The Performance of Therapy after September 11

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1. Social Therapy -- Why Performance?

Four of us are psychotherapists practicing at the East Side Center for Social Therapy. One of us is a developmental psychologist, trainer/program developer at the Center's affiliated research and training institute, the East Side Institute for Short Term Psychotherapy. Both Center and Institute are located less than a mile from what was the World Trade Center. Although our building was unharmed, on September 11, 2001 we were ordered to evacuate our offices as a precaution; four days later we were able to return. In those first days of tragedy, shock and trauma -- and beyond -- our therapeutic work of course transformed, even as it remained continuous with its practice prior to September 11. Therapists got on the phones to track down every client and find out if they and their families were okay. They made more calls to reschedule therapy sessions in people's homes. They brought lists of names of clients to the police at checkpoints and barricades in the downtown area where only residents were allowed in. They did therapy.

On a weekend in January, 2002, the five of us met to talk together about the transformation and the continuity, to share stories and feelings and conflicts and learnings. One of us (LaCerva) created a poetic, or performatory, synopsis of our conversation. We chose this unusual form of presentation because we want to convey the myriad of emotions and experiences that are part of doing social therapy in the shadows of the terrorist attacks. Additionally, the poetic and the performatory are terms that characterize the methodology of social therapy itself. A brief description of the social therapeutic approach will provide the context for the performance text to follow.

To us, therapy is the activity of human beings helping each other grow and develop. Among others who follow this direction are the many psychotherapists who work to transform therapy from an approach designed to fix up what’s wrong with people to an approach designed to support the expression of what’s positive about people (including narrative, solution-focused, systemic, social constructionist and other non-diagnostic practitioners). To varying degrees, they recognize therapy as a process of helping people to be more giving, to transform, to grow, to be more responsive to environments, to learn how to interrelate and to recreate our humanness. This is the explicit goal of social therapy. Our work is an effort to make therapeutics a way of life. We also describe our practice as building community – and the two are inseparable to us. Social therapy (or performance social therapy, as we sometimes refer to our approach) originated in our group therapy but is also the basis for a continuously
emergent development community (see Holzman, 1999; Newman and Holzman, 1997; 1996). We believe that all people have the capacity to reshape their lives, continuously.

Many psychologists and psychotherapists believe, as we do, that politics is inherent in the practice of therapy. As an attempt to help people better navigate the environments in which they live, therapy of whatever type is inherently political, since all human environments are political, that is, they involve relations of power, authority, ownership, voice, etc. Perhaps fewer of our colleagues believe, as we do, that therapy is political because it deals with alienation. For social therapists, alienation is a political issue. In everyday language, alienation typically refers to a psychological state, but here we are speaking of the economic-political alienation Marx (1966) describes: under capitalism production is organized in such a way that the products of production are severed from their producers and from the process of their production -- people wind up relating to alienated products (commodities).

Alienation, however, is by no means limited to cars, loaves of bread and computers; alienation is the normal way of seeing and relating to everything in contemporary Western culture. People relate to their lives, their relationships, their feelings, their culture, and so on, as things, torn away from the process of their creation and from their creators. This “thingification” is a major factor in people’s emotional problems. Therapies vary widely in the extent to which they engage alienation in practice, and almost none speak about it theoretically or methodologically. Social therapy is one exception.

Basic to social therapy (and to building community) are two human capacities that engage alienation: activity and performance. We use the term activity in Marx's sense -- “revolutionary, practical-critical, activity” (Marx, 1974, p. 121) -- and not as a general reference to human action and/or agency, as do many social constructionist and socio-cultural psychologists. Revolutionary, practical-critical activity is human practice that is fully self-reflexive, dialectical, transformative of the totality and continuously emergent. It is human practice that “abolishes the present state of things” (Marx and Engels, 1974, p. 57) by the continuous transformation of mundane specific life practices into new forms of life. Revolutionary activity is, for social therapists, the relevant ontological unit for psychology and psychotherapy in these times, requiring a non-epistemological (non-objectivist, non-cognitive) methodology (Newman and Holzman, 1997).

Performance, we have come to believe, is the revolutionary activity by which human beings create their lives (develop) -- qualitatively transforming and continuously reshaping the unity that is us-and-our environment. The human capacity to perform, that is, to be both "who we are" and "who we are becoming/who we are not" at the very same time, is central to our practice. We relate to our clients as an ensemble of performers who are, with our help, staging a new therapy play each session. In this way, they can experience themselves as the collective creators of their emotional growth. Based in the
power of performance as revolutionary activity, social therapy can be described as a psychology of *becoming*.

Social therapists relate to therapeutic discourse as performance, or performed conversation. As we understand it, talk therapy is effective primarily because there is some kind of development that takes place in the process of ensemble, collective performance not just of someone else's play, but in the performance of our own discourse with each other (Newman, 1999). We and our clients *perform* therapy in order to expose the fictional nature of “the truth” of our everyday language, our everyday psychology and our everyday stories (not to create a new truth disguised as a better story). We want to help people see stories for what they are. The stories we tell ourselves and others about our lives -- typically taken as an accounting of events that have occurred -- are as much what happened (as much a part of our history) as “what happened.” The telling of stories continues the ongoing process of “what happened.” But to the extent that we mistake our stories for the events they are purportedly about, we can get locked into interpreting our lives in terms of these “truths” about ourselves. In this way, we distance ourselves from ourselves – from our “past,” which we take to be fixed and determining of who we are now, and from our current relational activity (the telling of the story), which we take to be a description of what happened. When this happens, we fail to experience storytelling itself as something that we are doing now which is continuous with -- and part of creating – our history. To be liberated from this kind of truth-based referentiality is to allow for emotional growth, and many other developments as well (see Holzman, 2001; Newman and Holzman, 1997).

The performance text that follows both creates and was created from our lived experiences. As such, it is as much what happened as "what happened" on September 11 and "what happened" in our therapy sessions and telephone conversations.

Group is the primary modality of social therapy, although we also do "individual therapy" (a very small group of two). Social therapy groups are typically comprised of 10-25 people – a mix of women and men of varying ages, ethnicities, sexual orientations, professions and “problems.” Most groups are ongoing (although we do some time-limited groups) and meet weekly for 90 minutes. Some group members remain for years, others months; people leave and new members join. A group typically begins in a fairly traditional manner as different people bring up issues they want help with. But the real work of the group is figuring out how to talk about what they want to talk about -- what to do with all the “stuff” that’s been put out, how to create an environment, a conversation, an ensemble production. In other words, the therapeutic work is more methodological than psychological. The therapist helps the group practice method, that is, to create a tool (as in tool-and-result) uniquely and specifically designed to deal with what it is they want to talk about. It is in the group’s activity of creating the method that particular issues get engaged. The social therapeutic process, then, is not to help people with their problems; rather, it is to help groups of people create environments for getting help. The therapeutic focus is the group, the ensemble, engaged in the continuous
activity of creating the environment, the tool, the conversation and a new social unit -- all at the same time (Newman and Holzman, 1997).

Perhaps at no time in our history has it been more difficult to keep focussed on the group's development, on the ensemble's activity, on creating environments than in the period immediately following the tragedy of September 11, as we hope the following conveys.

II. Therapy in Shock -- A Performance Piece

September 11.
Terrorism.
Our American lives and sensibilities blew up.
The World Trade Center blew up and, yes, we are having therapy tonight.

Therapists in the community are following the footsteps of clients, therapists, community members.
Are we missing?
Are we found?
Where are we?
In the face of trauma and terrorism we are calling out for one another.
Our political performance in the face of trauma is collectively consistent, immediate, responsive.

Therapist call.

Hello, this is ___ and I am looking to find you right now. Yes, we are having therapy tonight and yes, we are here to keep creating our group and lives together, and yes, thousands of people have died. The World Trade Center buildings blew up and we are twelve blocks away. We are alive, crying, sad, frightened. We will continue our emotional building.

Where is Ann? She lives a block away. No one has heard from her. Keep calling. Keep calling.

Therapy call on September 12.

Hello, I have lost my husband. I am calling for an appointment. I will not come to see you until December because I can’t give you the pain. It’s too big. I have to hold on to it right now. It is all I have. I am all right and I am not all right. How do I begin to talk to you, dear stranger therapist person? Goodbye.

Therapists and Clients Speak
We invite you into our homes to continue therapeutic community.

We are so grateful to know that there is therapy tonight. To know there is community tonight. To know there is therapy-in-the-community tonight.

We can’t make it there because of the blockades, the checkpoints, the barricades. We are grateful to know you’re there. We are grateful to know you're there and you’re looking for us.

Has anyone reached Ann?

**Tuesday night group**

*Group members enter and take their usual seats. Psychology and Politics, two long time "meta-members," also enter.*

**Therapist:** How are you all? It’s good to see you.

**Group members:**

It’s really good to be here.
It means so much to us that we can be together tonight.
God bless America.
I am going crazy.
I am afraid to leave my house.
If you don’t want to bomb, you’re not American.
I’m terrified.
The President is an idiot.
God bless Afghanistan.
I have emotional problems now.
I’m overreacting. Aren’t I?
I feel afraid.
How can we be safe?
I’m afraid of the US response.
The group is a safe place, isn’t it?
How are we going to get through the next day?
I feel crazy.

**Politics:** No, you’re not crazy, what’s happening is crazy. It’s no longer paranoia; it’s not your emotional problem. It’s no longer a psychological state. It’s real. The world is a frightening place, a place of horror. It always has been but now we see it better because it’s on our turf. It’s touches us personally. We’ve lost the privilege of being complacent and untouchable as Americans. We need to become more worldly. We need to keep creating.
Psychology: “No, you’re not crazy, what’s happening is crazy.” But let me pull a fast one on all of you. Let’s explore what’s going on inside your head. Let’s ignore that it smells like dead bodies burning when you step outside. Let’s make believe that our emotional responses to this disaster are what’s most important and relevant to the moment. Let’s pretend that if we keep talking with our handy explanations, truths and analysis, we will make all things right with the world.

Therapist (to herself): It’s September 12. I feel numb. We are in crisis. How do you do therapy in this historical moment? Do I try to help them/me to feel better? Do I support them to give expression to their emotionality? What the hell does that mean? Lynette is falling apart. She started a fight over political views and beliefs. I’ve never seen her so hysterical. I cooled out the fight. Am I in crisis? Is therapy in crisis? Why do I need to do anything but help us all be together. Psychology or politics? I began to help Lynette with her subjective fears. Why did I do that given that I was telling her that her subjectivity isn’t the issue? Why am I talking to myself? (She looks up and sees that she has abandoned the group with her inner dialogue. She is embarrassed to see that she has allowed Psychology to lead the group. Quite shaken up, she looks straight ahead and tries not to cry.)

Group member (to the therapist): I want so much to know how you are. How are you doing? What’s the impact on you? I look to you to try and understand what’s happening. As we’re talking I realize I don’t know how you are.

Therapist: I am shaken and frightened as you are. And I am really happy to be with all of you. I want so much for us to continue our work together. I am upset. We’re upset. This is very big. We don’t know how to do this.

Group member: What are you going to do now?

Therapist: The question is what are we going to do now?

Group member: Has anyone heard from Ann?

Therapists talk to each other

Social therapists at the East Side Center for Social Therapy begin a dialogue on their experiences of doing therapy during the tragedy of September 11. We’re very emotional. We realize that we hadn’t really talked to each other about it. We work, day in and day out, to not be distant from our clients. We try to help them create their emotionality and, in that process, recognize emotions as social. We work to engage the political/philosophical underpinnings of traditional psychology. We learn to create with what is, with who we are. We are better at doing this with our clients than with each other. We are shaken. We struggle to have the dialogue. We are moved by each other. We
are looking for each other. We remind ourselves that social therapy is flexible, designed to be continuously responsive to changing social circumstances. Social therapy relates to people as revolutionaries, changers, builders. How did September 11 challenge us? What was difficult? What was surprising? What is revolutionary practice? How does one develop with all the sadness and horror? We say many things to each other.

We were overwhelmed by being in lower Manhattan.
We were working to untie the knot of psychology and politics.
We found it helpful to talk about how upset we were.
We performed.
We were frightened by the continued bomb scares.
We were sad.
We were vulnerable to institutionalized and prescribed ways to grieve, to be traumatized, to experience loss, to help -- to do therapy.
We created environments where our clients could say anything.
We talked politics.
We cried in supervision realizing that we were hedging on helping people see what had happened twelve blocks away.
We talked about U.S. foreign policy.
We talked about the role of Truth in the Arab/Israeli conflict.
We talked about how the world works.
We struggled not to hide ourselves in psychological rhetoric and technique.
We pushed ourselves to look at the politic of doing Psychology.
We raised the question, what is therapy now?
We looked for each member of our community and they looked for us.

Monday night group

**Group member:** I work at a financial firm at the World Trade Center. I have lost all my colleagues. They were all I had. They were my social and work life. I can not cry. I can not feel anything. I can not comprehend this loss. You are also what I have in my life. I want to learn to be emotional with you. I realize now I’ve been emotionally alone my whole life. I want the group to help me with this.

**Group members:** We can see now that how we are now has always been the case, yet we are doing a different activity tonight. What does it mean to be a group now? How do we build with death? Friends are missing. We are missing them. I’ve been missing emotionally for years. This is an opportunity to look at who we are relative to our families, friends and each other, to the world -- will we grab it? What does it mean to be alive?

*Therapy call on September 20*
Hello, I’ve been institutionalized many times throughout my life. I am having trouble leaving my house. I am upset. I used to be in the army. I know the ineptitude of the military. I’ve been afraid to tell anyone my fears because of my history of mental illness. I’m afraid you’d think I’m too crazy or incapable of feeling anything about the terrorist attacks. I’ve been afraid to talk. I want to talk to someone about all of this. Can you help me?

**Wednesday night group**

**Ann:** I am very, very upset but I’m not upset like the rest of you. I’m different from the rest of you. I’ve been alone my whole life. I’m upset because I didn’t die. I wish I had died in the World Trade Center. All those missing posters – no one would have put one up for me. No one would have looked for me. I’ve been alone my whole life. I wish I had blown up. I live a few blocks from the World Trade Center. My family didn’t even call me.

**Group:** Ann, we called you every day. The neighborhood was evacuated. We left messages. Ellen said she did finally get through. She told us that you said you were okay and coming to therapy tonight. You’ve given so much here. It’s painful to hear you talking like this.

**Ann:** There was no missing poster for me. No one would look for me if I had died.

**Therapist:** What about that we are looking for you now?

**Ann:** What do you mean? I suppose I am missing. I am missing from the group. I am emotionally dead. I don’t know how to be with you.

**Group:** We want to look for you. You’ve had a big impact on our lives. We want this to be a place where you can tell us about how alone you are. We have to talk about how alone you are here.

**Ann:** What do I do now?

**Group:** What do you want to do? We’re looking for you but we need something from you.

**Ann:** What do you need?

**Group:** We don’t know.

**Therapist:** Well, if we are going to continue to look for you, we need you to be willing to be found.
Ann: But then I might feel something else. I’d be doing this with you. Why is it so painful to allow yourself to be loved?

Therapist call

Hello, we’re looking for you. Yes, there is therapy tonight. The World Trade Center blew up and thousands died. No, we can’t return to normal. No, we don’t want to. We are reaching out towards each other. In lower Manhattan strangers began to talk to each other. We began to do the activity of community. Let’s not slip back into complacency. Let’s not retreat into our heads. Let’s not use Psychology as a substitute for development. Yes, there is therapy tonight. Yes, there is community tonight. Let’s keep building.
References
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