

Interview with Dr. Jerome Gans

I have been asked to interview you for the MAGPS newsletter for an article that will run before our Spring Meeting that you will lead. In the interest of full disclosure: as soon as I learned that you were to be our presenter, I volunteered to be a small group leader for the weekend so as to have an opportunity to know you better. I am a fan of your writing, and I liked very much being a fellow member with you in two workshops at AGPA's Washington meeting.

Q: How does the Topic "Using One's Whole Self as a Group Therapist" reflect your current professional interest/focus?

A: Historically, the mental health profession has focused more on what is wrong with our patients than what is healthy about them. We have been more proficient in trying to understand and treat psychopathology than we have been in coming to appreciate, for example, the courage involved in some of our more disturbed patients simply making it through each day. Even with regard to we therapists, it would seem that our personal experience is significant only for the countertransference difficulties it might produce. This tendency to accentuate the negative, as I look back, existed in my medical school education as well. When the doctor conducted a Review of Systems, if there were no problems, the doctor wrote "Negative" in the chart. If, on the other hand, the patient reported a disease - congestive heart failure or glaucoma or thyroid disease - in one of the body's systems, we wrote "Positive" for these diseases under that body system. In other words, unwittingly, we viewed health as a negative phenomenon.

I began to wonder about this emphasis on the negative. Part of the explanation of this viewpoint seemed straightforward: people come to us because they are suffering, feel something is wrong with them, or feel ashamed of their limitations or their failures. Focused on or even mesmerized by these difficulties, we lose sight of the fact that people are more than their problems or their suffering. All people have one thing that no one else has, namely, their experience as they have experienced it. It may stink, they may not have elected to have it - but it is unique and it is theirs. Part of our job is to help them value their experience and to use it in a more productive fashion. We don't provide people with answers; we help them realize that somewhere embedded in their experience, painful as it may have been, are important life lessons from which they can derive benefit. To paraphrase Freud, we therapists will not be able to help our patients utilize the important lessons culled from their personal experience until we began to value, talk about, and write more about our own. It goes without saying that our *professional* experience is a major component of our therapeutic presence. But, I believe, we have not fully

thought about, cultivated, and honored the contributions our personal experience adds to our healing interventions. Both sources are necessary for our full development as therapists. The personal without the professional runs the risk of being solipsistic where therapists believe they can be aware of nothing but their own personal experience. The professional without the personal often lacks inspiration, conviction, and authenticity.

Q: How does the topic fit into your personal evolution?

A: Couldn't it be possible – in fact, isn't it self-evident – that personal experience can also generate in us positive qualities such as competence, confidence, perspective, dependability, empathy, authenticity, and courage?

Many of the qualities that have made me an effective therapist come from my personal experience. My father, a middleman in the fruit business, had a very limited formal education but he knew from experience that if he didn't sell the strawberries, they would spoil. Somehow I internalized that pragmatic, tenacious grip on reality. My mother was the third oldest of nine children who lived and experienced three of her younger siblings' dying at home. Those losses accentuated my mother's feeling-filled nature and, although I wasn't aware of it until later in my life, increased my appreciation for personal suffering. When my sister married a Haitian and my Conservative Jewish parents temporarily disowned her and sat shiva, I suffered conflicting loyalties that helped me later as a therapist try to make room for everyone's subjectivity. My basketball coach stressed that you played in the game the way you played in practice, a compelling metaphor for life that I took seriously. A highly valued teacher in medical school would quote Terrence, the Roman poet and humanist, who said "Homo sum; humani nil a me alienum puto." or "I am a man (person); nothing human is alien (foreign) to me. This statement helped me truly appreciate that, basically, people are much more alike than they are different. My rabbi, Harold Kushner, the author of When Bad Things Happen to Good People, made the statement that "Everyone is religious. It is just a matter of what one decides to make one's God." This statement affirmed for me the fact that all of us have the opportunity, to one degree or another, to decide how we live our lives, and to what we assign major importance (assuming of course that we have a roof over our heads and a belly at least partly full). My wife has helped me develop my more generous side. She made me aware of support and understanding that our children needed that I was unaware of - oblivious to - thereby helping me soften my heart when I was at risk of my angry or hurt side getting the upper hand.

Going back to the premise that people are more alike than different, I have to believe that my fellow therapists also can locate similar seminal events in their personal experience from which they draw therapeutic inspiration and guidance. These experiences, and the lessons derived from them, deserve a seat in the front of the bus.

Q: How do you assess the current socio-cultural status of psychotherapy, and how is our topic relevant?

A: Many recent forces have contributed to the public denigration of psychotherapy and, by extension, the therapists who practice it. Managed care companies want a quick fix and would rather pay for medication than psychotherapy, which is more costly. Low insurance reimbursements for psychotherapy contribute to therapists' feelings of devaluation. Sensational media accounts of therapists' violations of patients overshadow the solid, helpful and ethical work that legions of therapists perform everyday. Despite the billions of dollars lost yearly in the workplace due to absenteeism caused by mental illness (de Maat,, Phillipszoom, Schoevers, et. al., 2007) therapists are accused of catering to the (merely) worried well. These devaluations, both subtle and overt, take their toll on us and add to the hard to endure feelings that our patients, as is their prerogative, place in us every day.

It is time for us to feel better about ourselves from the inside out. We need to be more proactive in regaining our self-esteem as a profession and there are signs that this is happening. A recent meta-analysis of 23 studies of long-term psychodynamic psychotherapy documents the effectiveness of this modality (Leichsenring & Rabung, 2008). The recent publication of the Group Psychotherapy Practice Guidelines published by the American Group Psychotherapy Association honors clinical experience and wisdom as well as research data (Bernard, Burlingame, Flores, et. al., 2008). A substantial subgroup of therapists, who appreciate that patients who can will pay out of pocket for our expertise and caring, have resigned from insurance panels. (It is worth noting that the public pays literally billions of dollars/year out of pocket for holistic remedies). I believe that valuing and documenting our personal experience and the important lessons learned from it empowers us and can only increase our self-esteem as psychotherapists as well as play a role in restoring the prestige of our profession.

Q: What you wrote is so personal and so thought-provoking. I thought I detected in your discussion of the toll taken on therapists by the various assaults on the value of our work a certain weariness, as if you were for the moment of your writing, embodying the very thing you described/decried.

A: I think (hope) I have emerged from the weariness of dealing with the denigration of our field. I would prefer to attribute what sounds like my fatigue to trying to tie up many loose ends before I leave for Chicago.

Q: You mentioned courage, and I recall reading papers you wrote on appreciating the courage of patients and also on the courage of therapists. How do you convey that appreciation in your groups? How do you (or do you) acknowledge your own courage?

A: When group members do something courageous, especially when it is not noted or appreciated by other group members, I make a point of calling attention to it and acknowledging it as courageous. The main point here is that what the patient in question did may not seem impressive objectively. It is the knowledge of the patient's inner life that allows the leader - or a tuned in group member - to appreciate the courage involved. For example, a patient may have grown up in a violent household. In a particular group session anger suddenly erupts between two members. As the interaction between these two members gets processed what may easily get lost is the courage it took for the patient in question not to flee from the room. It may have taken great courage for that member to endure his/her terror and actually remain in his/her seat. When I call attention to such a phenomenon it often has two effects: first, the courageous member feels recognized and appreciated and second, the other group members have the opportunity to wonder why they didn't notice the courageous behavior of the member in question. Hopefully, these other members may in the future be more likely to tune in on the courage of other group members.

My own courage I usually keep to myself. Occasionally a group member will pick up on it and say something appreciative - one of the fringe benefits of our work. Who was it who said "There is nothing more gratifying than doing something anonymously and then being recognized for it." Another question might be "How do I display my courage?" In recent years, I am more apt to share my process with the group, especially when I have transiently thought or felt something in the group of which I am ashamed (but not too ashamed). For example, last evening a woman was forcefully making the point that she does not feel that she is any better than anyone else in the room (wasn't it Freud who said "There are no negatives in the unconscious.") Later in the group I returned to her statement and acknowledged that I sometimes find myself thinking I'm superior to various members of the group - a happening that allows me silently to wonder what it is about myself that I'm feeling badly about that would make me resort to such restitutive thinking. I guess one could question, is this courage or expected competence. In another group in which I thought competitive feelings were being denied or avoided, one member was giving her thoughts about what another person had said. I

chimed in, "I have a better explanation", a comment for which I initially took flack but one that initiated productive discussion.

Q: Could you say something about the ways our topic relates particularly to group therapy.

A; I take it by "topic" that you are referring to using one's whole self in the therapeutic enterprise. Your question is a good one and I'm not sure that I have an answer. Here are a few thoughts. Only a small percentage of psychotherapists run psychodynamic groups. There are probably many reasons for this fact but one seems to be that clinicians are uncomfortable having their work observed by several people. It is virtually impossible to run groups and not make mistakes and not have one's blind spots noticed. We veterans hopefully get used to it but therapists just starting out are often terrified by such a prospect - if they can even put words to their fears. So much energy is bound up trying to look good and not make mistakes that a good deal of the Self gets left out of the therapeutic enterprise. I guess it takes time to have confidence that in using more of one's self that it is being done for the patients' benefit, and not simply an exercise in exhibitionism or trying to gain favor rather than trying to be useful.

Another thought. I believe that patients "know us" much more than we realize or admit. If we can invite their "knowing" in, and make it a part of the therapeutic process, if we can help them - and us - separate intuition from projection, both patient and therapist can learn a lot in the process.

Q: How will you be presenting the subject matter at the conference?

A: I'll respond concretely. I'm not doing power point, but will be lecturing, leading a discussion group where pre-selected participants discuss some personal experience from which they have culled important lessons for therapy and for life. Then I will lead a demo group. In the courage lecture, I will interact with the participants before making some more formal comments.

Q: What should we expect to learn or expand?

A: I hope participants will come away with excitement over thinking more about how their personal experience contributes to their therapeutic presence and permission to expand their therapeutic use of that awareness.

Dr. Gans' Biography

Jerry Gans is a Fellow of the American Group Psychotherapy Association (AGPA) and a Distinguished Life Fellow of the American Psychiatric Association. He is an Associate Clinical Professor of Psychiatry at Harvard Medical School and a Clinical Associate in Psychiatry at the Massachusetts General Hospital (MGH). Jerry has served as Co-Chair of the Annual Meeting and Co-Chair of the Institute Committee of AGPA as well as the Book Review Editor of the International Journal of Group Psychotherapy. He has also served as an AGPA Board Member and as Editor of the Group Circle, AGPA's newsletter. He has run the Training-group (T-group) for the psychiatric residents at the MGH-McLean combined residency program for the last 18 years. The residents named him teacher of the year in 2003. He is a supervisor at the Center for Psychoanalytic Studies at the MGH and over the years has supervised at seven training centers in the greater Boston area. The author of 45 refereed articles, book chapters, book reviews and newspaper articles, Jerry has published widely on group and individual psychotherapy, psychological aspects of physical rehabilitation, liaison psychiatry and psychotherapy and literature. Jerry has lectured, supervised, presented workshops and run demonstration groups locally, nationally and internationally on a variety of group psychotherapy topics. Jerry has a private practice in Wellesley, MA.