Permissible Curiosity

By Gail Noppe-Brandon

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What follows in this article is an attempt to explore the importance of bringing creativity into clinical practice. To that end, it is my great hope to marry style and content, since it will require some creativity to parse (and then re-braid) the inherent creativity needed for a clinician to inspire productive healing, a client to engage in productive healing, and for either or both to be trained and encouraged to do so.

I use the word *creativity* advisedly, as the word is often a colloquial synonym for *artistic*. It is not. I have for a lifetime been deemed a “creative” because from a young age I had a natural proclivity for many of the expressive art forms (painting, poetry, movement, song), and a good deal of cultivation in each. But I would argue that this is not what has enabled me to become the person whom I hope is a creative clinician. Rather, it is a quality that I bring to whatever I undertake, which has enabled me to develop craft in the above forms along with a burning need to give voice to that which I could not otherwise speak. That quality, I would and will argue, was and is *curiosity*.

Part of my family folklore is that when I was born and the delivering doctor adhered to what was then the accepted custom of swatting my backside to get me reaching for breath, I looked him square in the eyes and asked, "What did you do that for?" This jesting was my mother's way of saying that I was born a question asker—a habit both endearing and exhausting to her. As exhausting as it may have been to others, it is a habit of mind and being that has served me well in many studies and professions. As a Dean with a background in organizational development, I was able to ask and then answer, "What do these college administrators love and hate about their work?" As a foundation director, I was able to ask and then answer, "What does or does not make this a fund-worthy program?" As a dramaturge/director, I was able to ask and then answer, "What is this play about?" And now, as a clinician, I can ask and ultimately answer, "Where and why is this person stuck?" I was pleased to discover that Warren Berger, an innovation expert and journalist with the *Harvard Business Review*, has coined the term "questionologist" (Berger, 2014). In his book, *A More Beautiful Question*, he explores the idea that when we ask questions, and step back from assumptions, we create what he calls a culture of inquiry that leads us to new discoveries. This way of asking questions is true in the consulting room no less than in the boardroom or the classroom: it is the right questions, and not the right answers, that allow people to flourish.

A penchant for inquiry may sound simple, but it is not. In many families, religious traditions, genders, classrooms, consulting rooms, workplaces, and cultures, unbridled curiosity is not welcome and may even be taboo. And it's hard work to be actively curious—it is, in fact, a kind of mindfulness. It requires active listening and full presence to the response received, the courage and humility to ask and not already know, and the energy and perseverance not to let a word just go by. It requires generosity to fully listen and learn. It is a form of mutual leadership that involves leading with questions and being led with answers. It is Socratic, and in every way antithetical to the way many clinicians are trained. Real curiosity means leaving one's theories at the door and learning from the expert, the client. It means not assuming what your client means, but making sure you really know what they mean. It entails complete transparency about what you're hearing and collaboration

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on the meanings implied. Curiosity is about finding and noting patterns and working together to see what they add up to. Curiosity is a child-like state that entails open hearts, open eyes, and open ears. It is an active exploration in the service of discovering the old learnings that are keeping us stuck, and of co-constructing new possible solutions and the bridges between the two.

It is this natural curiosity that led me to innovations in the growing field of narratology, which synthesizes the work of dramaturgy and therapy. Whatever genetic and environmental conditions led me to this proclivity, they seem to have been shared by my sibling, Dr. Lloyd Noppe, whose doctoral thesis and academic career has been devoted to the study of creative thought (Noppe, 2011), alongside his being a gifted natural musician. In his own words: "Anything can be pursued creatively—plumbing, babysitting, or painting—as long as the process involves seeing things in new ways" (L. Noppe, personal communication, July 23, 2016). To my mind, this is a crucial frame for therapeutic change, as the necessary narrative reframe entailed in symptom release is the very act of "seeing things in new ways". How could a non-creative clinician hope to lead a client in such an exercise? In order to see things in new ways, one must have the flexibility to think outside of the box—to see things differently than how they have been. Again, in the words of Dr. Noppe: "A poem or a symphony or a painting is a creative product; and thinking flexibly, uniquely, and outside of the box is the person's strategy to get to that product" (personal communication, July 23, 2016). It is no different when pursuing a creative solution to a client's well-worn problem: one must understand how the problem came to be and work together to imagine it being otherwise. As Mihaly Csikszentmihalyi, whose seminal work *Creativity* (1996) I will cite throughout this article, asserted: "Without a good dose of curiosity, wonder, and interest in what things are like and in how they work, it is difficult to recognize an interesting problem" (Csikszentmihalyi, 1996, p. 53). And if the problem cannot be recognized, it certainly cannot be solved.

Until the "interesting problems" that are brought by our clients are recognized through mutual discovery work (as opposed to the application of a generic sticker from the DSM), regarding how and why their symptomatic behaviors were put into place, and what problems these troubling behaviors may have solved, along with

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the new problems they created (Ecker, Ticic, & Hulley, 2012), we will not be able to transform these old behaviors into new innovations. This discovery work is made of curiosity in the form of asking the right questions, even when these questions involve some degree of discomfort, both for those who ask and those who answer. I would and will argue that "The creative person is one who succeeds in displacing the quest for the forbidden knowledge into a permissible curiosity" (Csikszentmihalyi, 1996, p. 100).

Before I share cases that exemplify the kind of creative inquiry I am endorsing in clinical practice, I want to review the additional qualities besides curiosity that Csikszentmihalyi's research deemed to be found in all creative people, and then suggest how these qualities are inherently necessary for anyone undertaking the healing art of talk therapy, and how they might be acquired. I have grouped these qualities under two overarching umbrellas: focus and problem-solving.

Focus

Creative people have "focused minds" (Csikszentmihalyi, 1996, p. 58). In order to listen for patterns of experience—and the habits of mind, or schemas, formed by these experiences—clinicians must be able to practice and retain "exquisite focus", otherwise known as *radical listening*. Listening per se is not a skill that is part of the curriculum in any undergraduate or graduate clinical training program that I know of. It is, however, a central part of acting training and mindfulness training, and it figures largely in Gestalt therapy and DBT (dialectical behavior therapy) that respectively draw heavily on the former and the latter, each emphasizing a range of techniques to ensure the full presence of both clinician and client and the flow between them: "Flow is the result of intense concentration on the present" (Csikszentmihalyi, 1996, p. 112). Were I not a highly focused person by nature, my training both as an actor and in mindfulness would have handsomely informed my own practice on a daily, session-by-session basis. They are practices that can be fully metabolized into one's being and drawn upon organically and unselfconsciously. I have heard clinicians confess to being bored or to checking out while sitting with clients: this is unfathomable to me and, indeed, impossible to do if one is listening radically. As Csikszentmihalyi says of focused engagement: "There's no past or future, just extended present in which you are making meaning" (Csikszentmihalyi, 1996, p. 121). I once gave a keynote address to divorce coaches entitled "Don't Let the Words Go By" in which I spoke to the importance of unpacking each sentence, often each word, that a distressed client utters. It is a mindful act to slow down this far into attentive listening; and it is a healing act to slow the speaker down. This kind of sacred concentration can be enhanced for both speaker and listener if the room is quiet, the seats supportive, the quality of light comfortable, and the air perhaps infused with mint, lavender, or citrus oils to aid relaxa-

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tion. "To enhance creativity we need an environment where it is easy to forget the outside world and concentrate completely on our task" (Csikszentmihalyi, 1996, p. 121)—and in this state of concentration, I take no intended meaning for granted. If a client says they had a good week, I ask exactly what made it good. If they report feeling calmer, I ask how calmness manifested for them. If they say they are feeling depressed, I ask what they are depressing. You will notice that these responses are all questions, and it is my fervent belief that all of the keys to their healing can be found in the specificity of their answers: "After curiosity, concentrated attention is what sets creative individuals apart" (Csikszentmihalyi, 1996, p. 185). If we simply let client monologues wash over us—if we do not engage in permissible curiosity—we will miss all the breadcrumbs that could lead us to understanding the patterns in which they are stuck. This kind of focus requires energy, practice, and permission. If we are simply sitting in chairs and nodding while people chatter away, we are not only being uncreative, we are being unethical: "Halfhearted involvement is incompatible with creativity" (Csikszentmihalyi, 1996, p. 76). The added benefit to this clarity of exchange is the metacognition afforded to the client: "Ah, this is why I felt calmer!" Authoring their own lives in this way installs the very "authority" that leads many of our clients out of the state of helplessness and cluelessness that may have brought them into crisis in the first place.

So how does one learn to focus in this manner and listen in this way? Well, first one has to want to—it is harder work than sitting lethargically in a daze. That said, when I have trained clinicians to listen with specificity, and to question, question, question what they are receiving, they have reported being both exhausted and invigorated. I am happy to say that the exhaustion of implementing this new habit seems to diminish with practice, while the invigoration seems to grow. When approached creatively, "the most focused immersion in extremely difficult tasks is experienced as a lark, an exhilarating and playful adventure" (Csikszentmihalyi, 1996, p. 106). There is no boredom as great as the boredom of detachment: "Keeping the mind open and flexible is an important aspect of the way creative persons carry on their work" (Csikszentmihalyi, 1996, p. 105). As the listening muscle is built up, one discovers that clues about the problem at hand are littered all over the utterances, but these clues must be followed doggedly, like a scent. It is a kind of forensics akin to the way in which a literary critic executes a close reading of a text, a dramaturge deconstructs a play, or a detective scours a crime scene. It is exciting, and meaningful, and urgent: "Creativity requires opposite traits: curiosity and openness and an almost obsessive perseverance" (Csiksze-

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ntmihalyi, 1996, p. 326). When someone is losing their spirit, their job, their spouse, their sense of coherence or hope, there is a problem to be solved, and it can and should be apprehended no differently than how a painter apprehends a canvas or a writer a page, that is, with purpose and joy: "The most enjoyable experiences resemble a process of discovery" (Csikszentmihalyi, 1996, p. 108). Ostensibly, it is innate curiosity—and not simply the ego's need to save others—that has brought those of us who sit and listen to people in their pain to do so. Curiosity yields engagement, and for those of us who are relational—which hopefully all of us who choose to enter the intimate dialogue of talk therapy are—there is no greater joy than full engagement with another who has enlisted us to help solve their as yet unsolvable problem. It is the opposite of alienation; it is magic. And this brings me to the last of Csikszentmihalyi's observations for this section: "[Creative people] love what they do" (Csikszentmihalyi, 1996, p. 107).

Problem-Solving

Csikszentmihalyi also asserts that "the creative process starts with a sense that there is a puzzle somewhere. . . . Perhaps something is not right, somewhere there is a conflict, a tension, a need to be satisfied" (Csikszentmihalyi, 1996, p. 95). Could there be a more graceful and respectful way to frame what is often framed as a disorder, or simply given a diagnosis, as though the label is an end in itself? It is not an act of medical science but an art: to discover what is not right with a person, and why. The questions are many.

What has this person learned early in life that is keeping them locked in a position that is uncomfortable? What will it cost them to release this position, longed for though the release may be? What have they been deprived of, or subjected to, or kept from? How were they reduced, or "parentified"? What did they witness that drew them toward addiction or away from intimacy? How is their current behavior consistent with these learnings and experiences, and what will they suffer to let go of these learnings and learn something new? As Csikszentmihalyi observed: "The formulation of a problem implies its own solution. Formulating the problem is conceptually the most difficult part of the process, even though it may seem effortless" (Csikszentmihalyi, p. 300).

Our task as clinicians, I believe, is not to label, or interpret, or advise. In contrast, our work is to unearth the clues to our clients' puzzles—the clues that each client already holds. The answers are all there—in their text, their memories, their journals, their dreams, their body language, their faces, their aches and pain, and in their narratives about what happened to them and what they have come to believe as a result of these happenings. There is a universe within each person who seeks us out as a fellow explorer: "Creative people have a fierce determination to unravel the mysteries of the universe" (Csikszentmihalyi, 1996, p. 182). So how do we do this? How do we unravel these mysteries and solve the puzzles? To my way of thinking, we do this by asking the right questions and then by following the answers to these questions with more questions. If the client I asked how their felt sense of calmness manifested that week tells me that they played the piano more, I will ask what keeps them from playing when they are *not* calm. If they say that the piano is sacred, and that they can only

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approach it when in an optimal emotional state, I will ask next what makes the piano sacred. If they say that their mother played the piano, and they were in awe of their piano-playing mother, I will ask how their mother seemed when she played the piano that was different from all other times. This might lead to a remembering that their hyper-anxious mother seemed at peace and more joyful when playing. I would then ask how she seemed when *not* playing, which might lead to a realization that she was only at ease when most inaccessible, because she could not play the piano and engage at the same time. From this example, we discover how treasure troves of learnings will tumble out from the opening up of a single detail—a detail that would remain buried if not inquired about.

These lines of inquiry are not mapped in any operating manual or protocol; instead, they are invented in the moment in response to what is shared and are led by one thing: curiosity. "Creatives look for patterns and take their dreams and hunches seriously" (Csikszentmihalyi, pp. 287–288). The questions posed, however, are not random or gratuitous. The benefit of radical listening is also a heightened *radical remembering*. If one is listening closely, just as in the case of reading closely, one will recognize when a similar detail has been heard before, or when something has a different action but the same underlying schema. And if they are writing down key things said by their clients, as I always do, they will be able to return to these textual clues just as one does in a mystery novel. Nothing prepared me for fine-tuned clinical forensics better than having been an English major schooled to do close readings and a dramaturge charged with the mandate of finding and enhancing the coherence of a play. If this training has been nowhere in your education or experience, practice doing a closer reading of novels you enjoy, or join a book club that is inclined to deeply analyze the text at hand. Then, as you pay closer and closer attention to the whys and wherefores of what is being said by your clients, and you share your wonderings about it aloud in the form of questions, they will become full participants in this creative dialogue and act of wondering, without judgment or fear of judgment—and in so doing they will begin to experience the first steps toward malleability, the antithesis of trauma.

As it will surely be the case that not every client we encounter has a curious and focused mind, the way in which we invite them into this collaboration will set the metric for how smoothly and expediently they will bend toward getting unstuck. The rubric that Csikszentmihalyi identified as a map that led the creatives he studied toward creativity offers an interesting and useful paral-

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lel guide for clinical work. The first phase is described as a time of "becoming immersed . . . in a set of problematic issues that are interesting and arouse curiosity" (Csikszentmihalyi, 1996, p. 79). As opposed to simply taking a history or diagnosing a presenting problem, this phase can be reframed for clinicians as a time to simply be gathering information about which one becomes curious. As a narratologist, I begin every therapy by saying to clients: "Tell me the story of you, beginning with the earliest thing you feel most defined you." This overview of their lives is usually the first time that the client has looked at their story as a cohesive whole, and identified that which has most shaped who they became. As I listen, I ask many dramaturgical questions, all designed to open memories and identify themes and patterns that may have led to the current "stuckness". The second phase of the creative process is "a period of incubation" (Csikszentmihalyi, 1996, p. 79), when ideas may swirl around beneath the threshold of consciousness. This is the time when unusual connections are likely to be made. If clinicians can stay with their curiosity and allow an inter-play of inquiry and discovery, connections (rather than assumptions) can be made. It is often the clients themselves who begin to remark "I never noticed that pattern before" or "I haven't thought about that for decades" about learnings that support current fears and aversions. The third phase is insight, "when the pieces of the puzzle fall together" (Csikszentmihalyi, 1996, p. 80). While this phase can often be long in coming, as patterns are discovered in tandem with the client, as a result of asking the right questions and attending to key details in the narrative, the puzzle will begin to reveal itself. In the fourth phase, creatives evaluate whether the insight is valuable and worth pursuing. When this is done in collaboration (as it is in the theater and in science labs, for example), it is an organic process of culling together what feels useful and right. In my practice, when something strikes both of us as important, I will ask my clients to do some free writing around the phrase and memory that surfaced. As with EMDR (eye movement desensitization and reprocessing), when the story-telling drive in one hemisphere alternates with the memories stored in the other, a kind of natural left brain/right brain tacking (hypnosis) ensues (Pennebaker, 2004), where clients report remembering things long out of awareness, or feeling things that have long been numb. In the final phase of creativity, the new idea is elaborated. This cycle will repeat many times as various aspects of troubling material and experience emerge: "It is not a linear process, but has many iterations depending on the depth of the issues being dealt with" (Csikszentmihalyi, 1996, pp. 79–78). One can see how this map neatly graphs onto the healing process and makes perhaps the strongest case for clinical work being inherently and necessarily

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creative. A client, not unlike the revival of a theater production, however, is not easily shaped into something new. Old schemas, even once their genesis and purpose are understood, and even after viable alternatives have been identified and lived into, are not easily dissolved: "Each great advance contains within it a new vulnerability" (Csikszentmihalyi, 1996, p. 322). This vulnerability must be tended, and attended to, while the new ideas and solutions are metabolized and the old ones are grieved.

So, how is this creative interplay introduced and sustained, when both client and clinician might be new to it? "For creativity to emerge, minds have to harmonize. There's a think-alike quality, an openness, a receptivity, a positive attitude. . . . Each person helps the other see what they see" (Csikszentmihalyi, 1996, pp. 284–285). This is rather an enormous paradigm shift for a clinician who might be coming from a less constructivist base, so I will return to the realm of mindfulness. Pema Chodron, Buddhist scholar and teacher, writes beautifully about the need to eradicate the hierarchy that can divide the helper from those they would help, asserting that we are all humans struggling with our own humanity, and that no one is complete or without challenge (Chodron, 1994). Some of us have a natural inclination or proclivity for listening, a heightened compassion, an instinct for healing, and a gift for relatedness. All clinicians need to cultivate these traits, and most humans can be encouraged to do the same. Just as when we meditate in groups and benefit from the mirror neurons and group energy of a shared and sacred silence, and a shared and sacred struggle, the healing dyad that is made up of clinician and client benefits from the knowings and feelings and noticings of each. The client is the absolute expert on their own experience, and the clinician brings their expertise in making the right inquiries and noticing the patterns that emerge while listening radically; and together they can share what they see in what emerges, without either jumping to conventional conclusions: "To free up creative energy, we need to let go and divert some attention from the pursuit of predictable goals" (Csikszentmihalyi, 1996, p. 346). In my experience of practice, and training and supervising others, the transparency of this kind of sharing will be in direct and equal measure to the healing that is ultimately achieved. If both participants are not thinking and feeling aloud, they are each working with one hand tied behind their backs. This process of shared uttering must be both modeled and cultivated:

> The first step toward creativity is to cultivate curiosity and interest . . . allocate attention to things for their own sake . . . delight in the unknown . . . actually listen. Don't assume you already know what things are about. Experience things for what they are, not what you thought they were about. (Csikszentmihalyi, 1996, pp. 346–347)

In Buddhist terms, this is a call for beginner's mind, or "not knowing", a stance that is hard for us Westerns to inhabit, especially when we have studied hard to attain our licenses, or when someone's very desire to live can be at stake. But this willingness to learn, this openness to not knowing where we are heading, is the stuff that a nonreactive and flexible psyche is made of: "Creative writers don't start a story knowing how it will end . . . the ending emerges as they follow the logic of the story" (Csikszentmihalyi, 1996, p. 367). As scary as it may seem, there is nothing more liberating than allowing yourself to not know, to share the burden of finding out, and to have the luxury of time and space to do so.

Thinking creatively is not something that can be learned in a two-hour workshop. Dr. Noppe explains it this way:

> It is a habit of mind that can be encouraged, and must be practiced with good mentoring, with time for reflection, by accepting mistakes and failures as part of the journey, with patience and passion for long-term goals, and sometimes even dumb luck. Many of us have been harshly criticized and educated in systems that privilege the notion of one correct response and the repetition of unhelpful thought patterns. The clinician, as creative thinker, may encourage the client to construct a valuable framework for seeing how their issues can be differently viewed. A breakthrough, either creatively or clinically, requires some kind of significant reframing. (L. Noppe, personal communication, July 23, 2016)

From my perch as a narratologist, this construction captures both the means and the end of healing, and in order to do this, clinicians must have a capacity for, and comfort level with, novel ideas.

In addition to writing down the utterances of my clients, I also invite them to do some writing between sessions to articulate their own novel ideas. The healing benefits of writing have been well documented in the research of James Pennebaker (2004) from a brain-science point of view. Here is a parallel view from Csikszentmihalyi through the lens of creativity:

> The written word allows us to better understand what is happening within ourselves. In recording real

or imagined events, the writer arrests the evanescent stream of experience by naming its aspects and making them enduring in language. . . . Fragile thoughts are transformed by words into concrete thoughts and emotions. In this sense, poetry and literature allow the creation of experiences that we would otherwise not have access to. (Csikszentmihalyi, 1996, p. 238)

Once these experiences are accessed, there is more material available for healing:

> When painful experience is put into words, the poet is relieved of some of her burden. . . . Finding words for what is painful begins the healing . . . [and allows the writer] to gain some control over the tragic events. (Csikszentmihalyi, 1996, pp. 245–247)

I have learned across decades of teaching and dramaturgy that there are as many people who are phobic about writing as there are about public speaking. Writing brings forth what is deepest within us; it is the essence of our material, and once committed to paper and shared it cannot be withdrawn. I have also learned that once the practice of writing our experience becomes comfortable, the healing is advanced exponentially. Writing makes it possible for us to be transparent to ourselves. If you are not comfortable with writing, take a workshop: you will meet yourself anew: "The domain of the word is indeed quite powerful. It allows us to recognize our feelings and label them in terms of enduring shared qualities" (Csikszentmihalyi, 1996, p. 262).

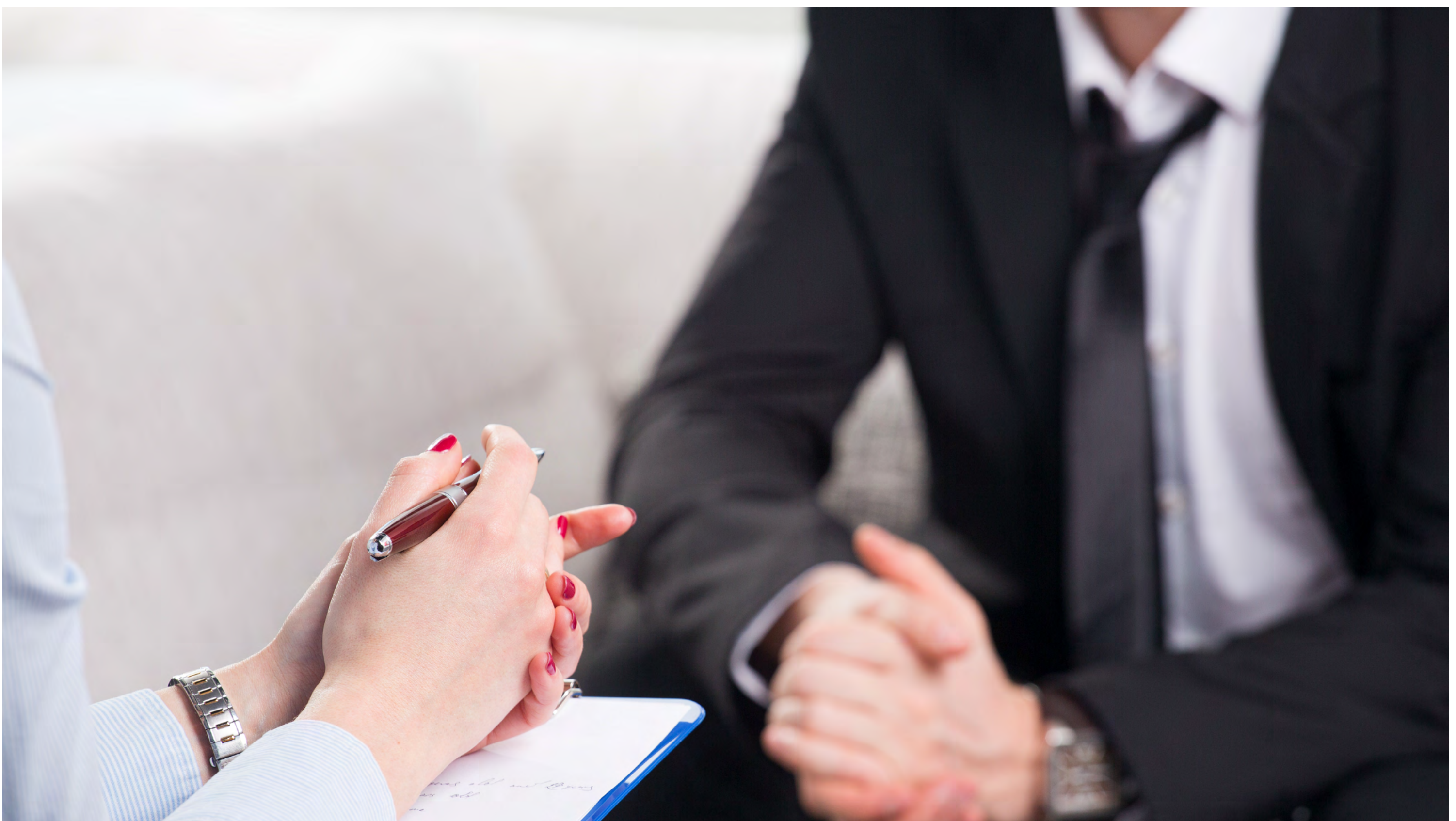
In assembling potential cases to map for their creative process, I found myself framing each with a question that summarized what arose as we explored whatever it was the client brought in to work on, and anything that had piqued my curiosity. Framing the key question is a non-pathologizing alternative to framing the symptoms that are often a result of, or solution to, the question. It is the posing of a creative problem to be solved together by reviewing the forensics of the experience rather than a disorder to be managed and/or medicated. It is an open-minded and open-hearted investigational approach, in which client and clinician can collaborate. Framing the key question is not easy. It is an act of creativity. It is nuanced, and (as opposed to finding a pre-existing answer or diagnosis) it requires a willingness to learn as you go, together. It might be an interesting exercise to select a few of your own clients and try to articulate the question that could frame their case: I suggest the best way to do this would be to begin with the trouble that initially brought them in. It is doubtful that they would have initially framed the question in this way, as most clients report an experience of overwhelming stress, or sadness, or anxiety, or depression (the most undifferentiated of all), which can actually signify anything from legitimate grief to anger that has been turned inward. A framing question is something that is arrived at together as their story unfolds and as the correlation between their early experiences and learnings, and their bothersome behaviors, become clearer to both of you. I think you will find that once you have the "spine" of the story (to borrow a playwriting construct), all of the client material that follows will contain themes that are inextricably related to that core. Collecting them in this kind of cohesive manner is both a way to manage the volume of ongoing material and the way to complete the puzzle at hand. Here are five examples.

Why can't I rest? A basically healthy, but workaholic, middle-aged client (Stan) was quick to anger and had a heightened sense of justice. He came in to see me when his stress level became so great that he feared he would have a stroke. Stan is a gifted physical therapist and runs a very full private practice without any support staff. He also does an extraordinary amount of voluntary global service work, and teaching. This triple-barreled career stream had recently had a head-on collision with extended family tension that was threatening to break bonds, and it was this that brought him, finally, to seek support. As he told me "the story of Stan", I learned that his bipolar father had terrorized the family with violent outbursts, necessitating a stiff hypervigilance for survival, particularly from his most sensitive son. Stan, who was extremely bright, learned early that the best way to avoid tripping the wire of his father's anger was to stay very busy and excel at school. Understandably, the busier he remained, the safer Stan felt. This solution was sadly at odds with his profound exhaustion and depletion. It became clear, as I questioned him about it, that his traumatic memories of violence were not held in awareness and were therefore not yet in the past. He still felt unsafe, a feeling that was boosted by his witnessing of the violent 9/11 attack. Again, this is information that emerged in response to my dramaturgical questions—he initially shared a more sanitized version of the past—not as part of a cohesive narrative. When he had simply said his father was difficult, I had asked, "In what way (was he difficult)?" We had noticed together that his father's behavior had been extreme and extremely frightening. When Stan said that he himself had been a "good boy", I had asked what being a good boy looked like. Then, after he described his perpetual pursuit of proud accomplishments, the two of us connected

the dots—we co-constructed the bridge—and together we saw how that dogged pursuit was still in play. Stan came to me knowing he was working too hard, but he simply had not known why.

Why did I crash? A bright, successful but volatile Belgian-born executive in the tech field (Jon) was living the high life in New York and abroad, until his Middle-Eastern born girlfriend (and the mother of his second child) broke up with him. In fact, it was his girlfriend who called to request his first appointment because she was afraid that he was going to pieces and was frightened by his outbursts. The crisis of her wanting to end the relationship had brought him to his knees in a way that shocked them both. As he told me "the story of Jon", like many clients, he initially painted a portrait of a bucolic childhood in a small European town. But the very first and most defining thing he told me, as is also often the case, begged my curiosity: "My mother was very, very young when she had me." With more unpacking of this pointed detail, it became clear that she had been only 16 and had not yet wanted a child. Across his childhood, there was nothing that ever seemed good enough to make up for coming into his mother's life too soon. Every question I asked about his simple statements of key events—from receiving his younger brother ("What was it like for you when they brought him home?") to leaving for college prematurely ("Did you want to study so far from home at that age?")—evoked a description and deep feeling of being pushed away. I named this pattern aloud, and we noticed how this had just been replayed in his relationship with his partner, the event that triggered the current collapse.

Why can't I quit? A gifted former child piano prodigy (Greta) felt, at the age of almost 40, that she now hated performing on her instrument almost as much as she hated the idea of giving it up. She found herself almost paralyzed by panic with every concert and tour, and yet she kept booking herself out for years to come. She was in intolerable pain but could not imagine life any other way. This was not surprising; the first thing she told me in "the story of Greta" was that she began playing piano when she was two. She literally could not conceive of doing anything else, and never had. As I questioned her about how it came to be that she expressed the desire to play at such a young age, it became clear that this was her mother's dream even while Greta was in utero—an unfulfilled dream that had once been held by her mother's mother for her own daughter. Not only was this someone else's dream, it was an intergenerational dream that had eaten up her childhood and rendered her different from all the other children who could do something unknown to Greta . . . play! Playing without practicing, without judgment, and without result was simply unknown to her. Every question I asked Greta about her experience of childhood and adolescence ("Did you have friends? Did you play sports? Did you have a normal school day? Did you have hobbies?") was met with the affirmation of a horrifying deprivation at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best or a terrifying coercion at worst. It wasn't until she saw the profound shock and sadness on my face that she was able to fully feel what she had lived and what had been done to her. There was no other experience of life or selfhood for her to draw upon should she follow the impulse to stop performing. None.

Why can't I leave this marriage? A middle-aged electrician (Rob) reached out to me when he and his third marriage were falling apart. He was torn between his lover and his wife, afraid of losing both and unable to commit fully to either. Rob was experiencing crippling anxiety that was making him feel unable to work or make clear-eyed decisions. The first line of "the story of Rob" was: I am the oldest of twelve children. Although he knew few other families that looked this way, the shock on my face restored a sense of coherence to the burden he had felt as the parentified helper, while his mother endeavored to cope with that overwhelming responsibility. Rob learned early that to survive in that family, where he would never get the attention and nurturing he needed, he would have to stand out somehow by giving the nurturing instead of receiving it. And, not unlike Stan (and all of us), he never left his early survival solution behind. He had worked tirelessly to be helpful to his mother, rarely playing, and never fussing. His greatest joy had come in the form of girlfriends whose homes he could escape to and where, even at a young age, he could get the love he needed in the form of youthful sexual expression. In his marriage, Rob did everything he possibly could to be helpful around the house, to be beyond reproach as a helper to his frigid wife, and then sought the affection he needed a few blocks away with a lover. This fragile balance, which reflected his first attachment–solution in life, was working well enough—that is, until it was discovered. But Rob could not envisage letting go of either relationship and still having all he needed. How could he imagine such a thing, which he had never known? Again, this coherent story is one that I share with 20/20 hindsight. When we began, Rob still saw his youthful years as wholesome, his family as loving. It was only when I asked him the particulars of his days and nights—of his responsibilities and struggles—that the picture emerged. And this picture emerged repeatedly as we unpacked his story, and as he wrote about each of his marriages and the specific patterns of over-helping at home and finding love elsewhere that eventually led to divorce. If he left his current home he would be alone and bereft, again.

Why am I alone? A young teacher (Bailey) had lost both her parents in an accident during her twenties, and wanted nothing more than to begin her own family and no longer be living alone. She was still deep in grief when I met her in her thirties and, even though her social calendar was always full, she was always looking for the next plan and the next date. She expressed profound loneliness—despite the fact that she was almost always busy. The first thing she shared in "the story of Bailey" was that both her parents had died early: one could easily imagine that this kind of catastrophe was a coherent enough reason to avoid risking intimacy again, especially because (like many young people who lose someone prematurely) she had idealized her parents into saints. Her childhood, as she told it, was one of adventure and richness in a close-knit clan. It was somewhat puzzling, therefore—the eventual losses notwithstanding—that she could never settle on one special person with whom to build family life, or even decide on one evening event. What emerged in her writings, and from her way of relating to her current boyfriend when he left town, and even in an old video of a past family gathering, was that despite her intrepid and breezy lifestyle Bailey was actually a great attacher, unlike anyone else in her family from long before they took their final exit. Although talk about her parents was painful, and now sacred terrain, as I pulled for specifics ("With all the traveling and working, when and how did you get the sustained attention that you needed? Who played with you on the

weekends? Why did you prefer to be at the neighbor's house across the street? What was different there? Why so few relationships in your teens and at college? How did you feel about your brother moving so far away after your parents died?"), there emerged a picture of attachment deprivation that had increased exponentially after the deaths. For Bailey to have the family she longed for, she would not only have to face and grieve the possibility of rupture in death again, but also rupture in life.

When I think about the diverse people who comprise my current caseload, some of them are traditional creatives: they are musicians, filmmakers, publishers, painters, and writers. There are also healers, entrepreneurs, builders, educators, financial advisors, academics, and administrators. It is an honor and a joy for me to work creatively with each and every one of them, as I recognize that the assembling of their coherent narratives is the greatest creative project of each of their lives. It takes every individual some time to acclimate to my deep questioning, and some (even the artists) are not immediately comfortable with writing down their experiences. But each would attest that we are collaborators; that I never profess to know them better than they know themselves; that the problems they came in with are coherent with what had happened to them; and that everything I know about their lives, I learned from them . . . because I dared to ask.

References

Berger, W. (2014). *A more beautiful question: The power of inquiry to spark breakthrough ideas.* New York, NY: Bloomsbury.

Chodron, P. (1994). *Start where you are: A guide to compassionate living.* Boston, MA: Shambhala Publications.

Csikszentmihalyi, M. (1996). *Creativity: The psychology of discovery and invention.* New York, NY: Harper Collins.

Ecker, B., Ticic, R., & Hulley, L. (2012). *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation.* New York, NY: Routledge.

Noppe, L. D. (2011). Unconscious. In M. A. Runco & S. R. Pritzker (Eds.), *Encyclopedia of creativity* (2nd ed., Vol. 2), pp. 497–502. San Diego, CA: Academic Press.

Pennebaker, J. (2004). *Writing to heal*: *A guided journal for recovering from trauma and emotional upheaval*. Oakland, CA: New Harbinger Publications.

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