.”

The Mediator should not hesitate to give the strokes she feels for the people she has worked with. It is best to wait until strokes are flowing freely between all other participants. Finally, it is important that the Mediator not leave the room without getting some strokes. This work is too hard, takes too much heart and caring, just to take your money and run. A few “You are a terrific Mediator” s will go a long way.

CHAPTER ELEVEN:

BODYWORK

Sandy Spiker

Beth Roy

The mid-1970s saw a blooming of alternative therapies along many paths. Among them was a new interest in techniques of bodywork, a method that derived, in the main, from the work of Wilhelm Reich.

Stated simply, bodywork is about reconnecting the mind and the body. Reich theorized that emotions were actually a body experience, that feelings operate as a flow of energy in the musculature. We are alienated from a wide range of physical sensation — almost everything, in fact, except pain and sexuality. At the same time we lose contact with our own deepest emotions.

Moreover, even when we are aware of what we feel, we are severely restricted in expression. It is hard to find a situation in which we can let go in safety and with full encouragement. Our society simply doesn't support that kind of behavior. Abandon can be found only in spectator sports, some churches, at wild parties which are usually

stimulated by alcohol, or in one's car while driving on the freeway. It is hardly surprising that the '80s have seen a proliferation of sports-related riots, of freeway violence, of evangelical ecstatic churches. Heavy-drinking, heavy-drugging parties are a way of life for many Americans.

Wilhelm Reich and the Origins of Bodywork

Reich, a disciple of Freud's, was trained in psychoanalysis. After a number of years, he grew critical of the practice, impatient with its length, restive because its results were so often imperceptible. He began to experiment with more dramatic and concrete techniques.

Reich fastened on Freud's theory of "libido," or sexual energy. To Reich, the notion that the human psyche is powerfully influenced by some form of energy was intriguing. A literalist, his dissatisfactions with psychoanalytic results prompted him to ask a set of concrete questions about the idea. Until that point, Freud's writings had a typically metaphorical quality: he postulated the existence of libido, but was unconcerned about examining its exact nature or consequences. Reich set to work to understand the ways in which body energy is akin to psychological energy, and the ways in which both become disrupted.

Connections between mind and body had become very obscured and alienated during the Victorian age, a process both abetted by Freud's emphasis on the intangible unconscious, and challenged by his revolutionary emphasis on sexuality. Reich's attempts to spell out the exact nature of that connection quickly took on a revolutionary character. The more he examined the ways in which mind and body are an organic whole, the more he was also forced to look at the ways in which individuals are a part of the social order. As he looked more and more inward, more and more concretely at the individual's psychology, he found himself looking more and more outward, or politically, at the way the individual was connected to society. Reich hypothesized that energy became blocked in the body, that circulation and electrical sequences were literally altered by patterns of tension in the muscles, and he asked how that blocking came about. What happens to people to block energy?

Oppression, Reich answered. As people are painstakingly formed into beings who fit the needs of society, their natural impulses and inclinations must be inhibited and altered, or oppressed. To do so, the physical manifestations of those impulses, the actual tendency of muscles to behave in particular ways, must be changed or blocked.

Pig in the Body

Children are taught many injunctions (see Chapter 5) that have concrete consequences for their bodies. “Don’t cry!” little boys are told. Men, however small, are supposed to “be brave.” To show what you feel is a disadvantage in a competitive world (“The other boys will think you’re a sissy; you’ll never get chosen for the team;” “If the boss knows how scared you are, how much you want the promotion, he’ll think you’re weak and pass you over.”). Men (and increasingly women in the business world¹) are supposed to be able to take what comes to them, do the job however adverse the circumstances, go-it-alone without fear or sadness. So “be a man, son,” and dam that flood of tears.

But it takes a physical as well as a mental act to stanch a flow of tears. You must hold back your tears, gulp down your sobs. To do so, muscles must be contracted and held: the throat tightens, the chin trembles, the lips compress. The more often you repeat the process, the more adept you become. You can stifle your sobs more quickly, more

¹ A fascinating portrait of how women are changed by the business world is offered in *The Third Sex* by Patricia McBroom (William Morrow and Company, New York, 1986), an anthropologist who studied high-powered women working in finance.

thoroughly. Eventually, you develop a habit; like Pavlov's dogs, you learn to respond to the slightest impulse to cry with the clenching and tightening needed to resist. The body takes over; not-crying becomes as automatic as crying once was.

Meanwhile, you still feel sad. With no outlet for the feeling, it becomes an intensely painful sensation. So the mind turns away from consciousness of that about which it can do nothing. But it is difficult selectively to erase emotions. The brush wipes a clean slate, and along with sadness vanishes a wide range of other feelings. "Don't cry!" bleeds over into "Don't feel!" "Don't feel!" becomes justified by "Feelings are a weakness," which suggests, "The world is a cruel place; bear up and fight hard." An ideology is formed, that corresponds to the shape of the world. A competitive society *is* a cruel place, and it needs people who will compete hard in order to work.

What we have presented here is a very simplified sketch of how social injunctions are internalized, through the medium of the body, and become psychological systems. In the '70s, as many people turned to Reichian work and to Bioenergetics to address their physical-psychological selves, we, too, became increasingly aware of the body component of our work in groups. We developed our own version of bodywork.

Radical Psychiatry Bodywork

What we sought in bodywork was a supplement to group work, which tends to be verbal, rational, linear, and goal-oriented. We began to offer monthly sessions, usually on a weekend morning, where group members could experience alternative ways of working on their problems. The first model for this work was developed by Claude Steiner, who did one session monthly for all the members of his groups. Before long, other practitioners began offering joint sessions, open to members of all Radical Psychiatry groups.

We rented a dance studio, in order to have enough space for ten to twenty people to move around and to lie down. Several group leaders would be there, assisted by as many trainees as possible. We scheduled three to four hours, and instructed people to come dressed in loose, comfortable clothing and to bring along foam mats, sleeping bags or blankets. In the early days, we offered these sessions as part of the “deal” when people paid for a month of group; in return, group leaders did not meet with their groups once a month (the origin of “leaderless group”).² After some time, bodywork practice became more specialized,

² See Chapter Nine for more about the subsequent history of this idea.

because it interested some group leaders more than others. As that happened, we struggled with the economics of the matter, and began to charge a nominal additional amount for the bodywork sessions, to cover the cost of studio rental and to pay the “specialist.” We will return to the questions of money and space, and the unresolved problems we struggle with in relation to them.

We apply to bodywork all the same principles that underlie our other work. We seek to share power, and to keep a cooperative contract.

Contracts

As in group, we begin by making contracts, although these are for the session only. Everybody sits in a circle, and each person says what she or he is there to do. Sometimes, when bodywork is an unfamiliar way to work, people may start by saying their fantasy about coming to the session. Often, we help people to connect that fantasy to work they are doing in group. A woman, for instance, who has a problem with Rescuing, and has made an ongoing problem-solving contract to ask for what she wants, might contract in bodywork to express whatever she feels. She may be worried that she'll pay too much attention to other people's sounds, feel sorry for them, want to help, and lose touch with her own needs and feelings. She can ask

permission from the group to ignore them, and decide firmly that her own work is her top priority for the day.

Other typical bodywork contracts are: “Getting angry,” “Crying,” “Feeling good,” “Releasing tension,” “Getting in touch with my feelings,” “Relaxing,” and so on.

Warming Up and Getting in Touch

Generally, the work begins with some warm-up exercises, anything to loosen muscles and get people in motion. They should be fun; we frequently do them to background music — a little rock'n'roll goes a long way to loosening people up!

Next, we might do an exercise that relates to a number of contracts. It's surprising how often common themes can be found. If several people are working on anger, for instance, we might have the group growl at each other, or fight for a towel, or walk around shouting “No!” at each other. Bioenergetics practitioners are a rich source of these thematic exercises. But this is also a chance to be creative and, again, to have a good time.

The core of Radical Psychiatry bodywork is generally the next phase of the session. We ask everyone to lie down comfortably. We suggest that they loosen their belts,

remove rings and watches — generally unfetter themselves so that they can move in any ways they wish. Sometimes we'll talk people through a simple “getting-in-touch” exercise. Always, we interject a great deal of explanation of what we are doing.

Bodywork has a tendency to become mystified. Because we are habitually cut off from our bodies, when we begin to re-experience them, we are apt to be surprised. Many of the sensations and experiences of bodywork seem extraordinary to people. It is easy to attribute the fireworks to the magic of a leader, or to be scared about the secret capabilities one discovers in oneself. We seek to put the process back into the realm of the ordinary, to give people ways to possess their own work intellectually and well as physically — a direct outgrowth of our commitment to responsible uses of power.

We begin by explaining the process on which we're about to embark:

The purpose of bodywork is to provide an opportunity for people to speak from and with their bodies. Our culture causes us to disconnect our minds and bodies. As a result, we stop being conscious of what is happening in our bodies. This exercise is designed to help get reacquainted.

Close your eyes and breathe naturally. Let your arms relax at your sides. Focus in on whatever it is that you're conscious of right now, to whatever is occupying your consciousness. Consciousness is not limited by this room and this moment. Right now you might be in the past or in the future or in another galaxy. Pay attention to where you are right now and when you have a clear idea, speak out and say where you are so we all can hear. I'll give you some time to get in touch with that.

When you are ready, imagine that your consciousness is a light. You can use this light to survey your physical self and to notice what is going on. Start with your toes, imagining that the light reveals what is inside them.

Gradually, we talk people through a slow and gentle journey into their bodies. Most of us have a very limited range of possible discoveries. We may notice that some part hurts, or that another part is tight. We ask questions in order to stimulate an increase in available vocabulary:

Shine the light on your thighs. What do you find? Are they hot or cold? Soft or hard? Is one higher than the other, or shorter, or thinner? What color are they inside? Are they shiny or dull? Does the light reflect off them, or is it absorbed?

Each question is followed by a sufficient pause for people to introspect. Timing is very important in these exercises;

the leader needs both to keep the process moving, and at the same time to be unobtrusive, to stimulate ideas without dominating them.

Eventually, we ask people to report on their experience. We encourage them to be wild and bizarre:

One of the ways we're separated from our bodies is that we're told many of the things we experience are crazy. It is not all right to tingle, or to feel your thighs are ropes or sponges or whatever. Here's your chance! Anything goes here.

Hesitantly at first, from one corner of the room and then another, people begin to speak:

"I found my stomach was like a cave. Its walls were pocked and shiny and black and red and cold. But there was a warm stream of golden liquid flowing through the cave, shining light everywhere and making me feel good."

We congratulate the person on her description, encouraging other imaginative ways of expressing our inner experience.

"I felt that my feet were much higher than my head, although I know I'm lying flat on the floor. When I shined my light inside my head, it seemed flat, like the

inside of a book, while my feet were soft, and squirmy, like they were full of worms.”

“I had a pain in my chest. When I looked at it, it was a knot of metallic strands. Only, while the light shined on it, it began to soften and unravel, and the pain went away.”

Deep Breathing and Emotional Release

Already, we begin to see body changes, happening gently and without effort, just because of a change in consciousness. After everyone (who wants to) has spoken, we continue with a new set of instructions. In what follows, we concentrate especially on creating a climate of safety, in which people can do and express exactly what they please:

What you've just done was to use your mind to gain a better understanding of your body. You might have noticed that the simple fact of concentrating attention on some part of your body changed the way your body felt. As your body sensation changes, so also will what is available to your mind. In this way, we can go back and forth between mind and body.

In this session it is OK to express what your body has to say. The kinds of things that people do when they express what we feel in our bodies would probably

create difficulties in the outside world. We provide a situation here where there is total safety. It doesn't matter what you do with your body, what posture you assume, what movement you make, whether you cry or scream or yell; it's all OK, and you won't get criticized. You need feel no embarrassment or fear. The worst that could happen is that somebody else doing this work does not like whatever you are doing, and they may say so. But then you don't have to stop as long as you're not physically injuring anyone, and we will make sure that you don't accidentally hit or hurt someone or yourself.

These statements are designed to create a sense of trust and safety so the person can effectively deal with the strong messages which we all hear from our Pig (see Chapter 5) when we are about to express a strong feeling. Typically the Pig will say things like, "You are making a fool of yourself!" or, "This is childish and immature. Stop it!" or, "People will hate you for being so crude." The leader's reassuring statements come from her own Nurturing Parent, and provide the participants with ammunition against injunctions from the Pig. The permission and protection we provide in this way are essential to effective bodywork:

Some of the sensations you've been reporting — feelings of floating, hollowness, or heaviness, tingling or tight bands around some part of the body or energy fields, streaming sensations or what-have-you — can be alarming. People who feel them can get scared that

they are losing their minds, which is in fact true. You are being encouraged to lose your mind, but remember that it is perfectly safe. You can get it back anytime you want. You are not really losing it — just setting it aside for a while.

If you get scared, however, say so, and if you want something ask for it. We will be here for anything you need. If you need a pillow to hit, or an extra blanket because you feel cold, or someone to hold your hand or hug or massage you, or if you need a tissue or something to spit or throw up into, just ask. We are here to take care of your needs while you explore your feelings.

Now that we've set the stage, making it safe, and encouraging people to ask for whatever they want so that it will continue to be safe, we begin to shift gears. We teach people how to alter their breathing in order to intensify their feelings:

How we breathe has a lot to do with how much we feel and also perhaps how we feel. Not breathing deeply has the effect of constricting your feelings, and breathing deeply has the effect of fanning your feelings like embers in a fire. If you blow into them, the embers will glow and sometimes flames will break out. It's the same with feelings: breathing will make them more vivid, and sometimes it will cut them loose into a roar.

I'm going to teach you a little bit about breathing deeply in order to facilitate your contact with your bodily feelings. Now you will use the power of your mind, of your consciousness, to alter your body. In turn, your body will make available to your consciousness more intensely experienced feelings.

At this point we give a brief exercise in thoracic and abdominal breathing, teaching the difference and then showing how to combine the two in order to maximize respiration. We instruct people first to breathe into their chests, expanding them as fully as possible on the exhalation. We suggest they notice which muscles limit their chest's expansion, and self-consciously increase their capacity. Sometimes it is helpful for people to lay a hand on their chests, and sometimes a helper will gently touch a tight spot.

We turn next to the abdomen, again instructing people to breathe more fully, to allow their bellies to balloon out with the inhalation and collapse with the exhalation.

Finally, we suggest a three-part breath: inhale into the chest, then into the belly, then exhale fully. It sometimes takes a while, and some individual coaching from the assistants, for people to get the knack of breathing so fully. Also, people may begin to experience peculiar sensations, and to get frightened:

It is common for people to begin to feel some unusual tingling while breathing deeply. That's normal; don't be frightened. As muscles begin to relax, they may shake. It's good to let yourself shake. Also, some people's hands may contract and stiffen. This is a phenomenon called "tetany;" it is harmless, and you can stop it anytime you want by shaking your arms, breathing normally, or a variety of other ways.

You may want to raise your knees, plant your feet firmly on the floor, and let your legs hang in a comfortable position. This allows your hips to relax. Also, it is a good idea to breathe through your mouth. Most of us have tight jaws, a result of the many injunctions we have not to speak. Mouth-breathing helps you to relax your jaw.

Sound and the Capacity for Expression

Now we are ready to move to the next phase of the exercise: making noise. Again, the politics of this move coincide with the bioenergetic consequences. Our most heartfelt feelings are literally silenced by society; in order to release those feelings, we must relax the muscles which restrain expression. Making noise helps:

When you are ready, make a noise as you exhale. It can be any noise, anything that suggests how you are

feeling. It might be a sigh, or a growl, or a song or a laugh.

One of the ways we are oppressed is that we are limited to a very small range of expression. We can speak words, if they are rational and “sensible.” But if we go around growling, or sighing, or shouting, we are considered crazy and locked up in asylums.

Here's your chance to break the rules. Make whatever sounds you please. Nobody outside can hear us. Nobody inside will mind. Go for it!

Often, because we have no models for sound-making, it is helpful for the bodywork leader to make some noise herself. She may walk around the room, picking up the muted experiments of people, and mimicking them, making them louder, more strange, playing with variations on them. Be experimental, all in the service of giving people permission and ideas.

As the sounds begin to flow freely, people will start to experience waves of feeling. Someone may weep, someone else to shout and become angry. In another part of the room, a man laughs uproariously, while a woman screams. All these expressions are fine. The leaders and assistants move about the room taking care of people. Someone may want to pound with angry fists; pillows should be securely placed under her hands so she won't

hurt herself. Someone else may want to curl up and be held while she cries. Tissues and sips of water are freely supplied. People often want necks or backs or hips massaged, to help in the relaxation of tense muscles. Some need to hear nurturing messages to help fight off restraining Pig messages. “You're doing just fine; let it all come out. What you're feeling is good and right.”

It is very important that the helpers provide what is wanted, but also they should not jump the gun. We often have a strong impulse to Rescue, and it should be ardently resisted. When in doubt, it is better to ask people whether they want something, and what it is, than to plunge in unasked. It is helpful for the assistants to keep people's contracts in mind, and to remind people to be guided by them.

Throughout, the leader periodically reminds people to keep breathing. The release of emotions often comes in waves, with people taking heart from others in the room, or responding to their neighbors' work. So also are their occasional group lulls, when a little cheering on may be helpful.

There is a common “Bodywork Pig” that is biased in favor of big, noisy, explosive work. Emotional release of this sort can, indeed, be very relieving and illuminating. Often, though, very subtle changes happen that are just as

important. To experience a tingle when one has felt nothing but big feelings for years is a revelation. Men, for instance, often need space to feel exactly what they feel, to be in touch with the softer and smaller sensations. It is very important that the leader not prejudice the work in one direction or the other.

The bodyworker develops an intuitive sense of when the group as a whole needs encouragement to do more, and when the work is finished. At some point, usually after an hour to an hour-and-a-half, she will say:

We're going to stop soon. Think about what you may need in order to finish. Ask for whatever you want.

When you are ready, slowly sit up. Let's form a circle and talk about what happened.

Wrapping-Up

The closing circle is an important part of the process. Adequate time should be left to do it fully. People are urged to report on their experience, and to finish anything that is incomplete. Don't send people back out into the world without this kind of completion.

"I started out feeling really silly, and a little pissed off. I didn't want to breathe in such a peculiar way. Then you

said to do whatever you want, and so I started to yell, 'No! No, I won't breathe deeply!' I realized quickly I wasn't kidding; I was really pissed off, and you brought me pillows so I could pound. I had an old-fashioned temper tantrum — it felt great! But as it ended, I remembered how I was punished as a small child for tantrums, and suddenly I got terribly sad. I cried and cried. It was terrific to have Sandy hold me. Now I feel all soft and glowy. What an experience!"

Another person looks uncomfortable and reports, "Nothing much happened for me. I breathed and breathed; I really worked very hard at it. After awhile, my hands stiffened and tingled. I didn't like it at all, and so I stopped breathing, but my hands stayed stiff, and I was getting really freaked out. Finally, Mark suggested I clap my hands together. That worked, and was fun, and I laughed a bit. But generally, I felt awkward and shy and I'm not sure why this was useful."

Someone asks what his contract was. "To feel whatever I feel," he answers. "Sounds like you did that," the bodywork leader comments. "Now that you know how to handle the tetany more effectively, maybe next time you'll be less distracted by it."

The group member replies, “I feel bad about doing so little when other people had such big responses. I need some strokes about what I did.”

Strokes (see Chapter 8) are almost always easily forthcoming after a group experience as powerful as this one. Someone from the same problem-solving group says, “I know from our work together in group that just to come here was a big event for you. I also really am moved that you hung in there, and saw the thing through when you were scared. I think you did do big and important work.”

Strokes

After everyone has reported, the session ends with strokes. One of the side-benefits for us in doing bodywork in this fashion is that it helps to extend the Radical Psychiatry community. People from various groups meet each other, and have elaborate strokes to give at the end of working. People often need strokes by the end, because they have done work which runs so strongly counter to the Pig. Make sure that everyone gets what they need, and that people are not shy about asking for particular strokes, or strokes from particular people.

VARIATIONS ON A THEME

As we write this chapter, in the late '80s, we are in the midst of yet another re-evaluation of bodywork. We have no doubt of its value. But the fashion for this sort of work has passed in the culture. Fewer group members are excited about doing it, although they often become more interested after having experienced it once. Without pressure from our groups to offer bodywork, we have a tendency to overlook it. Arrangements are difficult to make. It is hard to find spaces large enough, and they tend to be expensive. Mounds of pillows and covers and tissues and so on have to be carted to the rented studio. Over the years, we who practice Radical Psychiatry have become busier. We do more groups, more Mediations, more individual sessions. To take time out for bodywork has become increasingly problematic.

Lately, we have begun experimenting with other ways to do more intensive work with group members. We are holding a series of one-day sessions, at about three-month intervals, in which we do more experiential work, although not necessarily bodywork. At one, for instance, we talked about the theory of the Pig, and then divided into small groups so that people could fight their Pigs using psychodrama techniques. Interestingly, in the very early days of Radical Psychiatry, we used to offer something called

Permission Workshops which were not dissimilar to these All-day Intensives.

Nonetheless, we are not happy with the difficulty we find in integrating bodywork into our practice. Here is a continuing frontier for more experimentation.

CHAPTER TWELVE:

TRAINING

Marian Oliker

Mark Weston

The Bay Area Radical Psychiatry Collective's apprenticeship model of training reflects its practical, experiential, and cooperative approach to problem-solving groups. As trainees in Radical Psychiatry we gain skills in emotional literacy, a deeper understanding of the concept of Internalized Oppression, and an approach to relationships through an analysis of power. We are exposed to a point of view concerning relationships that is based on a system of cooperation, with no secrets and no Rescues. Through the course of our training we learn to sharpen our intuition, learn to give criticism without judgment, and discover the power that strokes and nurturing have in the healing process.

As apprentices we learn therapy skills in a unique way: by observing experienced group leaders as they practice. The apprenticeship model reflects the BARP Collective's point of view that people do their best work in the company of

supportive co-workers and learn most effectively by direct observation. As apprentices we learn a craft, by watching the group leader, by listening to group members, and by experiencing the role of facilitator under supervision.

To become a Radical Psychiatry trainee an individual joins the training collective, apprentices to a practicing group leader, and observes her/his problem-solving groups and Mediations. The training collective consists of two experienced group leaders in a teaching role, and any number of Radical Psychiatry students (usually 5 or less).

APPLICATION TO TRAIN

Anyone interested in training is asked to write a letter of application to the BARP Collective, explaining their motivations, interests and goals regarding a Radical Psychiatry practice. Usually, applicants have been in a problem solving group with one of the trainers for some period of time, although this is not necessarily a prerequisite. Upon receipt of the application and a subsequent interview the trainers, in conjunction with the existing training collective, make a preliminary decision whether or not to train the applicant.

This decision is based on a number of factors: 1) the applicant's desire to work cooperatively as part of a peer

collective (both as a trainee and as a practicing group leader); 2) the applicant's willingness and enthusiasm for becoming a student of Radical Psychiatry; 3) the nature of the applicant's previous experience in a variety of areas (group facilitation, contact with other communities, background in the arts, special interests, etc.); and 4) the personal connection that is felt between the trainers and the applicant.

Present day American culture sets a norm or standard for individuals that is predominantly white, male, heterosexual, able-bodied and financially independent. Deviations from this norm usually precipitate second-class opportunity and/or treatment, as well as feelings of loneliness and fear. As Radical Psychiatrists we are committed to struggling against this influence of the dominant culture, and feel that *all people* suffer as a result of the oppression of any. Consequently, we have a special interest in bringing people of color, lesbians and gays, the disabled, and working class people into the BARP Collective. By developing a theory and practice based on the many varied experiences of all peoples, we are better able to effectively analyze and combat the oppressive effects of popular culture.

After all of the above factors are considered and weighed, the final decision to train an applicant is made by the entire BARP Collective.

THE TRAINEE MEETINGS

Once accepted an individual becomes a member of the training collective and will usually train for anywhere from three to five years. The trainee observes at least one problem-solving group per week as well as any Mediations that may become available. Twice a month the trainees meet together with the trainers, to discuss questions and comments that arise from observation.

These meetings are facilitated by a member of the training collective. An agenda is put together cooperatively, which includes time for: 1) asking specific questions derived from group observation; 2) discussions of Radical Psychiatry theory; and 3) taking care of collective business and scheduling. Personal work that pertains to training or which interferes with the business of the meeting can be taken up at this time also. Membership in the training collective is not exclusive of participation in a problem-solving group. Often it is beneficial to be in group while training since new aspects of old Pig messages are often elicited by the training role.

The bulk of the meeting is taken up with questions posed by the trainees. The fundamental skill to be learned in

training is that of formulating and articulating questions. These questions fall into at least four major categories.

The first category of question is informational in nature. Answers to these questions should help to clarify specific transactions between the group leader and group members. Often, when a new trainee is confronted with a move or transaction on the part of the group leader that seems wrong, the first impulse is to think something critical. The trainee may think, "I wouldn't have done it that way, she/he should have said ...". This is not only critical, it implies greater knowledge on the part of the trainee. Rather than formulate a criticism for the therapist it is essential that the trainee assume a lack of full understanding and formulate an informational question. It is only by assuming that the trainee doesn't have all the answers that learning can take place³. An example of such a question might be: "I don't understand why you told Frank he was hard to work with. Can you tell me why you said that?"

³ We do not wish to imply here that it's never appropriate to be critical of the training leaders. It has been our experience that most often, when a new trainee is feeling critical of the group leader, it has to do with feeling one-down and competitive. It's unusual for an inexperienced trainee to catch a mistake by the group leader, but of course it happens.

The second category of question stems from a reaction the trainee has to a group member's work. These questions relate to a feeling-response or intuition the trainee is having. For example, "I felt a little irritated during Karen's work last week, and I think it has something to do with the way her Pig operates. What do you think is going on?" Another example might be, "I like Cindy, but I'm having trouble coming up with strokes for her. Why is it so hard for me to give her strokes?"

The process of starting with a feeling-response and formulating a question is excellent training for later work as a group leader. It helps the trainee develop skills in using feelings and intuitions to formulate criticisms, strokes, and identifying Pig messages.

The third category of questions is somewhat different from the previous two. The focus of these kinds of questions is inner-directed, and designed to help the trainee deepen her/his awareness of what is sometimes called an "inner dialogue." By this we mean the nearly constant flow of thoughts, experienced as words and conversations, in our heads.

The point of these questions is to find out what the trainee is thinking and feeling. This is important information because the natural responses a trainee feels when observing will indicate possible avenues for future Pig-

fighting strategies as a group leader. For example, the trainee might feel a little irritated when a particular person is working. In the trainee role, it wouldn't be appropriate to bring this feeling up during the group. But as a group leader, it might be helpful feedback for the person working to know how others are being affected by the content of the work, or the manner in which it's being presented.

New trainees learn the skill of watching various kinds of feeling responses and internal Pig messages by monitoring their thought flow. By focusing on the inner dialogue, listening to what it's saying, and using this information as feedback regarding the group, the prospective group leader monitors not only her/his own reactions, but those of the group as well.

Questions for the trainers in this category might be, "After I spoke I felt embarrassed and stupid. By the time I left group I was feeling really awful. Why do you think I felt so bad after talking?" Or, "When Sheila was working all I could think about was how hard it was for me to feel sympathetic toward her, and that I'll never be able to do this work. Is there something wrong with me? "

As part of the group, a trainee is directly affected by and affects the transactions that take place. The experiential nature of the apprenticeship model provides the trainee with the raw materials (feelings, thoughts, reactions) which can be sorted out with the trainers during meetings. The

trainee can then receive critical feedback, nurturing support, and the collective benefit of years of wisdom concerning group facilitation.

The fourth and final type of question to be discussed involves taking a specific transaction and formulating a theoretical question. This process encourages the trainee to notice that many transactions occur repeatedly and that general techniques can be applied to these exchanges. For example, “Jim seems to want to leave group whenever he is feeling really bad. What do you do when someone wants to leave group suddenly like that?” Another example is, “Jamie doesn't want to make a no-drinking contract. What do you do when someone doesn't want to make a contract that you think is essential to their work?” The trainer then has the opportunity to answer these questions both specifically and theoretically.

Once a month the training collective meets without the trainers. This provides an opportunity to do problem-solving for each other without the help of the teachers, and builds a sense of solidarity and support. The sense of community they develop as a group can directly influence the strength and power each feels personally.

PHASES OF TRAINING

The first phase of training is silent observation, and is begun with the trainee's introduction to the group. The group leader will explain that the observer (trainee) will simply watch the work and not speak. Group members may ask the observer questions or check out paranoias if necessary.

This silent part of training is very valuable. Because the observer has no responsibility to give feedback she/he is free to fully concentrate on the group leader and the work being done. It's also a time for the trainee to pay close attention to herself, to observe, feel, examine and formulate questions.

During this phase it's common to feel outside of the "stroke economy" of the group, and for good reason. The observer is neither group leader nor group member, and is therefore outside of the normal flow of strokes in the room. It is crucial during this phase to use the support of the training collective, and to ask for help in fighting the Pig messages that observing can sometimes bring on.

Even though almost no words will be spoken, a silent observer's presence is strongly felt by members of the group, and can provide a nurturing influence. On the other hand, this watching presence may make some people feel judged or competitive. The observer pays close attention to

how people in group are responding, and treats this as another among many opportunities to learn.

This silent phase begins the trainee's first lesson in power. As a future Radical Psychiatrist she/he is beginning to view group members as "clients" for the first time. If the trainee has been a group member prior to training, this is a fundamentally different way to perceive people in group. In turn, she/he is seen by group members as having a somewhat privileged position. The trainee usually requires time to adjust to this new role. This is a good opportunity to observe how a newfound position of power can affect the trainee's perception of group dynamics.

This silent phase of training also holds important lessons concerning the concept of Rescue. For instance, it's common for a trainee to feel that she/he has some crucial bit of feedback the group member should hear. By remaining silent in the face of this impulse, the trainee fights the urge to Rescue. The absence of the trainee's feedback leaves room for group members to figure things out for themselves, and offer feedback to one another at their own pace.

Part of a group leader's job is to resist the temptation to fall into Rescue by doing more than one's share of the work. Trainees are especially vulnerable to the danger of putting out more than 50%, and are encouraged to watch for a

feeling of “urgency” when contemplating feedback. This is often a warning signal of an upcoming Rescue.

The second phase of training involves giving strokes to people in the group. By this time the trainee has come to know people's work, and can offer strokes that will be a welcome addition to the group's stroke economy.

As a result of the many injunctions stemming from the “stroke economy of scarcity,” group members are often not used to giving or receiving strokes freely. The trainee has an opportunity to contribute strokes that can act as a model for group members. This will also encourage people to feel free about expressing the strokes they have, which often serves to increase the over-all stroke-giving in the group.

This phase marks another lesson in power. The fact that only strokes are given at this time is appropriate to the trainee's status and position in the group. As a new presence in group, a concrete relationship has yet to be defined. Giving strokes is a comfortable and safe way to begin speaking. It helps to establish the trainee as a nurturing force in group, and introduces whatever individual style she/he may possess. Giving strokes helps to develop a feeling of trust between the trainee and group members.

As a group member, the trainee was free to give feedback during the course of the group. Consequently, there is usually an inclination on the part of the new trainee to move back into that position. However, the role of trainee adds weight and impact not previously present in the feedback. For this reason, trainees are at first not permitted to speak, and later permitted only to give strokes. This allows the trainee plenty of time to observe the group leader closely, and to consider potential feedback without the pressure of having to be "right."

The third and longest phase of training can be broken down into sub-phases as well. It is here that the trainee begins to give critical feedback, at first by asking questions of group members during the work. These should be simple, direct questions which seek information and help to clarify the work being done. For example, "How do you earn money?" or "Where does your family live?" or "Had you been drinking before the fight with your girlfriend?" or "Does that co-worker have more power than you?"

Questions such as these are different from the leading questions that will be attempted later in the training process, which are intended to direct a person's thinking along a "therapeutic" line. For example, "What do you think would happen if you said no?" or "How are you feeling right now?" or "What would you like from us?" or "What's making you cry?"

Next a trainee will begin to give simple feedback that is short and easily heard. It can come in the form of reinforcing the leader's feedback or be in response to a question asked by a group member. It's best for the trainee to give feedback in the form of a feeling or an intuition, in contrast to giving a more formal analysis that may break down a transaction or form a conclusion.

Once the trainee begins to give more complex feedback and to ask directive kinds of questions she/he is moving into the final stages of the training process. At this point, the trainee begins "leading out" with group members.

At this point in the training, the group leader will explain the new role of the trainee in group and explain how her/his participation will change. The trainee asks a group member for permission to be in charge of the work for that evening. If for some reason the group member strongly objects, someone else is asked. When a trainee is leading out, the group leader usually remains silent and observes. The trainee is free to ask for help from the leader at any time. Sometimes the group leader will make a closing comment or fill in an aspect of the trainee's feedback.

The final step will be to co-lead a group with a practicing group leader, or a graduating trainee. At that time, the trainee is considered for membership in the larger Collective. While this may conclude the formal training

engagement, it does not mean that learning has stopped. Graduated trainees are considered new group leaders, and usually continue asking for help and suggestions from the more experienced leaders for some time.

POWER

During the training process, which takes place over several years, one of the many objectives for trainees is maximizing opportunities for learning. This is done by asking questions, taking chances, making mistakes, hearing criticism and working on personal problems. The student role is fundamental in achieving this objective. It demands a willingness on the part of the trainee to understand and accept the inherent power inequities that go along with the trainer/trainee relationship.

One of the most difficult things to become accustomed to as a new trainee is the feeling of relative powerlessness. Usually new trainees have been accomplished group members, and as such have enjoyed a position of power and expertise. As a new trainee, however, it's back to square one, often with the former group leader as trainer. This shift from "expert" to "novice" can create a feeling of competitiveness. In this frame of mind, it's very difficult to ask questions.

It's also common at this time to feel a sense of loss, since the important, nurturing role of the group leader has been replaced with the critical, yet supportive role of the teacher. The resulting feelings can make it difficult to concentrate on the task of learning. It's an important juncture to talk about the difficulty of making such a transition, and to get support from the other trainees as well as helpful feedback from the trainers.

At this point, the group leader moves from a primarily nurturing and possibly parental role into a more direct, adult role with the trainee. Fortunately, as the trainee studies, learns, and gains experience she/he will begin to gain power and grow into someone the trainer will work with as a peer.

While it is clear the trainee benefits from this learning process, we wish to point out that the trainer(s) gain something as well. An observer provides a source of interest in group that is experienced as attention and strokes by the group leader/trainer. The trainee provides energy, enthusiasm, and new information in the training meetings that can be helpful to the group leader. There exists a give-and-take between them that serves as a kind of equality, nurtures their relationship, and makes the power imbalance of the student/teacher roles acceptable to them both. New trainees, by offering their interest in learning Radical Psychiatry, give the trainer(s), the

Collective as a whole, and the community at large continuing input and energy, which helps to keep Radical Psychiatry theory and practice growing.

As with any craft, it is difficult to be a beginner, and training in Radical Psychiatry is no exception. Making mistakes, though painful, is essential to the learning process, and receiving critical and supportive feedback is vital to becoming a skilled group leader. We as trainees have found that developing friendships with each other helps to make training more comfortable.

The excitement of learning, working hard, and of being part of peoples' development feels good. The opportunity to apprentice with group leaders as they work, and later, to practice in their presence, prepares the trainee in a way that cannot be matched or replaced. As members of BARP and its training collective we are part of a group effort, and benefit from the support, strength, and enjoyment that comes from membership in a working community.

CHAPTER THIRTEEN:

COLLECTIVE

Beth Roy

The existence of a group for practitioners is an integral part of what we do as Radical Psychiatrists. Indeed, we do not believe that anyone can define herself as a “Radical Psychiatrist” unless she belongs to a collective.

Collective is a group of peers, which is to say that all members have equal rights. Decisions are made by consensus. Members are committed to take seriously each other's feelings and ideas, and to work consistently toward equality. While equality is the objective, we are also very clear about the ways in which we are not equal. Some of us have been practicing for twenty years, others have begun leading groups within the past year. Some of us have been the teachers and therapists of others. Some of us are older. Some collective members depend entirely on Radical Psychiatry for our livelihoods, while others have credentials and jobs in institutions. Still others have separate sources of income. These ways in which power differs are important to identify. But our goal is to share power at every opportunity, and to avoid abusing the real power we have (see Chapter 1).

BAY AREA RADICAL PSYCHIATRY COLLECTIVE

Those of us leading groups in and around San Francisco meet weekly in the Bay Area Radical Psychiatry Collective (BARP). BARP is a place for us to continue to work on ourselves, our own on-going problem-solving group. At this writing, there are ten collective members, most of them leading groups or working in allied ways in a variety of agencies.

Meetings follow our standard cooperative plan (see Chapter 4): We choose a different facilitator each week, we make a timed agenda, we start with check-in, held feelings and paranoias, we do our business and (ideally) we end with strokes. We meet for three and a quarter hours, and sometimes we run short of time and stint on strokes — not a good idea! It is evident in all progressive and pioneering work, and especially in the “helping professions,” that the world at large is not generous with appreciation. Money is one medium for strokes in our culture, but we are committed to charging the lowest possible fees for our work. While clients may be warm and overt in their appreciation of our work, often their work itself supersedes our need for strokes, and it rightfully should. We are there to help them, not vice versa. Moreover, strokes from group members, while very

gratifying and helpful, are nonetheless different from strokes from peers. Collective members know everything about us, all our faults and fears and problems. Strokes from them are especially empowering.

The agenda in Collective meetings has three parts: business, group work and personal work. Business consists of announcements of meetings, or new books, or interesting articles, or anything else of general concern. During group work we present questions about our practices, getting concrete help figuring out how best to help our clients. Access to this sort of “consulting” is invaluable. Each member of each group has the benefit of ten sets of experience, multiplied geometrically by the magic of creative collective thinking. Occasional discouragement and self-doubt is part of the work; to be nurtured by nine other people who know exactly how you feel and don't in the least share your down moment is an extraordinary experience.

The third part of the agenda is our own problem-solving group. We present our personal problems and get help in exactly the same way group members use group. The fiction that “shrinks” are supposed to have worked out all their problems before they “graduate” is part and parcel of the mystification of alienation. That expectation is in itself intensely alienating for therapists. It is no wonder that they have one of the highest suicide rates in the country.

COLLECTIVE DYNAMICS

I have said that the objective in collective is to work toward equality. A common mistake we and other counter-culture, egalitarian groups have made is to confuse a desire be equal for the thing itself. As I have noted, all sorts of differences exist within BARP; indeed, it is precisely those differences which often make things challenging and interesting. Some of those differences have no impact on the distribution of power in the collective (like the fact that some of us are “old-time Marxists” and others are “New Age mystics”), while others are highly significant (some of us oldtimers have larger and older practices, and therefore more referrals, than others who are newcomers).

Over the years, we have struggled hard with each other and learned a lot about power. The forms we use (held feelings, paranoias, strokes) have helped, because we have a common language for talking through problems. But they are not in and of themselves always sufficient. For while we are in agreement about those with power sharing it with anyone who is ready and willing to take it, in fact that process of change is often not smooth. It can be fraught with hard feelings, power plays, suspicions and anger on both sides of the power divide. Often both taking power

and giving it up are more like hard labor than a stroll through a flowery meadow.

What especially complicates an already difficult process is the fact that we are a small community, and that ex-teachers and therapists co-exist in a peer group with ex-students and clients. We challenge every rule of “professional distance” held dear by more conventional practitioners, because we truly believe that people who come to problem-solving groups to work on themselves are often extraordinarily talented practitioners, and that good group leaders tend to be people with a wide variety of life experiences.

Often a shift in power inside collective accompanies a joint work-project, like the running of a teaching Institute.⁴ These shifts often appear first as interpersonal conflicts. One person becomes angry at another who is scheduled to make the most interesting presentations. She has worked hard at the administrative tasks, and wants a greater share of the public glory. On the other hand, the presenter has done this same workshop for years, and it is very popular. People coming to the Institute want to see her “perform.”

⁴ For many years we have held an annual Radical Psychiatry Summer Institute, a three- or four-day event that’s part teaching workshop, part community gathering, part conference for thinking through ideas.

She contributes to the problem by harboring some doubts about whether her colleague is experienced enough yet to do the hard work involved in this presentation.

Hurt feelings and anger usually arise from some group problem, which can be unraveled and agreeably solved with careful and disciplined attention from the group as a whole. Our tendencies to “blame” others, natural at the outset of a struggle, need to be quickly corralled into more self-critical and analytic modes. Several techniques help us in this process: our use of Held Feelings and Paranoias, our ability to facilitate meetings, our analysis of power, and our rules about gossip. (Information that is second hand must be assumed to be distorted and should be checked out with the originator; anything that is third hand or more should be ignored, because the distortions are likely to be so many.)

Conflicts can be hard on the heart. What makes them worthwhile, aside from the “idealistic” values of trudging ever onward toward greater equality and a richer group, is the material basis for our unity: our shared practice. To cast the necessity for “struggle” in terms of moralistic values is a mistake; as important as they are, those values are rarely sufficiently motivating by themselves to carry the day. If resolution is not achieved, people will leave feeling doubly guilty, or self-righteous, or defeated, or angry.

On the other hand, we have real and concrete reasons to work difficult things through. Not only do we earn our livings from our joint endeavor, but we share very strong principles which we are enacting in the world. Sometimes, in the midst of a conflict, our reasons to be together become blurred. It is always helpful — both enlightening and inspiring — to remind ourselves of what they are.

Most of the time, though, we are not fighting. One of the most thrilling of group dynamics on the other side of the ledger is the experience of creative, collective thinking. Our weekly agenda is usually crammed with urgent questions and work, and we rarely have the luxury of time to talk through new ideas. Periodically we hold an all-day meeting, or go to the country for a weekend retreat. We invite trainees, and we have the pleasure of “making new theory,” or raising questions and spinning off each other's ideas and experiences to come up with new formulations. These discussions, too, can become competitive; we try to stay on top of our tendencies to be argumentative and over-exuberant. In general, however, some of my most thrilling times in collective have come in the course of these sessions. It is very, very rare to have the experience of a cooperative discussion of ideas which matter dearly.

Another invaluable element of collective is the opportunity it affords us to share information. Often my colleagues

know something about members of my groups. They have worked with them before, or encountered them someplace else in the community. It is very common for people who know each other, who are lovers or roommates or co-workers, to be simultaneously in groups with different leaders. To pool these views of people is an enormous asset. Most clients in therapy are without a context. The therapist sees them in the most unreal of settings, in isolation from their ordinary lives. That view has great potential to distort the therapist's way of thinking about her clients (see Chapter 14). To hear about a love affair, or a fight, or a joint project from the point of view of another participant is highly enlightening. That information advances people's work in groups enormously. Our practice of "consulting" each other in this manner is very controversial among therapists. We value the beneficial results of shared information highly over more conventional habits of "confidentiality."

Collective is one of the most concrete and striking ways in which Radical Psychiatry is different from many other forms of therapy. So integral is it to our conception of our work that it is difficult even for practitioners with twenty-years' standing in the community to imagine leading problem-solving groups without it.

CHAPTER FOURTEEN: CRITIQUE OF TRANSFERENCE

Beth Roy

The analysis of transference is an important tool used by many therapies. Originally formulated by Sigmund Freud, it is central to psychoanalytic practice, and also to many psychodynamic approaches which do not necessarily see themselves as “Freudian.” Radical Psychiatrists do not use transference in our practices.⁵ Why we have chosen to work as we do illustrates many of the most fundamental theoretical and political differences we have with Freudians.

For many years, we avoided publishing explicit critiques of therapeutic approaches with which we disagreed. Our values oppose competitive behavior (see Chapter 6), and it is very difficult to criticize a point of view that differs from your own without being competitive: “We’re right, you’re wrong. We know better than you.”

⁵ Other Growth Movement therapies such as Gestalt, Transactional Analysis and Bioenergetics are also uninterested in working with transference.

But while we've wanted to "set a good example," we've also had a tendency to be provocative. We represent a minority philosophy, and we often see ourselves as David battling a whole lot of Goliaths. Regrettably, we are sometimes rebellious, and express ourselves in challenging absolutes: "The unconscious doesn't exist! There's no such thing as transference!"

I hope to present this chapter in a different spirit. I do believe there are many ways to describe the same phenomenon. We see things one way, while Freudians, as well as many other therapists who do not consider themselves to be Freudians, see them another way. What is interesting is precisely those differences, first why they exist, and second, where they lead in practice. The way we seek to think in Radical Psychiatry opposes concepts of right and wrong, and puts things instead into a context of history and interests (see Chapter 3). It is in that spirit that I hope to conduct this dialogue.

WHY TALK ABOUT FREUD?

Many of our humanist friends tell us they are not interested in debating Freudian ideas, which, they argue, have already been discredited and are old-hat. There was certainly a time, in the decade of the '70s, when that observation seemed to be true.

But times change, and with them philosophies. There is a new interest in Freudian conceptions. Feminists, for instance, were enormously instrumental in opening up dialogue in this area, mounting a very important attack on the obvious misogyny in Freud's writings. Now, however, a cutting edge of feminist psychology seeks to redeem Freud: Nancy Chodorow, Lillian Rubin and Carol Gilligan turn to Object Relations theory to produce a woman-favoring redefinition of the Oedipal transition; Kim Chernin and Susie Ohrbach write brilliantly about the sexist politics of body imagism using a psychoanalytic framework. Local progressive schools of psychotherapy teach "psychodynamic" models which rely heavily on Freudian notions.

This return to Freud does, to be sure, embody important departures from the "master." Freud himself developed a very particular practice, psychoanalysis. Most practitioners today do something else, various forms of psychotherapy that are much less intense than traditional analysis. They see people weekly instead of daily, for five years instead of fifteen. Most psychotherapists allow themselves a good deal more interaction with their clients; few, for instance, have people work "on the couch."

Yet the concepts of Freud continue to pervade their work. Specifically, three ideas run through much of this more modern work:

1. The unconscious: the idea that certain material is held captive by repression in a part of the psyche which is unavailable to access without some intervention that counters the repressive force.

2. Developmental theory: the idea that a certain order of events universally characterizes the growth of children, and that disturbances (or what JoAnn Costello calls “glitches”) in that development decisively affect adult behavior.

3. Diagnosis: the idea that mental experience and behavior can be categorized as healthy or ill, and treated according to a medical model of disease and cure.

Some of these ideas once represented major contributions to the thinking of the times. Freud's articulation of the concept of the unconscious, for example, introduced into the dialogue of his day the necessity to make order out of “irrationality;” on some level, people's imagery and ideas “made sense” to Freud. Liberating notions of sexuality

also permeated Freud's work. To a modern mind, many of his ideas seem stilted and obscure. But in his time he was revolutionary in insisting that children and women experience sexuality, and that all sorts of behaviors condemned as “perverse” were in fact natural and, absent of repression, widespread.

WHY CONCENTRATE ON TRANSFERENCE?

In his analytic practice, Freud used three central techniques: free association, dream analysis and transference. The first two of these have fallen relatively out of favor (although there are certainly practitioners who use both). It is transference which continues to be used frequently in psychotherapeutic practice today. Why that is true, I believe, is because the notion of transference most fully embodies the fundamentals of Freud's theory. To analyze this concept, therefore, and to compare it with the work of Radical Psychiatry, is particularly useful both in contrasting the two, and also in illuminating further how we work and why.

In theory, psychoanalysis thinks about the unconscious and developmental theory, while Radical Psychiatry thinks about power and Internalized Oppression.

In practice, psychoanalytic therapists seek to remain unknown as people, to reflect back the experience of their

clients, to interpret, and to work one-to-one. Radical Psychiatrists instead use contracts, an analysis of power which seeks to demystify the therapist, and a cooperative contract in a group setting.

These differences, I argue, are *political*. They reflect and carry within them different ideologies, which I want to make explicit in this chapter.

WHAT IS TRANSFERENCE?

It is an important assumption in Radical Psychiatry theory that people are not crazy. However difficult to understand, people's responses are always to something real. Therapists are people, too, including Freud and neo-Freudians. Before defining the Freudian concept of transference, therefore, I want to delineate the real phenomenon to which I believe they are responding.

Freud observed that “patients” often acted toward him with an intensity the cause of which was not immediately obvious. They distrusted him, loved him, hated him, trusted him too much, rebelled against him, and so on. Freud had the hunch that some part of that response was not about him, but reflected instead past experiences and conclusions. His insight is not unique; it is an idea commonly expressed in a number of different forms.

Stereotyping, for instance, can be a related phenomenon, in which ideas from other sources determine our responses to what is happening in the moment. Sometimes we generalize from our own experience. Studies have shown, for instance, that patients tell their doctors only what they are asked to tell; they do not volunteer information, because they expect the doctor to ask all the right questions, and to be uninterested in anything they volunteer. Years of experience of exactly that transaction has taught patients a particular expectation, that leads to a particular behavior — what doctors characterize as patients' not giving them all the facts.

Freud focused on the parts of the doctor/patient transaction that were mysterious to him, and he concluded that the mystery lay in the recesses of the patient's past and in her unconscious. He defined transference as "...a whole series of psychological experiences [that] are revived, not as belonging to the past, but as applying to the person of the physician at the present moment." What is more, he interpreted that revival as a distorted one: "The peculiarity of the transference to the physician lies in its excess, in both character and degree, over what is rational and justifiable..."⁶

⁶ "Analysis of a Case of Hysteria," in *Collected Papers*, vol. III, p. 139.

History of the Idea of Transference

It is a paradox that Freud came to his theoretical conclusions through detailed observation of transactions. A large number of the patients being treated for psychiatric symptoms were “hysterics.” Most were women, mostly from the upper classes, who suffered physical ailments that seemed mysterious, unconnected with physical causes, and which consequently were concluded to be “in their heads.” Psychoanalysts today report that hysterical symptoms are very rare indeed (although a modern counterpart might be the concept of “psychosomatic” illness); hysteria⁷ was very much a phenomenon of the times.

One popular form of treatment was hypnosis. Freud began professional life as a hypnotist. While most hypnotists used simple techniques of suggestion, one, a man named Breuer, had accidentally discovered that hysterical symptoms often vanished if the patient was made, under hypnosis, to recall a traumatic event associated with their onset. Freud became Breuer's student. But where the teacher was content to cure people without insight into the

⁷ The word *hysteria* is derived from the Greek for “uterus,” a broad hint of the gender-based biases connected with the concept.

reasons why his technique “worked,” Freud was more curious. Indeed, he described himself as a passionate student of society in general, a frustrated anthropologist, forced into medicine to earn a living, but really hungry to discover the origins of all things human. (The search for “the origins” was generally a popular intellectual quest in the last decades of the nineteenth century.)

Freud began to experiment with free association, using it as a research tool to discover more about people's thoughts. He had people lie on a couch (the position commonly assumed by subjects of hypnosis) and say whatever entered their minds, with no censorship. Freud began to notice that at some point, people's associations ran dry; they reported having no further thoughts or images. He was fascinated by the recurrence of that experience, and, interestingly, named it “resistance,” seeing it as the first form of transference. Resistance had two meanings for Freud: first, that patients resisted getting well, and second, that they resisted the intervention of the doctor.

To couch these observations in terms of resistance was of some significance. Freud was accustomed to obedience; he was a patriarch in a patriarchal age. His formulation was thus consistent with the social mores of his time. But Freud also had a habit of making great leaps of intuition, and this was one of them.

Many of Freud's ideas about transference and resistance were developed in the course of his working with a particular patient, a woman named Dora. Dora was a young woman who came to Freud because of recurring coughs and respiratory ailments. After three months in analysis, she announced one day that she would consult him no more, and she left furiously angry at him. Freud, predictably, accounted for her behavior as resistance, and in a famous case history analyzed the reasons in her past sexual history that would account for such a transference.

From a modern point of view, Dora had every reason to be enraged at Freud. Dora's father was Freud's friend, and had instigated the "treatment." He was probably genuinely concerned about his daughter's health, but he was also involved in a complex romantic intrigue. His secret lover was the wife of a man who lusted for Dora. The father promoted his daughter's love affair with this man, about whom Dora was profoundly ambivalent. It was in the context of this drama, and the young woman's very smart suspicion that she was being offered up as payment for her father's liaison, that Freud sought to conduct his "scientific" analysis. In the process, he effectively promoted the father's cause. Dora's refusal to cooperate was well justified by the obvious facts of the moment, whatever contribution her past might or might not have made to her decision.

What Freud rightfully discerned was that the transactions of the consulting room could not be disassociated from those of Dora's life, nor of her past. But his interpretation discounted the legitimacy of her rage and lost him his patient.

Modern Usages

The 1980s have witnessed a return to Freudian concepts by many psychotherapists. Such changes of fashion are not arbitrary; they correspond to wider-reaching social trends. In the '60s and '70s, Growth Movement theorists challenged the domain of Freud, because they wanted to replace an intrapsychic view with a more emotional or transactional one. Feminism was one important inspiration for some of these changes by women (and men) angry at the obvious anti-woman bias in Freud's writings (the notion, for instance, of penis envy received pages of bad press). Other therapists, like Eric Berne, wanted to popularize psychological concepts, to make them accessible to people without extensive specialized education. Many practitioners were frustrated with the results of a psychoanalytic method which had become prohibitively lengthy and expensive, and therefore was beyond the reach of any but the most well-to-do and devoted. These were times when hierarchy and

professionalism were being challenged on many fronts, when women, for instance, organized to take back power (especially over abortion) from the doctors. To be sure, many of the spokespeople of this therapeutic movement toward the accessible and the obvious did not couch their theory in these terms. Some simply felt ill-suited to the psychoanalytic style:

I was always terribly bothered by the sense of personal impotence as a therapist doing psychoanalytic work. It always made me feel terribly non-contributory and it always made me feel stifled, insofar as it precluded me from using myself in a way that I felt inclined to use myself, more floridly, and I couldn't stand the rules, of which there were so many spelled out....And I was very depressed by this whole business. I thought that I would open a grocery store rather than go into practice.... *(From an interview with a Behavioral therapist, now migrating toward psychoanalytic psychotherapy.)*

At the same time, both social movements and the turning of numbers of people toward therapy reflected a growing need for meaning and social sustenance. The '60s began a busy trend away from family, toward suburbia and affluence, away from communities. The flower children identified the malaise which resulted, seeking a personal lifestyle revolution. Other movements demanded bettered conditions in other terms.

An active market developed for quick, relatively uncomplicated therapy. Economically, times were good; middle class people could afford to pay reasonable fees for help with their personal quests. The psychiatric system did what American systems are so good at doing — it accommodated the need, making room for “helping” therapies, as opposed to “real, in depth, psychoanalytic cures.”

In the ‘80s, that radical crest has passed. Money is harder won; churches promote old-fashioned virtues; politicians call for a return to the family, and the ethic of hard work and financial stability. Many therapists, like many of their fellow citizens, fear for their futures, and are no longer willing to be consigned to the radical fringes of society, nor to a deprecated “helping” role.⁸

On the consumers' side, people feel worse about themselves: success is hard to come by, people want “deeper” cures with an intensity that corresponds to the internalization of hard times and intense competition. If you're middle-aged and lose an executive position, or

⁸ When I recently interviewed therapists about their work, I discovered that most of them had turned toward more psychoanalytic work than they had done in the previous two decades. Most reported wanting to do “deeper” work.

young and unemployed, or female nearing forty, underpaid, at the top of your job ladder, and suddenly scared about being alone, you tend to blame yourself. You, after all, are who the culture blames.

If the '70s were a time for realizing potential, the '80s are a time for curing failure. Listen to this modern-day psychoanalyst talking about a patient:

The chief difficulty is that she simply makes no progress whatever [in her profession]....She's not interested in making progress in her status, she *says*. But it became clear when she came [into analysis] that part of her difficulty was that she wasn't making any and it was eating away at her. (*From a private interview.*)

In recent interviews with therapists, I listened to the ways in which they talked about transference. Their discussions had two very noticeable qualities. First, transference was central to their way of working. Second, they spoke about the concept as if it were beyond dispute, with an unchallengeable absoluteness:

First of all, defining transference I don't think is that difficult....I know people differ on the uses of it, the abuses of it, how to use the transference, what it means, but I don't think — there's a very small group of people who deny that transference exists. I mean, *I think that's almost like denying that the nose on your face exists.*

You can say that your theoretical bent is that you shouldn't use the transference or talk about it. You know, there might be some reasons why you'd want to say that. But to say that it doesn't exist is denying a basic reality of life. *(From a private interview; my italics.)*

In fact, the notion of transference is not so obvious, even to those who use it. Some people use it very specifically to mean that the patient acts out on the therapist her feelings about her parents. This is the simplest definition — a sort of one-to-one mapping of one's unconscious (and “true”) relationship with one's father or mother on the person of the therapist. What that relationship is, what parts are important, differ according to the school of thought. Object relationists, for instance, are more concentrated on the very early “diadic” (two-person) relationship with the mother. Freudians look more to the Oedipal period, a three-way drama of mother, father and young child. The therapist I quoted above gave me a more encompassing definition:

...transference is all the unconscious feelings, thoughts and assumptions that you bring to a situation based on your past. So it's that microcosm of the past represented in the present that is essentially unconscious because it is timeless...the feelings we have right now about some situation can re-stimulate earlier experiences and they can go way back to being two months old. It's not a logical choice of 'am I going

to feel this way?' It just happens. (*From a private conversation; italics added.*)

Transference, Then and Now

Many of the same therapists who saw transference as central to their practices, also told me that Freud is “old-hat.” *Their* version, they insisted, was updated, fundamentally changed. It seems to me that there is some truth in that statement. There are some *differences* from Freud's original formulation:

First, there is *less emphasis on disease* — a gain of the Growth Movement period. Many still do diagnose. Kohut, for instance, sees himself as dealing with “narcissistic disorders,” but quickly adds that that's just about everyone. While a disease model certainly still prevails in official psychiatric circles (community agencies, for instance, rely on an elaborate listing of diagnoses called the DMSIII), there is less inclination to diagnose among psychotherapists.

A second, and related, difference is that there is *less emphasis on sexual elements*. In the final analysis, Freud's understanding of neuroses was couched in sexual terms; transference for him, at least in one articulation of the concept, was a process of new symptom formation which

encompassed the therapist in a sexuality-laden relationship. Neo-Freudians often see transference in broader terms.

The third difference is that transference is *more likely to be seen transactionally*. Modern neo-Freudian psychotherapists look more at the contribution of the shrink to the patient's responses. Freud thought transference might “cleverly attach itself” to something real about the doctor, but modernists see the doctor as more intrinsically involved.

What has *not* changed since Freud, however, is more fundamental:

Transference still is seen as *resulting from a distortion of early development* (a “developmental glitch”) that leads to a disorder of the unconscious.

Secondly, the concept still *represents an attempt to simplify transactions*. The therapist is still trying to be as little a person as possible: some tear labels off magazines that they put in their waiting rooms so patients won't know what they read; others stay strictly out of the public eye, wanting to be invisible:

...it would be wrong from a personal standpoint to be identified politically....Because I don't think it's any patient's business. Anything about me.

Q) Why? What would the harm be?

(A) It would interfere very seriously with the transference.

Q) Because? What would they do with that information?

(A) Because then they'd know who I am. They'd applaud that or they would deplore that. I want to know who they *think* I am. Then I know what's going on with them. *(From a private interview.)*

Thirdly, transference still *represents a very particular power transaction*. As the quote above so clearly states, what is important is what the client brings to the transaction, not the therapist. The doctor knows what is happening, and must interpret it (through words or experience) to the patient. The very concept of transference assumes, first, that the therapist can be a “blank slate” (or very near to it) and, second, that the client has no power to affect the therapist. Learning is all one way; the therapist is static and unchanging, and all dynamic is vested in the “patient.”

Transference in Practice

If the job of the therapist is to provide an opportunity for the client to bring her past into the consulting room and lay it bare for understanding, then certain techniques are suggested.

1. Blank Slate: The first, as the analyst above described, is to minimize the effect of the therapist in all transactions. The therapist does not offer advice or opinions, says nothing about herself, decorates his office neutrally, stays out of the public eye, does not put announcements of political events in her waiting room. The therapist is to be a blank slate on which the client, by constructing a certain relationship entirely of her own making, is to write the story of her neuroses.

To be sure, the practice of therapeutic invisibility has come under critical scrutiny by its practitioners in recent years. Psychoanalytic therapists debate whether it is truly a possibility. To be completely neutral, say the critics, is first of all impossible and, secondly, even if it were, is itself a position and an influence. More sophisticated neo-Freudians, therefore, seek a more elaborate understanding of the role the therapist plays in transactions. Nonetheless, the basic goal, to make it possible for the fundamental

sense of the transaction to be provided by the client, is unchallenged.

2. Reflection: The therapist does not respond to statements of the client out of her own experience of it, but simply reflects back the sense and/or the emotional tenor of what she has heard: “You feel sad when you think about your father.”

3. Interpretation: The therapist seeks explanations for the client's behavior, specifically looking for fulfillment of his theory: “You are mad at me for being cold and unfeeling because your father was cold and paid no attention to you.” Psychoanalytic interpretations tend to turn toward the biological family for substance. What is happening in the present is related to childhood family dynamics, especially with the parents. Problems in the world are therefore of interest, not in and of themselves, but as springboards for talking about the past, and about the client's relationship with himself in the present, not with others.

4. One-to-one Therapy: Therapists who rely on transference as a central concept usually prefer to work individually, rather than in groups. While there is an elaborate literature on transference in group therapy, most

therapists seek simplicity, and therefore go for the smallest number of people in the room: two. To work with families, couples or groups of people dilutes the transference, because more reality and complexity is introduced.

A RADICAL PSYCHIATRY CRITIQUE

Each of the practices listed above, and the theory on which they are based, carries an ideological, or political, implication. Before analyzing those implications, I list the ways in which Radical Psychiatry practice contrasts.

1. We offer *advice*. This advice is of a particular sort, very closely tied to our values and our theory, specifically about cooperation and power. In the process of giving advice we reveal ourselves, because we make our opinions explicit. We are also implying that clients are powerful enough to sort advice, to reject that which is off and change what is useful in ways that tailor it to their own needs. We are careful about language, never saying, “Do this,” but always making clear that what we think is only what we think, not truth.

2. We validate people. We look for the material reality in their perceptions first (see Chapter 3). If a client is angry at the therapist, for instance, we look first for our contribution, for the actual events that provoked anger. Our concept of paranoia (see Chapter 8) embodies the idea that what people think and feel is always based on a kernel of truth, on some reality in the world.

3. We take people at their word, in other words, and a specific form of doing so is our use of *contracts* (see Chapter 9). We do not diagnose; we rely instead on the client's own best judgment about what are problems for her. In an example above, the therapist says, "She's not interested in making progress in her status, she *says*," and then goes on to assume that she really was and should be, even though the woman came to work, not on her profession, but on her marriage. We would take this woman at her word, work on her relationship and trust that she would eventually bring up any problems at work if indeed they were problems for her.

4. We work in *groups*. Our belief in group problem-solving is a very central outcome of our theory. The presence and help of peers is crucial for a number of reasons (see Chapter 9): the most important of them in the context of this discussion about transference is that people can

practice working on transactions in the present. In other words, working in groups is a direct reflection of our emphasis on the present rather than the past. To be sure, we do believe the past contributes, indeed that every transaction in the present carries with it a legacy from our past experiences (see Chapter 5). But we believe, first, that the legacy is much larger than what is experienced in the biological family, and second, that it is only important insofar as the present is important. In other words, our emphasis is very heavily on solving problems *now*, rather than on unraveling causes *then*.

All of this is not to say that we think Freudians are “making up” the events on which a theory of transference is based. It is very true that clients sometimes take the word of a therapist very seriously, giving her “too much” power. Sometimes, this transaction may even be tied in some simple and direct way to history with a parent. Often, however, it can be accounted for more satisfactorily by including in the analysis many factors presently at work. The client may, for instance, want real help, and assume the therapist has the power to give it; if she hasn't, why bother to consult her? There is a widespread need for nurturing, support and protection in our culture, for most of us find too little in actual fact.

In addition to real need, the client may also have bought into the mythology about therapists' extraordinary

expertise and power. Some people fear the therapist can “see right through me;” in response a client may be scared, or rebellious, or relieved. Often clients with too-high hopes are disappointed; they find the therapist knows some things, but not as much as popular culture predicts, and they may react angrily or sadly — or with relief!

There is another reason why people sometimes turn to therapists with more emotion and intensity than therapists quite fathom. We live in a culture which assigns the guardianship of values, of what is right and wrong, to therapists on a level at which people are most vulnerable — on the level of hearts and minds. The shrink is supposed to be an authority on the “right” ways to feel and think, and these ideas are values: they are socially determined and consequently ideological.

Some of these expectations may in fact correspond to those originally placed on parents — to nurture, to protect, to understand. But often those expectations are disappointed in the biological family. People come prepared to be disappointed again, hold their hearts and souls in reserve until the therapist proves herself — not a sign of pathology but of good sense. Or else they come with hearts open and hopeful; they “love” the therapist and feel enormous relief in being able to turn for help to someone who supports and understands them — once again a remarkable sign of good “health.”

Radical Psychiatrists analyze transactions between client and therapist, not in terms of illness, but in terms of power. We try to acknowledge real power differences, and to minimize those based on Internalized Oppression, such as lies and misconceptions about therapists and therapy.

The notion of transference says two things very different from such an analysis of power:

1. Most of the explanation has to do with history outside the room.
2. It is precisely that history which is most interesting in therapy.

Why is it most interesting? Because it is assumed that people act out of an *intrapsychic* reality which is unknown to them, fixed in childhood and inaccessible without help from some authority. In other words, the psychoanalytically-inclined therapist sees the client's response as a distorted one, unrealistic in the circumstances. That opinion is a discount of the client's own perception; what it says is that "the client thinks I have all this power when I really don't." But then the therapist acts in ways that precisely abuse the real power he does have, by having a mystified agenda: to analyze the transactions between the two of them and uncover

unconscious developmental glitches. The therapist deeply believes he knows better, possesses a magic key to the psyche of the patient, and that the patient cannot get better without this intervention. If that is true, if clients are dependent on the goodness and smartness of the therapist, then the therapist does indeed possess a great deal of power. In these ways, Freudian therapists claim power, and at the same time disclaim and mystify it.

What are the ideological implications of the theory and practice of transference?

1. Individualism: People are viewed as if they are isolated individuals, each linked in a steely chain with her own individual past. The constancy of change — people changed by life, and life changed by people — is excluded from this view (see Chapter 2). This implication is promoted theoretically by developmental concepts, that the adult is who she has become through the agency of a nuclear family. Practically an ideology of individualism is promoted by one-to-one therapy.

2. Powerlessness: Transference is based on the idea that people cannot sort through and learn from complex transactions, and that they are not capable of doing fifty percent of the work of changing. This implication is

contained in the theoretical concept of the unconscious, to which the untreated has no access, and in the practice of concentrating therapeutic attention on the past. What is omitted is real support for taking power in the present, real help learning skills, strategizing, gaining allies and so on.

3. Hierarchy: Therapeutic practice based on transference is inherently hierarchic in structure. To be remote and invisible, yet to direct the very nature and understanding of a relationship, is to be very powerful. The theory out of which hierarchy grows is that of the necessity for intervention by an expert, and the practices which make power unalterably unequal are diagnosis, and the mystification of a therapist who has determined unilaterally what the therapeutic contract is to be.

Freud and the Study of Personal History

Other psychologies are also interested in the past, but with less empowering results. It is in fact our critique of the Freudians that they dwell too intensively in what went before, and not enough in the present. We differ from Freudian approaches in several important respects. First, Freud suggested that the bases of the character were determined in the earliest years of childhood, and could be changed, if at all, only by the detailed recollection and resolution of early conflicts:

..we must assume, or we may convince ourselves through psychological observations on others, that the very impressions (of childhood) which we have forgotten have nevertheless left the deepest traces in our psychic life, and acted as determinants for our whole future development.⁹

Radical Psychiatrists, in contrast, believe that we are being formed and reformed all the time, throughout our lives. Every time we transact with another human being, or experience our culture, we are altered. The experiences of childhood are one influence, but they are not “determining.” Consequently, we can change ourselves and our lives by changing how we transact right now.

Second, Freudians view the formative experiences of childhood as occurring primarily within the family. Radical Psychiatrists appreciate the power of our families' ways of treating us in influencing who we become, but we see those ways as being an expression of the social group in which each member of the family and the family as a whole exists. Moreover, we are interested in how those social influences continue to act upon us throughout our lives. Father may treat his small daughter as a pretty doll and introduce the idea that women's power lies in beauty, not brains. But he is only acting in ways he has been

⁹ Freud, *Basic Works*, pp. 581-2.

trained to act, and every advertisement, every movie, every TV program will promote the notions he has introduced to his daughter throughout her adult life. If the Women's Movement affects him, perhaps because his daughter embraces feminism and confronts him, he may change his behavior and his effect on his daughter, and the consequent changes in her will change him once again.

Thirdly, because Freudian psychologists see people as being hostage to our childhoods, they are interested in present transactions as metaphor for those of the past. Transference, for instance, is the theory that patients act toward their therapists as if the therapist were their parent, and it is the working through of this relationship that enables the patient to resolve inevitable problems with figures of authority. Radical Psychiatrists are interested in how power differences affect relationships between people. We are certainly aware that parent-child relationships are problematic, and so are those between therapists and clients. But we do not presume that they are the same. We seek to do in therapy what children often cannot do with parents, which is to negotiate power inequalities carefully and honestly: I, the therapist, have more power because I'm not working on my life and you, the client, are. So I know more about you than you do about me. But that is an agreed-upon inequality, designed to make it possible for me to protect you while you work, and to give you more useful feedback. If we chose, we

could reverse roles; the inequality between us is negotiated and conditional, not built-in.

Sometimes it is true that people act toward a therapist the way they have learned to act toward their parents and others with superior power. We encourage people to work out new ways of confronting power with today's authority figures. Using mother and father as metaphors for authority is largely useless, whatever intellectual appeal it might have; negotiating new relations of equality with actual mothers and fathers relieves contemporary problems and teaches new means of operating in the real world with effective power.