

UPSIDE DOWN THERAPY: Building a Heart in a Havenless World

"We will be a community that is in the world and we will define ourselves relative to the activity of being a place in the world, an activity in the world, a practice in the world that's going to do something about the cruelty and heartlessness. We will be an activist community of people and no one, least of all people who control the heartless institutions, is going to tell us what community is. We will define what community is." Fred Newman, 1990

THE PLAY'S THE THERAPY (House lights dim. The social therapist/performing writer moves to the center of the historical stage. She appears nervous, insecure. She is quietly talking to herself. After a long moment of silence, she begins her monologue in a strong and passionate voice.) Social Therapist: Social therapy is a performance-based cultural approach designed to help groupings of people do the uniquely human activity of creating culture.

Performance, the tool and result of this activity, is the search for method, which creates the space in which we develop – to qualitatively transform who we are into who we are becoming. As a therapist dedicated to the creation of living, breathing environments that allow human beings to grow and develop and be the active creators of their lives, I want to offer this paper as a collective moment of the social therapy experience.

Act One, Scene One: "Community Group" (House lights are on. Center stage sits the supervisor, Bette Braun. She is in her late forties, a social worker, long-time social therapist, and colleague of Dr. Fred Newman. Sitting in rows of theater seats are 35 white, black, and Latino, gay, straight women and men. They are lawyers, secretaries, actors, mental health workers, fundraisers, business professionals, and political activists. They are there to get supervision on the issues being raised in their performance as a collective therapist. The patient, Dr. Fred Newman, founder of social therapy, is not here tonight. He comes every other week to this Sunday evening therapy session called the Community Group. On alternate weeks, the group receives supervision on their work as therapists. This is one scene in a long-running play of a unique and innovative therapy play.

Supervisor: How's therapy going? The collective therapist has written some notes on their work that they want their supervisor to read.) What's our relationship to the development community? How do we continue to organize

the community? How do we develop the life of the community group? What is our performance as collective therapist? (The collective therapist performing as an historical chorus responds.) Ode To Who We Are Becoming We are non-authoritarian Non-rule governed Creative Not inner-directed self-defining We want stability but stability isn't necessary developmental. How do we deal with our vulnerability to keep things the same? How do we keep shaping and reshaping who we are? Supervisor: Who are you? Collective Therapist: An interesting and weird group of people who have come together over the last eight and a half years. We're an upside down therapy group. (Ken Gergen enters, walks around the perimeter of the stage. He begins to paint the theatrical backdrop: the various shapes and sizes of constructivism. His voice reverberates.) "It is sometimes said that the truly creative work in any discipline takes place at the borders—by those who understand the conventions governing the interior but who also understand something else. It is at the borders that we also find individuals who are sufficiently free from the tyranny of the normal--the pattern of expectations, obligations and swift sanctions within the core of most disciplines—that they can risk innovation."

Ken Gergen. 1999

(The social therapist clears her throat and creatively imitates the collective therapist. They are teaching her how to create. They are curing her of her own pathology.) Social Therapist: We are living in an historical period where the conditions for human development are minimal. How do we create new environments? How do we create out of our own development? Can we? (It is late Sunday night. People are tired from the week's work. Some faces look sleepy. Others are attentive. A grouping of community organizers, political activists work to create conversations that are the practice of method. The postmodern activity theoretic act of not knowing -- abandoning the cognitive biases of human intercourse. They work to create something new without the tools of instrumentalism. They work to abandon understanding, knowing, truth and explanation as the justificatory means of explaining life. As therapists they are learning to not characterize what their patient is doing. How do you do therapy and not rely on the "aboutness talk" of what it is you're doing together. The collective therapist is learning that interpretation and description are merely veiled diagnosis. Social therapy's roots are Marxian.) (The social therapist and the collective join voices) How do you work to change the world, not to interpret it in therapeutic practice? (Lois Holzman, longtime colleague and collaborator with Fred Newman, sits patiently in the corner and holds up a picture of Karl Marx, the revolutionary.) "Newman's methodological challenge to psychology also confronts the conservative ideology embodied in its (and

modernism's) conception of change. Along with Marx and some non-Marxist philosophers, Newman is convinced that discrete particulars (psychology's objects of change) are fictions. What there is- and therefore what is changeable – are totalities. His work has been dedicated to changing the conception of change that currently dominates mass culture and the social sciences as a necessary part of the activity of changing the world.” Lois Holzman, 1999

Act One, Scene Two Supervisor - You're talented organizers. You've had to work with your conflicts of what it means to do therapy with a patient who does not have any problems. You've had to challenge your own assumptions that this is a therapy group and not a therapy group. You come week after week, you pay your fees and it's not about getting help. It's about giving. Learning to do a better performance as givers.

Collective Therapist - Being on the edge of chaos – are we doing it? I think so – we're less driven by questions. We're less point driven. We're less into focusing on the particulars Supervisor - Yes you're now actively silent – which is very particular to your patient. He enjoys silence and doesn't like to speak unless he has something to say. You're able to do this now. You're more collective. You're better at building with what you have. You used to have no capacity for completion. You're no longer impositional. You've created an environment where your patient can do new things. It might be helpful to look at how you've come to this moment. How you've created your own development. (House lights fade. A weeklong intermission begins.) (The patient, Fred Newman, is sitting on stage. The collective therapist is in the theater seats. The supervisor sits with a pad and pen ready to take notes on the session.) Collective Therapist: How's it going? Fred Newman: Good. Silence Collective Therapist: What's new? Silence Fred Newman: I had a new soup today. (Dialogue begins about the soup.) What kind? Was it good?

(The collective Therapist struggles with the awkwardness and the silences.) Collective Therapist: How's your acting going? (Fred Newman is performing in a play that he has written.) (The patient and his therapist begin a soft and intimate dialogue about his experiences in the play. The Collective Therapist keeps trying to find out more about the particularities of his experience in a role he has not performed in a few years. The patient speaks with a different focus. He loves the cast. He loves making a play with his friends. The Collective Therapist has some difficulty in going where the patient is and continues a line of questioning about his historical relationship to past performances. A shift occurs... One of the leading voices of the CTx speaks eloquently about what an

interesting patient FN is. How anxious she is for him to get help. She's excited to see him.) Collective Therapist: Talking with you Fred Newman HELPS THE COMMUNITY DO WHAT WE DO MAGNIFICENTLY. I have anxiously waited for your return to the couch Fred Newman: Here I am Collective Therapist: (Builds on FN's conversation about the cast.) Are they all from our family? (laughter) Collective Therapist: The collective TX. Is it a family? (Jokes are made about "The Godfather") Fred Newman: Yes, the cast is from our community. I love being with them. Collective Therapist: It's great you can have that. Fred Newman: It's a treat.

Collective Therapist: You deserve a treat! (The environment is transforming. Therapist and patient are more relaxed. The therapist continues to do a giving performance. The therapist is leading from behind. They follow the patient and work to give what they can. The stage revolves and exposes a new scenario. The lights are low. Dinner is over. Family members move from the table into the living room. Everyone has known each other for many years. They've built and continue to build the historical space they call their home. With their long histories, they work together, lovingly, to create an environment where they can go somewhere new together. The new place is HERE – in the moment, together creating the moment.) (They are relaxing in their living room, before retiring to bed. The voices are soft. The faces relaxed. Even without hearing all the words of this performed conversation, one can experience the intimacy. The CTx is now going where the patient is. Together, side-by-side they move forward.) Collective Therapist: Look at all you give us – The radio show Books How you live your life It's been fun Differently from what I used to think was fun – being nasty and abusive Look I've grown! You're all these things to so many different kinds of people. What goes on for you? Fred Newman: I am who you are. I am eager to live my life as you are. I don't see myself rigidly – such as THIS IS ME – so everyone needs to fit in. I feel an emotional need to be emotionally available to other people's lives. Leaders often make emotional demands on people. I don't like to impose myself on people. Collective Therapist: I was suspicious of you when I first met you. Fred Newman: I'm at least as suspicious of me as you are. Collective Therapist: Do you care how this all turns out? Fred Newman: I don't know that things turn out at all. I'm interested in tasting the next mouthful of life. I don't know that it all ties together that well. Collective Therapist: I'm having the experience of meeting you again. I'm not sure if it's what we're talking about or how we're all doing tonight. **Act Two: THE UPSIDE DOWN FAMILY** (This scene opens with Fred Newman sitting to the left of psychology.) "Home is the

theater where 'the Family' play runs, all day and all night long. It's also the rehearsal space where children are prepared for the roles they will assume as adults.... It's here that we first learn the limits of who we are, as societally defined...." Fred Newman, "Let's Develop" 1994

(The social therapist performing ahead of herself circles the stage. The societal institution of the family sits stage right. They are frowning at the social therapist, who is talking to Fred Newman about how doing therapy with young children and the community group doing therapy with him are interestingly similar. They are both revolutionary activity – changing totalities. They are patients without problems. The societal institution of the family looks on conflictedly finding the conversation disturbingly incomprehensible.) Social Therapist: Five-year-olds do not relate to themselves as having problems. They play, storytell and perform ahead of themselves. They are rarely into the truth of the matter at hand, more often into improvisation. Doing social therapy with young children and their families is the activity of creating what family is – the family as self-defining. What's critical here is not the family as an ever-preserved institution unto itself, but as a particular fluid organization that is being continuously changed. The family and the therapist work to ever expand, rewrite, recreate the family play as we learn to philosophically challenge the roles and rules of what it means to be the child, father, or mother and not leave out the rest of the world/communities that we all participate in. The upsidedownness of family life often resides in the conflicts that arise because kids know more about the world than the adults around them (including their therapists!). Children are living in a different culture. As a nine-year-old patient of mine lovingly blurted out in frustration as he realized I knew nothing of the computer games and Internet jokes he loved "You're a cultural freak—you're a weird person. How are we ever going to do this therapy thing together?" My client's methodological challenge was welcomed. (The historical chorus joins the social therapist's voice) Ode To Who We Are Becoming How do diverse groupings of people come together and create something new? How do we create family? How do we continue to organize who and how we are together? How do we create culture together? What is our performance?

Social Therapist: We get out from under THERAPY We perform non-ruled governed, nonsystematic development plays We are non-authoritarian as we ruthlessly challenge role-defined behavior We help the family to build their relationship to the broader community. We create weird and powerful juxtapositions that are pointless (The social therapist speaks to the institution of the family. She enthusiastically begins to tell them a story. It is a story of possibilities.) Social Therapist: David, a four year old, came into therapy upon the recommendation of his nursery school teacher. He was biting and hitting

his peers on a regular basis. He would have extended tantrums and then fall apart emotionally, feeling badly, for hours after an incident. His parents were reluctant to bring a four-year-old into therapy but were unable to impact on what was happening with their son. When David began to hurt his infant brother, the parents called for an appointment.

Upon meeting David and his mother, we began to collectively create a series of performances related to the family play they were currently starring in. David had been cast by himself and his family as the “difficult child”. Mom, a professor at an Ivy League university, was overwhelmed and frustrated with caring for her two children and maintaining her academic career. Dad was a pediatrician and was working long hours. He had limited contact with the family due to a demanding research and teaching schedule. The Family Play begins: **First session:** (David’s mother drags him into the office. They sit down.) David: You can’t help me. All your ideas won’t work, so don’t think you’re so smart. You can’t stop me from biting. He sticks out his tongue. (His mother is embarrassed by his hostility.) Mother: David, you’re being rude and inappropriate. Social Therapist: I am really glad to meet you. And you know something, it usually takes people months, sometimes years to learn that I can’t stop them from doing anything. You are quite right. I can’t fix you because you’re not broken. You knew that right away. (David smiles and appears to be quite proud of himself. David’s mother begins to correct him and asks him to apologize for his rudeness. The mother begins her monologue of what is wrong with David.) (The societal family rushes to her side and sings) He doesn’t listen. He’s rude to people He is hurting his little brother. He hits his mother. What did I do to deserve this? Social Therapist: What’s the title of this play? Is David the only one starring in it?

David: NO. Everyone is in it. Mom is mean to me. She’s always yelling and hurting my feelings. Victor, my brother, breaks all my toys and ruins my clothes. Mom: That’s not true David. He’s only four months old. He doesn’t even touch your things. Why are you lying? This is what I mean. He makes up stories all the time. Social Therapist: Do you like this play. It seems really angry to me. What you think? David: I hate it. Mother: I hate it too. Social Therapist: Maybe we can do different one. I can see you’re both good at telling stories. I have a game that you might like. It’s making up stories together. (David lights up. Mom and David play collective story. An improvisational theater game that requires the storytellers to build off of what each other creates. It minimizes the activity of negating or correcting each other. Mom has more difficulty. She keeps trying to incorporate “true facts” into a silly and pointless activity. The therapist supports her to go with pointless activity of the

game. The session ends with David and his mother laughing together at the ridiculousness of the story we've created.) **Second Session:** (David enters stage left in a Batman costume with a toy doctor's bag. He asks to play with the therapist without his mom. The therapist agrees. They play fight with imaginary swords. Play doctor. David takes out a leash and asks the therapist to walk him as if he were a dog.) The social therapist begins to talk to the historical chorus: I feel somewhat conflicted about walking my patient around on a leash. I know I need to go where he is. I need to join his play in order to create a new one with him. If I am teaching David and his family how to perform, I can't hedge at this point due to my own uncomfortability. The historical chorus responds:

We want comfortability but comfortability isn't necessarily developmental. How do we deal with our vulnerability to keep things the same? How do we keep shaping and reshaping who we are? Social Therapist: What's the title of this play? David: "A Dog Named Spot" (The play begins. Spot is loving, cooperative, and responsive to what I, the social therapist, might want or need as his owner. The Spot performance is antithetical to David when he is performing himself. After 45 minutes of "Spot", organized as a performatory scene, David says: I think you're a good friend.) The session ends. The social therapist continues to tell the story. Social Therapist: The "Spot" play has a two-month run. David creatively works on cooperation, support, learning new tricks from his "owner". He insists that his parents be excluded from the game. I am instructed, however, that I may tell them about it. After the two-month process, I suggest that Mom be added to the cast. David agrees and rehearses the invitation. I meet with both parents to include them in David's play. David's mom decides to fully participate in the therapy. David's dad is not accessible. I work to create an environment where they can work on their reactions, conflicts and embarrassment of their son's choices. Collectively, therapist and patients work on the value of joining David's play rather than coercing him to join their existing one. The current family play has as its presuppositions that David is the problem. They are concerned that they have failed. His behavior in school is atrocious. How could he hurt his baby brother? How come the therapy isn't focusing on correcting the problem? In the cultural performatory approach of social therapy, we work collectively to rewrite the play. Recognition is given to the co-creation of the play. David's "character" is part of a complex process where the characters are interdependent. The play cannot continue, if one of the performers changes how they are doing their role or even adds nuances of change in existing ways of relating. Perhaps the mother could perform her frustration differently. She could work to have a new response when David slams his toys around the house. The play of

remediation and correction has failed all of them. The family itself needs to grow and develop. They need to create something new. Their instrumental methodology of trying to get David to behave has produced more and more anger and frustration. They have successfully have created a power struggle par excellence. And they are all losing. Mom: I can see how you respond to him differently. You don't get into reacting to what he's saying or trying to change his behavior. I want to learn how to do this. I think I'm bad at it. Social Therapist: I work very hard to relate to what David's saying as a line in play that we are creating together. Mom joins the next session. David decides she should be the therapist's friend and next-door neighbor, "Jane". Jane cannot believe how loving Spot is. He sits on her lap. He talks to her in soft voices. He's relaxed. He sits at the kitchen table, folds his napkin, does chores and takes the new puppy (a recent addition to the cast) out for gentle walks in the park. She sees no trace of the hostility and aggression that David exhibits at home. Mom: I can't believe this. I've never seen him this way, except for a few brief moments. It's like I don't know him or maybe I only know him one way. I can see more of what you've been saying about helping our family create and define who we want to be. He's doing that. I think we need to follow him. The next three months of therapy are variations of the Spot play. David and his mom are performing together – being who they're not. Mom takes on the challenging role of the non-reactive performer. She can relax, be silly or engage David in new ways. She's no longer trapped in the role of mother with a capital "M". Throughout the scenes we work on how to be a good friend and ask Spot for help. Spot is a very good friend. At home David has stopped hurting his little brother and the school reports that his behavior has improved. In one session, David barked for a good 30 minutes at "Jane," his mom. He then asked the therapist to translate what he was saying. I took a risk here and said that he was having some trouble because he felt that family members favored the new puppy in the house. David started to cry and said, "See Mom. See what I mean." The mother responded lovingly and said she had been unaware of how that was happening. She asked him to tell her. He did. There was an openness and radical acceptance in their dialogue. They were creating conversation together not doing the same old scripts. At the end of the session. Spot announced that this play was over. It was getting boring. The therapy was terminated.

A month later David insisted that his mother call for an appointment. They came in together. He was quite upset and said that he was having trouble in school. He was fighting and not getting along with other kids. The therapist suggested that he

perform Spot in those kinds of tough situations. He didn't have to just be himself. He could perform our play and continue to create some new ones. Mom discussed her struggle to listen to David, including his request for a session. She hadn't thought it possible that he might know what he needed in this way. She was doing a new performance herself. David tried out some possible scenarios in the session. He returned the following week to say the session had helped him and he was doing better. Therapy was no longer an hour a week. It was how David and his Mom were living their lives. It was David's final session. (The societal family exits stage right. They are unrecognizable, hand in hand with their conflicts, in the process of transforming how they see.) **Act Two, Scene One: The Play Within A Play**

(The supervisor sits center stage. Stage left is a large picture of Freud hanging from the ceiling. There's a desk, a few other props that make up a theater set for Castillo's new play "Lenin's Breakdown". The set resembles a therapy office. As the collective therapist enters, jokes are made with the supervisor.) Collective Therapist: Is that your new guy? (Pointing to the picture of Freud) Supervisor: (Looks up and smiles) Actually we stopped dating in 1976! (laughter) (The session begins with the historical chorus writing a love letter to themselves. It is a review of some of the work from the previous week's session.) Collective Therapist: Love makes the therapy work Love is not located in the object The alienated object of love is ME Love is activity The collective therapist is no longer fixated on how unlovable We are – now we are freed up to be more loving Our work is a challenge of how we are supposed to live Therapy is our life; not two hours in our week Collective Therapist: We're loveable now; we didn't use to be.

Supervisor: Actually, you were always loveable but you made it really hard to love you. Collective Therapist: I need some guidance on how to talk to our patient tonight. It's about the play, "Lenin's Breakdown". I see the play about Fred – how he came from the lower strata. I'm not sure if I should talk to him about this. Other voices: We've been working on going somewhere new with Fred. I don't think we need to plan where we're going. The play gives us things we can be highly attentive to. We don't need to impose ourselves "Hi, Fred we saw the play and... I'm glad we're asking the collective therapist's opinion on how to proceed. We don't need to be over-determining. Let's congratulate him on the play! Supervisor: How many of you have done that? (many hands go up) Maybe then, it's more your need to say it and it has little to do with your patient. I wouldn't go with your need to talk. (The patient enters stage left.) Collective Therapist: How are you? Fred Newman: Good. We've opened the play. It's interesting. (A dialogue develops about the patient's

experience of the play. He speaks about the movement of his character as what fascinated him the most. The collective therapist self-consciously participates.) Silence Collective Therapist: It's really weird you sitting there tonight. The set is up. The play is about a therapy session for Lenin, whom you perform. The picture of Freud. Us sitting here as your therapist. Fred Newman: (Laughs) yes, multiple levels of reality.

Act Two: Scene Two: THE FIRESIDE CHAT (The family members sit around the fire in the living room. One collective member begins to tell a story of far away lands. His voice is quivering.) Collective Therapist: War has broken out in Kosovo. We know people there. They are our friends and colleagues working as part of our international development community. We hear they are all living in shelters. They are planning on going out into the streets to be of help to people. And here we are. A long relationship to revolutionary activity. The revolutionary activity of social therapy. The revolutionary history of Lenin. His strengths, his limitations. Our conversation zigs and zags, fluid, comfortable and non-linear. The American Left, the great depression. What about Roosevelt? He was sitting on top of a country with the greatest resources in the world. As bad as the depression was the country didn't unravel. No one wanted it to, even the American Left. Independent politics, postmodern psychology, political theater. Our conversation twists and turns. It is a sophisticated, fascinating political dialogue filled with passion, contradiction, unbelievability and ordinariness. Our faces are relaxed, smiling, interested. The embers are fading. It's getting a little chilly. Maybe it's time to retire. It's been a pleasure to talk with you this evening. I look forward to seeing you in a few weeks. We have to stop now. (The lights dim. The session ends.) The Therapy's the Play (The social therapist is continuously building the developmental stage. Her toolbox is open. She and the historical chorus putter about creating new tools that are particular to this moment in history, particular to the moment of the therapy session, the therapist and the client. She begins to tell a therapy story. The historical chorus is fascinated by the human capacity for the telling of stories.) Social Therapist: Nancy, a five year old, arrives for her Saturday morning therapy session. I ask her how's she's been. I also tell her about a conversation I've had with her school. The teacher is reporting that Nancy is better after a long difficult time in kindergarten. She does feel that Nancy has been wired lately and wanted to check in on how she's doing overall. Nancy's mother had brought her into therapy because she was having great difficulty getting along with her peers. The school she was attending for kindergarten suggested that Nancy needed to look for a different educational

setting. Nancy had a reputation among her classmates and teachers for being “exceptionally mean” to other children. She often plays by herself. This therapy play has been running for five months. Social Therapist: What’s new, Nancy?

Nancy: I had a pizza luncheon today. Silence Social Therapist: Was it good? Nancy: Yes it was great. Silence Social Therapist: I wanted to let you know that your teacher called me today. Nancy: Was she complaining about me? I have been kissing boys you know. Social Therapist: No. It was a check-in kind of conversation. She did mention the kissing thing but she seemed fine with it. Nancy: I love kissing boys secretly when the teacher isn’t looking.

Social Therapist: Really. What do you like about it? Nancy: I have more boyfriends than anybody else. (Yells) WE’RE TALKING TOO MUCH. LET’S DO A PLAY.

Social Therapist: OK. What’s the title?

Nancy: It’s called “I’m Better Than You.” Your name is Nilka and my name is Callie. I am smarter, prettier and have more boyfriends than you. You’re five and I’m five and a half. The play begins in the school gym. Callie is a top gymnastic student. Nilka keeps making mistakes and is reprimanded by Callie. “You know, you just don’t listen hard enough. You don’t try hard enough. You could do better but you just won’t. I am the best.” Nilka: (the therapist performing) I am trying. Maybe I’m just not that good at this. Callie: (Nancy performing in a stern voice) Listen Nilka, you are never going to be popular like me. Face it. Nilka: (crying) I hate this school. Callie: Pay attention. The boys will always like me better. Nilka: I’m going home. I hate this school. Everyone is so mean. I am going to go to a new school where people are willing to teach me instead of putting me down. Callie smirks and walks away. The scene ends. The therapist suggests that Callie come to a new school with Nilka. The teachers and children at the new school are better at creating different kinds of environments. They work hard and include each other and don’t put each other down. Callie agrees to play herself. The title of the play stays the same. Callie: Hi Nilka. Welcome to our new school. I am the most popular girl. I am prettier, smarter and have more boyfriends than anyone! Nilka: Hi Callie. Can you help me out? The boys are really teasing me today. Callie: Listen Nilka you’ve got some stuff to learn ok? Boys do not listen to girls. You have to get a boy who’s your friend and get him to tell them to stay away from you. Nilka: That’s really smart Callie. Will you help?

Callie: Yes I’ll speak to one of my boyfriends and tell him what to do. And, by the way, here’s some candy.

Nilka: Thanks Callie. Callie begins a variety of activities and includes Nilka in them. She does remind her that she is the most popular. Nilka says she knows that but having Callie include her and show her the ropes. --- having Callie be giving to her--- makes a big difference. Nilka: You know, Callie. I get jealous of you. But I feel like you've been a good friend. You've been really giving to me in this new school. There are ways you've better than me but you're not rubbing it in my face anymore. Callie becomes emotional. She cries a little and asks the therapist to sit next to her. She offers her a piece of candy. Nancy (as Callie): I think we should end the play now. Social Therapist: Fine. Why don't you finish up? Callie: Nilka. We're good friends now. I like our new school. I want you to be part of my family. You could come live with my mother and father and baby sister and me. Nilka: That is such a lovely invitation. You've taught me a lot. I feel very close to you. Callie lies down on the floor, curled up in a fetal position and sucks her thumb and cries. The therapist is silent. After five minutes Nancy stands up and says the session is over. **Act Three, Scene One** Community Group (It's early morning and the development community is sitting on the front porch having a cup of coffee together.) Collective Therapist: Doing good therapy is being close to our patient. It makes demands on us that are not clinical. That is non-evaluative. What do we do with our emotional responses to our patient?

Not knowing drives us crazy. How am I doing? How do I look? Do I look good in his eyes? I can't sit still. I reach my limitations as a therapist. I'm over determined and predictable. I'm having new experiences not knowing what to do with old and new emotional responses to our patient. I'm sitting still and not knowing. How do we go further? I'm angry with some people in here. I want to mess them up, hurt them but I'm not doing it. When I'm not doing therapy it's harder for me. I keep going back to old behaviors. I want to be nasty and mean again. I'm no longer doing that here. What do I do? Supervisor: Here's the solution. Do therapy all the time. Figure out how to do it in all the contexts of your life. Keep contributing to everything. Keep reorganizing our failures. That's what growth is – the continuous reorganization of failure. (The patient enters stage right.) Collective Therapist: How are you? What's new? Fred Newman: Good. What's new? What's new? Something must be new? Silence I enjoyed the beginning of the play last night. I enjoyed it so much I didn't want it to go on. I wanted to leave with my friends and have a cup of coffee. It felt so good. I was particularly connected. It felt so right. It was particularly beautiful, particularly connected to everyone. I like the silence of it. As a performer and writer I sometimes find language intrusive. I like moving in slow motion, being connected to people on the stage. It's like a slow moving

painting. Collective Therapist: Is there anything else that's new?

Fred

Newman: My daughter keeps sending me pictures of my granddaughter.

Collective Therapist: How is it being a grandfather? Fred Newman: It's getting pictures. Those are the clearest indicators. (Laughter) Collective

Therapist: Do you feel like a grandfather or parent in our community? Fred

Newman: I don't feel parental in the community. It's not an experience that I have. I have closeness with people but it's not familial. Collective Therapist:

Do you want to have that with your granddaughter? Fred Newman: It will be

whatever it turns out to be. I don't have something I need to have happen. It doesn't need to look a certain way. Collective Therapist: Are you close with

your daughter? Fred Newman: Yes. We're very close She's close to a lot of people in the community. I think she's a very nice person. I like her very much.

There are virtually very few people who don't do things that I occasionally find offensive. She's one of them. Collective Therapist: That's a value of yours.

You get things from your parents. Has she gotten that from you? Fred

Newman: NO. I've gotten that from her. People find me offensive. They have conflicted responses to me. I've learned to be inoffensive from her. I think she

given me that! I'm easier going now. I've become less offensive with people that I am close to. My daughter is tolerant and open. I've learned from her.

Collective Therapist: It seems particularly nice to have someone like that in your life, particularly in the family.

Fred Newman: My family is not so unusual. It has the usual family intrigue.

Who's not talking to whom? It wears on your nerves. My daughter is not into that. We talk the language of family with the same accent. (Enter Alex, age six,

stage left. He is howling. He's come into social therapy because he was showing signs of stress at home and in school. He's retreated into fantasy

characters and become suicidal. There are a multitude of changes in his life.

After living with his father as the primary caretaker, his mother decided to become more directly involved in his life. His mother was about to remarry.

Alex was referred to a psychiatrist who diagnosed him as atypical pervasive developmental delay. Alex's mother brought him into therapy to work on their

relationship. Alex began social therapy as he was having a breakdown. He was unable to function in his classroom setting. The family is in a crisis.)

Alex: The aliens are here. There's good ones and bad ones. Do you want me to kill them for you? Social Therapist: Well I'm not sure. I guess I'm

concerned about you doing it by yourself (he interrupts) Alex: I can do it. I'm so strong and you could watch. Social Therapist: Let's slow this down a little. I

need something from you if we're going to move ahead with this. I need to know that I don't have to worry. That you'll be ok. I need to feel more confident that you won't get hurt. Alex: Don't worry about a thing (he pulls up a chair for me). You can relax (shows his muscles) I'm really very strong. (pauses)

Silence Alex: You don't like it when I'm only one way, do you? Social Therapist: I don't really think it 's so great for anybody to only have one way to be. I think it's more helpful to create some new choices – some new ways to be. Alex: What could I add to being strong?

Social Therapist: How about vulnerable? Do you know what I mean by that?

Alex: Yes. I do .You mean gentle? But how do I add vulnerable? Social Therapist: I'm not sure. Alex: (comes over and caresses Tx's face) See, you have nothing to worry about. Just sit here and relax. I'll be more than one way. (Alex fights the alien , finishes and sits on TX's lap.) You know the aliens stole my fantasies. Social Therapist: Really! How did that happen? Alex: The aliens took away CATBOY, TACK, and SNAKEBOY.... (starts crying) We need to get them back. They're very important. Social Therapist: What's important about them? Alex: Promise me you'll help me get them back. Promise me you'll never take them away from me. Social Therapist: I promise. We can always decide together what to do with them. Alex: (fights with aliens again) I got them back now. Can we put them in the closet so we can take them out when we need them? Social Therapist: That's a great idea! Alex: (now speaking as one of his fantasy characters, Tack.) Tack: Alex is going to camp tomorrow. Social Therapist: Yes he told me. How's he doing with it? Tack: He doesn't care.

Social

Therapist: He doesn't care? I think he gets nervous when he meets new people and goes to unfamiliar places. Tack: OK, OK. He just says he doesn't care, but he really does. Do you think I need to worry about him? Social

Therapist: I don't know. I think we could let him know that we want to be there for him. That he doesn't have to do it alone anymore. (Alex returns as the speaker. He opens the closet door and goes inside. He comes out smiling.)

Social Therapist: We have to stop now Alex. **Scene Four:** (The Therapist/ Performing as Writer Works to Deconstruct and Reconstruct the Practice of the Community Group and Family Therapy and Fails) Social Therapist: Now is the moment when I feel an enormous pull to summarize, explain and detail some comparison between the community group and working with children and their families. It would be a mistake. Yes, social therapy relates to all patients as revolutionaries. The struggle as the therapist is to create environments where what is relevant is the creative activity of the patient and

therapist together – not the content, explanation, or truth of either. I am not a theoretician or a writer – I am a performing-ahead-of-myself therapist in search of a method to write about my experience of life in doing social therapy.