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Lived Experience: The Training of Therapists, Actors & Human Beings

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Lived Experience: The Training of Therapists, Actors & Human Beings

Abstract

There is much in common between theater and therapy. Both happen live. Both are explorations of human experience. Both require participants to be emotionally and mentally present. Both are hard to do well (and easy to do poorly). Training to be a clinical psychologist requires hours of coursework, administrative work, supervision, and on the job clinical experience. Training to be a professional theater maker or actor requires hours of rehearsal. The elements of acting are deconstructed during training so that rehearsal consists of voice-work, physical theater, scene study, etcetera. Training to be an actor entails much more practice of the craft itself than training in clinical psychology. Training in acting – which is chiefly the business of learning to be present and full and alive – may have something to offer training in clinical psychology, specifically therapy. This paper is an exploration of the possibilities therein. It is an experiment. And, like therapy and theater, it aims to be alive.

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LIVED EXPERIENCE:
THE TRAINING OF THERAPISTS, ACTORS & HUMAN BEINGS

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A DOCTORAL PAPER
PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
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IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF PSYCHOLOGY

BY
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Abstract

There is much in common between theater and therapy. Both happen live. Both are explorations of human experience. Both require participants to be emotionally and mentally present. Both are hard to do well (and easy to do poorly). Training to be a clinical psychologist requires hours of coursework, administrative work, supervision, and on the job clinical experience. Training to be a professional theater maker or actor requires hours of rehearsal. The elements of acting are deconstructed during training so that rehearsal consists of voice-work, physical theater, scene study, etcetera. Training to be an actor entails much more practice of the craft itself than training in clinical psychology. Training in acting – which is chiefly the business of learning to be present and full and alive – may have something to offer training in clinical psychology, specifically therapy. This paper is an exploration of the possibilities therein. It is an experiment. And, like therapy and theater, it aims to be alive.

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Prologue

*When the truth happens, we can't look away.
How do we tell a true story?*

- Curt Columbus

–

People go to the theater for many reasons. Pure entertainment is one. A compelling story told well can offer escape from the stresses of modern life. But even big flashy musicals function beyond the superficial. Within the context of a story-told-live lies the possibility of laughter, shock, heartbreak, sadness, catharsis, and aesthetic beauty. There is also the possibility for growth, which can be intellectual, emotional, or both. This is to say, theater is not an end in itself. It has an agenda to stir up or enliven its audience. If done well, and a true story is told, theater can be a kind of exposure therapy. It challenges maladaptive narratives about society, history, and relationships. It offers new ways of looking at the world and one another. The live experience of theater might be better described as “a lived experience” (C. Columbus, personal communication, July 7, 2020). The “true” in true story then comes to mean not “actually happened” but “lived truthfully.” For the actor, this mean playing truthfully – i.e., playing the character, playing the play, playing the scene. “To play” connotes liveliness and spontaneity, which can only happen in the present. Hungarian writer/director George Tabori once wrote, “Playing means the actor gives himself to the present with full concentration. Whenever he withdraws into his head, in order to remember something or think ahead, he will flee from reality, from the necessity, to experience himself and his role” (Diedrich, 2002, p. 377). Acting is also about creating relationships (Shurtleff, 1978), which is what makes a scene true and not stilted to an audience. The “necessity” is to experience self, role, and others in the present moment, then the next moment, then the next, until the curtain falls. This is all very difficult to

do. Luckily for the professional actor-to-be, the job can be learned through disciplined training. Put another way, actors are born, talent is made.

People go to therapy for many reasons. The most obvious reason is to get help with a problem. Often, the problem comes in the form a psychophysiological reaction, such as anxiety, depression, or panic attack. Sometimes the problem comes in the form of a life issue, such as career difficulty, romantic distress, or family dysfunction. A better way of putting it, though, might be: people go to therapy to grow. And, of course, therapy is not an end in itself either. It has a similar agenda as theater – to expose truth, challenge maladaptive narratives, offers new ways of experiencing self and others. Therapy is also best when it’s “a lived experience.” Another take is calling it an “alive experience.” Many mental health problems and ill health in general can be caused by inner lifelessness or deadness. The antidote to inner lifelessness or deadness would seem to be liveliness and spontaneity (Karson, 2008). Liveliness, spontaneity, and alive experience can only happen in the moment. And this pertains directly to the process in therapy. Psychoanalyst Thomas Ogden hints at this when he writes, “The sense of aliveness and deadness of the transference-countertransference is, for me, perhaps the single most important measure of the moment-to-moment status of the analytic process” (Ogden, 1997, p. 5). Therapy, as well as good health in general, is also proven to be about creating healthy relationships (Wallin, 2007). Empirical studies in psychology tend to focus on symptoms and interventions, often excluding the variable of therapist (Bergin, 1997). The goal is to identify reliable evidence-based treatments, but there is little evidence such manualized treatments actually work (Shedler, 2018). It is difficult to say why therapy works when it works, but there is some consensus that the common factors – therapeutic alliance being chief among them – matter more than orientation or intervention (Messer & Wampold, 2002). If relationships matter for health, and the

therapeutic alliance matters for treatment, training that focuses on the therapist as a key ingredient of therapy might be worth looking into (Horvath, 2001). This is where training for the actor – in which the actor is considered an indispensable variable – may have some ideas to offer training for the psychotherapist. The ability to live truthfully in the present moment certainly sounds like it would benefit therapy and therapist. At the very least, it wouldn't hurt.

Psychologists and theater professionals (mostly) alike have written about the similarities between therapy and theater and the uses in comparing the two practices. Karson (2008), Walsh (2013), Campbell and Kear (2001), Jones (1996), and O'Connell (2019), to name a few, have contributed to a small but growing body of discourse on theater and therapy. Much of the discourse involves the uses in therapy of ideas taken from performance theory, conceptualizing therapy as theater, or how theater itself can be therapeutic. This paper intends to add to the discourse by focusing on the issue of training. What does the development and training of an actor have to lend to the development and training of psychotherapists? That is the question to be explored.

This paper also has a meta-agenda. In light of the call for liveliness, spontaneity, and lived experience, this paper aims to offer something of the subject it addresses. Ogden (again) says, "When the writing is good, the author creates in the experience of reading something like the phenomenon that he is discussing" (2008, p.102). The goal then is to show, not just tell. This is the goal of a good play script. Actions, entrances and exits, pauses and beats are marked on the page. With Shakespeare, actions are often imbedded in the dialogue. In more recent years, playwrights have begun to take more liberties with the form of the script itself, designing the page with unique architectures. Dan LeFranc's *The Big Meal* is one such example, with the actors' lines and actions being laid out in a grid on pages turned horizontal. This gives the reader

(actor, director, whoever) something to contend with that, ideally, makes the reading experience more immediate than words alone. Form will not be pushed so radically here, but this paper will attempt to show, and not just tell, as appropriate. The reader is encouraged to follow along. The reader also may choose to not follow along if he, she, or they feels compelled to skip ahead to find out how the story ends (it's not the butler), or to read only the first and last word of every line, such as an actor might working on a monologue, or what one will.

—

All that said, here is an experiment:

This exercise was originally conducted with a group of 10 colleagues/clinical psychology doctoral interns by viewing an excerpt of a talk given by voice and acting teacher Patsy Rodenburg at Michael Howard Studios in New York City in 2008. The excerpt has been edited for brevity on the page. The instructions are the same apart from the viewing vs. reading aspect.

Please read the following passage:

I want to talk about actors. It's very easy to forget that actors are a very important parts of society. I think playwrights and actors, we need them now more than any other time. I go back to the ancient Greeks. The healers of a society, the people who witness the truth. But the truth of the actor, the importance of the actor is so enormous that I want to tell you a story. I was doing a book tour in Australia. I had about 700 people in a room, a theater. Mostly they were actors, artists. I was talking about the voice, the release of sound, the purging of sound. But in the corner, over there, was a man in a suit. He didn't seem to be part of the rest of the audience. And I started to get very upset because he was upset. I thought to myself, oh he doesn't like me. Which was probably true. And isn't that a wonderful thing in life, when you realize you can't make anyone like you. Forget it. Do the work. Do the play. Don't try and make anyone like you. In any case, he was sitting over there, very disturbed. At the end, I did a book signing and saw him hovering. And I thought, oh know, I've got to meet this man. He waited until most of the people had gone and then he came up to me, and said, "I don't like theater." I said, oh, okay. And then there was a gap. "Well, my wife and I once went to the theater. We didn't like it." And I thought, well, I'll just stay with you. Because he didn't want to go. He wanted to be there. He wanted to be actually present with me. And I said, well, what was it you saw. And he said, "It was about women, in Greece, in Troy." I said, Oh, *The Women of Troy*. And he said, "There was this actress, and she made a sound, she lost her son." I said, oh, Andromache, she loses her young son. He said, "Yeah, we didn't like her. She made a

sound, it was really embarrassing.” And then he went very quiet, and something happened in his energy. He looked up at me and said, “A year ago a policeman came to me and told me my daughter had been [killed]. And I made that sound.” ... Whoever that actress was, I bless her. Because if you play the truth, and you’re present, and you don’t want to be liked ... she must have felt that audience hating that performance but she told the truth. And he said to me, “You know, she told me the truth, but I hadn’t grown up enough to know it.” And that’s why I do theater.

Now, please re-read the passage from the top, except this time, read or say “therapist” in place of the word ‘actor’ and ‘therapy’ in the place of the word ‘theater.’

Colleague feedback from the viewing version of this exercise was positive, but it’s possible something of the affect is lost in translation. If one wishes to view the whole excerpt, which lasts about six and a half minutes, the link to the video is in the Reference section. The exercise is still important because it is an invitation to do the same throughout the paper. When the words actor or theater are written, read therapist or therapy, and vice versa. The switch may fit, or it may not. Rather than write both words time and again, the hope is to invite intersubjectivity and allow the reader agency for personal interpretation. There is also a hope this invitation invites the reader to disagree with whatever warrants disagreement, leaving only what is truly useful on the bone. After all, the playwright doesn’t come to the stage and tell anyone how to feel or link analogies to peoples’ lives – that’s for the audience to do on its own.

–

*Ever tried. Ever failed. No matter.
Try again. Fail again. Fail better.*

- Samuel Beckett

–

Returning to Ogden’s quote above, the use of the word “good” might now be problematic. “Good” hints at approval. Rodenburg might say it rhymes with wanting to be liked. Karen Horney might say “good” invokes an ideal, and an ideal is the fool’s psychological errand. Many psychologists agree that much of “good” therapy boils down to rupture and repair. Re-read

“good.” Have it mean productive, constructive, formative, enlivening, moving, or [...]. The equation is rupture + repair = [...]. Just as Frederick Douglas said there can be no progress without struggle, there can be no repair without rupture. Learning how to do something complex, like acting or therapy, necessitates a similar dynamic. Failure and mistake-making are critical to growth. The main focus of this paper is training in theater and clinical psychology, and, again, failure and mistake-making are indispensable to these endeavors. So too this paper hopes to fail. If it fails well, it might move the conversation forward, leading somewhere beyond its last page. Because in the end, when the writing is [...], the author’s mistakes are fruitful ones.

—

I

*Who has fully realized that history is not contained in a thick book?
but lives in our very blood?*

– Carl Jung

–

He said.

She said.

I said.

We said.

The success of humans as a species is due in large part to their brains. The human brain is exceedingly complex and in many ways more complicated than its owners can grasp. One cognitive function that contributed directly to humans becoming the world's dominant species is audible communication, and more specifically the use of language (Miller, 2000). Many other species use language. Most commonly in the animal kingdom, language is used for mating or to call out danger, both of which are about survival. One need not look further than the back porch on a summer evening, with chirping crickets interrupted by the dog's bark at some noise in the trees, to find an example of both. Humans also use language for mating and protection. And, while many people "tweet" or "DM" or "cat call," a human can do much more with language. A woman may say how she feels about her love interest or paint more precisely the scene of danger. Humans have far more intricate and flexible language than any other species, and it's not close (Harari, 2015).

Humans are social animals. People arguably spend more time examining themselves and those around them than they do all other environmental variables. This too is about survival. Early humans were nomadic animals, roaming the earth in bands or clans. The strength of the clan as a whole was crucial, and gossip was the key to maintaining group strength. Working out things like who likes whom, who is sleeping with whom, who can be trusted, who cannot be

trusted, or who is good at what was vital to group success. It was also vital for clan members to assess themselves along the same lines to ensure inclusion in the group (Dunbar, 1998).

[As an aside, a group of 50 people has 1,225 unique relationships in it, as well as many other cliques and sub-groups (Harari, 2015). Today, post-technology-revolution and with the advent of more and more “social” networks, groups are far larger, far more opened, and far harder to define. Every public Instagram or Facebook account is up for examination by every other user on the platform. The relational math, however virtual, is frightening.]

From an evolutionary perspective, gossip is hardwired into the human brain. It is one of the fundamental elements of human language that allows for cooperation and collaboration. Humans don't rule the world because they are physically stronger than other animals. They rule the world because they are better general managers, coaches, and game planners than other animals.

—

A long time ago, in a galaxy far, far away ...

Developing a solid team comes first, developing a solid game plan comes next. A solid game plan, whether for killing caribou or winning the Super Bowl, requires consideration of what is *and* what could be in the future. The capacity to imagine what could be is chiefly human. And it empowers humans beyond just a coordinated hunt. People can create fiction. If the fiction is agreed upon (read: believed), it can motivate large groups to cooperate and imagine collectively (Harari, 2015). Further, fiction can serve multiple purposes at once. A story about a snake in a garden who tempts a woman to eat an apple, which in turn gets her and her partner booted from the garden with no clothes, conveys the message that snakes are dangerous. Why?

Because snakes are actually dangerous! But the story also conveys something about the human experience, about how to make sense of all the gossip and planning and roaming around, about how to make sense of oneself and one another.

If the human brain is hardwired for survival, cooperation, gossip, and fiction, so too is it hardwired for stories (Miller, 2000). The production and consumption of narrative in the form of legends, myths, and histories has been a central phenomenon of the human experience since the Cognitive Revolution 30,000-plus years ago. The primacy of narrative heavily influenced the invention of depth psychology in the early 20th Century. Depth psychology, especially the work of Carl Jung and Erich Neumann, influenced the work of Joseph Campbell. The work of Joseph Campbell influenced George Lucas and the course of modern cinema. More recently, the biological underpinnings and processes of narrative have begun to be revealed at the crossroads of neuroscience and narratology – that the ability to create and consume stories relies squarely on cognitive capacities central to mental functioning (Armstrong, 2019). And anyone who has seen a three-year-old transfixed by a simple fairytale has to wonder that the child was indeed born to love it. Storytelling and psychology are intertwined because storytelling is fundamentally human.

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In the Land of Psycho Babel

The story of the Tower of Babel is an origin myth, also known as an etiology, in Genesis 11:1–9. The story goes like this. Sometime after The Flood (Noah’s, not Katrina’s), all the people of the world spoke the same language. They all headed east for some reason, or from the east, which would be west – it’s a little confusing. In their journeying, they happened upon a good-looking piece of land in a place called Shinar. They looked at one another and said, in their unionized tongue, Let’s get some building materials together, some bricks and mortar and joints

and struts. Then they said, Why not build a city right here in Shinar, it being as good a place as any to call home, and while we're at it, let's construct a tower that scrapes the sky so high it touches Heaven. So they started building, and the building was going really well. The Lord took a peek at what the people were up to, with all their unity and progress. Now, one thing to know about the Lord is (s)he's always looking to find opportunity for a [...] rupture. (S)he calls it, "Constructive feedback." So, the Lord got a little troupe of angels together, and they went down to Shinar and befuddled the peoples' speech. Suddenly all the people in the world were speaking different languages, which was very confusing. Construction of the tower ceased, for they couldn't figure out what went where, who did what, or how met when. Then the Lord looked at his flummoxed flock and said, You all speak different languages now, so leave off and go live in different places, go on, get! So all the people of the world left and went their separate ways.

What is this story about?

How might one summarize it in a few sentences?

One sentence? One word?

What is the Lord up to? What are all the people up to?

What if the story is a dream brought to therapy? Or a memory?

Take a stab. Make some notes. Try to get it dead wrong.

—

II

*A certain degree of neurosis is of inestimable value as a drive,
especially [for] a psychologist.*

– Sigmund Freud

–

Actors are Born ... and Made

There is a lot of speculation about why a person would want to be an actor. Many make a distinction between a profession and a calling, labeling acting as the latter. In some ways this is true. Actors are lovers of stories and love telling stories. Pretty much all humans ever have loved hearing and telling stories. Perhaps actors are just regular people with the story dial turned up to 11. Then there's the thrill (and the ill) of live theater. Many actors tell stories about the first live play they saw or the school play they did at 12-years-old, during which a light bulb switched on that has barely flickered dim since. There are also possible psychological explanations. Career counselors generally agree people are drawn to and enjoy what they are good at.

[As an aside, if human brains are hardwired for stories, the three year old may not just love fairytales because her brain has evolved to do so – she may be further engaged by the experience of understanding or 'being good at' fairytales (Bettelheim, 1975).]

So, an actor may realize somewhere along the line she has some innate talent for public make believe, and the result is, "I want more of people clapping for something I'm good at." The ego is in play.

Acting takes bravery. Some actors are so brave they will admit they want or at one time wanted to be famous. They may even say they continually seek approval or attention or adoration. The actor is called forth by a kind of psychological thirst looking to be quenched.

In Session.

Actor – If I can just play Macbeth.

Therapist – Play?

Actor – If I can just get to Broadway.

Therapist – Just?

Actor – If I can just win a Tony.

Therapist – Win?

Actor – If I can just win an Oscar!

Therapist – Then what?

Actor – Then I can end this charade because I will finally be enough.

Therapist – See you next week.

End.

–

Rupture in Search of Repair

Alice Miller's *The Drama of the Gifted Child* is often cited as a good explanation for how one might be drawn to a career as a psychotherapist. Nancy McWilliams (2004) summarizes Miller's argument well, saying, "People who become psychoanalytic therapists often have a disturbance in their self-esteem related to their having been both congenitally gifted emotionally and used by their parents as a kind of narcissistic stabilizer or family therapist" (p. 67). In addition to being hardwired for stories, children are hardwired for survival. A child deprived of emotional attunement, belonging, love, or security – *A Vampire Named Neglect* – will look for solutions. The child who himself is attuned might try changing his performance to accommodate the audience. If the new performance accommodates, problem solved. But McWilliams chooses the word "used." The child's innocent talents are taken advantage of, and this is the source of the "disturbance in self-esteem." The child must contend with being taken advantage of *and* with playing along. His needs are neglected, then he sublimates his needs in favor of the needs of others. These others may be called parents or family. They may also come to be called society, authority, or even tyranny.

[Another way of looking at the story of the ‘gifted child’ that can lighten the seemingly self-inflicted blow of playing along goes: she sublimates her emotional needs for her more basic need of survival. The child needs hugs to feel alive but needs food to stay alive.]

The therapy role is one of power and authority. It is a role where attunement is rewarded monetarily. The therapist may also find himself on the receiving end of appreciation, interpersonal curiosity, and even adoration. Becoming a therapist allows the “gifted” child the opportunity to re-stage his drama with plenty of gratifying rewrites. None of this is definitive, of course. People choose to pursue careers as therapists for all kinds of reasons, and not all of them are psychological. The same can be said of actors. What is important for people called to therapy or theater is that they consider such ideas as Miller’s and listen to what experienced professionals have to say about what might lurk below the surface. Actors learn early on in acting class to ask a basic question of their character in a given scene. The question is some form of: What is he up to? If actors are lucky, they have a teacher who also encourages them to ask: What am I up to? Therapists are lucky if they are encouraged to do the same. Countertransference ... intersubjectivity ... therapist as contextual stimuli ... how to be still and listen ... it’s all a lot easier to learn when a student is willing to admit a part of him really wants to be famous.

—

Art Imitating Life Imitating Art

A.

Patient: 28-year-old cisgender, White, straight, European, male-identified graduate student.
Presenting Concerns: Patient reports acute depressive episodes marked by despair, irritability, lack of motivation, and difficulty sleeping. He also reports visual hallucinations accompanied by delusions and paranoia. Paranoia consists of persecutory beliefs, esp. conspiracies against him and fear “his family is trying to murder him.”

Safety Concerns: Patient experiences regular suicidal ideation, with plan, means, and intent.

Relevant Social Info: Patient reports he is in a tumultuous romantic relationship marked by emotional abuse and distrust (disorganized attachment) and states he “doesn’t trust his friends anymore.” Patient’s father recently deceased, patient reports difficulty with grief process.

Observation: Patient prone to violent outbursts, mood lability, and secretive behavior.

Medical History: N/A.

B.

Hank is a graduate student who returns home after the death of his dad. He loved his dad. His mom is already remarried, to his uncle, his dad’s brother, and they’re living right there in his childhood home. Also, his uncle quickly took charge of the family business, which Hank’s dad was the president of. One night Hank sees something, something ghost-like, that reminds him of his dad. The something makes some noises that sound like words, and Hank can sort of make out something about his uncle and murder and revenge...?! Turns out, a couple of Hank’s friends say they saw this ghost-like something, too. Hank is shook but he also starts to wonder about his mom and his uncle, married so soon, fawning all over each other. He starts to feel like he’s being watched, even when he’s with his girlfriend. He doesn’t know who to trust. He’s stressed and stricken with grief. He feels like his childhood home might not be safe. Hank is a thoughtful guy. At one point he begins to question his self-worth and inner weakness and his life and the world around him. He wonders if there might be some relief from his pain in death. Then, he gets an idea...for how he can investigate his dad’s possible murder. He invites his mom and uncle to a play. In the play there is a murder very similar to the one hinted at by the ghost-like, dad-like something. So they all go to the playhouse together. And during the murder scene, right at the moment the deed is being done, Hank’s uncle stands up abruptly and rushes from the theater!!!

–

A and B are two versions of the same story. The A version leads to a conclusion in the area code of hospitalization and medication. The B version (hopefully) leads to a bit more empathy – empathy for a person struggling through some horrible experiences and perhaps reacting naturally, or at the very least doing the best he can. There is a growing body of evidence that the circumstances and social context of people’s lives play a major role in the development and

maintenance of psychological, emotional, and behavioral problems (Johnstone & Boyle, 2018). And there is a growing body of evidence that psychological, emotional, and behavioral problems lead to poor physical health (Sternberg, 2001). Of course, nature and nurture are perpetual coconspirators. Biology can and does influence brain function and behavior, which influences one's social context, which influences back. Actors, after all, are born *and* made (and with good training may they be born again!). All too often, the medical model of psychiatric case presentation and diagnosis represents people's mental, emotional, and behavioral problems in the same way it represents physical problems like cancer or heart disease. This is problematic for a number of reasons, but it is not the intention of this paper to air the many grievances. Plenty of psychologists have taken up the charge, and some, like The British Psychological Society, are beginning to propose alternative ways of thinking about diagnosis (Johnstone & Boyle, 2018). It is the intention of this paper to question whether a training focus on categories of mental health issues, the symptoms that add up to those issues, and specific interventions designed to treat each category is the best way to for a person to learn what makes human beings tick, why they behave the ways they do, and how to be with them in a therapeutic way.

—

Weather Men

The actor's job is to take psychology and turn it into behavior.

- Mike Nichols

One thing actors do before, during, and after their training is read lots of plays. “Always have a play tucked into your pocket, always be reading,” said pretty much every acting teacher ever. Why? A script is a blueprint – a story written to be embodied. There are basics of setting, time, dialogue, movement, and relationships. The rest is to be filled in by the minds, hearts, and

muscles of real human beings. To translate the psychology laid out on a page into behavior on a stage, requires an actor understand the story of the scene. Doesn't sound too hard, does it?

Here's a simple scene:

An elevator. A Man rides alone, looking at his feet. Ding! Doors open, anOther Man enters the elevator. Man looks up. Doors close. Other Man nods.

Man – Hi.

Pause

Man – Supposed to rain today.

Other Man – I know. And get cold, I heard.

Man – So much for early spring.

Other Man – I know, right?

Pause

Ding! Doors open.

Other Man – Anyway, have a good one.

Man – You, too.

Other Man exits. Doors close. Man looks straight ahead.

What is this scene about? Two men shooting the breeze?

That is what most young actors see – a trite social convention. So, the young actor thinks about reading the scene casual and naturalistic. But this young actor is clever. He has designs on reaching all the way up to Oscar winner. He takes this scene of a 'trite social convention' and develops a clever, emotional backstory. Maybe the Man grew up with an abusive, alcoholic father and he suffers from bouts of existential dread. The clever young actor has read the scene as a conventional social interaction and added psychology to it. But how does one play having had an alcoholic father? Research in the field of psychology has shown the same circumstances can lead to a wide range of outcomes (Bentall et al., 2015, Gander et al., 2015), sometimes referred to as the everything leads to everything problem (Johnstone & Boyle, 2018). There are so many variables influencing a person's life, from one's own biology to social factors like race

or socio-economic status to everything else, an actor would have to cover every last detail to figure out how to act his made-up backstory. Even then, it is still pretty close to impossible to know all the determinants of one's behavior (McWilliams, 2004).

The clever young actor starts his professional training at a conservatory or graduate school. He is given this scene. He attempts to act his made up backstory. About a third of the way into the scene, the teacher stops him and asks, "What are you doing?" The clever young actor responds, "The character is hiding his emotions." The teacher says, "No, what are *you* doing?" "Acting a scene?" "Right." "And what is the character doing?" "Riding an elevator?" "So, ride the elevator." The actor is injured, his cleverness being critiqued and all, but he wants to show everyone in class he's not just clever, he's also great. He takes the scene from the top and plays it perfectly natural and perfectly casual. When the scene ends, the teacher looks at him and says, "What's this scene about?" The clever actor does not want to be wrong again, so he says, "Two people riding an elevator." The teacher replies, "That's what's happening. What I want to know is what the scene is about. What's the problem?" Now the actor is flustered and turning red. He musters up a response of, "They ... don't have anything to talk about?"

For the actor, knowing something about behavior requires knowing something about psychology. One thing psychology has to say about behavior is social context is undeniably influential. Contexts act on people psychologically, which affects their behavior (Skinner, 1965). Some acting teachers refer to the "given circumstances." An actor can only act what he knows for sure, and what he knows for sure is what is included in a script, nothing more. Does it matter if a character had an abusive, alcoholic father? If it says so somewhere in the script, it does. If it does not say so somewhere in the script, it does not. The script provides the context, and context

can be many things – circumstances, language, relationships, and on and on. This is also to say the script provides the psychology.

[None of this means actors shouldn't do loads and loads of research. If a play takes place in Victorian England, an actor better know an awful lot about what life was like in Victorian England. Interestingly, actors and therapists in training are both sometimes encouraged to acquire for themselves a broad education through history, literature, film, science, music, poetry, and art.]

Back in class, the teacher stands up and addresses the group of first year actors. He says, “What is the nature of the social event in a which the scene takes place?” A seated student says, “Riding an elevator with a stranger is ... awkward.” The teacher says, “Interesting. And how would you behave because of it?” The seated student responds, “Me, like me me? Kind of awkward, nervous.” The teacher points to another seated student and asks the same question. She answers, “I would probably act toooo casual.” He looks at the clever young actor. “And you?” The clever young actor is confused, no response. The teacher goes on. “You're trapped in a metal box hurtling toward the ground with a complete stranger. Because this stranger is a person he may be judging everything about you, or worrying you're judging everything about him, or both. Or worse, he might not even notice you exist. No way to know.” The clever young actor says, “I think I'd freeze.” “Then what?” “Try to break the tension somehow.” The actor takes the scene from the top. He freezes when the Other Man enters the elevator. The seated actors watching cringe when he brings up the weather. Then they laugh in relief when the Other Man exits, and the clever actor spontaneously lets out a completely silent scream.

Under-Acting

No one goes to the theater to see a scene about two people with nothing to talk about. But they might go to the theater to see a scene about two people desperate to find something to talk about. Many young actors suffer from an underacting disease. There are a number of reasons for this. Television, with its litany of procedural dramas, shows actor upon actor speaking quickly, quietly, and “naturally.” The young actor sees another actor (who is much more famous) pulling off “natural.” But if this more famous actor is any good, that’s not what he’s doing. Procedurals are about ER surgeons, murder detectives, and heads of state. These characters exist in high stakes contexts, and one paradox of human behavior that is fairly stable is the President swears and stamps his foot when he steps in dog \$h!% but stands stock still when his finger is on the button. Another reason young actors underact is it’s easy. As problems go, conflict, longing, grief, desperation, thirst for power, and unrequited love are hard – casual conversation not as much. Young actors also want to get it right, and maybe more so want to not get it wrong. Playing it safe is a good way to avoid getting it wrong. It’s also a good way to avoid actually getting it. So here’s an important question for the young actor to ask himself: “Am I doing something people do, or am I doing something actors do?” Actors talk about the weather like it’s nothing. People talk about the weather like it’s a matter of national security.

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Interval

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(or, Page Unintentionally Left Blank)

III

You must not be boring, darling.

– Stella Adler

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What’s up, Doc?

If the actor’s job is to take psychology and turn it into behavior, the reverse might be a good explanation of the therapist’s job – to take behavior and turn it into psychology. If a patient starts a session by talking about the weather, the therapist wonders what the behavior might mean. Perhaps the patient does not know where to begin. Perhaps he is terrified and reaching for social niceties to catch a breath. Perhaps he wants to pull the therapy relationship into a social mode so he may survive the experience without taking blows to his pride. Some therapists play along – just as some actors play it safe – and say to themselves, “I’m building rapport.” (The actor’s version would probably be something like, “I’m being a reliable scene partner.”) But the social context of therapy is decidedly not social when social means cocktail party. Social niceties plague therapy, just as casual acting plagues theater and conformity plagues society. This may be called “the insanity of realism” (Gruen, p. vii, 2007), “the tyranny of niceness” (Karson, p. 111, 2018), or “sleazing into session” (Williams, 2021). Regardless, it is behavior to be explored, not corroborated. How therapist and patient explore the psychology of the weather is as variable and personal as how an invested actor behaves in an elevator.

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Over-Acting

Overacting is a myth, kind of. Bold choices never come off as too bold if they spring forth from the context of the scene. If the actor is emotionally invested in the circumstances before her, it is almost impossible to overact. Almost is not always, of course. Overacting can

and does happen. Most of the time, it happens because the actor is more concerned with herself than with scene and scene partner. The self-conscious actor pushes, and pushing can cause the actor to do much that belies the scene, from sawing the air with her hands to moving her head around and around to barking language and chewing the scenery. Pushing is caused by the actor playing for emotion. To be more explicit, the actor is pushing to drum up emotion in herself. The actor wants to drum up emotion and produce tears because she's seen actors who are passionate and cry get praised again and again. She wants to be praised. Praise keeps her narrative of one day reaching all the way up to Oscar intact. The problem for this young actor is emotion not-come-by-honestly pushes scene partners away and turns audiences off.

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Take Me Down to Paradox City

Training in acting focuses on many aspects of the job. Some are technical, like speech work, while some are more subjective, like figuring out how to connect personally with a story. One of the most important aspects of training, and acting in general, is shedding tension. The process of doing so, which takes quite a bit of effort, is both technical and subjective. This creates a problem for the young actor, who wants to perform so well with his whirlwind of passion. When he relaxes and pushes less, he feels less. To be specific, he feels less of his own pushing. He thinks he's feeling less emotion, which in turn will lead to less praise.

[Less pushing→less emotion→less praise = less repair. This equation is false, obviously, but good luck telling that to oneself, especially the part of oneself that is sold on glory (Horney, 1950).]

As much as the actor in training wants to win an Oscar one day, he also wants to be praised now for being a good student. So, when his acting teacher tells him to relax and stop pushing, he relaxes. Then he runs the scene, and there's nothing happening, no life or liveliness. He receives a note he needs to "raise the stakes." He goes back to pushing.

In his work, the actor is trying to find freedom and fullness. He wants to let go of tension but burn with life inside. Tension for the actor, like all other human beings, is deadly. It shackles spontaneity and cuts off expression. It cuts the actor off from scene partner and audience, greatly limiting communication and connection. It is also exhausting. Other words used to describe an actor blocked by tension are wooden, stiff, rigid, muscular, and held. Pushing is actually holding in. The actor bears down to drum up emotion and ends up holding in his spontaneous thoughts and feelings. The reverse is also true. Tension serves to hold the actor's liveliness in *and* to block the liveliness of scene and scene partner out. In this way, it is protective. Tension keeps the actor from being vulnerable.

How can tension that comes from pushing, which comes from a neurotic desire to be great, also be protective? The flip side of the search for glory is fear – fear of judgment, ridicule, rejection, scorn (and ultimately annihilation). The gossiping minds of human beings scrutinize the self as much or more than others. They also project scrutiny into the eyes of others looking their way – or worse, not.

[No doubt this is why public speaking is reported to outpace the prevalence of all other phobias.]

The actor wants to be great but fears failure. He pushes to be impressive and he holds to be safe. Sadly, he is neither impressive nor safe. He is tense, afraid, and self-consumed.

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- So, how does the actor change? How does he shed tension and spark something alive inside?
- Well, he has to find his way into the present moment. And he must cozy up to failure.
- How in the Sam Hill does he do that?
- Well, it starts with the breath.

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IV

No one asks how to motivate a baby. A baby naturally explores everything it can get at, unless restraining forces have already been at work. And this tendency doesn't die out, it's wiped out.

– B.F. Skinner

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Competing with History

The voice can either hide or reveal (J. Shahn, personal communication, July 14, 2020). Talk with pretty much any voice teacher in the theater and they will tell you that much of their work is to help actors recover from and undo years of holding, hiding, masking, and rerouting spontaneity. Speaking is a behavior and a primal one at that. Speaking, like life itself, requires breath, and the breath is where it all begins.

Voice teachers in the theater know a lot about developmental psychology. They study the breath and the voice, and more specifically how the breath and the voice get blocked and unblocked. Revered voice teacher Kristin Linklater discussed the psychology of the voice in terms of “primary and secondary impulse conditioning,” and used what she called “The Chocolate-Chip Cookie Story” (p. 20, 2006) to illustrate the dynamic. It begins:

When a baby is born, a battalion of primary impulses is instantly activated to perform the body’s essential first job, which is to make the baby live. Life stirs as breath pumps in and out of the baby’s lungs, and a myriad other life-giving operations kick into action. That is the first experience – life or death. Breath gives life.

But life is not enough; survival is necessary. The baby’s body experiences something deep in the interior of the tiny belly that we might label the Pang. The Pang signals the need for sustenance, without which life will not continue. The Pang in the middle of the belly has a built-in neural union with the baby’s breathing mechanism, and the breath that has been experienced as life-giving now becomes the instrument of survival. The Pang simultaneously acts upon the lungs and larynx to produce a wail. The baby produces a cry that is astonishingly powerful for such a small agent. And the crying and wailing continue until heard. Miraculously the wail is translated by those who hear it as a cry for hunger. Warm milk is introduced to the tiny body, and the pain, the contraction, and the Pang dissolve in the comfort and warmth of sustenance. Breath and voice have been deployed in the service of survival. The first experience of the baby’s

voice is in response to a life-or-death need. Need, Pang, Voice, Response, Survival. (Linklater, p.20, 2006)

This primary process is then repeated many times in the first year or so of a baby's life. Then, sometime around age two or three, the child, having acquired a bit of language, comes rushing into the kitchen wailing for a chocolate chip cookie. Cookies are a tasty treat, but the "Pang" does not say to the child, "We want a treat." It says, "We need food!" So, the child takes a deep breath and asserts the need in full voice.

Reader, please imagine a child wailing for a cookie.

The wail is interpreted by listener as a demand for a treat, rather than a cry for hunger. The demand is met with some form of, "No." The "no" may be a directive to be quiet or act like a big girl. The message may be some version of, "Not until you can ask nicely." Behavioral threats are common, such as, "Do you want a time out?" Or, in worse cases, the "no" may be ridicule, scorn, contempt, flat out neglect, or physical punishment. Wailing now gets the child something opposed to survival. After some version of the cookie scenario plays out one or one hundred times, the child adapts. Linklater finishes the story:

The child is quick to recall the previous day's lesson. The Pang is suppressed; breath is detached from the Pang-center. The *need*, together with some breath found in the upper part of the lungs well away from the dangerous Pang-center, is rerouted to a set of muscles above the throat. A little smile emerges, lips and tongue and jaw pick up the *need*, the voice no longer resonates throughout the body with the reverberation of a fight for life but flows nicely and inoffensively up into the cheeks and head. The child walks carefully into the kitchen and says in light, high tones of beguiling sweetness, "If I'm a very, very good little boy or girl and say pretty please with sugar on it, can I have a chocolate-chip cookie, dear Mommy or Daddy or caregiver? Please, pretty please?" And Mommy or Daddy or caregiver says, "What a good little boy or girl you are. You've learned how to speak nicely. Here are two chocolate-chip cookies!" (p. 21-22, 2006)

The key to this story, at least as much as it pertains to the voice, is the shallowness of the breath and the rerouting of the voice from a production of the gut to a production of the head. This story is about survival. It is also about a lack of power. The child holds in impulse and reorganizes the

breath. The voice is adapted to a lack of power, and most often this is the voice the adult comes to call her own (S. Miller, personal communication, July 25, 2020).

[As an aside, parenting is hard. This paper does not intend to contest the idea put forth by Deborah Anna Luepnitz and others that there should be a smidgen of room in love for hate (2002). Just try to hate lovingly, not cruelly.]

The holding and hiding that happens within also happens without. Shallow breathing and voice production limited to throat, tongue and jaw create a lot of tension. Shoulders carry a lot of tension, as do jaws. The use of the word “masking” as an alternative to holding or hiding is both figurative and literal. The tyranny of niceness leads to an army of insincere smiles, and insincerity, as with all other behavior that hides the truth, leads to lots and lots of tension. Actors are asked by their teachers to push less but be more alive, when they have spent much of their lives doing the exact opposite.

An actor is working on a break-up scene. She and her scene partner are playing romantic partners in the midst of a conflict. In life, people tend to avoid conflict (or embrace it whole-hog, which is a whole other problem). When conflict arises, people get tense and hold their breath, or at least their breathing gets more shallow than normal. This pulls them out of the conflict and away from the present moment. The actor playing the scene naturally is breathing shallower and less. She is disconnected from her body and in her head because that’s where the little bit of breath she is taking in goes. In her head, she can analyze more but feel less. Now, she is more judgmental than curious. The teacher says, “Start over and don’t forget to breathe.” She and her partner take the scene from the top. This time, when her partner enters, she looks at him and

takes a deep breath. She feels something, then speaks. As the scene progresses, she breathes more and feels more. On the in-breath, she takes in what's in front of her and around her. It mixes with what's inside her, and on the out-breath she expresses her next thought with spontaneous, truthful emotion. With the truth out in the open, she is exposed, vulnerable. Her partner responds with truth of his own, something previously unthinkable. It hits her like a heavyweight blow, making a wreckage of her heart. About to break down, she looks at her partner and takes another breath. Something shifts. This scene about love, she realizes, is also about power. She stares at her partner, the nuclear option armed inside her. Then, in a calm, clear voice, she says, "I love you. Now go," as one tear rolls down her cheek.

—

When?

Now.

Now?

No ... Now!

It's so huge, this business of failure.

— Jane Nichols

The present moment is all there is. The actor who pushes, who hides and holds his breath denies the present moment. He may analyze and judge and keep score, but he cannot be present. He cannot be curious. And he cannot actually listen. If learning to act is about any one thing, it is about learning to listen. The breath is the fundamental aspect of being able to listen. When an actor is taking in breath, he is taking in what's going on in the present. The answer to the question of what comes next, even with lines learned by heart, is not found in backstory or manufactured tears. It is found in the present moment. If the actor is present, something alive will happen.

The present moment is scary. It leaves the actor exposed, without his tricks and cleverness. In the present, the actor cannot be correct. He can only be present. Of all the characters in the theater, the clown is the most present. The clown also happens to be the most innocent and, more often than not, the most truthful. The clown plays but he plays not to be funny. He plays with unbridled dignity and curiosity. His imagination supersedes his intellect. Clowns who play cute, smart, or clever are boring, even deadly.

[Coulrophobia is the chronic fear of clowns. No doubt the prevalence of clever, curly haired, balloon blowing, birthday bozos wandering from party to party is the cause of this scourge to America's youth.]

There are three traits that make an expert clown – freedom, caring enough not to care, and abandon to the moment (J. Nichols, personal communication, July 10, 2020). What prevents the clown from being free and fully in the moment, from being true, is the actor's desperate human need to not look like a failure. Unfortunately, this means the path to freedom and truth and the present moment runs through failure. This is where the teacher leads her actors. She leads them into failure, then makes them hang out there, encouraging them to embrace it.

The teacher tells an actor to walk across the stage, notice the audience, stop, take the audience in, and start crying. So the actor does as she's told. After she stops and takes the audience in, she starts with a whimper. She goes for the drummed-up tears. No one is laughing. In fact, the room starts to feel awkward and tense, just like the actor trying to cry. The teacher lets this go on. The actor starts to get angry and wants to give up. The teacher says keep going. The actor tries looking sullen and sad. After a bit, the teacher says, If you're going to fake it, you

might as well *really* fake it. The actor looks at the teacher, then at the audience. Filled with anger, she stamps her foot. There is a laugh from the audience. This makes her angrier. It's not funny! She stamps again. More laughter. She stamps again and again. She starts whining. The audience can't help it, they laugh and laugh. The actor's whining turns to full gutted wailing. There are no tears, but there is abandon. Eventually, the actor begins to tire out. She sits down in the middle of the stage, let's out one more wail. The audience is no longer laughing. Now they are moved and on the actor's side, sad right along with her.

For the actor, confronting failure is about discovering her deep humanity. In failure, she finds her own unique heroism. She finds out how badly she wants what she wants. What's heroic is the submission to the moment and the guts to just listen. She cares so much, she's willing not to care.

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V

You are what you eat.

– Anthelme Brillat-Savarin

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The Big Aristotle

Shaquille O’Neal once gave himself the nickname “The Big Aristotle.” Shaq is a humorous fellow. He’s also quite tall. He is one of the most dominant centers the sport of basketball has ever seen. When he first arrived in the NBA and took over the league, commentators, sports writers, and fans liked to conclude that his greatness was a function of his height, not hard-earned skill. No doubt Shaq caught wind of this “height is the reason for his greatness” theory. Certainly his size played a part in his success. And he was an abysmal free throw shooter throughout his career (Hack-a-Shaq!). The rest of his game, however, was highly skilled and honed through thousands of hours of practice. Rather than defend himself openly or push back against the seeming criticism, he gave himself an irreverent nickname that references an Ancient Greek philosopher. That philosopher, Aristotle, once said, “We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

[Aristotle actually did not say this. The quote comes from Will Durant discussing Aristotle in

The Story of Philosophy (1926). Whoever wants to tell Shaq can go right ahead.]

Something people repeatedly do, with their gossiping brains, is tell stories about themselves to themselves. Stories are also told about them to them by others. Others may be parents, colleagues, society, or sportswriters. Sometimes these outside stories get internalized and filed into the library of stories told to the self by the self. The stories people tell themselves

can be healthy or unhealthy, enlivening or deadening, broadening or limiting. People's experiences etch their narratives about the world. The narratives get projected outward like a film-strip, throwing a semblance of its images onto whatever it meets. This is an old psychological idea, asserted again and again from the Talmud to Nietzsche to Kahneman. It explains how relationships are not just two people in some kind of orbit – relationships are co-constructed out of simultaneously projected stories.

[That's transference/countertransference to the psychoanalytically minded (Luepnitz, 2002).]

The stories people project are powerful, and none more than the stories they project onto themselves. The way one looks at himself greatly affects how he lives his life and relates to others (Dweck, 2006; Wallin, 2007). When stories are maladaptive, they lead to ill health. This is as true for whole societies as it is for singular human beings. A big additional problem is people tend to treat their self-narratives like scripture, especially after the stories have been told over and over. But even scripture shouldn't be treated like scripture, all etched in stone. Find any physicist on the street, and he or she will say there are no nouns in the universe, just verbs – the only constant is change. Theater is a great venue for challenging repeated narratives and presenting alternatives to the status quo. Common themes are money, power, oppression, religion, sex, death, and, above all, love. Therapy, which shares these themes, is a great place to do the same, but it is the theater of the individual and the relationship that is being explored (Karson, 2018). A crucial idea in psychotherapy is most psychological problems were once solutions. And much of the practice of psychotherapy can be summed up with the phrase: that was then, this is now (Shedler, 2006). A big part of the therapist's job is helping people

deconstruct their maladaptive stories, try alternative ways of being in a relationship, and co-construct a new, healthier story (Herman, 1997). When the new story is lived, it drowns out the tired commentators and tired solutions, and sheds its healthier light onto one's world. Touché to you, Mr. O'Neal.

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Paging Dr. Chekhov

In addition to being a playwright and fiction writer, Anton Chekhov was a doctor. More precisely, he was a country doctor, who visited people in their homes. He observed human beings at their most vulnerable and sat with the sick and dying. He tried to help people best he could and he tried to tell stories that were true. He once said, "Knowledge is of no value unless you put it into practice." The question remains: is any of this theater stuff applicable to training as a psychotherapist? Theoretical utility is left to the reader. After all, when people read, they read with the same mind they use to read the world (Saunders, 2021). How an idea hits is a personal matter. But what about how ideas get translated into lived experience? This takes practice. It takes rehearsal. Actors in training practice and rehearse. They read plays about human beings and work at embodying the narratives found there truthfully. They work on their instrument in order to be more connected and more available to the present moment. They work to find the spontaneity and liveliness inside themselves. They play. They make mistakes. They fail. A lot.

Training therapists have many responsibilities that take them away from practice. There is required coursework, research, and documentation. Many of these requirements are important. Ethics matter and a sturdy knowledge base matters. They also have the revolving rounds of applications and interviews for programs, practicums, and internships. Actors apply and

interview many times during their training, too. Their interviews are called auditions. Auditions are like interviews, but instead of talking about their work, interviewees do their work. Directors tend not to look for great performances in auditions. They want to see how an actor rehearses. They want to see an actor be present, find something truthful, make some mistakes and adjust. Directors often provide feedback to actors in auditions, then ask them to take the rehearsal from the top. They want to see how the actor collaborates and takes in critique. Most interviews in clinical psychology are not rehearsals. They're more like presentations. Really, they're performances. There's no feedback, no try it again with this in mind, no space to find something in the moment.

[Some internship programs have begun to include the watching of and responding to session tape as part of the interview process. This is a very good idea.]

[Also, it should be noted that auditions are the bane of most actors' lives, and actors don't just audition a lot during training – they audition a lot pretty much forever. But this paper is not about career counseling.]

There was once consensus among psychotherapists that the best way to learn how to do therapy is through supervision and one's own therapy (McWilliams, 2004). The field has drifted toward studies that exclude the variable of therapist, with marketing strategies consisting of the message: "Have we got the perfect intervention for YOU!" Still, there are some who insist therapy is an art to be discovered, not a manual to be memorized (Ogden, 2008), and some who point out 'therapy' and 'perfect' are antithetical because it's impossible to be perfect in a relationship (Karson, 2018). Seems like the therapist, who himself is the instrument of change,

might benefit from a little more lived experience. What might happen if training psychotherapists took a few vocal workshops and uncovered their authentic voices? What if they read stories, real or fiction, and tried to understand the psychology of the characters? What if they practiced listening and learned how to breathe and release their tension?

Kevin Kline was once asked how he prepared to play King Lear. He said, “Tried to get out of it.” (Tichler & Kaplan, p. 95, 2007). Theater is hard. “Easy to do poorly,” the old saying goes. When Antony Sher was preparing to play Richard III, he wrote:

Get nowhere. Abandon the play. Cross with myself for not trying harder or understanding better. Reading Shakespeare is sometimes like looking through a window into a dark room. You don't see in. You see nothing but a reflection of yourself unable to see in. An unflattering image of yourself (Sher, 1985).

These actors appear to have permission not to know what they're doing and to acknowledge the discomfort and struggle of their work. No doubt this permission comes with experience and a bit of success, but permission has been granted, nonetheless. Therapy, too, is hard. Easy to do poorly. And many experienced therapists will likely acknowledge they've experienced the feeling of looking into a dark room. Young therapists, like young actors, need to be given similar permission to not know. They need to learn how to give that permission to themselves. From there, discovery – of the session, the self, the present moment – becomes possible.

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Psycho Babel Revisited

*God keep me from a therapy that goes well,
and God keep me from a clever therapist.*

– Harry Stack Sullivan

Back to this story of all the people speaking the same language and building a tower to heaven. The Lord comes along and creates a great fall. The people get bumped heads, bruised egos, and their language is torn into pieces. They're left disconnected and on their own. A quick take is the Lord is the villain and the people are oppressed by his power. Villains tend not to see themselves as villains, though. They actually tend to consider themselves the heroes of their stories. Maybe the Lord is trying to protect the people, save them from themselves. Maybe the Lord thinks (s)he's teaching the people a lesson. They had it pretty good there in Shinar all speaking the same language. Then they decided good wasn't good enough. They wanted to be great! The Lord says, "I gave you \$20 for pizza and a movie. Now you're asking for a sports car? Go to your room."

Context matters, of course. Who tells the story, when/where the story's told, and to whom are vitally important. If Babel were told in a theater, the audience might have to confront uncomfortable aspects of society that implicate themselves, such as the competitive urges of capitalism or the mass disconnection created by the 'connections' of technology (Harari, 2017). If the story came up in a therapy session, the therapist might wonder that his attempts to deconstruct an old narrative or to bring the relationship into the present are felt not as invitations but as injuries that leave the patient confused. The Tower of Babel appeared here, in the context of this paper. To tell the truth, the writer had no intention of including the story when he started, nor ending with it once it appeared. But there it is, looming mid-paper. Perhaps the story is about theater and therapy in the end. The people yearn for invulnerability, immortality, and love ever

after. They set their sights on impossibly lofty ideals in hopes of life without pain. The whole ordeal promises only more pain and deadening isolation. Down here on the ground, theater and therapy are where the people come to be alive and repair.

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End.

References

- Armstrong, P. B. (2019). Neuroscience, narrative, and narratology. *Poetics Today* 40(3), 395-428.
- Beckett, S. (1983). *Worstward Ho*. Grove Press.
- Bentall, R.P., de Sousa, P., Varese, F. et al. (2015). From adversity to psychosis: Pathways and mechanisms from specific adversities to specific symptoms. *Social Psychiatry and Psychiatric Epidemiology*, 49, 1011–1022.
- Bergin, A. E. (1997). Neglect of the therapist and the human dimensions of change: A commentary. *Clinical Psychology: Science and Practice*, 4(1), 83-89.
- Bettelheim, B. (1975). *The uses of enchantment: The meaning and importance of fairy tales*. Vintage Books.
- Brillat-Savarin, J. A. (2011). *The physiology of taste: Or meditations on transcendental gastronomy* (M. F. K. Fisher, Trans.). Vintage Classics. (Original work published 1949).
- Campbell, P., & Kear, A. (Eds.). (2001). *Psychoanalysis and performance*. Routledge.
- Diedrich, A. (2002). ‘Talent Is the Ability to Be in the Present’: Gestalt Therapy and George Tabori's Early Theatre Practice. *New Theatre Quarterly*, 18(4), 375-391.
- Douglas, M. (Director). (2016). *Becoming Mike Nichols* [Film]. HBO Documentary Films.
- Dunbar, R. (1998). *Grooming, gossip and the evolution of language*. Harvard University Press.
- Durant, W. (1926). *The story of philosophy: The lives and opinions of the world's greatest philosophers*. Pocket Books.
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. Ballantine Books.
- Gander, M., Sevecke, K. & Buchheim, A. (2015). Eating disorders in adolescence: Attachment issues from a developmental perspective. *Frontiers in Psychology*, 6, 1136. doi: 10.3389/fpsyg.2015.01136.
- Gruen, A. (2007). *The insanity of normality: Toward understanding human development*. Human Development Books.
- Harari, Y. N. (2017). *Homo deus: A brief history of tomorrow*. Harper Collins Publishers.
- Harari, Y. N. (2015). *Sapiens: A brief history of humankind*. Harper Collins Publishers.

- Herman, J. (1992). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. Basic Books.
- Horney, K. (1950). *Neurosis and human growth: The struggle toward self-realization*. W. W. Norton & Company, Inc.
- Horvath, A. O. (2001). The therapeutic alliance: Concepts, research and training. *Australian Psychologist*, 36(2), 170-176.
- Howard, M. [Michael Howard]. (2008, October 9). *Patsy Rodenburg – Why I do Theatre* [Video]. YouTube. <https://www.youtube.com/watch?v=L9jjhNIID6szdL4ZE25bJf5vblX1hd7&index=6>
- Johnstone, L., & Boyle, M. (2018). *The power threat meaning framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behavior, as an alternative to functional psychiatric diagnosis*. British Psychological Society.
- Jones, P. (1996). *Drama as therapy: Theater as living*. Routledge.
- Jung, C. G. (1978). *The collected works of C. G. Jung: Civilization in transition*. (Adler, G. & Hull, R. F. C., Trans.). Princeton University Press. (Original work published 1964).
- Karson, M. (2006). *Using early memories in psychotherapy: Roadmaps to presenting problems and treatment impasses*. Rowman & Littlefield Publishers.
- Karson, M. (2008). *Deadly therapy: Lessons in liveliness from theatre and performance theory*. Rowman & Littlefield Publishers.
- Karson, M. (2018). *What every therapist needs to know*. Rowman & Littlefield Publishers.
- Levenson, E. A., (1982). Follow the fox: An inquiry into the vicissitudes of psychoanalytic supervision. *Contemporary Psychoanalysis*, 18, 1-15.
- Linklater, K. (2006). *Freeing the natural voice: Imagery and art in practice of voice and language*. Drama Publishers.
- Lipton, J. (Executive Producer). (1994 - 2019). *Inside the actors studio* [TV series]. In the Moment Productions; The Actors Studio.
- Luepnitz, D. A. (2002). *Schopenhauer's Porcupines: Intimacy and its dilemmas*. Basic Books.
- McWilliams, N. (2004). *Psychoanalytic psychotherapy*. Guilford Press.
- Messer, S. B., & Wampold, B. E. (2002). Let's face facts: common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice* 9(1), 21-25.

- Miller, A. (1997). *The drama of the gifted child: The search for the true self*. Basic Books.
- Miller, G. (2000). *The mating mind*. Anchor Books.
- Ogden, T. H. (1997). *Reverie and interpretation: Sensing something human*. Jason Aronson.
- Ogden, T. H. (2008). *Rediscovering psychoanalysis: Thinking and dreaming, learning and forgetting*. Routledge.
- O'Connell, M. (2019). *The performing art of therapy: Acting insights and techniques for clinicians*. Routledge.
- Saunders, G. (2021). *A swim in a pond in the rain: In which four Russians give a master class on writing, reading, and life*. Random House.
- Shedler, J. (2006). That was then, this is now: An introduction to contemporary psychodynamic therapy. <http://psychsystems.net/shedler.html>.
- Shedler J. (2015) Where is the evidence for “evidence-based” therapy? *Journal of Psychological Therapies in Primary Care*, 4, 47–59.
- Sher, A. (1985). *Year of the king: An actor's diary and sketchbook*. Limelight Editions.
- Shurtleff, M. (1980). *Audition: Everything an actor needs to know to get the part*. Bantam Books.
- Skinner, B. F., (1965). *Science and human behavior*. The Free Press.
- Sternberg, E. M. (2001). *The balance within: The science connecting health and emotions*. W. H. Freeman & Company.
- Tchler, R., & Kaplan, B. J. (Eds.). (2007). *Actors at work*. Farrar, Straus and Giroux.
- Wallin, D. J. (2007). *Attachment in psychotherapy*. The Guilford Press.
- Walsh, F. (2013). *Theatre & therapy*. Red Globe Press.
- Wortis, J. (1954). *Fragments of an analysis with Freud*. Simon & Schuster.