

Insights and Innovations in Community Mental Health

The Erich Lindemann Memorial Lectures

**organized and edited by
The Erich Lindemann Memorial Lecture Committee**

hosted by William James College



**WILLIAM JAMES
COLLEGE**

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Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The insights and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this approach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated. For a listing of all the Erich Lindemann Memorial Lectures, please visit www.williamjames.edu/lindemann.

The Erich Lindemann Memorial Lecture Committee presents

THE TWENTY-SIXTH ANNUAL
ERICH LINDEMANN MEMORIAL LECTURE

The Person In The Community: Understanding and Treating the Interrelationship

It is understood that the individual exists in a social context. But how does the individual gain identity from that context? How do we include the family and wider community in our healing and caring work? And how do individuals give life and character to the group in which they live? This Lindemann Lecture addresses the concepts and research that illuminate these issues. And it takes the healing of those struggling with cancer as an example of working with all dimensions of people's lives.

Lecturer

Thomas J. Cottle, PhD, Professor of Education, Boston University

Discussants

Harriet K. Berman, PhD, Program Director, The Wellness Community of Greater Boston; Adjunct Faculty Member, Massachusetts School of Professional Psychology; private practice of psychotherapy

Elizabeth Tyson-Smith, MA, Executive Director, Virginia Thurston Healing Garden

Moderator

David G. Satin, MD, LFAPA, Assistant Clinical Professor of Psychiatry, Harvard Medical School; Chairman, Erich Lindemann Memorial Lecture Committee

Friday, April 11, 2003, 2:30 – 5:00 pm

*Massachusetts School of Professional Psychology
221 Rivermoor Street, Boston, MA 02132*

Introduction by David G. Satin, MD

The topic of this Lindemann Memorial Lecture, “The Person in the Community,” happens to address the core of Erich Lindemann’s social psychiatry- the centrality of the network of key people in constituting the world of irreplaceable relationships that are social and emotional life. His work with ulcerative colitis, grief, and urban relocation taught him that it is the disruption of this network that constitutes life crises and precipitates adaptive and non-adaptive responses- that is, growth and illness. This he saw not only as an explanation of psychopathology, but of normal community life and it invited him to learn about community relationships, supports, and stresses so that we and our neighbors can remain healthy and cope with the expectable predicaments of life.

It is interesting that one of Dr. Lindemann’s surgical colleagues, Oliver Cope, recognized the importance of identity disfigurement in mastectomy for breast cancer. He heard the hurt of these women and their outrage at the surgeons who felt they were saving their lives, and he had the respect and flexibility to look into the possibility of a less damaging and equally effective alternative- battling against much professional resistance for the now accepted alternative of “lumpectomy.” It will be good to revisit this important issue of the individual and the social context with latter-day theory and experience. I’m sure Dr. Lindemann would want to be sitting in the front row.

Thomas J. Cottle, PhD

Professor of Education, Boston University

Introduction by David G. Satin, MD

Dr. Thomas Cottle is a Professor at the Boston University School of Education, an affiliate and member of the Board of Trustees of the Massachusetts School of Professional Psychology, as well as in private practice in clinical psychology. Previously, he has served as the Assistant Chairman of the Department of Social Relations at Harvard University, and Visiting Fellow at the Tavistock Clinic in London—both institutions important in Erich Lindemann’s professional career. Professor Cottle has contributed much to professional and public learning about real life issues, including education, youth development and problems, work, poverty, racial relations, and family, among others. His books include *Beyond Self Esteem: Narratives of Self Knowledge and Devotion* and *A Sense of Self: The Work of Affirmation*. He has written many articles for professional and learned journals as well as newspapers and magazines. Additionally, he was active in radio and television, including WCVB and WGBH TV and hosted his own shows- “The Tom Cottle Show” on WHDH radio and Tom Cottle: Up Close” in national syndication.

Dr. Cottle will present us with a conceptual framework- or what might better be described as a philosophical grasp- of the development of identity. This is not objective, by any means. It is full of humane values and shows us the shared identity of the individual and others. I cannot help thinking that his ideas stem from his intense experience with people of all ages, classes, and genders. This will give us a foundation for our clinical work and personal experience.

Thomas J. Cottle, PhD

I. Sarah Morrison sits at the front window in her living room, her eyes moving back and forth as if studying every detail of the dusty sill. At thirty-four years old she is a mother of two children and a grandmother of one. She has not seen the father of her children in more than ten years; some tell her that he died and others claim he ran off. Sarah herself has said, “There’s not much more a person has to say when their man isn’t home. You don’t need to ask when he’s coming back. That’s the business of only two people in the world.” Sarah repeatedly has warned me to never be deceived by her appearance. I am not to be taken in by what she calls her “grand cosmetic job. She says, “You just listen to what I tell you and forget what you see. You’d do best closing your eyes when I talk to you.”

Sarah Morrison has worked more jobs than she could ever recall. She has known weeks of making so much money she found herself giving it away to friends. She has known weeks where “there wasn’t a dollar in sight, and don’t you think for a moment I didn’t go looking for it too. Couldn’t even get a loan from folks I gave it to during the rich weeks.” She has been a prostitute, she has worked in a childcare center, she has worked with heroin addicts, and she has had her days when heroin was all that she imagined kept her alive. Now at thirty-four she remains a handsome, gentle woman whose energy level seems to be dropping more each time I visit her.

“You come to see me, but if you want to hear the whole story, then you better get your sweet self over here as often as you can, ‘cause I don’t honestly think the pretty woman you *think* you see’s going to stay around all that much longer just to talk with you, as much as I do love hearing the sound of my own words.”

“Are you ill, Sarah?” I ask. The question is rhetorical. It is shorthand for a thousand questions I wish to ask. “Am I ill? You are asking me that again, Thomas, when I told you the answer so many times? Yes sir, I am an ill woman, though I tell you I feel like a little girl. Been ill a long time, ‘cept no one’s meant to know it. I sit at this window, staring at the ledge here, feeling the paint bubbles with my fingertips. How can it be, I tell myself, that I could see a healthy person looking at me from the mirror, when inside I know everything’s caving in, or caving out, or whatever which way the insides cave? Is it the children going on having children as fast as I did? Is that what eats me up inside? No, ain’t that.”

She continued, “You know who fathers all those children born out there faster than most of us has the time to think about? The city, the politicians, the people with all that power, that’s who. Child still grows up like we all did, you know what I’m saying? First part of our life is spent dreaming ‘bout all the things we’re gonna be and all the things we’re gonna have when we get older. Then, when we ain’t even half way grown up yet, we find out about all the luck it takes to make it out of here. So then we think, why make a plan? Don’t make no difference to no one, does it? Plan only gonna work out if someone else picks it up for you. You ain’t going nowhere ‘less somebody picks you up, and no one’s about to pick you up ‘less they hear you talking to them. And when do you have the chance to talk to anyone? When do you have the chance to let another person know you have something in your heart to say? So then, like, you begin to see who’s bossing you around. Welfare office, politicians, office of children, they’re the ones making all my plans for me. Ain’t no one giving me no rides anywhere, not even if I say I can pay for ‘em. Ain’t no one coming to this door and saying, ‘Let’s hear your plan, Sarah. Just don’t make no trouble for us, Sarah.’ See what I’m saying?”

Sarah stated, “Children grow up living like this, city begins to surround ‘em, push ‘em together. Everything ‘round here makes ‘em think ain’t nothing out there waiting for

them, so why should they wait 'round in a school, wait 'round in jobs, wait 'round just looking at the bed? Might just as well do it right now, and tomorrow or the day after go find out what it all comes to. No one stops long enough to listen to no one. So no one says a word to no one and that makes everyone think, woman has nothing to say. But then you speak up about these matters and people say, 'Lady, you got a pretty face, all right, but you got one big trouble making mouth on you, you know that! And let me tell you, if you want help from this office, you would do us all a huge favor by putting a clamp on that mouth of yours 'cause no one wants to listen to you. You come back here with success written all over that face of yours, and a helluva lot less makeup, and then we'll let you say a few words. But 'til that time, put a sock in it, honey!' City's crowding my insides these days. Folks pushing at me, silencing me. Can't breathe good like I want to. Things inside hurting all the time. Sometimes it's my private aches, you know what I'm saying. Sometimes it's my inside getting frightened, by what's happening all 'round here. It's the folks saying nothing 'bout what they all know is happen' right in front of their eyes. What is that word about them I need?"

She continued, "It's all those mute folks coming in and going in the building, in the employment offices, in my grandson's daycare center. Hell, in my bed too! Got a man there one day don't see him the next. Ain't said a single word to one another. You picture that? Nothing's steady. Start out the morning with my best plan, hell, by lunch time I got to give it up already. City takes it away from me, you know what I'm saying. It's got us figured out before anyone even sees how that plan might work out. And if no one ever tells you what they're thinking about way inside, ain't no one ever gonna know whether your plan's the one that just might work out. City's squeezing me, choking me silent."

Sarah looks at me and smiles broadly, "Makes me mute. Don't have to worry about no cold apartment, or nothing about no food prices over at the Stop and Save. Don't even get to worry about that stuff 'cause the city's got its squeezing dirty hands all over me worse than any man I ever knew. Gets up inside me, chokes up my throat muscles, climbs inside my private parts. When it ain't squeezing it's picking me apart from the inside, feeling all around my insides, makin' 'em ill no matter how hard I'm trying to make 'em healthy. I cannot tell you how I am wanting to scream out to someone out this window. Hell, they'd only say, that woman up there screaming has to be mad. Put her away somewhere and shut her up. Didn't her mother teach her nothing about manners? Somebody get a sock for that woman? City does the same thing to my children. I see those buildings out there, all those goddam cars going every which way, right through the stop sign most of the time, folks getting stuck in the snow, all them flat tires and the trucks trying to pull those suckers out. I tell myself, they had plans too, those folks, and they ain't even able to up and go nowhere. They ain't got no money, they surely ain't got what you would call security. Holy Jesus, they got folks out there so squeezed up in those

housing projects with all those smelly hallways and all those apartments looking just like the next one to it.”

She continued, “You ever ask yourself how come those buildings are so full of noise, like a prison? How come with nothing to do all these people make so much noise? You know why that is? ‘Cause the noise they want to make they know they can’t make. It’s the quiet noise, simple talking noise, sharing what’s in them noise. But they can’t make that noise. So they go out everyday and make all the noise they can ‘cept for the noise they really want to make, ‘cause those folks in those housing projects, they’re mute just like me. Now how you going to make a plan to be different when all you see is folks living exactly like one another and never saying a word about nothing? How you even going to sit down and write a letter to someone feeling that way, or make a nice meal for someone, even for yourself, ‘cause that’s who you got to feed first?”

Sarah stated, “I don’t talk to myself much no more, I don’t feed myself no more neither. All’s I do is eat and the city squeezes it out of me, or squeezes so tight I can’t get it down. It can squeeze me up so tight I can’t get rid of what I’m supposed to get rid of, you know what I’m saying. You get born in this city, my Lord, the city puts a squeeze on you the minute you take your first breath. It’s like someone has to remind you just who’s got the power ‘round here, so don’t get uppity on us, little baby. They got you in a hospital, they’re starting to close in on you right then. Right then those buildings and all those problems folks are having are putting the squeeze on you. And what’s that little baby doing? Baby’s crying his little lungs out, like he wants to talk already and tell you what he’s been thinking about. He’s just dying to confess everything! I see a pregnant woman in the hospital with me one time, belly sticking out like she was fixing to pop it out while we were talking. ‘Feel tight to you?’ I ask her. ‘Tight like a drum,’ she says to me. ‘Well, it ain’t only that baby of yours pushing out,’ I tell her. ‘City and all those insurance folks already squeezing you back into shape; you got the squeeze on you, sister,’ I tell her. And she nods at me; she knows how the city lays its dirty hands all over your insides and makes you just be quiet about it. City squeezes you twelve months a year. Most reliable thing we got ‘round here.”

She continued, “They’re going to take me soon, Thomas. Some doctor’s going to cut out half my insides ‘cause he ain’t going to figure out no way to take the squeeze off of ‘em. This year they’ll take one part of me, ‘nother year they’ll take another part. That’s what they build the damn city up with, isn’t it, the squeezed out parts of folks like me? Hell, the city will put the squeeze on that doctor even as he’s taking the squeeze out of me. Can’t even take a breath no more without feeling a pinching inside me. ‘Spect to see blood coming out from somewhere every time I turn ‘round. Somewhere inside that mess my body’s in, one part leaking, one part dead already, for all I know. Blame it all on that death-life out there going on everyday. Got to blame someone. Sure can’t blame folks

who've been squeezed all their lives same way I been. Like to face it dead on one night. Like to say to it, please back off me. Get your hands off me. Let me breathe easy for one lousy week. Take those steel bars out from inside me, bars you go building your buildings with. Get 'em out of there and let me feel free inside again; no screaming, I promise. I am feeling ill, Thomas, with the city disease. Did the best I could to describe it to you. I'm a mute little girl who's got the city disease, that's all there is to it."

II. We are reminded that all people have a history of their own being, a time they call their own, as well as a way of recounting this self-understanding to themselves, and others. In common language we claim that everyone has a story to tell, one that relates each of us to everyone else, past, present, and future, while at the same time standing as a piece of one's self that represents only our own lives. I am always part of the world, a piece of all time, and part only of my self. You may know my face, but to the world I am faceless, a stranger. My story reveals my face as well as my facelessness (Hand, 1989).

Acknowledging or affirming the storyteller begins with the presumably simple requirement to listen to the words of the other and listening, in the words of Paul Ricoeur (Hand, 1989), is always a face-to-face rather than side-by-side affair. In affirming the other, be he or she a stranger or not, we truly *hear* the other, *see* the other; we do not merely *over hear* the other. The essential action of listening becomes an interpersonal act, a potentially affirming encounter requiring us to respond, not merely receive; we listen to the teller as well as the witness. In Emmanuel Levinas's (1969) terms, the words of others, indeed their gaze, constitute the domain of concrete existence.

The words of others remind us that none of us wishes to be a mere representation of some population, ideology or disorder. Nor do we wish our stories to be mere representations of our selves. Having been freed by acts of affirmation, we forever remain the authors of our own discourse, the curators of our own voice. No one has silenced us, nor devoured us. We wish to be seen and heard, not reduced to some state of representation wherein we feel defaced. A mere representation of us violates us by eclipsing us, leaving us behind. In affirmation we are placed in front, left, as it were, ahead. Like it or not, we do not know the worlds and minds of others, only the worlds and minds we create for others and then label "otherness;" it is now time to re-think, re-know the other, and take responsibility for him or her.

In creating dis-affirming circumstances, dehumanizing platforms for human encounter, we violate others, by making *their* stories *our* stories (Oakeshott, 1989). By creating a parasitic relationship with the other, dis-affirmation automatically assures us psychological ownership of the other; it represents a form of tyranny we observe in homes, schools, communities, entire nations. In some realms of the society, we predicate entire social and economic scaffolds on our constructed categories meant to define the

lives and stories of those for whom we claim responsibility. Somewhat cynically, perhaps, Sasso (2001, page 187) wrote, “In large measure, politics are the process of creating reality, even when overwhelming logical evidence suggests an opposite factual basis.” Policies ought never be written without looking in the eyes of those for whom the policies are intended. This is the essence of what John Rawls (1971) called the “veil of ignorance.” Would I formulate that same regulation if I were the intended object of its rulings? Ideologies notwithstanding, the fact is we are each of us different from the other, irreplaceable, our stories interconnected but never interchangeable, our eyes familiar but never identical.

Interestingly, Levinas prescribes the concept of “sensibility” by which he means simply moving toward the other. He speaks of “comporting” oneself towards another, thereby finding the enjoyment of the other. We live (the affirmed) life with the other, filled with the sensations initiated by the contact with the other and, hence, feed off the human environment. For Levinas, the sensations constituting sensibility form the foundation of the self, a self able to contemplate the world of the so-called “extra-mental,” but an initial self, nonetheless, and surely one created in great measure by the act of affirmation. At very least, the baby begins to learn she is neither the food she eats nor the milk she drinks. In her satisfaction of needs, caused in part by early affirmations, she begins to draw a sense of (the boundaries of) her own self. Affirmations, therefore, influence the birth of what psychologists speak of as self-awareness, the consciousness of consciousness (Novak, 1986). No longer will everything and everyone have to be devoured.

What the affirmation makes possible, therefore, is the capacity to bring from the outside into the inside the original sensation of another being present to (and in) me. I do not invent the affirmation; it has not just sprung up in my mind from whole cloth. In fact, I am dependent on another to provide me affirmations. That being in the world, Levinas suggests, that I really want to enjoy comes to me in the form of the other person affirming me. Best of all, perhaps, I come to learn that in the affirmation not only am I not devoured by the affirming person, I am not able to devour him or her. So there really is a person “out there” and a person “in here.” Significantly, Levinas writes that the other person is felt as a weight that I encounter pushing against me. It is a weight existing *in my behalf*, constantly refusing my atavistic desire to become one with it, or consume it.

The second gift, as it were, of affirmation is the ability of the mind to distinguish between the self and the source of self-satisfaction. Just as I am not the food that brings me satisfaction, I am neither the body nor the being of the other that affords me satisfaction and takes responsibility for me; I am not the person who reads to me before I fall asleep. Physical reality, apparently, is not simply the product of my imaginings; it is not merely a linguistic or social construct. Thus in a sense, the affirming person, the one

assuming responsibility for the other, possesses the power to transcend any categories of thought the other person might conjure up about the affirming one. Significantly, this notion reminds us that others do not exist purely for our self-satisfaction as they do in the minds of the narcissistic individual. If we actually determined that others are meant to be either the source of our satisfactions or the legitimate objects for our violent impulses, then truly we would believe in the objectification of the other, the very phenomenon we recognize in sexist and racist ideologies (West, 1994), and in terrorism.

Violent acts, all acts of injustice for that matter, are true acts of devouring; they are acts of non-judging self-satisfaction brought to the point of disavowing the fundamental commandment of affirmation not to kill, but instead take responsibility for the other. Spiritually blind, the violent one perceives his prey not as being, but as thing. In contrast, the affirmed one takes responsibility for the other, he or she protects the other, thereby remaining connected to the other. In dis-affirmation I fail to consider the other; I fail to be considerate of the other, I remain alienated from the other.

In affirmation I do not reflect on the imperfection or inadequacies of the other; I have not rendered the other a sub-species, thereby warranting no ethical response to its being. In affirmation I have neither conceived nor reasoned anything about the other; I have merely found myself in the place of the other. In dis-affirmation, an act wherein I disavow both *my* being and *yours*, I automatically perceive you as non-being; I have rendered you an object or thing. In this regard, I may be reacting to the sense of loss that in fact the original dis-affirmation represents. For without having been affirmed, my self is left to die. When the ego perceives itself having become threatened beyond any capacity to cope with the terror (of having no one take responsibility for it), Freud (1953-1974) alleged, a feeling akin to the original dis-affirmation, it sees itself deserted by all the forces of protection and lets itself die. In not taking responsibility for the other, therefore, I have already acted unethically and I have already committed an act of violence. These others are *a priori* non-existent in my mind as beings outside of myself; they have no freedom, will, nor any inalienable claim to just and ethical treatment. My final act of violence only confirms and concludes my original conceptions and perceptions of them.

Although it would seem that violence is instinctive and the product of non-reasoned action, it now may be alleged to be the product of dis-affirmation, what a recent study referred to as the exposure to trauma of one sort or another, or what in simplest terms we hold to be the experience of shame (Flannery, et al, 2001; Wurmser, 1981). The capacity to respond, unwittingly, to the look of the other is more likely what we deem the instinctive act. We recall in this light, Dewey's (1980, page 100) words, "Morality that makes much of blaming breeds a defensive and apologetic attitude; the person subjected to it thinks up excuses instead of thinking what objects are worthy to be pursued." Aware

of it or not, violence- the child of dis-affirmation- is learned. It is born in the personal doubt and repudiation felt as an emptiness created by the cessation of affirmations in a person's life. In hollowing out the self, dis-affirmations automatically create a sense of non-being in the self. To kill that which is considered to be a non-being, therefore, is essentially to aver a redundancy. How can I kill that which is already in my mind dead? All violence, therefore, which includes all acts of injustice, is by definition premeditated. At some point in my life I have determined the non-being of others; I have determined that I shall take no responsibility for others, both "rational" determinations that in my mind justify unethical and violent acts.

When I allege that all violence is premeditated, I mean only that at some level, non-being is premeditated for (the consciousness of) non-being arrives in the form of a perverse dividend as part of the dis-affirmation package. Feeling a need to avenge (a word meaning "to punish") some act, most likely the act of having been dis-affirmed, the dis-affirmed person may well decide he or she is going to kill someone. On the other hand, just as we discover that we have affirmed someone, so too, does a person recognize, consciously or unconsciously, that he or she has not been affirmed; he or she has been humiliated, punished. Thus just as dis-affirmation "lives" within the person as part of his or her consciousness, so too does the act of violence emerge in his or her consciousness as a fundamental component of it. It seems perfectly reasonable to imagine, therefore, that a person having committed a crime, a person having violated the commandment to not kill, can look us right in the eye and proclaim that he or she never intended harm, and even more, never thought about the consequences of his actions.

The act of affirmation allows me to recognize the nature of what Kegan (1982) termed the inter-individual relationship wherein one honors the other's being as a unity unto *itself* forever apart from *my* self. That I can contemplate life without any of my needs being fulfilled means that I know that I am not identical to other people who, in part, satisfy my needs. Ultimately, genuine affirmations reveal to me, as Levinas taught, that there is never complete sameness with another, and importantly, that the debt of human responsibility for the other is never fulfilled; it extends to eternity. "We did not choose this responsibility," Derrida instructed (in Steiner, 2001, page 128), "it imposes itself upon us..."

III. Self-consciousness, Rzepka (1999) wrote, requires the presence, real or imagined, explicit or implied, of another. Which further suggests that I am forever vulnerable to the assessments you make of me. I have no control over how you perceive me; I do, however, have control of what of your impressions I choose to incorporate as part of my self, or concept of self, and how I feel about those impressions. We may well be able to genuinely see each other for what we are, as the expression goes, which means either that you understand the nature of my self, or I choose to believe that you do, or we

may not be able to see each other for what we are. Similarly, as Rzepka also suggests, I may or may not make my self accessible to you, which further complicates my sense of self, at least in your presence and evolving identity, which normally demands that I make certain that you see me, or at least meet my eyes. At very least, I imagine that you are willing to see me, recognize me, affirm me. That is, if I have been affirmed, I *imagine* that you are willing to see me, recognize me. If I have not been affirmed, then I will imagine you have little or no interest in seeing me, or recognizing me. Even more, I may imagine that no one in the world is willing to see or recognize me; or I them, for that matter.

There appears to be a boundary line demarcating my self from objects exterior to it. At times this boundary seems utterly distinct, at times indistinct. According to some theorists, the more blurred the boundary, the more blurred the essential conception I maintain of my self (Laing, 1965). In his family systems theory, Minuchin (1974) placed great importance on this notion of boundaries delineating people and systems within families. The blurred boundary, yet another product, I would argue, of the self having been dis-affirmed, makes it more difficult, if not impossible, for the self to fully differentiate itself from the exterior world. Although it requires the exterior world to form itself and develop something called an identity with which it is sufficiently content, (essential components of affirmation), the self nonetheless must be able to differentiate itself from that same exterior world and the (self) objects within it. I need you in order to become me, but I must not imagine that you *are* me or that I can become you. That affirmations tend to make the original boundary line more distinct allows me to imagine that I am presenting a true self to you, you being one of the people who made it possible for me to develop this sense of a true self in the first place.

To make these notions more concrete, think of the small child whom Jersild (1971) might have described as cutting a figure “in the eyes of others,” and about whom we say, he sure is his own little man. Our argument here is that he has been affirmed by others; that is, his self has been affirmed such that he may now present his self, as his own man, to the very people who helped him achieve this state of mind, this state of consciousness of self. Having been affirmed, moreover, he is less likely to fear a loss of self, or a disintegration of self, as he deals with his exterior world. He is confident and proud rather than humiliated, as Basch (1988) might suggest, autonomous rather than self-doubting as Erikson (1950) might say. What we discern as his sense of self has to do with his seeming comfort with who he is, along with his recognition that there are others in the world who live apart from him but who, in the natural leading of their own lives, furnish him a sense of self-definition.

Then, finally, there is the matter of affirmation playing a role in teaching him who he is, providing him what Cameron and her associates (1995) call “crystallizing experiences”

in which people come to understand their own talents and competencies which further lead, presumably, to heightened levels of esteem and more finely etched conceptions of self.

In contrast, the dis-affirmed self gobbles up everything from the outside—the boundary line having been blurred—and lives a life of solipsism or narcissism forever believing the exterior world is to be defined strictly in terms of how it treats (although ultimately fails to form) its own private self. The dis-affirmed one seems almost incapable of receiving any form of genuine recognition; he or she can't see it, hear it, or accept it. We inquire of the dis-affirmed person, "How is it that you don't know how good you are?" Typically we say about this same person that he or she appears withdrawn, not fully engaged, and in a sense this is an accurate reading. For the dis-affirmed self does indeed withdraw into itself if only to gain a modicum of recognition or protection from an exterior world that in his or her mind constantly looms as threatening. As no amount of public affirmation can compensate for the original damage to his or her self, presumably. In prior dis-affirmations this, apparently, is the only form of affirmation he or she receives. This is what Basch means when he speaks of the grandiose self of the child having been too regularly humiliated or shamed (Karen, 1992).

Kant (1965) suggested that the self is a form of consciousness that we experience essentially when we reflect upon it. Said differently, our self makes itself apparent to us; it is not anything that can be called embodied, even though philosophers like Hume (in Rzepka, 1999) argued that our sense of self is much like a body living within our body. I would further argue that it is precisely the constant affirmations of self, and more significantly, the original affirmations experienced during childhood that render it apparent to us. Affirmations allow me to engage in self-reflection thereby giving birth to self-consciousness, which in turn, if Kant is correct, allows me a sense of my identity. Without self-reflection, implying as it does an acknowledgment of my self, (self-consciousness) there can be no sense of my having an identity (Cottle, 2001b). This too, is what we imagine we observe in the small child who appears to be his own man. He actually seems to be reflecting on himself (his self) and his identity. He appears, in other words, to be self-conscious in the best sense, and we, his affirmers, are partly responsible for what he now presents to us as his being.

The process of self-reflection leading to a sense of identity occurs, moreover, because I imagine my self as embodied in the eyes of another. I believe these others genuinely have seen me, that my actions have caused them to see me, and this too arises in my consciousness of self as a fundamental aspect of affirmation. Dis-affirmation, on the other hand, would seem to yield just the opposite effect- the self has denied itself. It fails to render itself apparent, which only reduces the possibility of it engaging in self-reflection. The dis-affirmed self imagines it is not embodied in the eyes of others and,

hence, it struggles in its efforts to carve out a workable, acceptable, coherent identity. It struggles to see itself. Without the recognition of the other, the dis-affirmed self can neither regard itself nor offer regard for itself, just as it cannot regard or offer regard for another. If I cannot make sense of the world, if it is beyond my capacity to make meaning of it or find logic in it, if I can discover nothing that I consider to be a solid, stable reality in the world outside of my self, a reality that others are *supposed* to confirm for me, then I cannot possibly make sense of my self; I discover no logic in or about my consciousness (Kegan, 1984).

Affirmation surely aids in my making sense of the world. It is precisely what is at stake when Anna Freud and her colleagues (Goldstein, et al, 1979) suggested that a child requires an average predictable environment. It is the predictability that allows my self to imagine a logic and coherence about the world, which in turn allows me entry into my own consciousness; I don't linger long anywhere in the exterior or interior worlds where things (self objects) don't make sense to me. Is this not part of what we imagine we detect when we say the little boy is his own man? Does he not seem to exhibit a sense of the world, a feeling about us and himself that is coherent, logical, complete? Does it not seem, moreover, as though he genuinely understands what is happening about him, as well as within him?

In contrast, does not the notion of dis-affirmation begin to describe the child murderer who we reflexively label "sociopathic," the child who stands before the judge seemingly lacking even a modicum of contrition or remorse? What is it about this child that he cannot seem to grasp what is transpiring about him, or what has been happening in his life? Why can't he provide us the slightest clue to what might have gone on in his mind when he committed this heinous crime? Has he nothing at all to say (Straus, 1999)? Has he no sense of himself or his self? And what really do we mean when we claim we can begin to understand both his actions and his reactions to them by referring to him as a victim of trauma (Lindemann, 1944; Cottle, 2001a)? Might dis-affirmation play a role in the emerging consciousness and identity of this child, such as they are (Blasi, 1988)? Might it be the case, moreover, that when we allege that he committed his crime to gain a moment of attention or recognition, we now may better understand what lies beneath his need to be seen, to have others' eyes fall upon him, or more likely avert the gaze of everyone? Aware of it or not, we are, after all, constantly under the gaze of the other, a gaze which provides the true commencement of the act of affirmation.

In the end believing there is a self "residing within us, embodied or not, what Locke (in Rzepka, 1999) called the "little man in the big man," may all be illusory, nothing more than fantastical speculation. If it is the case, furthermore, that we cannot accurately pinpoint a palpable self, how possibly could we ever certify a palpable identity much less something called a true or authentic self? Perhaps Descartes was right. Perhaps the best

we can do is make our little inferences and judgments about our selves and others and take as a matter of faith that the products of our deliberations have merit. If the self-work undertaken in the realm of consciousness is little more than fantastical speculation, then of course we have doubt about our selves; the very nature of self-consciousness bespeaks self-doubt; who among us doesn't know this! Who can claim with authority that they know themselves completely? It's the examined life that counts, not the settled life (Miller, 1981).

The presence of the little boy who seems to us to be his own man lingers in our minds. He is remarkable precisely because he seems sufficiently content with the products of his deliberations and self-reflections; he actually appears confident that his deliberations of self have validity, qualities that only naturally attract our attention. It is as though he understands "the game," which is that if the self is but an appearance to itself, a tantalizing apparition, then it may be nothing more and nothing less than its appearance to others, hence the common expression, "What you see is what you get." For what makes the child in question so appealing is that with words and gestures he is able to communicate to us this understanding of self and his consequent self-assuredness, a self-assuredness that has no resemblance to what we normally think of as cockiness. This, in turn, makes possible our ability to respond to him, assure him, attempt to reason with him, and, hopefully, affirm him. If what he is doing, as Basch (1988) and Erikson (1968) point out, is seeking some form of recognition, by gosh he is going to get it from us, at home or in school, either in the form of an affirmation or a dis-affirmation. No, this is not wholly accurate: He has already received our affirmations or dis-affirmations; they live within him.

Thus we argue that it is the affirmation that reduces his doubt of self, ultimately making him and us believe that he possesses and exhibits a unique identity and sense of self that are not at all illusory. We all agree that his sense of self is absolutely real. He is not deceiving himself. We further imagine there is a very real self that lives within him and with which he is in constant contact. There is a depth, we claim, about this child. Nothing at all of his inner self is hidden or secretive; he reveals it to us all the time as part of his gazing upon us. Paraphrasing from Sartre, this little boy "owns his self" (in Laing, 1964). Our presence surely makes his psychological posture possible, but somehow he convinces us that he is free of any external constraints that will in some fashion disturb his emerging conception of self and identity; he is on track. We literally believe we have witnessed in this child the little man in the big man. (Or is it the big man in the little man?) Either way, his presence connotes affirmation writ large!

The essence of the interpersonal nature of the self's development and its association with the concept of affirmation comes to life in these words of Paul Ricoeur (1974, page 112): "My existence for my self depends utterly on this self-constitution in the opinion of

others. My self—if I dare say so—is received from the opinion of others, who consecrate it.” But here, from Mary Oliver (in Blauch, 2001), a more lovely expression of the abiding interpersonal nature of the individual self: “Since we’re bound to be something, why not together. Imagine! Two little stones, two fleas under the wing of a gull, flying along the fog.”

IV. In genuine affirmation one is assured that moral behavior or just conduct will proceed. Employing Levinas’s formulations, it could be argued that it is the act of affirmation that forever assures you that I shall not destroy you. Your self is safe in my presence. Indeed for the child, it is my presence that renders this felt sense of safety, this refuge from tragedy. Affirmation underwrites being, or the felt sense of being. In architectural terms, affirmation represents shelter, sanctuary.

Affirmation in these terms, precisely as Levinas suggested, also implies a debt that is indefinite. Not only must we conceive of it going on forever, that is, the account is never closed, we must think as well that one keeps putting into the account for it can never be filled up. With affirmations, moreover, there are no *quid pro quo*’s- no appeal to all that one has contributed to another in the past. The parent’s work, just as it is said, is never done; nor is the child’s, for that matter. Which raises the question, If I see in your eyes that you are willing to take responsibility for me, how precisely do I pay you back? Especially in the case of parents and children, is not the debt asymmetric to the point of the child not being able to reciprocate? In fact, reciprocity is always possible, repayment never is. It is the gaze that keeps alive the opportunity for reciprocity, but not for symmetry.

Consider now the following observations about the family and ultimately a definition of family formulated by Felton Earls and Mary Carlson (1993). I offer these observations for a variety of reasons, only one of which is to exhibit for us the most profound form, perhaps, of the reciprocity of affirmation. It goes without saying that families provide their offspring their initial emotional and material supports and resources in terms of what Levinas calls their “being for-the-other.” Without this “being for-the-other” there is nothing resembling socialization, much less viability and, hence, little opportunity for the offspring to emerge as competent citizens. Seemingly everyday, the offspring feel what Erikson (1950) called the epigenetic forces of development: the felt sense of pushing toward the world from the individual’s unique genetic code, the felt sense of the world pushing back in the form of norms, values, social and cultural constraints. At every moment, seemingly, the individual and culture are transmitting something to each other, the individual advancing his or her state of being, the culture responding with the dynamics of social arrangements, power, and codified meanings of communal life (Geertz, 1973) and the agreed upon outlines of what might be called life and death forces.

This is an important matter to keep in mind for it suggests that the affirmation, the taking of responsibility for the other, the original response to the gaze of the other, teaches the other that ethical behavior is binding because essentially it isn't called up in us. It is brought into us from the exterior. It is brought into you through my response to genuinely seeing you. My responding to your look transports to you the seeds of the ethical life and with it, perhaps, a sense of universal laws of conduct.

If Kant is correct, I eventually reach the point in my reasoning where I act as though my behavior were formed by some pre-existing universal moral laws. I can teach ethics to you all I want, this theory suggests, but studying alone cannot render you an ethical person even though ethics inevitably exists in the context of human relationships. Without the original affirmation, therefore, the sense of ethics fails to take root. If the will can be guided by reason, Kant instructed, then the highest principle we can achieve is moral law; a free will to be certain, but one that lives under moral law.

Even granting the self free will, and thus the right to choose the moral or immoral path—the will for Kant being the motor of morality—I am arguing that attaining this highest principle requires affirmation of the self, an act that transcends any fundamental law of the natural environment; even the state of the newborn is more than merely a collection of drives and instincts. Which means that morality offers freedom, which means that affirmation, born first, perhaps, in the look between parent and child, finds its final resting place in the self as freedom. “Whether we admit to it or not,” Dana Wilde (2000, page 11) wrote, “almost all of us have a sense of fairness or justice, and this means we have a moral sensibility. We have the idea that some things are fair and some aren't...” But as C. Eric Lincoln (1999, page 9) reminded us, “Freedom implies power, the power to be responsible.”

Something else may also be discerned in that first look between child and mother: namely, the barest outline of the divine. Is it possible, in other words, that what emerges in early childhood in the original gaze between the child and mother as an idealization of the parent (Horney, 1937; 1950), and what frequently breaks through in adolescence as the de-idealization of the parent, a form and intensity of love as well as a reaction to it far transcending anything that might be rationally based, is a belief on the part of both participants that they have detected the trace of God in the faces of one another? If God is within me, the child might well deduce it has been put there in the look of the other or precisely, in the other's willingness to respond to my gaze. Which means there is something Godlike within me, and about me. Perhaps this is part of what people mean when they employ the term “unconditional love.”

Even when parents' roles necessarily shift from nurturing the fundamental needs of the very young to nurturing the aspirations of the growing child, the formation and stability of the family must constantly be addressed. Making matters even more

complicated is that economic, political and social structures regularly reveal unstable or destabilizing conditions even as the parent seeks to render stability to the child. The individual affirmation may become even more complicated as it comes to be played out in a wavering world characterized by inconstancy. What then sustains this child, this parent, this parent-child relationship, and this family?

Earls and Carlson suggest that it is the capacity of the adult to commit to the child, which in our vocabulary means affirming the child and taking responsibility for it. Ideally, this is what provides the child the strength not only to make it through his or her own generation. Earls and Carlson describe it as the capacity to “outlast” any one generation—but feel the desire, furthermore, to recreate life, thereby establishing the (life force for the) next generation. Not so incidentally, the desire for relationships to endure into the next generation, not to mention the creation of the next generation, serves as yet another example of “paying back” the Levinas debt of responsibility. Of course single parents and homosexuals desire to parent children; they too, long to affirm the other. My parenting provides you a foundation for your parenting, for in taking responsibility I pledge to love again and again; we therefore call the debt of affirmation settled, or determine we will never conceive of our relationship in terms of any forms of debt. This arrangement too, perhaps, could be part of what Erikson referred to as the “effective remnants” of childhood.

Not surprisingly, Earls and Carlson assert that this facet of the debt can only be resolved through the first experiences parents and children have together, what we have called the experiences of the original gaze, or the affirmations of being; it is at the root of socialization. In a different context J.C. Nyri wrote (in Steiner, 1999, page xxiii), “What does the mind see? It sees ideas, forms, ‘characters’ that are, as is were, ‘stamped’ upon it.” Affirmation provides the psychic bed in which the so-called stamping action of socialization is consummated, and the family provides the bedroom.

From the outset, cooperation, and reciprocity must be established in the family; everything developmental, seemingly, is captured in the totality of relationships. This is a fundamental position of the modern family systems movement (Minuchin, 1974). It has to be this way from the standpoint of family inasmuch as no one can ever genuinely know the individual being of another, only the felt sense of mutual attachments of otherness that underwrite the family constellation and its individual sub-systems. The best I can do is know slightly something of you and something of our relationship. The rest I must trust to the enduring powers of affirmation.

If the task of the (moral) child is to comprehend and incorporate the values of his or her culture, the task of parents is to “teach” these values which is accomplished in part through affirmation and taking responsibility for the child. If I assume responsibility for you, I necessarily teach you moral character. If I renounce my responsibility for you, I

literally let you run wild, which is to say, permit you to be amoral. I may justify my actions as permissiveness, but it remains, nonetheless, a renunciation of the gaze, and lives in you as the felt sense of dis-affirmation (Breger, 1974). All of the “teaching,” by definition, occurs within the relationship, within the connection of our mutual otherness, and, hence, it lives in a remarkable zone conjoining the physical and metaphysical worlds. My mother teaches me what I should and should not do, but she inculcates in me as well the idea of the ideal, for this too is part of the taking of responsibility for the child. Freud’s superego is known to us as the source of the conscience, the moral way. But Freud (1935) placed the ego ideal, the ideal self, in the realm of the superego as well, thereby indicating his recognition of the connection of the moral and the ideal being. I learn how to be good just as I learn the concept of goodness. I learn what I am good at (competence) just as I learn that I am good (at being me). It all arrives with affirmation

Significantly at any instant this “social” learning can be extinguished. The dis-affirmed child may have more important things on his mind than doing good or maintaining some ideal notion of the good, the virtuous, or the moral. More precisely, the felt sense of the dis-affirmed child’s self is no longer available to the sort of social teachings he or she previously has experienced. Dis-affirmation causes the inhibition of pro-social learning if only because inherently it teaches anti-social learning and, hence, violence. Affirmations instill cohesiveness; dis-affirmations, in contrast, perpetuate social disintegration, a collapse of a sense of moral responsibility directed at anyone, including one’s self. Dis-affirmations destroy the gaze, annul the summons; they blind the eye. As Rzepka (1999, page 27) says, “They are taken away from themselves by the eyes of the other.” Thus there can be no relationship with others, the world or anything resembling a life force, and, hence, little capacity to be moral. Affirmation permits tolerance and reconciliation, dis-affirmation yields intolerance and dogmatism. The quality of the relationship, the quality of the affirmation, therefore, looms as significant for social learning as the content of the so-called “family curriculum.”

In the first weeks of life Earls and Carlson suggest parents necessarily focus on the facial expressions of the child, which means that essentially they fixate initially on the gaze of their baby. All of these acts are rendered successful in part by an underlying motivation of the parents to instruct the child about his or her social behavior and, hence, his or her sense of being, a sense that remains intimately tied up with the child’s notion of family. We are speaking here not merely of *having* family but *being* family, since it is in the family that much of this individual sense of one’s unique character is formed. The cohesiveness of social relationships comes to be translated by the child as cohesiveness or integrity of the self. As the others cohere, I cohere. As they disintegrate, my sense of self disintegrates. In the family context, or cauldron as Napier and Whitaker (1978) described it, my sense of self is threatened by my weakness in any relationship in

the system, even relationships in which I do not directly participate. Politically incorrect perhaps, the phrase “broken family” may be an apt one. How else does one conjure the sense of a family’s roles having disintegrated and with it a sense of the self as unraveling! As the promise of affirmation breaks, the family breaks, our selves break.

Along with the summons to assume responsibility for the other, the act of affirmation tends to carry with it an implied interest in the other, a genuine motivation to be with and for the other, as well as allow the other to become part of one’s self. You exist in my mind forever as an end in yourself, never as a means to some end (Kegan’s inter-individual relationship). In Levinas’ words, I will forever be held hostage by you, a word that at first pass seems harsh, but we are reminded in this context that the word “hostage” derives from the words “pledge” and “lodging.” Precluding any chance of my enslaving you, the affirmation makes me responsible for you, and *I* remain in *your* debt forever, but again, neither as slave nor subject. In this manner, each of us is called upon, summoned, to give the meaning of being to each other, and to pledge lodging to each other. Affirmation, therefore, represents social as well as personal psychic activity; it signifies a motivation to assume interest in and learn about the other, and then become indebted to the other, three critical components of the presence of self offered to the other. In affirming you, I bring all of my senses along with my powers of intuition and analysis to our mutual presence. All of my being becomes part of my response to the summons, my response, let us recall, to infinite debt. For in the summons I become aware of what is essentially human in me, and you. It is just that, a summons—a word meaning to remind or warn—not a contract to which we agree to affix our signatures. There is nothing unusual here; these notions live in the wording of almost every variation of marriage vow.

Inasmuch as every act of affirmation is by definition mutual, I affirm my self just as I affirm your self. I anticipate and empathize with your needs through the acts of recollection of my self and my motivation to move towards you. Recognizing I cannot truly know your needs and desires, I must infer them from both the realm of our connection and the realm of my own being, both of which I maintain access essentially through affirmation. Once again we are put in mind of Rawls’ veil of ignorance.

It is my contention that so-called dis-affirmed children lose access to these realms of being and, hence, lose the capacity to anticipate the needs of others, empathize with others, or choose to neglect the potential consequences of social actions, especially those taken *against* another. (Or is it that only upon our questioning do they recognize they have neglected the consequences of their action? Said differently, might it be that dis-affirmation renders the ability to anticipate the pain of another impossible?) In retreating from us, they turn their eyes away from the gaze, renouncing any summons to moral responsibility. Probably too, they close their eyes to their own unique being, or,

more likely, discover that their eyes have been closed. In their solitude, loneliness, and in mourning the assaults to their self to their very sense of being, they are devoured by the death force (Young, 1996). One can see therefore, how it could be that any family member might violate the commandment inherent in the gaze and abuse or kill any family member (Sereny, 1999).

The punch line, finally, for the student of affirmations lies, however, in the definition of family proffered by Earls and Carlson. Family is defined as the outcome of strategies employed by all family members to satisfy the needs of parents and children around three fundamental issues: nurturance, security, and intimacy. Notice first, the absence of the word love. Notice next the postulate that children must learn to nurture their parents as well as their siblings and themselves. I must learn to affirm my self, meet the moral requirements of my own gazing upon my self. The gaze goes outward (and inward) in all directions; the summons extends to all in the family. In truth, children do comfort their parents, nurture, and reassure them. Children do affirm their siblings and parents. "It's all right, Mommy," they say. "Mommy is a flower." "No, Mommy is a golden tree." "Don't cry, Mommy."

Reciprocal familial affirmations can only be considered authentic if they arrive, as it were, naturally. To perform the affirmation from the stance of intentionality means, for Levinas, that the person is not compelled but is only acting out of a learned sense of responsibility. I affirm, pure and simple; I do not affirm as a response to your affirmation of me. Nor do I affirm only those I know; I must welcome the stranger in our midst. The dis-affirmed child is neither taking responsibility for the parent nor putting himself in the place of the parent. He is actively rather than passively answering what he has learned to be a moral requirement imposed upon him by the parent. I do this because my parents tell me I'm supposed to. "It's your duty as my child to respect me!" the parent proclaims. Affirmations, after all, should be felt not only as natural actions, but actions which a person doesn't recognize having taken until after they have been completed; ironically, the action feels permanently passive. We live, as it were, only with the traces of the "just happened," the past participle. We do not choose to fall in love; we find ourselves having already fallen in love. It is precisely for this reason that we typically find ourselves unable to come up with an explanation of certain behavior, like the phenomenology of the affirmation, other than that it is "instinctive;" it just seems to have always been there. We simply don't know how certain things became part of our self.

Levinas's words resound in us: Affirmation precedes reason. There is something vital of truly ethical proportions existing in the child's mind even before he or she properly could be said to engage in what Piaget (1932) called pre-conventional reasoning. Best we not underestimate the ethical powers and sense of being captured in Piaget's most primitive stage of moral development, the sensory-motor stage. There may

be far more in that word, “sensory,” than ever we imagined. Some behavior, like the act of affirmation, derives not from mere response; as we have noted, it is not founded upon a *quid pro quo* arrangement. Even without the capacity to reason, as we understand this word to mean, developed during what Piaget (1932; 1967) called the conventional and post-conventional stages of moral development, the baby doesn’t merely respond; it offers something because it is compelled to. Call it an instinct, if you will, that is either nurtured (affirmed) or extinguished (dis-affirmed) by the parents, but it is not simply a learned or even imitated response. The baby can become, not merely substitute for the parent: “It’s all right, Mommy. Mommy is a golden tree. Don’t cry, Mommy.”

V. At seventy-three, Ina Merman has been married to the same man for fifty-two years, mothered three children, worked part-time and full time jobs, and has never once failed to keep her three bedroom apartment as neat as a pin. The Mermans have worked hard for everything they have. They know that they will go to their graves owing a whole lot of money, but they have never been bitter or complaining people. With everyone else, they heard the clichés, the economic predictions, and pulled in their belts. Over the decades, Al Merman worked either a job and a half or two jobs. “You work or you bitch,” he has said a billion times. “Let the rest of ‘em bitch; we’ll work!”

So they worked, Al and Ina Merman, from the time they were fifteen. Al never completed high school, Ina did, but by then she was already working twenty hours a week. In time they built a lovely home for themselves. “Let’s say we kept our foreheads above water,” Al remarks. “Chins no; from the hairline up. But no more. Them days are gone, and we are sinking in the mud. I’ve had it; she’ll have to tell you.” Ina Merman stands in the corner of her immaculately kept kitchen. Not a pot nor piece of flatware is out of place. As her own mother would say, “You could eat off the floor and not collect a virus.” She stands with a look that says, “What do I begin to clean first? Where do I start to straighten? It’s America, right?” she begins. “So what’s there to tell? Have we worked? Have we paid our taxes every year? Did we do a good job with our children? Did we send them to good schools? Did we ask for too much? Did we say something out of line, insult, maybe, a congressman? Did we vote wrong? Why all this punishment? Nobody can explain to me what inflation’s all about. Wage freeze? A laugh! I never made enough, no matter what. Al, he’s a man, he should have earned more. They would have asked for a leg he would have cut off his leg. Price freeze? Are we serious here? This is some kind of a joke, I hope.”

She continued, “You want a joke? Ice freezes, and ice costs more than it did, what, ten months ago. Do we drink liquor? Do we smoke? Two years ago the man in the next room and I went to a movie. A rerun of Gene Kelly and Judy Garland. I’m on a mailing list to get movie channels for my TV. I can’t afford it. Do we eat like kings and queens? You want the truth? I’m embarrassed by what I put on the table sometimes. I’m in charge

of the food department; it belongs to me, and I'm embarrassed. It's nutritious but it's sparse. What kind of sparse? I'm hungry all the time. He's hungry. We don't watch our diet? We don't take all this medical advice seriously? Oh, you take it seriously, but you can't live by it. Sure I'm a pro in the supermarket. I study the sales, I clip from the newspapers. Big deal! No matter how I play it, it doesn't work out. Al's right. He's not exaggerating: we're drowning! Now, he's not well. He's got to pull back or he'll drop dead one of these days. He'll never tell you, but believe me, it's not good. The stairs coming up to this apartment? He's stopping, I've noticed, on the second floor. Always he's looking for something. You know what he's looking for? His breath. They're taking it all away from us. They're crippling us. In my mind I've got a connection right to Washington. They're changing me. They're changing who I am, who I was, who I'll never be now. That's some power you've got in a vote, wouldn't you say? Every time I turn around the government's telling me to pull in my belt. And we're what they call a working family, am I right? Pull in my belt? I'd like to tell them just once how they're pulling in my *mind*! What do they think, that people like us don't read the papers? They think we aren't affected by the corruption? How can people like us, working people, feel about millionaires who don't pay a penny in taxes? What do you think crosses my mind when I read a man has donated a *billion* dollars to something? You think we salute their intelligence? You think we're *proud* of them, our fellow Americans? People are being laid off, or they're working all the time and still they don't have enough, and somehow, somewhere a man wants to be President and over *night* he's got his hands on millions of dollars. Where's all that money come from? as if we didn't know."

She continued, "My point is this: It's so hard now that our bodies *and* our minds are being affected by it. All right? I can't sleep through a night; I'm *always* worrying. I work at one job, I say to myself, you should have a better job. I blame myself everyday for being uneducated. We saved money; every week we saved. It's all gone. Long ago, gone! We had children, but we had parents too, and it all costs. So what do I do now when I'm not having diarrhea or constipation? I find myself comparing prices of laxatives. I'm hocking our belongings. You're surprised to hear this? Why would I lie about this? A year ago when we couldn't manage the heating bill and the electric bill and the phone bill, we hocked some stuff. Who missed it! Six months ago, some more things. A few dollars here, a few there. Now I've reached the point where I'm beginning to sort through the stuff that means something to me. All right?"

She stated, "Three weeks ago I took the valuables, the objects you've lived with that nobody can give you enough money for because some things in life you don't have a price for, all right? And I hocked them all. I don't go around here 'cause at our age we don't need people to see what we're doing. I looked like a refugee that morning, but I got my money. And was I alone in that hockshop? Not on your life! I waited in line forty five

minutes and heard every single person in there say exactly what I was feeling. They can't make it and I'm pretending I'm hocking this stuff because I got so many possessions I don't have closets anymore for all of them. How can America be this way? A wife is dead, a husband can't work. This bill isn't paid so they're turning off the heat. What's going on in all these capitols, on Wall Street, in the Arab countries? What's going on that all these people are hocking their belongings just to get through the winter? They're breaking our minds, I'm telling you that. They've destroyed everything we've worked for, which isn't all that much in case you haven't noticed. They're making me give away everything I ever had. They're turning me into a I don't know what 'cause I don't feel like a person anymore. I'm certainly not the person I want to be. And what, Al is? I'm humiliated; I'm defeated! I'm made to feel I'm little, and look at me, I already *am* little, so how much more can they shrink me! Dignity? Haven't seen his face in a decade. Intelligence? Once, maybe, I thought I had some. Now? Nothing. Pride? Wouldn't know him if I saw him and he went out of his way to introduce himself to me. Shame? It's my skin."

She continued, "I stand in those lines with my suitcase full of things to practically give away. I stand in that freezing cold hock shop, except in the summer when you could die in there from the heat—open a window, how much can it cost!—and I tell myself that I feel my entire life is being sold. Years, effort, sweat, work- *that's* what I'm hocking. I'm hocking my dreams in that shop. Believe me. I'm hocking the little iddy biddiest dreams. A little peace in old age? A little forgiveness for my parents? Hocked! A little joy in the coming years that maybe I could share a little something good with my husband? Hocked! If today I met the man running for President, I'd tell him exactly what I'm telling you. You want my vote? Then don't make me hock my life away. Let me hold on to all those things which the man in the hock shop looks at with that cocked eye and bald head of his. This is one bored man like you've never seen, but he doesn't know what I'm doing? He wouldn't like, just once, to say: 'Here, lady, you, shrinking lady, here's some money, hold on to this stuff, I can't take it; it's your life you're asking me to price.'"

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Harriet K. Berman, PhD

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Introduction by David G. Satin, MD

Harriet K. Berman, Ph.D. earned her Doctorate in Clinical Psychology at the Ferkauf Graduate School of Yeshiva University. She is Program Director of The Wellness Community of Greater Boston, which serves cancer patients and their families at no charge. Until recently, Dr. Berman was an instructor at the Massachusetts School of Professional Psychology and is currently in a private practice of testing and psychotherapy with individuals of all ages and with families. Dr. Berman tells us of a thoughtful community approach to individuals. Her emphasis is on a caring context that supports the value and the positive identity of people who are sometimes given up by the community- those sick and in fear of dying.

Harriet K. Berman, PhD—The Ill Person in the Community: The Power and Healing Potential of the Interrelationship

Thank you Dr. Cottle for your rich and moving talk. The powerful influence of relationships in the development of the individual is beautifully detailed in your comments and the vignettes you chose. The reality that it is relationships with those immediately in our orbit as well as those in the larger community we live in that coalesce to support self-awareness, prevent alienation, support the development of empathy, and provide a framework within which the world has logic, is an important cornerstone of our current understanding of human growth. This framework also provides an important lens through which we can look at the journey faced when one is diagnosed with a life-threatening illness, and illuminates the possibilities of healing and hope as well as disillusion and degeneration of the soul at such times. In this talk, I will focus on the particularly powerful role that connection and community play in the lives of people facing serious illness.

While much of what Dr. Cottle has spoken about refers to the development of the self and the damage of dis-affirmation early in life, I want to take the liberty of extending that notion to the ill person in society and the damage that dis-affirmation can have on people, even at an adult point in life, who face a life-threatening illness, as well as the healing that comes with affirmation. My perspective stems from my own personal experience with illness, as well as my work at The Wellness Community where I see people with cancer and their family members.

I was 49 when I was diagnosed with Breast Cancer – this week I celebrated the fifth anniversary of my diagnosis. Why would one celebrate an event like that? I do so because on that day, 5 years ago, I heard the words that told me my life might be cut short. Each year, on that day, I can now celebrate the fact that I am alive. More than that, I celebrate the community around me that got me through the dark times and continues to be the source of my strength and hope.

The Wellness Community of Greater Boston is a non-profit agency, part of the National Wellness Community, with facilities in 20 cities in the United States and two abroad. We offer a range of services, all free of charge, that address the psychosocial needs of people with cancer and their families. These include support groups, educational workshops, programs for children of people with cancer, stress management classes such as yoga, meditation, Tai Chi, Qi Gong and nutrition classes. Harold Benjamin founded the Wellness Community 20 years ago, in a small cozy house in Santa Monica. At that time, Dr. Benjamin was a visionary, who spoke of the importance of a healing community and the importance of patients taking an active role in their treatment along with their medical team – notions that are becoming more and more part of current practice.

In understanding the emotional terrain of serious illness, The Wellness Community has operated on the basis of a core understanding of the three most stressful and challenging emotional issues for people with cancer. Those are 1) feelings of loss of control 2) unwanted aloneness and 3) hopelessness (Benjamin, 1995). These experiences have a negative impact on the immune system and programs at The Wellness Community are designed specifically to counteract these feelings. In a similar vein, Koocher and Pollin (1994) have talked about “eight fears” that need to be addressed in what they have termed Medical Crisis Counseling. These are 1) fear of loss of control 2) fear of loss of self-image 3) fear of dependency 4) fear of stigma 5) fear of abandonment 6) fear of expressing anger 7) fear of isolation and 8) fear of death. All of these fears are profoundly affected by the person’s experience in the community.

In his book, “Love and Survival”, Dean Ornish (1998) directly addresses the importance of relationships in the health of human beings. Citing years of research on both the role of intimate relationships as well as connectedness to community, Ornish makes the case for the positive impact of these factors on “quality of life, incidence of illness and premature death from all causes” (Ornish, 1998). Among the research Ornish cites is the work of Syme and Berkman (1979). In their epidemiological study of Alameda County in California, they found that people who were socially connected were less likely to die prematurely, and generally had better health outcomes than people who were socially isolated. Social connectedness was found to be a more powerful predictor of

health status and the chance of premature death than any other factor they measured, including age, gender, race, socioeconomic status and a variety of lifestyle practices

Community – What is that? And how does it play a role in the experience of serious illness? Because we know that a diagnosis of cancer affects not only an individual but also a series of concentric circles that surround that person, we need to define and consider those spheres. While it is the individual who presents for treatment and may sit alone connected to an IV, diagnosis also has an impact on the family, on the immediate geographic community, the school and workplace community (if relevant), the larger community, and, certainly in epidemiological terms, the nation and world. In all of this there is a circular effect: the diagnosis has an impact on the person, which then has an impact on the various spheres in which they exist, which in turn, have an impact on the individual. The impact at any point in this circle can be positive and healing, or it can be negative and destructive – for both the person with the illness and the community.

And then there is the new community that people find they have entered- the community of illness. Arthur Frank, a medical sociologist from the University of Calgary and a survivor of a myocardial infarction and cancer, refers to this process as “crossing the threshold.” In my own experience, I remember describing the feeling of being an immigrant in a land where I had no map, did not know the language, and had not gone to voluntarily. Often people try to avoid being identified with this community and prefer not to connect with it, but more often this community becomes the first that comforts and affirms and allows one to regain a sense of equilibrium. How appropriate to this are the Mary Oliver lines that you have quoted Dr. Cottle- “Since we are bound to be something, why not together. Imagine! Two little stones, two fleas under the wing of a gull flying along the fog.” In her book “It’s Always Something,” Gilda Radner described her experience after her diagnosis of ovarian cancer when she began attending The Wellness Community in Santa Monica.

“I stopped staying at home and saying ‘Why me?’ or being depressed thinking I was the only one. I began to crawl to The Wellness Community like someone in search of an oasis in the desert. My car couldn’t get me there fast enough. I couldn’t walk fast enough from the parking lot. I couldn’t get inside fast enough to be nourished by other cancer patients, and to know that I was not alone. I could hire people to be around me, I could pay groups of people to go through this with me, but I could never get what I got there, not ever.”—*Gilda Radner, “It’s Always Something”, 1989 (p.147)*

And from a member of an online group which I myself belonged to:

“When things have started to get me down, I have thought of all the people who are helping me fight this battle – somehow with so much love and support I can’t imagine not winning this fight against breast cancer.”

The new community of cancer patients becomes a sustaining force in the struggle to survive. While we have come a long way, we still live in a culture, which marginalizes and, to some extent stigmatizes people with serious illness. A culture which is driven by the wish to stay young, to control every aspect of our life, which includes our health, is seriously challenged when faced with the truth that all is not in our control. But the illusion that we can totally control our fate by exercising enough, eating the right foods, or subscribing to the right magazines, leads inevitably to a blame and guilt conundrum. When I was diagnosed with cancer I felt keenly aware of how people were calculating the differences between themselves and me. Asking about my diet, my exercise, my family history- searching, as we all do, for the one thing that would make them feel safe from this disease. It is an inadvertent kind of blame, but even so, can lead to shame and guilt on the part of the ill person. And then there is the distance we try to establish between ourselves and the ill among us. We do not know how to approach them, what to say, we fear being in their presence because of what it stirs up inside of us. I quote Arthur Frank:

“Today the healthy want to believe that disease does not ‘just happen’. They want to believe that they control their health and that they have earned it. Those who have cancer must have done something wrong, which the healthy can then avoid. The sick person must have participated in sickness by choosing to have a cancer personality. Otherwise illness is an intolerable reminder of how risky life is.” —*Arthur Frank, At The Will of the Body, 1991, p.110*

Talk about lack of affirmation. If we isolate people who are ill, if we blame them and add to their feelings of guilt, shame and loss of hope, we fail to provide them with that most basic necessity of growth, particularly at times of crisis, a holding environment. In addressing the stigma of serious illness, and the importance of community in facing illness Frank says,

“...The prospect of hanging tough against stigma may not be comforting to one who must do it alone, but as a group people can hang tough. The problem is that organizations of ill persons are often not supported by institutional medicine...Because organizations of ill persons often define treatment issues as political, they make demands that hospitals do not want to hear. Institutions find it easier to manage patients who think of themselves as isolated and are thus passive.

Society is obsessed with “health”, but it prefers to keep ill persons on its margins, making them as invisible as possible. When people are stigmatized, they hide themselves.” —*Arthur Frank, At The Will of the Body, 1991, p.96*

What I hope to describe, as I talk today, is how a program like The Wellness Community, based on the principle of creating a safe community and supporting people within that community as well as helping them advocate for themselves in their own communities, is built on the belief in, and efforts to, affirm, provide holding, and honor the humanity, individuality and life of the people it serves.

Dr. Cottle speaks of the need to be affirmed for what we are, rather than to be seen as representations of something. His vignettes echo with the voices of people who do not feel seen, heard, listened to. Assumptions are made about people that are then used as the basis for action toward them. Yet how do we know the experience of another if we do not elicit from them their story, listen with an open heart and allow ourselves to “re-know” them? One of the guiding principles of work done at The Wellness Community is that each participant in our programs is the expert on their own situation and disease. In groups, both facilitators and other participants are discouraged from assuming that they understand another’s experience and are rather encouraged to ask questions, to get at the meaning of the experience for the individual, to allow them to “teach” the others about their illness and life situation. In our current work developing services for an inner city population with Boston Medical Center, we are starting with focus groups, so that those patients can educate us about their experience and inform us of how they would and could receive the kinds of services we offer. We make no assumptions, based on our own experience or on what we have read that we understand an individual’s particular journey through the disease process. It is an ongoing process of affirmation, a regular inquiry into “Who are you?” “What is this like for you?” “How can anyone help you?”

If we consider the alienating condition of illness in our society, affirmation, as described by Dr. Cottle, becomes a key to the support and survival of the self. We could say that someone who received adequate affirmation as a child, who has a well-developed sense of self and has felt heard and cared for, will face illness with aplomb, will not feel the isolation or lack of affirmation. This has not always been my experience. Being told you might die shakes even the strongest ego. The ground moves beneath your feet and if no one is there to steady it, you are left feeling alone and facing existential questions in a vacuum in which they may never be answered. The consistent presence of others, the affirmation if you will, of your continued existence as a meaningful being, is crucial in the emotional healing that needs to take place to steady the ground.

Likewise, we could assume that the emotional emptiness that an early lack of affirmation can lead to can never be repaired, and those people who face an illness

already short-changed in this arena are unlikely to benefit from the support of a community. I have also found this to be untrue. I have seen so many people with histories of mental illness and lifelong depression join support groups and frequent the many activities at The Wellness Community. The effect on them of finding themselves, perhaps for the first time, in an affirming and supportive community is profound, and, if they survive their cancer, their lives are forever changed by that experience. In his book, Ornish cites George Vaillant's work that suggests that, while perhaps not true in the most severe situations, for many, "...an intimate, loving relationship as an adult can offset many of the harmful effects of childhood adversity and parental deprivation" (Ornish, 1998, page 40).

The model of The Wellness Community addresses this need for connection and affirmation in multiple ways; by emphasizing the word community in our name, the immediate message to people is one of belonging and safety. Our primary model of intervention is a group model, underscoring the importance of connection and of not being alone on this journey. We offer groups to people with cancer, their loved ones, and special programs to children who have parents with cancer. In addition to groups, there are classes in stress management techniques, nutrition, and workshops on many important topics. People not only see one another in the serious context of their support group, but also in the context of learning about their disease and how to cope with it, attending to various ways in which the path can be made lighter- through social events and laughter and programs that focus on both serious issues- and not so serious ones, that are known to have a positive effect on emotional well-being and quality of life. People have come together to learn about feng-shui, to learn how to make handmade books, to journal and write creatively about their experiences, and of course, to eat.

We are currently working with Clara Wainwright, a noted Boston artist, on a community quilt, for which people are creating representations of their experiences with cancer. Through these activities, strong ties are forged, friendships are made, and lessons learned about facing the unimaginable with grace and confidence and hope. In addition, an underlying philosophy about the importance of being "patient-active," being a participant in your health care along with your medical providers, encourages participants to understand the importance of their relationships with providers and the value of their own input in decision-making.

At one point Dr. Cottle spoke of how "the ego lets itself die when it perceives itself deserted by all the forces of protection." While a well-developed and constructed ego may not face this kind of death, the feeling of a dying ego is one that is described often by in participants in Wellness Community groups. You hear phrases such as "They have already buried me...", "People identify me by my disease...", "I no longer feel a sense of purpose...", etc. Group facilitators are well trained to hear these phrases and encourage

people to reflect on how that feels and to find ways of responding and off-setting the implications of such attitudes- by making choices about relationships that are healthy for them or unhealthy, by exploring how to respond to such attitudes. But there is a world outside that we all need to live in and that often impedes even our best efforts to keep our selves alive and recognized. Our culture needs to ask- can the death of the self precede the death of the body when we isolate and fail to affirm the ill among us?

How often are any of us guilty of burying people before they die? Hearing a particularly dire diagnosis- pancreatic cancer for example- we make the assumption that the person will die and we cut ourselves off, afraid to face the reality of their living, afraid we do not know what to say or do. Alzheimer's patients are a perfect example. Out of fear we stop visiting, we dis-affirm, and contribute to the early death of the spirit. We have not learned, as some cultures have, the value of the old and infirm among us, and we have few, if any, communal rituals to help us cope with and respect the realities of illness, aging and death. In the same way that we need to affirm the infant and the young child, we need to affirm people at the other end of the continuum of life.

Community based and oriented programs can encourage acceptance of the ill among us as part of the community at large- another diverse group perhaps, but nonetheless real and part of the society. This, in turn, decreases unwanted aloneness. The potential is also there for an increase in a sense of control as people become comfortable in a system and can regain some sense of control over affairs that affect them. Also, by feeling that there is a larger circle protecting you, involved in your fight for recovery, the possibility is there that hope can be sustained.

Before closing I do want to address the impact of the ill person on the community around them. As I have said, people exist in a web of concentric social circles. The impact of a serious illness on the family is well documented. The stress on spouses, the fear in children, the sadness and anticipated loss is experienced in one way or another in any family. Likewise, while perhaps in a different way, a person's illness affects the workplace, especially when it is an illness that is universally feared, such as cancer. This in turn affects the ambience of the environment for the ill person as well as their colleagues. School communities are faced with how to respond to the children of ill parents. As a way to address both the needs of the individual with cancer and the school community, The Wellness Community has provided educational conferences for school personnel regarding how to respond to and work with families when a parent has cancer. Towns are affected by awareness of an increase in the incidence of a particular illness among them. The effects continue to permeate all of the circles.

While the immediate sense of the impact on these communities is one of weightiness, there is also, embedded in this experience, the opportunity for positive effects on the community. Acknowledging and coming to the support of people with

illness enriches a community. It is a vehicle for facing the realities of life on this planet; for learning that living with illness, even dying, is something that can be done with grace; it provides reassurance for people that should they find themselves in need of the support of a community, it will be there for them- mitigating the essential feelings of aloneness that we all struggle with. In my experience, the opportunity my children had to see our own community gather around us in times of serious illness, and to be involved in The Wellness Community as volunteers, has taught them the value of human connection, that there is true kindness in the world, and has, I hope, ensured that they will carry with them the value of community support into whatever spheres they travel in over the course of their lives.

In an interview with Dr. Lisa Berkman, Chair and Professor of the Department of Health and Social Behavior and Professor of Epidemiology at the Harvard School of Public Health, she spoke with Dr. Ornish about the value of giving support. He quotes Dr. Berkman as saying, "...I think it's important that, in the long run, relationships are reciprocal. It's not always what you're getting, but what you are giving that counts. What often keeps older people going is what they can give, not just what they are getting, which is why the grandchildren become so important in France. When there is no more reason to give, they die" (Berkman, in Ornish, 1998, page 195).

Dr. Berkman addresses the responsibilities that come with strong community. "It's not without responsibility and obligation and some constraints on people, but it's probably what makes societies tie together. It's the kind of network structure that is probably what promotes health" (Berkman, in Ornish, 1998, page 196). Relationships, community, are two-way streets. And the benefits of them come to people on both ends. In keeping with the tone of Dr. Cottle's wonderful talk, I would like to close with another poem of Mary Oliver, who seems to capture the emotional landscape of human existence through difficult times so well.

The Wild Geese

"You do not have to be good"

You do not have to walk on your knees
For a hundred miles through the desert repenting.
You only have to let the soft animal of your body love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes, over the prairies and the deep trees,
the mountains and the rivers,

Meanwhile the wild geese, high in the clean blue air,
Are heading home again. Whoever you are, no matter how lonely,
The world offers itself to your imagination
Calls to you like the wild geese, harsh and exciting –
Over and over announcing your place
In the family of things.”

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Elizabeth Tyson-Smith, MA, LMHC, CCMHC

Executive Director, Virginia Thurston Healing Garden

Introduction by David G. Satin, MD

Elizabeth Tyson-Smith earned her Masters Degree in Counseling Psychology at Lesley College Graduate School. She is co-founder and Executive Director of the Virginia Thurston Healing Garden, Inc. in Harvard, Massachusetts offering psychosocial support and complementary therapies to women with breast cancer. She was also the founder and facilitator of the Breast Cancer Support Group at the Deaconess-Nashoba Hospital in Ayer, Massachusetts. Mrs. Tyson-Smith has presented the workshop “Women’s Illness, Women’s Wellness: Hope, Health and Healing,” authored “Women With Chronic Illness: Avoiding Disconnection,” and is an affiliate of the Study Group of the Jean Baker Miller Institute at the Stone Center, Wellesley College. Mrs. Tyson-Smith offers us a focused view of the interrelationship of individual and groups in the persons of women coping with breast cancer. She sees this through the eyes of the individuals, clinging to and recreating their selves, with the loving and life-giving support of their sisters.

Elizabeth Tyson-Smith, MA, LMHC, CCMHC—Illness and Community: A New Paradigm of Treatment for Women with Breast Cancer

My focus today is that of women’s emotional experience of breast cancer and their need for a healing community. I hope the information I will present will underscore the truths Dr. Cottle offers regarding the traumatic impact of dis-affirmation on the development of self, and support the important observations Dr. Berman makes from her wonderful work at the Wellness Community and her personal perspective and understanding of cancer.

What can we as clinicians offer women and their families- women diagnosed with breast cancer, who are mainly adults, with their identities already established? How can we mitigate their feelings of isolation? How dis-affirming is it for a woman to be thrust into the medical environment and labeled a “breast cancer patient,” learning a language she never wished to know, experiencing all too many moments of exposing her breast, being touched, marked on, photographed, cut, radiated, and infused with a medication that basically could kill her? To have all this happen within days of being told she has breast cancer- a terminal illness? With no warning, no symptoms, she learns this malignancy has probably been growing in her breast for over six years. The suddenness of the diagnosis and the extreme severity of treatment take her breath away- impacting as well all those who know her, love her and see her as a healthy woman. Indeed, the sense of “normal” has been lost. Life no longer presents itself in a way that is predictable

and easily tolerated or understood. The ability- actually, the luxury of taking our health for granted- disappears. This is extreme emotional trauma in many forms, as Dr. Berman referenced in Pollin's work identifying "Eight Fears" ill people experience (Pollin and Galant, 1994). Unless this trauma is interrupted, certain aspects of it may linger a long time, often as an unremitting anxiety disorder.

So what can we offer ill people in community mental health? We cannot offer a cure, but we can offer healing. The simple answer is we can create community- a forum to validate the person's reality. This establishes an authentic connection, interrupting chaos, and grounding the person. Women with life-threatening illness, especially breast cancer, can, with the help of a community of support, attain a positive adaptation to illness, learn to live with the fears of recurrence and possible death and maintain their sense of hope and their identity as a person, not as an illness. I will use as context the research I have done as part of a study group on Women and Disability at the Stone Center and my work as co-founder and executive director of the Virginia Thurston Healing Garden, a non-profit organization which provides a community of support for women with breast cancer, with no financial barriers to treatment, in a special healing environment in nature.

The Theory of The 3Rs

I have been in private practice for over 20 years; the last 10 with women with breast cancer. This focus came out of my own emotional path when I was diagnosed and treated for breast cancer in 1990. Looking back on that time, I am gratified that now there is more recognition regarding the need for treatment of the psychological impact of illness on people, and that communities such as the Wellness Community exist for people with cancer.

In 1994, I joined a small group of clinicians under the auspices of Dr. Jean Baker Miller and colleagues at the Stone Center to study and research women's ability to cope with chronic illness and disability. Our group is comprised of five women who live with serious illness: rheumatoid arthritis, multiple sclerosis, chronic fatigue syndrome, and myself with breast cancer. Although there is no widely accepted term for the particular segment of the population we represent or study, we defined this group as women with adult-onset chronic illness that is non-congenital, including AIDS and cancer, which we see as chronic as well as life-threatening illnesses. Over five years, working within the framework of Relational Theory, we investigated how women coped with serious illnesses, searching for patterns that were adaptive. We investigated the personal meaning of life-changing events imposed by the development of serious illness that is profound to both the person with illness and the environment in which she lives.

In our clinical work, we see relationships- the inner sense of connection with others- as the central feature of women's development. Connection is key to development and mutual interaction in which people participate together, enlarging themselves, others and their connection, is essential as noted in the Stone Center Relational Theory model (Miller, 1984; Surrey, 1985; Jordan, 1991). We feel that the quality of women's relationships is central to our ability to live successfully with illness. That quality, in fact, can facilitate or hinder our ability to cope. The denial of illness from a loved one can challenge our own recognition of and adaptation to illness, while support and reciprocity can foster our process of coming to terms with an illness.

Relationships are mutual, with connection flowing between the caregiver and the woman who is ill. This mutuality is particularly beneficial in the "doctor-patient" relationship. And in groups, I have seen many examples of women who are terribly ill, yet so supportive of another woman who is in better health. Although their physical health has changed, their capacity of "being-in-relation," to care for, be empathic to and connected with others, remains (Jordan, 1997; p. 29). In a community of support, many opportunities for such connections exist.

In 1999 our group published a paper in which we postulate the concept of "The Three R's: Recognition, Renegotiation and Regeneration" as key to women's positive adaptation to living with chronic illness. These concepts are nonlinear processes that can recur throughout a woman's lifetime.

Recognition is the conscious awareness of a serious change in health status, including what may be a shortened life span. It is a process that is separate from, but related to, a diagnosis, in that one may be aware of a shift in health long before medical confirmation. Except, in the diagnosis of breast cancer. That is more shocking due to its typical absence of any symptoms of illness. Discovering the lump or having the mammography is discovery and diagnosis at the same time.

Recognition takes many forms; it is a lifelong process that involves mourning loss of health and identifying bodily changes that can occur daily. Recognition addresses the existence of the illness as well as its effects on women's relationships. The traumatic impact of the chronic nature of illness- ongoing symptoms, recurrences, disabling episodes- may lead to disconnection between people. One may isolate herself out of fear or shame, while loved ones may withdraw in response to their own fears. This is disaffirming and disheartening. If others can assist a woman with ownership of her illness, connection will be maintained. Equilibrium can be restored with mutual empathy, reconnection and open communication.

The recognition of the reality of breast cancer, an often-fatal illness, is extremely difficult. There are no answers to our questions of why and how. An early cancer still means long and arduous treatment. Many women struggle to have a "positive attitude;"

others need to negate their health situation. But denial is an expected piece of the recognition process, for it allows time to take in the truth of the situation. Only if no real recognition is achieved, will denial become a contributor to trauma.

As mentioned before, the shock of diagnosis on a usually healthy woman makes it as one woman said to me, “the September 11th of my life.” In a community of support, with groups of others in like situations, the words of disbelief and fear receive empathic acknowledgement. The knowledge that life will never be the same is greeted by kind looks and slow nods, and women do begin to recognize their truth: they have breast cancer. The community supports them as they begin to accept this reality, with all its unknowns. This is recognition as the first step toward not being caught in the trauma, for gaining a modicum of emotional control. And the connection with a caring community helps maintain control, even if breast cancer returns.

Renegotiation is the process of integrating the experience of illness into one’s reality- who am I now? A woman is not her illness- she is a woman who has become ill or disabled. Illness does not stop us from participating in life, but the meaning we assign to it, that we cannot participate in life because of it, may be more limiting than the illness itself (Remen, R., 1996). This integrative process involves new learning in all relationships, with oneself and others. The Recognition of the new health reality becomes a stepping-stone for Renegotiating one’s own needs and her response to the needs of others. As time goes on, particularly with symptomatic chronic illnesses, the process of renegotiation continues. Moving toward connection and empathy in relationships is a crucial and valuable piece of this work.

This process is about choices, which many women may not know they have. In group, women laugh at themselves as they describe telling other people how well they are doing, continuing to work, chauffeuring their kids around, etc., even as they acknowledge to each other how frustrated they are that they do this. Many women have a need to appear at peak form even during treatment. Why? It is how women often react to illness- to just keep on going. Staying connected with others even in their pain and fear feels too risky. Intimate relationships demand honesty, but women are very good at protecting their loved ones from pain. They need encouragement to find their voice- that one they hide from in the middle of the night. Couples so often protect one another from their fears. As I said to my husband, “You cannot scare me with your fears of my death. I scare myself with those fears constantly.” Talking about fear of death, of treatment, of sickness, reinforces connection in our relationships and interrupts isolation. Women need to have permission to speak their fears and not try to be all things to all people, and spouses need to express their fears even though they cannot fix the situation, which often is a big issue for spouses. When they do speak, they have renegotiated something in that relationship, changed a prior dynamic.

At varying times in this experience of illness most women need to renegotiate their own sense of self- no longer as a “breast cancer patient” but as a person, a woman, mother, spouse, professional, physicist- all the positive identifications of self she was prior to diagnosis. “Who am I now?” is a frequent question. There are very important sexual identity issues that arise after surgery, libido issues after chemotherapy- which generally forces women into menopause- and the horrible experience- way beyond vanity of losing all one’s hair on top of everything else. Breast cancer may be an invisible illness, but the treatment for it is very visible, and the impact on others is very noticeable. Renegotiation is not simple- as Dr. Berman noted, others do distance themselves from those who are ill in a misguided effort to push away the illness itself. Or, they take on a pitying stance. This is dis-affirming and not validating of one’s reality.

Regeneration is the process of creating meaning and connection in one’s life. Serious illness is very consuming. Most women are very traumatized after treatment ends, when they have no sense of doing something about their illness. They have lost the structure of the many appointments, new relationships and dependence on the medical system. Their life has been altered forever. Yet they want to move forward. Unfortunately, the ending of treatment may be more distressing than happy, as many women now let down and actually experience the emotional trauma over again. Some PTSD symptoms may arise in the form of flashbacks, depression and anxiety. Women tell me they cannot tolerate worrying about every ache and pain as if it may be a recurrence. They feel their friends will not continue to be supportive about this worry. My group says, “People don’t get it until they get it.” Everyone desperately wants to believe we are cured, that we are safe, that they will not lose us. We want to regain control of our lives, what one of our therapists calls “our new normal,” but it can be a fine line to walk. It takes time, and ongoing good health, to begin to look forward instead of back. One learns to value each precious moment of health and to build on health by taking care of ourselves- trying out meditation, self-care, group support, a walk on the beach.

Finding meaning and connection in life is regenerative when we discover a deepening awareness of the positive relationships still in our lives, and especially the bonds we have made with other women with breast cancer. It can also provide an opportunity to recognize those relationships that are harmful, enabling us to take steps to heal, change or end them. Regeneration may evolve as a shift in focus of one’s career and personal interests. Some women become political and join the organizations that empower them to empower others, or raise money for breast cancer research, or simply to raise awareness of this illness. And, some women leave it all behind and do not utter the words “breast cancer” again. There is no script for this- what matters is making meaning authentic to the person, and continuing to live life fully.

Our study group applies the 3R's as a framework for any chronic/life-threatening illness because we find all three processes support emotional growth. Learning to face one's fears, frustrations and disappointments in important relationships is empowering for both parties. Giving voice to one's experience with illness is courageous; courage can inspire growth and empower others to connect with their potential for courage as well. And finally, the 3R's may be affirming of the person's experience of illness and liberating as a framework for emotional change. The framework of the 3R's has been very helpful for me at the Healing Garden in individual, group, couples and family work with this population of women. It explains and often normalizes the situation to suggest this concept and offer it as another tool in coping with the illness experience.

The Virginia Thurston Healing Garden

When I was asked to plan the concept of the Healing Garden the mission came clear very quickly, "A community of support for women with breast cancer, with no financial barriers to treatment, in a healing garden environment." We provide the connections women need to empower them to cope well with the experience of breast cancer. We offer support groups geared either to early diagnosis, recurrence, or post-treatment issues. We also offer individual, couples and family counseling. In addition to this psychosocial support, we provide specific complementary therapies. Our location is in a 10-acre, forty-year-old garden planned by the Thurstons when they first moved to this property. Our therapists mainly volunteer their services so everyone has access to care.

A word about complementary therapies: our therapies are not alternative in the idea of being an alternative to medical treatment. They are complementary to and integrated with standard medical treatment for breast cancer. The National Center for Complementary and Alternate Medicine (NCCAM) at the National Institutes of Health recognizes certain complementary therapies as "those which may be reasonably recommended by physicians for positive effects on survival, and possible palliative effects of treatment side effects on cancer patients" (Annals of Internal Medicine, Vol. 137, Number 11, December 2002). These therapies are acupuncture, various types of massage, nutritional counseling, mind-body therapies (visualization, relaxation, meditation), and exercise. At the Healing Garden we offer those therapies in addition to yoga and a "gardening as therapy" course.

The uniqueness of the Healing Garden is in this combination of elements, for it provides a menu of services, at low to no cost, to women who are walking the long road through breast cancer. In our cottage, with living room chairs and garden views, the space is sparkling; outside, the gardens provide the only constancy we can take for granted: the constancy of nature, of daybreak and sunset, of seasons, growth, renewal,

harmony and safety. I cannot stress enough the value of an environment such as this for healing. There is such magic in nature's beauty, and such healing potential for the soul. The Healing Garden is unique in being able to integrate such an environment into our programs. The gardens are open to our clients, and they are encouraged to plant, prune and weed, if they wish. Someday we will have a greenhouse, so we can work in nature in the winter. The Healing Garden model could be replicated anywhere.

I offer the concept of the Healing Garden together with the framework of the 3R's as a new paradigm of non-medical treatment for breast cancer. Integrating mind-body therapies with prescribed medical treatment, in a special healing environment, provides people with tools that assist them with positive adaptation to this illness. This is what we can provide in community mental health- a community of support, hope, education, and a special environment. In the spirit of addressing the tone again of healing in the face of difficult times, I too wish to contribute a short poem that addresses not only "the September 11th of my life" but the wonderful offering to us all:

The Peace of Wild Things by Wallace Berry

"When despair for the world grows in me
And I wake in the night at the least sound
In fear of what my life and my children's lives may be,
I go and lie down where the wood drake
Rests in his beauty on the water, and the great heron feeds.
I come into the peace of wild things
Who do not tax their lives with forethought of grief.
I come into the presence of still water.
And I feel above me the day-blind stars
Waiting with their light. For a time
I rest in the grace of the world, and am free."

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Discussion

Thomas Cottle:

I'm just reflecting on a lot of things most of them very, very personal because I'm old, and I'm trying to figure out a whole host of different things. I was telling the people out here that I don't know if I've mentioned in the talk, but I've just written a book about my mother and the subtitle is 'Discovering My Mother.' She was someone who I grew up in a bit of a conflictual relationship with, and it was all her fault I want you to know. And as I listen to the work that you do and the experiences that you have...I'm sure you've heard this a million times before, and you both alluded to it, you have to get cancer before someone turns around and says, 'I love you, I'm here for you.'

One of the struggles of my life was that I didn't have cancer, I didn't cause any problems for anybody. I never got these kinds of affirmations. I think you were saying that you can get it later in life, you can have difficulties as a child but can come back. God worked it out that I went to a phenomenal school that was designed by, of all people, John Dewey. Bruno Bettelheim was our guidance counselor, if you can believe this. We were so terrified of him we wouldn't have gone there to save our souls. He was succeeded by a psychologist who some of you probably know, Erica Fromm? We would go to save our souls. Actually most of the guys would go because we thought she was so pretty, and that place really rescued us, and it reminds me of the Hubie Jones. Remember Hubie Jones was at that point the Dean of the School of Social Work at Boston University, and he said it's amazing how schools can actually kill kids. But it can also redeem them, it can save them, and I saw in that school a lot of the teachers actually being refugees of outside the United States, people who ran from the Holocaust who really, really kept us alive, who kept us going. They knew our names- just that business of recognition part that you see me, that you genuinely see me. You don't see my illness, you don't see my symptom.

I grew up in a world where my family bought into psychoanalysis hook, line, and sinker, so much so that it always puts me in mind of Freud's wonderful notion when he came to Worcester, you all know the story that when Harvard Medical School, that esteemed institution wanted to bring, I know you know the story, wanted to bring the father of psychoanalysis, they brought Carl Jung. And in the introduction, the dean of the medical school said, 'So ladies and gentlemen, I want to introduce the father of psychoanalysis, Sigmund Freud,' in what has jokingly become a Jungian slip of the tongue, I guess. Freud was then asked, as you recall, by Clark to give what became the Clark lectures, and when asked, 'What do you think is going to happen to psychoanalysis in the United States,' Freud said, 'It's doomed because of it's uncritical acceptance.'

In listening to both of you, there's always that part of me that says how mindful we have to be, how careful we have to be, how thoughtful we have to be, and how fabulous it

is when you encounter people like my wife who continues to save my life, or the environment of Maine, which I get to as often as I can, where we've named all the animals. Now I know it's not the same animal, I'm telling you that chipmunk is Stewart, he comes again and again, etc., etc. So a part of me thinks that it's so easy, and then I think of Whitehead saying, 'Seek simplicity, and when you find it, doubt it.' And another part of me that says it is just constant dedication, but the one thing that I come back to, that thing about affirmations and the work that you do and the work that you do. How important that work has been for Judy, my sister, who experienced breast cancer and then turned around and did what both of you did, she turned around and said, 'Now I'm got to do something.'

Here's a quick interesting story. Two weeks after she left the hospital she developed hepatitis. Her husband at the time, a delectable man, said, 'Let's sue.' She said, 'How can I sue the very people that kept me alive? I would not sue the very people who had kept me alive.' She was back at the exact same bed in the exact same hospital room I think 17 days later. So I think about those things, I think about the extraordinary acts of kindness that people do in these moments, and then I think about this statement by a renowned physician who said, 'In the end, love is the grand educator.' And I put to you as a riddle, do you know who it was? No, it wasn't Erich Lindemann, though he might have said it. Do you know who said in the end, toward the end of his life he wrote 'In the end, love is the grand educator,' and you'll never, ever guess that it was Sigmund Freud. Of all the people with complicated theories of libido this and envy of that, and this to this and bup da do, here he says maybe what you just really have to do is deeply love people in this ethical way, in the way that the two of you do, and there's no question Hubie Jones was right: It does nothing more than save lives.

Elizabeth Tyson-Smith:

I really agree. I have to say that the work, seeing the women come into The Garden, they are all coming in almost always recently diagnosed, and I'm sure you have this too, and they are so terrified. And I can certainly relate to that, and when they come in during the summertime I always do an intake in the garden. We walk around the garden, and we are very fortunate to be able to do that, and I can see them just slowly calming down, and when they come back into the office, they're back, you know? And that unconditional positive regard or true love or relationship that heals- all of that is so important to someone who feels so different. Because that moment of diagnosis, I can't even explain it either, I cannot explain how I felt except fear, that all I know was there was change, and I'm not the same. I don't know if that's bad because I see my regeneration as a positive thing, it's just that we really need to pay these dues to get there. But it is an interesting concept, and a very profound concept that if you can reach out to someone with a

genuine acceptance of them no matter what they look like, talk like, smell like, do or don't do, you will know in a second you have a relationship that's healing. It's not rocket science and we could take it to our physicians in our hospitals and if they only more time so they could do that, it would be more healing in big institutions.

Harriet Berman:

I think one of the startling things that I see again and again is that the barriers between people are just dropped when they're in a community with people who are sharing their experience. And the relationships and the friendships are like, "I don't get it, you know these are two people whoever it might be, that never have crossed paths, and certainly would never have become friends." And I saw that in the groups that I was part of- the people with Ph.D.'s and people who were selling soaps, and it's just a great equalizer, I guess, any kind of hardship. And the other thing I was thinking the other day was the privilege that I feel I have working in a place where someone can walk in off the street and there's always someone who will say, 'Come in here, let's talk.'

In most health care centers there's not the privilege, the privilege of doing that doesn't exist- people are all about productivity. Fortunately, I work in a place where money isn't an issue. Well, it's an issue, and anyone who wants to write a check that's here you can write a check, but I mean it's not an issue between the people who come to us and the staff, and I had this experience the other day. These people wandered and she wasn't feeling well enough to stay for the orientation, and she wanted the name of an acupuncturist, and there was something that just said to me, "This woman needs to sit down with someone." And to be able to do that feels like such a privilege, and it's what makes me go back every day.

It's pretty profound, and we don't have that reception, as we say, in our lives on a day-to-day basis. I remember when I was first diagnosed, I remember being in the supermarket and it was a busy supermarket day and I felt like I was in a bubble, I literally felt like I had this bubble around me, and totally out of contact with everyone, and aware that I was thinking about things and feeling things that nobody else in that big supermarket was feeling. And that was one of the worst experiences in my life, and I'd just been fortunate to not feel that alone, but I think that's what people feel, and somebody says to them, 'You've got something to deal with now that was not part of your plan.'

Thomas Cottle:

...You said that there's always this place that someone can go to, when they get there, someone says, 'Why don't we just go and talk or we'll just go in the garden we'll just wander around. I was thinking about all of Sara Kahn and Lane Kahn's work, and I think

that 50% of all 11-year-old children go home to an empty house every night. There's no one to offer them a cookie or anything. The other thought I had is when there is not a connection, when you're isolated, 'Oh, you're the lady with the breast cancer,' and you suddenly think someone's just thrown you against the wall. And part of the 3R's the isolation that you talk about and the loss of control and the loss. And the loss boys particularly, women and girls certainly, but boys get angry, and when I see the anger in a lot of boys, and I know how important connection and loss is to them, that has been my life, this connection and loss, connection and loss. I think of Alan Young's wonderful remark- he's a Canadian psychiatrist- that anger is pain remembered. But then there's Auden's wonderful line that anger is a form of wandering mourning, and that so many people are walking around in the world literally in mourning. Just as Lindemann wrote in this, they're in grief reactions, and who will connect with them?

And I'm going to name drop if you'll forgive me, but David alluded to work in television and one of the wonderful, wonderful people I got to know in television that I came very close with was Fred Rogers, and one day, to tell you who Fred Rogers is he called me about some matter, and he heard my voice, my typical depressed Jewish voice, 'Hello?' 'Tom?' 'Yeah?' 'It's Fred.' 'Oh, hi Fred.' You know if he were at all of a mortal order he would have said, 'Why the hell don't you get on Prozac or Zoloft or something, geez.' He says, 'Is something wrong?' So I said on this particular day, 'Yeah, Fred, I'm having a bit of a problem.' Now, this is what this man said from Pittsburgh to Boston, long distance, without missing a note, 'Then let it be my problem too.' The problem ended. Anger is a form of wandering mourning. I just needed somebody there. Come in. Come in the garden. We'll look at rhododendrons for ten minutes--you'll feel different. Just don't eat the leaves. That's my association.

Harriet Berman:

I think people often also don't realize that what they need is somebody to be there for them and connect. Often people will say to people who are sick, 'What can I do for you?' and we've come over the years to help people who care about other people to not say, 'What can I do for you?' but to say, 'Can I go to the store for you? Can I walk the dog for you?' To be very specific because people don't know what they need, and I remember when I was diagnosed I was in my office between patients and I talked to the doctor. Later on I understood this wasn't really the way he should have done it, but I was in my office and my husband was in the office next to me and he came in in between patients and said, 'Did you talk to the doctor?' and I said, 'Yeah, it's not good,' or something, and he had a patient in the waiting room so he went out back. And, fortunately, this was like God was looking down on me, I had two patients in a row cancel right after that happened, so I didn't know what to do.

I was sitting there in my office, so I called a friend and she said, 'Where can you meet me?' It was like I hadn't even thought of it, I would never have thought of it. She said, 'I'll stop at your house, I'll get your sneakers and let's meet.' And I happened to be out in Concord. She met me at Walden Pond. We walked around Walden Pond and I went back to the office and saw the rest of my patients. And it was just that, first of all, it was her knowing exactly what to do, and it was good fortune that she was there when I called her, but that contact with someone who could just remind me that I was still part of the world and that I hadn't dropped off the face of the earth into some abyss, was exactly what I needed. Had she said, 'What can I do for you?' I would have said, 'Oh no, I'm fine.'

David Satin:

Since there's so much agreement about the importance of relationship and the importance of community, let me test the limits of that. Are there some limits to that? Is there some time that people need to be alone? Are there some people who need to be alone and who, for one reason or another, don't get much from others or are so stressed by the effort for the relationship with others that this is not the treatment of choice for them. Are there selective populations?

Unknown Speaker:

Well I mean, I always say this is not the right thing for everyone, being in a group, but I still think they need connection somewhere. I think, in Winnicott's term, the capacity to be alone has a lot to do with the connections that you've made and the positive affirmation that you've gotten. But absolutely there are people for whom the best way of coping is to not talk to anyone else who has cancer and there are people who say to me, 'How can you do this? Didn't you want to get as far away from it as possible?' and I say to people that this is the way I cope. This is my way of managing my own anxiety-being around people all the time and also being around people who have the thing that I'm most afraid of.

But I know that for some people others say to them, 'You're in denial,' well, I don't know what means. 'You're in denial because every minute you're not thinking about the fact that you have a life-threatening illness...' You know, I think when you go to the doctor you think about it and then you go live your life. For some people living, we all know everybody has very different personality makeup and style, and I think for some people it's far too anxiety-provoking to be with other people with cancer and that's fine. They'll deal with it some other way. But I don't believe, in the larger sense that it's generally better for anyone to be disconnected. I have a hard time with that. Somebody may be able to argue that, because I don't think when I think about community I'm not

just thinking about the support group in the wellness community. I'm thinking about feeling like you have a place in this world, and I guess my belief is that everybody needs that. It might be a very strange place to someone else what somebody else decides feels right, so I think that how you cope with the diagnosis and the illness is very individual, but that I think everybody needs to feel somebody values them because why have treatment if nobody's validated you, because you can't validate yourself.

David Satin:

You cannot validate yourself...that puts you in the position to relate equally with others, selectively with others, or to survive when there aren't others, or at least others who validate you. Is there also an inner strength?

Thomas Cottle:

I'll answer. I think the affirmed soul can affirm him- or herself...just like the affirmed soul longs for solitude, particularly when seeking some kind of creative efforts. 'I long to be alone' is an expression not just of narcissistic, antisocial people. There are times when I think the self, as Kant says, has to let itself appear to itself and work on itself, etc., etc., so...

David Satin:

To like your own company.

Thomas Cottle:

I think it's nice to like your own company, but I feel somehow you've learned to like your own company or to dislike your own company. And I think you curse the person if you somehow communicate this- what I was calling these disaffirmations. If you disconfirm someone, disaffirm someone, you teach them how to really despise themselves and they're really very good at it. I don't know that I have it here with me, just been thinking further, people not only become self-destructive and socially destructive and violent, I think they're feeling from these disaffirmations that it is all dead. What you bring forth with disaffirmation is thanatos. You bring forth the death force. So I murder you. How can I murder you when, in my mind, you're already dead?

We're not killing these people- they're just enemy soldiers- screw 'em. They're just women, they're just this, they're just that, they're some subspecies. And so I think there are times when people do long for solitude, they have to paint alone, they have to walk alone, they have to garden alone, they have to clean the kitchen alone. There's some thing that she's doing that when we make it impossible. Rollo May calls it repression- we repress this creative urge, and Erich Fromm argued for it very strongly- that you have these creative urges that have to be supported. The child at school must be left on his/her

own at times. Then I think you have which, that's what I was trying to get in the section about the little boy, forgive me for making it a boy and not a girl, but I was thinking about Lukie, my grandson. He is his own little guy and there are times when he just goes out there and plays alone and looks for toads, and there are times when he comes and tortures his sister. Then there's times when he does whatever he does, so I think there are times when it works. The problem is, has somebody taught us the strength and the courage to be alone, have they dissuaded from that. I would suggest that organizations like these two extraordinary people have created make it possible for people to be alone at night, for a woman to be alone at night, even if somebody's lying there next to her, and not be absolutely overwhelmed by the thoughts and the fears that normally she would be having. That's a wonderful gift to somebody, to be able to say to your spouse, to your lover, your son, your daughter, your friend, 'Come be alone with me.'

Unknown Speaker:

I've had the experience of people calling me and saying, 'Well, what do you do there?' and I'll say, and 'Well, I'm not interested,' 'And really you're not interested? Well, what would you like to have happen?' 'Well, I'd just like to come. Could I just come?' I say, 'Sure, come.' And we have that too- people just come. And they come in the door, and there's always someone there to greet them. I've had people say, 'You know, I haven't told anyone about this except my husband. I haven't told,' I had a woman who said, 'I haven't told my mother.' You can only imagine the kind of relationship she must have had with her mother. But a woman I'm thinking of now who sat in my office just the other day and said, 'Oh, I'm so happy to meet you. I haven't told anyone at Harvard I have breast cancer.' Now this woman is a very, what you call a pillar of support for the community, and I was surprised because she has a gazillion friends. And I said, 'You haven't--why not?' and she said, 'Well, I didn't want to bother them.'

You know, you can look at that both ways- it's either a very grandiose statement or a very humbling statement and I said, 'Why don't you share it with just one person, like me?' And she said, 'Oh, I guess I already have,' and then we talked more and she called me back. And I'm not trying to talk about my wonderful technique with these people, it was just a lovely moment when she said, 'I didn't realize what I could gain by speaking with somebody who's already had this illness who doesn't judge me or look at me from the Harvard point of view,' whatever that is. And I said, 'Good,' so she's coming back, but some people don't know what they need, and never knew what they needed all their lives. And to have been solitary individuals who we admire for their great strength, and they get something like this and they think, 'Oh- I don't know what to do,' but they do and they still are admired for their great strength. They don't understand that sharing their concern and sharing their pain is not a weakness, it's a strength because they are acting

in their own behalf, they are acting in a healthful way, as we say self-full instead of selfish. So I think that there is like no real answer to that question, such an individualistic issue. That's how I see it.

Unknown Speaker:

I think we do and it's fairly well-documented that meditation serves people very well in challenging- even if you're not facing a challenging situation- and I think learning how to meditate and visualization, it is a way of being alone with yourself, very alone with yourself. But I think the key is you can be alone if you don't feel alone, in a sense. You can be by yourself without tremendous anxiety, and I think that's what happens to people who don't have the capacity to be alone. There's a deep fear and anxiety that they experience when they're by themselves- only if you're alone feeling some connection somewhere.

David Satin:

I wonder if people in the audience have some thoughts and some reactions?

Unknown Speaker:

I just wanted to say that I was just thinking of this last comment about the limits of community and self- that maybe how we think about community and how we think about connection is one way to approach it. Because I can be in community with myself as I think some people are suggesting, and I think it has to do with how aware I am, how mindful, how conscious I am, and how responsive I can be. I think another aspect is the Healing Garden- it's a good opportunity to be in community with nature, connection. Some people with spiritual practices who are alone but they are in community with some divinity or whatever their practice may recommend, so I was just thinking that that might be a way to expand and how we define community and connection. I just wanted to say that I'm also a cancer survivor and have been through all this community and the Healing Garden and just found it to be a terrific place. I also have a background in community development and psychology, so I'm just really delighted with the conversation today. Thank you.

Thomas Cottle:

Initials only--that's W-E-L-L...and he talked about what it was like being black in a primarily white school. He had nothing negative to say about Wellesley High School whatsoever. He did have a moment where he talked about when he goes with his white friends into a mall- I don't know exactly which mall he went into- and people come to him and say, 'What do you need? What do you want?' They weren't waiting on him because if he's a black kid, obviously he's going to steal something, etc., etc.

So about 30 places rejected him, and do you believe the New York Times Magazine accepts it? Well, that's pretty terrific. So I'm excited about this, and I read his little piece and that particular Sunday night my friend Craig Eisentraub is at a dinner party and a woman says, Did you see that piece in the New York Times?' 'Yes,' says Craig, 'that was written by a friend of mine.' 'Oh,' she says, 'I don't believe a word--he made it all up.' Right? Tuesday morning in the mail from my mentor, Robert Kohls, comes a note, and it says, verbatim: 'I saw your piece in the New York Times,' and listen what Bob Kohls says: 'I know that boy.' Which is his way of saying, how many millions of kids have told me stories that are just like that. He didn't say that was the most exceptional thing I've ever read. How do you get these children to speak to you? Right? He said in a loving, generous way, 'I know that boy.'

It's such a subtle way of saying, 'Now the point of all this...' and I think it's the point of a lot of what we're talking about. Kant said it all- there is no perception without conception. If you can see the black kids as talking in only one particular way, if they speak articulately for three minutes, it's amazing, but we don't give people a chance to tell their stories, and they're telling stories about what happened.

Thomas Cottle:

But people are, I think that people are even more than articulate. I think they're eloquent and poetic because they're speaking about themselves. I mean, if I ask this woman, 'So, what did you thinking of this Levinas guy? and have you read Adrian Peperzak's explicate?' She would have said, 'Say what? Say what?' but I always think of that Kohl's story and the woman who's name I will not mention, but she's a conservative.

Unknown Speaker:

Thank you all very much for a wonderful afternoon on this Friday, but one thing that I found very pleasant in all of your presentations is that you come across well-rounded in the sense that you recognize the individual as not just an intellectual self, but someone who comes with their stories- someone who's connected to nature and the ecological self, different communities, and you've used literature and poetry that you've related to further accentuate points. I lost my job recently at one of the universities in Cambridge- It's ok, I'm doing fine, just came back from Hawaii- so within the office I worked there was a gentleman. He was extremely intelligent, had won awards for his field of study, yet wasn't well-rounded, and he was older than myself and has many more commitments than myself. He lost his job as well because he wasn't able to integrate other people's stories, he wasn't as well-rounded. He was very narrow in what he was able to do. And the point that I want to say that I think is so beneficial to the field that you work in and which I believe so much myself is that this well-roundedness, using literature and

informing yourselves, looking at a human being as more than just the knowledge that they apply or intellectually solving problems. We're very good at testing people but people are much more than that, and if we listen to them as was mentioned they'll say a lot. I feel that all of you exemplify that in your own experiences of helping people and I think that's great. I think that what you're doing is wonderful, and it was a pleasure to listen to all of you.

David Satin:

A nice ending to the Lindemann Memorial Lecture. I want to thank Professor Cottle, Dr. Berman, and Mrs. Tyson-Smith for introducing us to a wider world- widening our world in understanding about community and individual, and I hope you will all keep an eye out for the 27th Lindemann Memorial lecture next spring. Thank you.