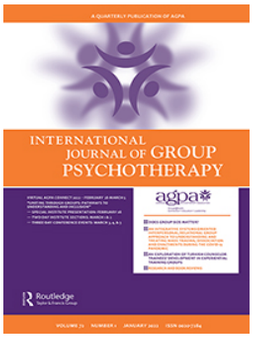

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Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples

by Jerome S. Gans. Routledge, 2022. 124 pp.

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BOOK REVIEW

Addressing Challenging Moments in Psychotherapy: Clinical Wisdom for Working with Individuals, Groups and Couples by Jerome S. Gans. Routledge, 2022. 124 pp.

> It is not necessary for you to complete the work, but neither are you free to desist from it.
>
> Rabbi Tarphon, The Sayings of the Fathers (Pirke Abot, 2:21)

As the sun sets on Dr Gans' long career as therapist, psychiatrist, and teacher, we are served a delicious meal of clinical wisdom; a meal that will nourish our creativity for years to come. Published at 80 years of age and after nearly 50 years of hearing patients' stories, he brings an astonishingly fresh and innovative approach to the challenging moments we experience in psychotherapy. He is clear that we are not to copy his interventions. He shares them with us to stimulate our creativity and encourage us to critically reflect on our work in the service of compassion, understanding, and healing for our patients.

He begins with clinical observations about human nature that serve as background to the clinical pearls that make up the second part of the book. Humor, irony, and playfulness are never far away as he observes that clinical pearls, defined as pithy comments he has made to patients and supervisees, are the same size as rabbit turds. Turds, I might add, that enrich the soil of therapeutic creativity. "The Clinical Pearls seek to advance therapy by promoting self-reflection, strengthening the therapeutic alliance, favoring exploration over explanation, and fostering curiosity and stimulating imagination" (p. 5).

Dr Gans' background in English literature shines through with his clear and enjoyable prose and his use of irony, paradox, surprise, and humor as he describes his interventions with his patients. He is brief, to the point, and a pleasure to read. One could read the entire 124

pages in one sitting, but this would do it an injustice because the sparks of light that are ignited in each chapter are worth reflecting on as the challenging moments in one's own practice are engaged.

The first 11 chapters highlight clinical observations, each summarized in a single sentence at the beginning of the chapter. "Many natural reactions are not helpful, and many helpful reactions do not come naturally" (p. 14). He explains how he got in the habit of saying, "Have a good weekend," to his last patient on Friday in response to her wishing him a good weekend. This natural response went unnoticed until explored therapeutically. Once he examined the unexpressed feelings behind the pattern they had fallen into, she began to speak of her envy of his life and disclosed concerns she had not previously brought into therapy. A helpful reaction that did not come naturally is illustrated by bringing up the fact that he had fallen asleep after the patient had requested spending the last 40 minutes of his session meditating. The patient had his eyes closed and likely did not notice Dr Gans dozing off. It feels very unnatural to bring this to the patient's attention. However, Dr Gans found a way and made use of the truth to strengthen the alliance and deepen the trust between them. What are you doing naturally with your patients that could be examined fruitfully on their behalf? What do you find yourself avoiding that may be impeding progress?

It is tempting to try to summarize all of his observations, but one more will have to suffice: "Shame is a painful, ubiquitous, debilitating, and often hidden emotion" (p. 42). The subtitle of Dr Gans' recent book was, "My Journey from Shame to Courage" (Gans, 2018), so it is clear he knows a lot about shame. In five pages here, he summarizes the 27-year treatment of a woman who was as debilitated by her shame as those who suffer from chronic schizophrenia or bipolar disorder. He faces some of his own shame about how he conducted her first nine years of therapy in a way that was too depriving and inadvertently confirmed her pervasive sense of badness. After a 16-year break, she returned to therapy for another 18 years and he modified his approach to see how she benefitted from conversation, kindness, and support. Her self-hatred and shame persisted, but she continued to come to therapy, and he continued to appreciate her courage. To her surprise, the man she had been living with for 25 years asked her to marry him. She finally said yes and asked Dr Gans to officiate at

their wedding. What does a good therapist do now? It is these kinds of dilemmas that the book engages but always with an eye and heart for what would be best for the patient. As the details of this case unfold one can either be impressed with Dr Gans' courage to reach difficult patients or be worried about his boundaries. For myself, I find I am encouraged by his creativity amid challenging moments. I am reminded of a paper by Lynn and Valliant (1998) in which they review Freud's actual methods, methods that are quite different than what is often taught as standard practice. I can hear the critics saying, "Freud was in the early stages of developing psychoanalysis, and since then we have learned to manage boundaries in ways that seem foreign to Dr Gans." This judgment would be unfair to him. He knows all the rules and thoughtfully calls them into question when he sees them doing more harm than good. He is not for discarding the standards of practice—but punting on forth down is not always the best choice. In this, he is in good company even in the world of contemporary psychoanalysis. Akhtar's book on turning points (Akhtar, 2009) and unusual interventions (Akhtar, 2011) and Raphael-Leff's *Between Sessions and Beyond the Couch* (Raphaek-Leff, 2002) take a similar stance toward maintaining the frame while being free to alter it when it is wise to do so.

The second section of the book consists of 22 clinical pearls that confront complexity while appearing deceptively simple. Dr Gans describes his style as pluralistic, which embraces spontaneity, playfulness, and creativity. Dr Earl Hopper, the series editor, tells us in the forword that in a British context, Dr Gans would be seen as an independent, associated with the likes of Winnicott. Dr Gans elaborates on his therapeutic core in an article for *Voices* (Gans, 2006) and one can watch him work in the video, "Demonstration of a mature psychotherapy group: A new member joins" (Gans, 2016). For example, a patient who specializes in vagueness, Dr Gans suggests saying, "Could you be a little more vague?" It feigns demandingness and invites specificity. By employing irony and paradox, he avoids being demanding like the patient's father and provides a space for him to open up. Another example: "That is very interesting but unfortunately it is not therapy;" he says with a compassionate seriousness to a patient who uses chronic complaints as a form of self-protection. It helps to move her from the there and then to the here and now; to make her

uncomfortable and motivate her to examine her defenses. In addition, rather than rush to get the suicidal patient to "contract for safety," Dr Gans suggests saying, "If your suicidal feelings were to become more frequent and intense and you were not sure that you could resist acting on them, what do you imagine you would do?" This takes a measure of the therapeutic alliance by wondering with the patient whether they would consider calling you or some trusted other? Was needing help in the past shameful? Did their independence help them avoid humiliation? Understanding their previous strategies for finding help may lead to more constructive avenues of proceeding.

In a group therapy example, Gans makes the intervention: "I'm concerned about poor Gloria. How outrageous will she have to act before someone recognizes her behavior and is willing to talk with her about it?" Dr Gans makes this comment to his group after Gloria has regularly come late to group and left early to pick up her child. This intervention shifts the focus to the group's resistance in dealing with Gloria, encouraging them to engage her. At the same time, it communicates to Gloria that the leader has not forgotten her and reassures her he remains concerned. In this case the group explored their reasons for not confronting Gloria about her violating the group contract and this led Gloria to share more of her personal story, which explained some of the reasons for her behavior.

I hope this brief review will whet your appetite for more from Dr Gans. His book will be useful to both beginners and the experienced. It is guaranteed to stimulate your thinking about difficult therapeutic dilemmas and help you to creatively move the therapy forward. In the service of full disclosure, I have known Jerry for 40 years. We met in an Institute group run by Dr Margaret Rioch at AGPA in 1985. We served on the Institute Committee together and twice I invited him to do grand rounds for the department of psychiatry at the University of Texas Southwestern Medical School at Dallas. Once while visiting, we filmed him in a demonstration group with our residents (Gans, 2016) and I have successfully used his papers over the years in teaching group psychotherapy to psychologists and psychiatrists. So, it may be obvious perhaps that I would highly recommend his book. I prefer to see it as I have made good use of his work in my

practice and teaching for nearly 40 years and am pleased for the chance to share it with others.

As much as I enjoyed this book, I would have liked to see some additions. The aphorisms he shares have grown out of an entire life's work and to honor that body of work, I think a list of his publications would be a useful addition. In one place Jerry wrote, "Many chapters in this book describe efforts to make the therapy hour a sacred space … " (p. 43). I wondered about why more was not included about the creation and maintenance of this sacred space. Psychotherapy is often considered a form of transformation. The sacred has been defined as a means to ultimate transformation. So why so little mention of the sacred and times in his practice when it has proved invaluable in transforming the therapeutic? Jerry has given us all much to think about in terms of transforming ourselves and our work. And while I am sure Jerry could tell many stories about the healthy and unhealthy use of the sacred, it would be informative to hear how encountering the sacred in others and in his work resulted in transformation. I began with a quote from Rabbi Tarphon saying that it is not necessary to complete the task. Perhaps it is in the sacred space between our limited work and the ultimate transformation that may result, that we discover the possibilities that inspire us to "never be free to desist from it." Jerry need not finish the work, but there is more left to do. He remains healthy and with his retirement and time on his hands who knows what will come next.

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