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AAP NEWSLETTER

AMERICAN ACADEMY OF PSYCHOTHERAPISTS

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SID JOURARD from Djakarta, Indonesia

Dear AAP Colleagues:

I am on board Chapman College's "World Campus Aloah" - the SS Universe Campus - on a round the world cruise. I am charged with the psychotherapeutic responsibilities to the whole college community aboard ship: 430 students, and 24 faculty, including Andy Devine (who is a good fellow and colleague).

This is the first part of my sabbatical year, and I sorely needed to get away for some fresh perspectives on myself and on my life. The magic of travel, of distance, of ship-board life has begun to take effect; and I've started writing again, am taking drawing classes and a folk-dance class, as well as seeing my clientele for quick-encounter type sessions, seldom seeing anyone more than once, though there are a couple that I have to see regularly, with more chronic characterological difficulties. The quick sessions are for depressions, homesickness, loneliness, identity crises, and the like. The students are mostly upper middle class. There are 6 black students (I think), and a half dozen Asians. The ship is Taiwanese. I've played cut-throat poker with the chief engineer and two others, and

These solutions are not desirable. Perhaps they would kill us. I feel certain that no solutions will. I would like to hear others' thoughts. I don't want us to be an American Psychiatric Association, American Psychological Association, Association for a Humanistic Psychology or anything else other than what we are and what we may become in our present context.

Inbreeding and stagnation of ideas and direction are the risks we run now. I can't guarantee we will be able to avoid or conquer these problems. I can guarantee the reverse. And I choose the one more in a multitude of attempts by groups and organizations trying to be all things to all people.

Sincerely,
Andy Devine
Jack Kehoe

1972 CONFERENCE AND INSTITUTE
AND BEYOND
by
DON LATHROP

The Renee Nell Show was one of the outstanding experiences I have had in the Academy. The people Renee had involved are unquestionably some of the leading scientific minds in the fields on which they spoke. For those Academy members who fear

CUT THE TOES SO THE
SHOE WILL FIT

(or: May the Patient Fit the Method)

by
RUTH C. COHEN

In my long teaching travels in German-speaking countries, I have found many loving companions and much gratifying work--bringing experientialism to therapists and educators. All along, however, as far as basic platforms are concerned, I find myself quite alone. I am up against questions by well-trained psychoanalysts which are identical with those we wrestled with in the United States 15 or 20 years ago, mainly those belonging to diagnostic and psychoanalytic systems, and the reign of medical models. There are anxious questions of my serious German colleagues whether the experiential participation of the therapist will not harm the patients; and that it seems heresy that a therapist who has not completed classical psychoanalytic training should be allowed to practice as a psychotherapist.

I can usually sustain my convictions and serenity very well. I've had too many good experiences with experiential methods to doubt their efficacy. Beyond this I have felt personally the carrying power of my home groups -- especially those of the A.A.P. and W.I.L.L. This has prevented me from feeling lonely. Beyond this I gave a lot of thought to the theoretical foundation of experiential therapy.

This spring, along this line, I made a discovery. In speaking to a large German convention audience, it occurred to me that experientialism, which I knew had popped up in various parts of the United States simultaneously, had

I learned a great deal and stayed with new questions. However, I also felt myself increasingly concerned, disquieted and saddened, not with Renee's program and her great success in bringing interesting topics and people together, but with things on the side which were not programmed. They happened in the hallways, in the workshops, in side conversations, and in my reading the Newsletter.

My happiness and belief in experientialism has been based upon my complete agreement with the basic assumption that therapist and patient are equal human beings with two different functions in their sessions: The patient wants to accomplish improvement in living and the therapist has the job to aid him in this endeavor (thereby likely improving his own, too). The equality in their humanness, not their function in the immediate therapeutic situation.

I remember the time when a patient had to fit the shoe of a therapy method, or he was called "incurable"; I liked the experientialists' openness of wondering whether the individual therapist at his stage of development, and the known methods were insufficient rather than the patient. What came to me in the hallways of the Holiday Inn and through the Newsletter was a "ghostly" atmosphere of a *deja-vu* in reverse. Now it reads: "The therapist matters. The patient is the tool to make him feel good." No longer do I need to worry about the therapist's right to live and to grow --

now my concern is for the patients. Do they fit the therapist's vision of how they should be treated? Will they understand the subtleties of his techniques and understand that "Fuck You" means "Think about yourself, Buddy"; and not "You are a lost soul." Will

is "To do my own thing," "To be honest," become the untouchable Sacred Cow? Has this trend in A.A.P. psychotherapists hooked on to olden times where the psychoanalytic patient had to fit the method or was incurable? "Take it or leave it -- leave it or fuck it -- who cares?" (I really do.) How can I continue in Europe stating proudly that experientialism works for both the patient and also the therapist unless I stick to what I believe experientialism is? It is from this angle that Swami's words, "to think only of the other fellow and not of the ego ("E-go")," gain importance. His world of reincarnation represents the extreme other side to which the pendulum swings, after hitting the ultimate of egoism: the simplicity of his quest to be there for others only equals the simplifying slogan: "Do your own thing." I cannot be healthy if I am not concerned for others. I cannot be healthy and happy if I am not concerned for myself. Yes, I am ego-centered, I am my center; yet there is no center without a field. I am my center in my field. You are your center in your field. The field is ours, including ourselves. We are partners within the same field and the same Universe. If I let my "Ego go," or if I "do my own thing" without the vision of who I am within my field, I may need a therapist who does not cut my toe to fit his shoe.

Love as always,

Ruth C. Cohn

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BEYOND THE COUCH

seed bed: the A.A.P. Workshop of the 50's and 60's. It was there that many of its exponents (like Perls, Whitaker, Warkentin, Guze, Ellis, Rogers, and many others, including myself) discussed their work freely, talked, and went back home filled with joy and conviction of a new therapeutic world. It was there that the first free-flowing "open workshops" were created -- or at least publicly used (Paul Frisch and Fran Harper).

I remember the workshop program which got me to my first A.A.P. Workshop (its second): "The Therapist's Personal Growth," 1961 (I believe). Who ever had heard about such a thing? The patients and their dynamics mattered and the therapist's skill did; not his/her growth -- this was his/her thing after office hours! Students in my analytic institute could not discuss their own experiences; to go into the personal aspect of countertransference was forbidden (I know this as a fact, as I had brought this topic up for discussion at a countertransference seminar). Being told that countertransference belonged in the student's personal analysis and not in supervision, I started my own private workshops. The paper which I wrote about them, three years later, had to wait for publication another three years; editors of traditional journals did not want to risk talking about analysts with personal problems in their journals. At that time, the A.A.P. became my spiritual home: Therapist and patient were seen as of equal humanness.

This year, after my lonely travels, looked forward, especially excitedly, to the A.A.P. convention and the friends I would see after I had missed meetings for the last three years.

The Convention was indeed beautiful. My senses and my mind started to spin

silent tootplay or a kick in the pants promote deep-level understanding and growth? Are the fears of therapists to fall for the patient's masochism and defeating patterns matched by their own need to outdo the patient (who then, like in childhood, has the choice to succumb or to make it in spite of his parents)? Is such "therapeutic" behavior the fertile ground for growth?

With equal concern, I react to this Newsletter's editor's victory song about being a target for his colleagues' "projections"; he is as right as most interpreting analysts used to be when every failure was coined patients' resistance, leaving the analyst's slate clean. (Don: Could it be that you became a target because others don't want to be just one-sidedly yours?)

I found this disconcerting spirit also in my own workshop about "Training-Intuition." There were newcomers and old friends and acquaintances, and I experienced some of them behaving in a way which confused and saddened me: Who cares about a co-member's ego strength or wish to be left alone and not to be analyzed or attacked -- It is important that "I do my own thing." They seem to say, as long as I can speak of my own feelings against a person's silly character armor, regardless of his/her circumstances and change-resistant attitude, everything is O.K. There was no honoring of a wish to be left alone, no wish to know what the other person's feelings were, no interest in validating intuition versus projection: Long live explosions and brilliance!

(Ghosts: "Good is what is good for the German people." (Goebbels) -- "What is good for General Motors is good for this country." (Wilson) -- "What is good for me is good for

by
EILEEN WALKENSTEIN

Eileen Walkenstein, a native of Philadelphia, received her M.D. degree at Women's Medical College of Pennsylvania, trained in Psychiatry at the Veterans Administration Hospital in the Bronx and in Child Psychiatry at the Jewish Board of Guardians in New York City. Eileen is a member of the Executive Council of the American Academy of Psychotherapists.

In discussing her new book, BEYOND THE COUCH, she states: "I am tactless, straightforward, and non-dainty in my language. The book is a vernacular, non-technical expression of my feelings in relation to the de-humanization of the human animal and the processes in America, especially in American medicine, and more particularly in American psychiatry and psychoanalysis, which help create the human vegetable and uncreate the man. It is my own passion play!"

Psychiatry in practice in the United States is one big con job...and a giant put-down.
Tension and anxiety are necessary for therapy...and for life.

No therapy can really work without gut to gut human interaction.

"Most doctors don't act as if they made mistakes and they've got a great vocabulary for covering up their ignorance as well as their errors." One of their biggest mistakes is their loyalty to traditional modes of psychotherapy which have reduced neurotics in our society to contactless, sedated vegetables. Eileen expresses her views in a highly outspoken blistering attack on the psychiatric establishment, which