



PSYCHOTHERAPY AND PERSONAL CHANGE

Two Minds in a Mirror

Ahron Friedberg, M.D., with Sandra Sherman



“Every patient in psychotherapy wonders, what is my therapist thinking? In this book, Ahron Friedberg, an experienced therapist, shares his thoughts and feelings that arise during psychotherapy sessions with his patients. This is an unusual book. It is not about case histories, nor psychopathology, nor the process of psychotherapy *per se*, although each of these is discussed. Its focus is on the therapist’s mind; his thoughts about his patients and their problems; but also about himself, his career, and his life. Friedberg, true to his profession, always tries to understand what these thoughts mean, and how he might use that to help his patients.”

Robert Michels, M.D. – Walsh McDermott University Professor of Medicine and Psychiatry, Cornell University

“*Psychotherapy and Personal Change: Two Minds in a Mirror* is a seasoned psychotherapist’s gift to the reader, eloquently detailing his own and his patients’ inner experience. It expresses our humanity with clarity and courage. For comparison, master clinician-writers such as Irvin Yalom, Erik Erikson and Donald Winnicott come to mind. *Two Minds in a Mirror* is a guide not only for patient and therapist but for us all on our common journey.”

Nathan Szajnberg, M.D. – formerly Freud Professor, Hebrew University

“I found *Psychotherapy and Personal Change: Two Minds in a Mirror* deeply enlightening. As someone who has been in psychodynamic therapy for decades, I of course always wonder what it’s like from the other side—and now I know. Dr. Friedberg illuminates the analytic process with his usual gentle wisdom.”

Andrew Solomon, M.D. – Professor of Clinical Psychology, Columbia University

“I was riveted by two features of *Psychotherapy and Personal Change: Two Minds in a Mirror* – the unflinching candor that Dr. Friedberg turns on himself, and the precise, elegant writing that makes his revelations memorable. I reread some stories a few times, just to dwell in their clearly rendered depths. I never knew that the psyche could be presented so engagingly outside of a novel.”

Donald W. Pfaff, Ph.D. – Professor Emeritus and Head of Laboratory, Neurobiology and Behavior, The Rockefeller University



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Psychotherapy and Personal Change

Psychotherapy and Personal Change: Two Minds in a Mirror offers unique day-to-day accounts of patients undergoing psychotherapy and what happens during “talk therapy” to startle the complacent, conscious mind and expose the unconscious. It is a candid, moment-by-moment revelation of how the therapist’s own memories, feelings, and doubts are often as much a factor in the process as those of the patient.

In the process of healing, both the therapist and the patient reflect on each other and on themselves. As the therapist develops empathy for the patient, and the patient develops trust in the therapist, their shared memories, feelings, and associations interact and entwine – almost kaleidoscopically – causing each to ask questions of the other and themselves. In this book, Dr. Friedberg reveals personal insights that arose as he recalled memories to share with patients. These insights might not have arisen but for the therapy, which operates in multiple directions as patient and therapist explore the present, the past, and the unknown. Readers will see the therapist – like the patient – as a complex, vulnerable human being influenced by parents, colleagues, and friends, whose conscious and unconscious minds ramify through each other. It is a truism of psychotherapy that in order to commit to the process, whatever the reservations or misconceptions, one must understand that therapy is not passive. The patient must expect to become personally involved with the therapist. The patient learns about the therapist even as the therapist helps the patient to gain insight into him- or herself. *Psychotherapy and Personal Change* shows how this exchange develops and how each actor is affected.

Through specific examples, the book raises the reader’s understanding of what to expect from psychotherapy and enhances his/her insight into therapy that he or she may have had already.

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Psychotherapy and Personal Change

Two Minds in a Mirror

**Ahron Friedberg, M.D.
with Sandra Sherman**

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Foreword

What actually *happens* between a psychotherapist and his or her patient over the course of therapy? How does change *actually* occur where the cause of some difficult symptom (depression, anxiety, unaccountable fear) is buried in the past, and the patient resists facing up to it? Before I read *Psychotherapy and Personal Change: Two Minds in a Mirror*, I wasn't sure you could even adequately address these questions in writing, since they're not just concerned with what each party says, but ... with what they are *thinking*.

By creating a remarkable fugue of interwoven reflections, Dr. Friedberg allows us to enter into the minds of the therapist and patient, revealing what they think as they are thinking it. The immediacy of *Two Minds in a Mirror* makes it a revelation. The candid, up-close-and-personal data provide us a privileged entrée into the private, curtained milieu of psychotherapy. We see the therapist thinking as the therapy unfolds. We see how the mind becomes amenable to restoration.

Specifically, *Two Minds in a Mirror* reveals how “talk therapy” startles the complacent, conscious mind and exposes the unconscious. It demonstrates the intense personal involvement of therapist and patient. It reveals how the therapist's own memories, feelings, and doubts are often as much a factor in the process as those of the patient. Perhaps this aspect of the book will be most astonishing to readers who may never have realized that the psychotherapist's inner life is so entwined with the patient's, much less that any therapist would be willing to expose it.

The book's subtitle is called *Two Minds in a Mirror* because it reflects the therapist as much as it does the patient. In the process of healing, therapist and patient reflect on each other and on themselves. As the therapist develops empathy for the patient, and the patient develops trust in the therapist, their shared memories, feelings, and associations interact and entwine – almost kaleidoscopically – causing each to ask questions of the other and themselves. In this book, Dr. Friedberg reveals personal insights that arose as he recalled memories to share with patients. These insights might not have arisen *but for* the therapy, which operates in multiple directions as patient and therapist explore the present, the past, and the unknown.

But there's more. While *Two Minds in a Mirror* examines how personal change happens, it also demonstrates that the high points and setbacks of the process are a microcosm of human relationships. You'll learn why psychotherapy is "scalable," experiencing first-hand how the ability to develop trust and to listen attentively in the patient/therapist relationship becomes a transferable skill in real life. *Psychotherapy and Personal Change: Two Minds in a Mirror* demonstrates that if you can acquire an understanding of how therapy works, you can apply this understanding in your life.

Once you've read *Two Minds in a Mirror*, you will never think of therapy in the same way. Therapy is not passive or even stream-of-consciousness. The patient learns about the therapist even as the therapist helps the patient to gain insight into him- or herself. So, in that sense, the patient becomes personally involved with the therapist. *Two Minds in a Mirror* shows how this exchange develops and how each actor is affected. If you were to pick up a manual on psychotherapy, you would not encounter this experience, since it would be conveyed in largely conceptual terms. *Two Minds in a Mirror* conveys the ebb and flow of the experience through the minds of both participants.

Finally, I'd like to say that this is a fascinating book. It is entirely approachable, yet deep – and the writing is brisk, elegant, and absolutely clear. I also like how *Two Minds in a Mirror* is arranged with subjects like listening, trust, empathy, insight and understanding, and healing. The immediate give-and-take of a therapy session is set against the wider backdrop of contemporary practice, creating a counterpoint between the highly personal and deeply informed. I think you will be moved by this book and learn a lot.

Arnold Richards, M.D.

Acknowledgements

First and foremost, I want to thank Dr. Sandra Sherman, who helped conceive the shape of this book and is responsible for the clarity of its prose. But beyond her taking on the editorial challenge of *Two Minds in a Mirror*, I want to acknowledge that this book would not have been possible without Sandra's knowledge of the human condition and ability to express it. She was instrumental in bringing these vignettes to life in all their richness and complexity – her influence was transformational.

I especially want to express my gratitude to Dr. Andrew Solomon, who reviewed an early draft of this manuscript and encouraged me to develop it. His own personal honesty and candor (and exceptional eloquence) have been an inspiration for my own modest writing endeavors. Dr. Richard Friedman, whose recent passing was a loss to a generation of psychodynamic clinicians, served as a mentor and guide for the project. His detailed observations and critiques were excellent. Dr. Arnold Richards and others also offered their helpful comments and generous support. Finally, I want to thank Ms. Dana Malefakis, who prepared the citations to books listed as "Further Readings." Her diligence was exemplary.

I am grateful to my patients for displaying resilience and courage. Some of my most valuable lessons have been learned through our work together.

Introduction

What's unique about psychotherapists – compared to most doctors or clinicians – is that we rarely get out of our chair. We do not touch a patient, except perhaps for an occasional handshake or when holding a hand where a patient is bereaved. It's more about eye contact, emotional connection. As a psychiatrist, a doctor trained in medicine as well as different types of psychotherapy, I may order lab tests, but these tend to be for checking medication levels and their physiological effects – usually not for diagnostic purposes. Most healing in psychotherapy occurs through talking and listening. It occurs in our heads. Two people struggle to find the right words, ideas, or emotional connection. Freud's first patient, Anna O, famously dubbed this the “talking cure.”

When I conceived this book, therefore, which is about what “happens” during the course of psychotherapeutic treatment, I wondered how to describe an extended, nonlinear, and often inconclusive conversation. Perhaps the patient arrives at some enhanced level of insight into how the past permeates – even distorts – his or her thinking. Perhaps this produces change. Perhaps the psychotherapist – whom we might consider a healer – identifies with the patient, journeying back into his or her own past, to wrestle together with inner demons and vanquish or at least appease them. In an effective treatment, the psychotherapist and patient may meet in the middle, developing empathy, sharing insights, and enabling each other to work through problems.

In any case, there is no disentangling patient and therapist. It is a dyadic relationship. We collaborate and must proceed on trust. The relationship, or rather the process by which it unfolds, is complex, often fraught with miscommunication and missed opportunities. There are often few markers; a discernible pattern can be slow to emerge; there is no typical decision-tree. There are aims and goals but not necessarily an obvious, predictable outcome. Whether the treatment is a time-limited, cognitive behavior therapy or an open-ended, psychoanalytic one, there is no clear roadmap. It may seem like Beckett's *Waiting for Godot*.

To convey this process, I realized I had to emphasize its dynamic rather than give it a particular shape. Freud used the metaphor of the silver screen on which movies used to be viewed. The patient's wishes, fantasies, hopes, and

2 Introduction

dreams on one side are merged with images of reality captured and projected on the other. The effect was neither dream nor reality, but rather constant shimmering. Furthermore, for Freud the analyst was like a blank screen onto which the patient's innermost thoughts and feelings, past relationships, and conscious and unconscious mental life were projected. They would, necessarily, merge with the psychiatrist's own. Today, we might think in terms of a screen saver with one's favorite photos and images, whose lines and colors merge with and inflect each other, producing nuanced effects and associational patterns. What matters – what actually provides the interest – is the variation of underlying themes.

Accordingly, this book concerns how I try to help my patients to pursue varied, personal versions of understanding and change – with emphasis on the pursuit. A pursuit, by definition, takes time. Much of what is here reflects my notes on patients over the course of a year of psychotherapy. The initial exercise was to capture an incident from each day that remained with me and embodied some element of the psychotherapeutic process. Collectively, and over the course of treatment, these incidents (I hoped) would illustrate the arc of my practice as a psychotherapist and healer.

In his classic *Through the Looking Glass*, Lewis Carroll describes Alice's slipping through a mirror into existential fluidity. The mirror is a portal: Alice initially sees herself, then other versions of herself in alternative realities. Therapy produces a similar effect. Throughout *Two Minds in a Mirror*, there will be stories of courage and resilience, as patients bounce back from difficulties and even severe trauma. Finding a way and the will to heal emotional scars – that is, acknowledging their source and the need to heal – is often an important first step to recovery. There will also be stories of continued disappointment, and – at the opposite end of the spectrum – of defining moments where change is sudden, radical, and astonishing. These stories run the gamut. Crucially, they are not just about my patients, but my relationships with patients, friends, colleagues, and family. So much of what we do as psychotherapists is informed by our own pasts as well as our present lives. Psychotherapists reflect on all their relationships, learning as they go. We are inward, even at times solipsistic, though we talk to people for a living. (As you will see, that is not a contradiction.)

Accordingly, the mirror seems like a natural metaphor for the healing process. That is, even while the healer sees and interacts with the patient, the healer also sees his or her own image and reflects on the reflection. Think of Escher's self-portrait, "Hand with Reflecting Sphere." This self-scrutiny is basic to the conversation of healing. The psychotherapist is both looking out and looking inwards, if not simultaneously then over time, as he or she thinks about the course of therapy. On these occasions, self-doubt is common – Am I some version of this patient? How does that affect our relationship? What can I learn to help him? – but such unease may engender understanding, empathy, and ideally a way forward. This is all premised on my experience – my conviction – that while healing begins in the interpersonal, the realm between two people, it

also engages the intrapsychic, both for the patient and psychotherapist. The inner landscape is the lens through which reality is viewed and experienced. The intrapsychic element is as inescapable as the interpersonal.

More broadly, the mirror has been recognized as a metaphor of the mind which reflects the self and others. It abounds in literature, psychology, and philosophy. Think of Narcissus, for example, who in the Greek myth was fatally entranced by his image on water. The mirror is integral as well to the history of science and art, capturing the nature of light and its manifestation of reality. Mirrors in van Eyck's "Arnolfini Portrait" (1434) and Velazquez's "Las Meninas" (1656) raise fundamental questions about the nature of eternity, power, and the role of the artist. The "psyche" of psychoanalysis is a reflection of the soul. What's mirrored back is who we are – our inner and outward aspects.

While no metaphor corresponds exactly to objective reality, the mirror – whose metaphorical valences are so productive of psychic meaning – seems almost part of reality itself. Clearly, it mirrors, so to speak, the intrapsychic explorations depicted in this book. Ultimately, this book *is* a mirror because it reflects – rather than just reflecting on – the connections that I form with patients (e.g., intimacy, empathy) and my reflections on those connections (e.g., the successes, failures, regrets, and ever-emerging self-awareness as a healer).

If this book has any shape, therefore, it is that of one practitioner's mind as he lives his life through a healer's sensibilities, refracted through training and experience. Is this life emblematic of others in the profession? I think so – at least to some extent. And to that end, I hope it is instructive.

I practice psychiatry on Manhattan's Upper East Side and have done so for over 20 years. I am a professor at a major New York hospital and belong to an array of professional organizations. Walk down Park Avenue, and you can see a myriad of psychiatrists and mental health professionals with similar profiles. What differentiates one of us from another is, in part, the type of therapy that we practice. Over the years, the profession has branched out into numerous approaches to healing, some highly medicalized, others more psychological and even spiritual. I favor the approach called "psychodynamic psychiatry," which integrates concerns about mind, brain, and body. The psychiatry part is brain and body based. It involves treating symptoms through medication as well as considerations of exercise and diet. The psychodynamic part is a form of depth psychology, whose primary objective is to uncover elements of a patient's conscious and unconscious mental life that may be past but resonate in the present and, through that process, alleviate psychological conflicts and tension. In effect, the patient is helped to have more adaptive defences, greater resilience, and to see him- or herself more truthfully. To arrive at the overall result, psychodynamic therapy relies on the interpersonal relationship between patient and psychotherapist. The art is to integrate the therapeutic approaches to the mind, brain, and body. The whole can be greater than the sum of the parts.

Psychodynamic therapy starts from the assumption that the patient's maladaptation probably arose early in life from troubled relationships, and that it is still causing difficulty. It can play out as dysfunction, for example, where the person may project onto his boss the bad feelings he retains toward his father. In such instances, psychodynamic therapy seeks to reveal and hence resolve the unconscious tensions that underlie the current symptoms. The relationship between psychotherapist and patient is key, as we work through the earlier difficulties, sometimes needing to deal with and confront the patient's past relationships that are carried into that with the psychotherapist – causing possible anger, jealousy, suspicion, or mistrust.

There is no one way to pursue revelations of the past, although the patient usually offers dreams, memories, and associations to identify how the past still occupies, even possesses his life. At its most basic, psychodynamic therapy is talk therapy – a freely flowing conversation that also explores inner conflicts. Over the course of what may become an extended dialogue, trust must develop in both directions. The patient has to trust his own insights and those of the therapist. The therapist has to build trust in the patient and for his own insights into the other person. All this takes time, especially allowing for setbacks as well as successes.

As a composite of my relationships in the practice of healing, *Two Minds in a Mirror* demonstrates that psychotherapy is a microcosm of all our relationships. Emotions that structure ordinary relationships – from anger to empathy to jealousy, vanity, and even fear – also define those of psychotherapist and patient. The difference is that most people are not trained to study their relationships or to stand back and look at themselves in relationship. They may not even really want to, if only out of anxiety or fear. *Two Minds in a Mirror* illustrates how the healing relationship actually unfolds. I will introduce some of my patients, whose stories are woven into the book's chapters. The patients are complex – almost like characters in a novel – and their lives in many instances are permeated by former relationships. One take-away is that transference, the projection onto others of thoughts and feelings from previous relationships, is ubiquitous not only in therapy but also in life.

As you encounter these patients, the effect will seem kaleidoscopic, much as it is in my practice where patients with varied concerns swirl into a day and then days pass into months along with my reflections on them. This effect is the story: patients' psychic lives refract through my own and vice versa, as I share with them stories from my own life in an effort to solidify connections and as their shared stories cause me to reflect even further on myself.

It follows that you should expect a type of narrative distinct to therapy: a variegated process rather than a logical progression, where insight, deeper understanding, and personal change can be indirect, incomplete, or sadly fleeting – but also, in rare moments, transformative. There will, of course, be tangents and digressions, but they are all relevant, contributing to the inherent

uncertainty that I discuss throughout the book. Within the narratives of *Two Minds in a Mirror*, time is not measured conventionally – an hour can seem endlessly long because it is agonizing. Or a moment can burst into consciousness only to return again and again as its consequences continue to emerge and enlarge. What matters is the interplay of thought and reflection over time. As the narrative proceeds through individual stories, challenges, and insights, it traces an arc through a period in my practice – a period of time that represents the type of growth and falling away of a psychotherapist’s practice. The patients are “real” in that their situations are real, though their names and other related facts, attributes, and identifying data have been altered to protect confidentiality.

The stories were compiled over a year of practice, but – with some alterations – they could be exchanged for the ongoing stories of patients who continue to present. In other words, the stories are typical or, at least, the issues that they represent are typical. The point is that while psychotherapy can be inconclusive, both patient and psychotherapist are changed by the process, as their lives entwine in a dynamic ranging from the mundane to the existential.

These stories represent the ebb and flow of the process of therapy: progress and setbacks as the process flows through the participants and then eases off as the patient emerges into greater self-awareness. There are high tides, so to speak, and then low as the participants become less acutely involved. But the process rarely reaches a stasis, since the participants think and rethink it and, sometimes, pick up again after it has apparently concluded.

But no one is ever fully known to themselves, much less secondhand to a therapist. I am reminded of John Ashbery’s “Self Portrait in a Convex Mirror” (1972) – his brilliant poem about the distortion implicit in any attempt at self-description and, ultimately, in the process of self-description. The limits of perception extend from patient to therapist and require a steadfast humility. Therapy operates within the range of such humility.

Two Minds in a Mirror is divided by chapters that represent aspects of the patient–psychotherapist relationship, illustrated by my patients’ stories. One challenge in designing this book was deciding what to call each chapter since any name would, necessarily, be reductive in the face of endless nuance. I chose some like “Insight and Understanding,” “Time and Money,” and “Love and Healing” that seemed to encompass wide swaths of what the book is about. I intend this book for anyone interested not only in how psychotherapy actually happens in its day-to-day practice, but also for readers seeking to learn more about their own and others’ psychology. Each chapter illustrates how patients dealt with issues of time and money, work toward insight and understanding, or navigate other issues addressed by psychotherapy. Psychotherapy is a big subject (and human psychology even larger), but it can only be approached through the lives of people – including the therapists – who live it.

1 Talking and listening

The first psychoanalytic patient was Bertha Pappenheim, aka Anna O. She coined the term “talking cure.” When she sought treatment with Dr. Josef Breuer in late 19th-century Vienna, she was suffering from hysteria, a condition that converts psychological stress into physical symptoms (e.g., selective amnesia or dramatic attention-seeking). Hysteria was diagnosed primarily in women, especially of the European middle and upper classes. However, by listening to Anna’s painful recollections from the previous year (i.e., by getting her to talk about them), Dr. Breuer believed he could relieve her condition and restore her mental health.

Indeed, Anna initially showed improvement. But the “cure” did not last. Within a year, she was in a hospital for treatment of mental disorders. Yet Dr. Breuer’s assistant, Dr. Sigmund Freud, recognized that his mentor’s approach was revolutionary ... and the famous talking cure was born. The following stories reflect my latter-day experience with the “cure,” which has evolved into a dynamic give-and-take between therapist and patient. I show how the therapist’s personal, intrapsychic experience (i.e., what doesn’t usually make it into his or her formal notes) is as much a part of the story as talking and listening. Some of the stories therefore involve me.

These are not typical case studies, which are far more detailed and usually constitute a retrospective on a long course of treatment. Rather, these stories render moments that stayed with me at the end of the day, and that I wanted to record. They made me reflect on the process of psychotherapy or, rather, they demonstrated how fully therapy is a process that unfolds over time through provocative, individual encounters. Each encounter is somewhere on a trajectory.

In this chapter (and all through Two Minds in a Mirror), I want to give a sense of therapy’s setting, which is at once immediate (e.g., an