-Acting It Out, Instead of T alking It Out---The Bathroom

Over the last year J and Lydiette have on several occasions stuf fed up my bathroom toilet or unhinged the wiring in the back so that it wouldn't flush. After several months of hassling that one out we finally worked out a procedure where if they were going to use the bathroom they would announce it. And, before they left, I would make some motions around the bathroom-checking it out. Checking them out. And releasing them with smiles and "good marks "Next- The Door. The locks. leaving. One lock still locked. Tension. Almost a push. And out.

After hearing about the "gun to the head" incident, I made a big deal of Lydiette going into counseling. In subsequent days J said she needed to talk to me. She had been in a street accident in which she was knocked down by a truck- and it might have been intentional. Should she be in therapy with me? (In my opinion there was no emergency about J being in therapy , though diagnostically she would benefit in the long run. She may be "accident prone" and can be emotionally volatile and grow "dark with rage" when she gets going.) J insisted about talking with me further. So the next several meetings- with L ydiette present- were dominated by J's story and concerns, although I did manage to question Lydiette about the matter of the gun to her head. "It was nothing" - "Just kidding around" Lydiette seemed hurt and was mad at me for talking about it. But she would come to talk with me. I wanted J present also so that we could all continue our discussions. We agreed. But one might have gotten the feeling that my concern was more immediately towards Lydiette.....

So I went to use the bathroom and I didn't check. And they left. J had intentionally stuffed up the toilet- which I didn't realize until I went to use it and water overflowed- all over. Later on the street, J said, "It's not my fault.!" So now she is prohibited from using the bathroom. And the first time that J and Lydiette and I were watching a video, neither of them used the bathroom. (They stick together) But the second and third times, L ydiette used the bathroom even though J was still prohibited. Over the last few times they've visited I've helped L ydiette with homework assignments and we've agreed that she could call me, and has memorized my number . But we've not been able to talk about any feelings of jealously , rivalry , hatred or any other facts that led to either the gun incident or the toilet stuffing, or the unauthorized use of the bathroom when no-one is in the office- , or my constraints on the use of the computer . But so far L ydiette is careful about her use of the bathroom- and she's very careful -she's even changed her "body-language-about her habit of going over to the window , opening it and signaling to people she sees outside. J and I both make a big deal about it....The latest gambit? J has introduced another of her sisters into the situation-"Diamond" So when I ask if she'll be coming with her sister she can now answer "Which sister?"

Over the next two months, J and Lydiette continue to visit me, more so after my 3 week illness, -to look in on me and watch a movie and talk. Lydiette has expressed in various playful contexts, suicidal ideation. For example, she might be in the bathroom awhile and J will call in- What's going on?" L ydiette will call back jokingly that's she's "choking" herself, and I remember playing that game in my own childhood, laugh, and tell her so when she comes out-- "I remember doing that and discovering that I couldn't kill myself". She quickly responds, "Yes you can. Y ou can hang yourself.". In my mind that's no longer part of the game.-- In another example, after watching a movie, she went to change an item of clothing and took the plastic bag it was in and placed it tightly over her face drawing our attention to her . It looked like the real thing and I coolly told her to cut it out. No humor here. So over the`past year L ydiette has directed our attention to her "at the window", "with a gun to her head', ideas of choking and hanging and suf focation with a plastic bag.-- We've still not talked about what it's all about.

One more thing. L ydiette has also let me know that she puts her finger down her throat to throw up. She mentioned this one day after they had both tried a hamburger in a pizza place they both go to. They felt stuffed. And L ydiette asked if I would mind if she would throw up. I asked what she meant. "Go in the bathroom and throw up." Why? What Do you have in mind? "Put my finger down my throat." -It turns out that this was a somewhat regular practice. Possibly for both Lydiette and J, although J said she didn't do it.I mentioned to them that this could become a dangerous habit and that they should try and get through the next few hours without throwing up.
We haven't talked further about this.

The Concept Of Education, Prevention and Treatment

From "Let's Talk" January 1993 **by Jeff Landau Ph.D.**

PART1- THE COMPULSION T O RE-PEAT THE P AST- RA TIONAL FOR MENTAL HEALTH CARE

In general there seems to be more awareness about the fact that we tend to repeat the same thing over and over again even though our actions may no longer be rewarded and even though in fact they may be followed by very negative consequences. In alcoholism and the addictions it gets very obvious that patterns that initially brought pleasure and relief may now bring nothing but personal suf fering. In recent years the Compulsion to Repeat the Past - or as Freud called it, the repetition compulsion, (distinguished from habits and reflexes) has been a major concept in popular self help 12 step groups, and I've thought about it as an initial developmental stage and use it as the first Let's T alk developmental seminar . The universal-timeless, pre-historical nature of the repetition compulsion is not only emphasized by Freud but also by the Jungians who show it as depicted by the Uroborus- a serpent biting its own tail (Neuman, E. The Origins and History of Consciousness)This symbol shows up in cave drawings and pottery from all over the world and is associated with "dissolution"- "undoing" forces -Entropy- in the physical universe, and with repetitive self attack in the spiritual realm (Cutting Through Spiritual Materialism, Chogyam Trungpa). The Uroboros is also associated with incestuous longings for absorption into the womb mother , or for Freudians, merger and incest with the real mother . Piaget has shown the "circular reflex" to be a very early developmental stage in the history of the individual. Destructive forces for self dissolution operating before life - before consciousness in both the history of the race and the individual. That's what we start with. In the absence of family- support, love and life around and within us, the predisposing forces underlying the repetition compulsion would leave its mark on our fragile developing psychic architecture and could possibly lead to our death.

PART 2-How Do We Learn? And Grow?

We learn by associating events, e.g., - moms face and her voice; and by associating events that satisfy our needs- e.g., I cry "mom" and she comes with the bottle- and events which are inherently loving or stimulating. Classical and Instrumental conditioning are the technical names for these processes which are thought once again to be universal in an evolutionary sense -from two vibrating spinal neurons up through man- and which operate at the earliest stages of human development, within hours of life. Prenatal conditioning- learning while the fetus is developing. Later , in humans, and higher life forms, there's observational learning. Whole sequences and patterns of a "model" are "taken in" and could be imitated in behavior- from writing to fighting. (The taking in process- "observational" learning -what we know- is entirely dif ferent from imitative behavior . - whether we show what we know.)

So, one concept of how we learn and grow is the behaviorist "building block" conception. W e grow like a building. Our look and personality - language and cognitive ability- is an architectural and engineering problem. Norms are constructions "that work".

Concepts of Development- Growth

Developmental concepts of growth state that there is a force, direction and sequence to our development, which is inherent to our nature. If we observe development across culture and location, we should be able to verify this proposition of the universal and normative aspect of who we are. W e should observe the same behaviors and sequence of developmental stages, states and transitions, although there may be differences in the timing and occurrence of these events.

Extraordinary powerful challenges to the radical behaviorist position and examples of the developmental perspective are Freud's psycho-sexual stages,Chomsky's conception of language and mind, Piagetian cognitive development, and Kohlberg's elaboration to moral development, -which has cross-cultural studies showing that "higher" levels of morality are associated with a high school education.

Morality and growth, according to this view, is not "shaped" by "rewards" and "punishment" contingent on - following "right and wrong" actions and linked to the "survival of the species". Reward and punishment is seen rather as events which we learn to perceive as "information" about how to navigate the world. It is the non-contingent patterns of stimulation that are the "food" for maturation and growth. Like sun and rain and shade for trees. And housing, and family , and food, and school for humans. And it is the tension between internal existing cognitive categories (e.g., mom-dad, parents, females males) "schemas" of the world and information which "doesn't fit" which motivate the changes within us. Neither truth nor reality is an engineering construction. There is a real world "out there" and growth allows us to see things as they are (e.g., Gibsonsperceptual learning) .

.... housing, and family, and food, and school is the "food" for maturation and growth in human life

Combining Concepts of Learning, Maturation, and Growth-
Multiple Determinants- Multiple Systems- "Overdetermination"

Without getting into all of the possibilities which in general terms is known as "the heredity-environment interaction", I'll mention one which places various processes in the context of "systems". An analogy might be the discoveries of left and right brain hemispheres as biological systems- the left hemisphere associated with linear thinking, logic, and language, and the right hemisphere associated with dreams, holistic experiences and perception. However , in the event of damage to one hemisphere, the other brain hemisphere seems to "take over" and accomplish the same function though the experience reported by the person is that it feels dif ferent. In practice, people who have come to realize that their lives will be better if they get some help, often "self select" therapists and support groups which might either support psychic structures and "defenses" that need strengthening or a practitioner who might provide them with an alternative way to "get there", if they're missing the more "natural" bio-psychic architecture. On the other side of it, the mental health practitioner who might lean toward Freudian methodology might need to do a lot of "face to face" counseling and direct behavior mod and social work before it made any sense to have the client lie on the couch and tell the story of their life.

Part 3- Norms- Philosophy, Politics, - Overlapping Systems.

A general psychological theory , gives us guidelines for what is "normal" and "not normal" in something other than the statistical sense of frequency and deviation from the average. It provides us with information for intervention, prevention and cure.

The philosophy and politics associated with the "helping" methods may be as important as the methods themselves. They are the encouragement of "remembering"- "making the unconscious -conscious", and self control. The purpose is to eliminate conflicts underlying mental and physical "symptoms" and to help people control themselves in areas that are clearly self destructive- such as stress, eating, smoking, drinking, and drugging. They are philosophically geared to the use of non-chemical, non-environmental sources of control-- no cult -behavior -mod- brainwashing street squads- An "amoral pragmatism" with its corollary "it works" is a short sighted conclusion from a "non-system" point of view.

Overlapping Systems- Someone, who has a severe substance abuse problem - someone who may have been thrown out of their household, threatened by their employer, and who may be facing jail-time, might benefit from the methods in a therapeutic community (TC). But the methods used in a TC to help this person if brought outside of the TC is "way out of bounds." in a democratic society . Other "system" clashes occur between the law enforcement mentality and the mental health mentality , at the present time possibly in all locations, places and contexts in which mental health practice occurs. Each mentality may be appropriate in its own sphere. The mental health mentality is one of helping in particular ways which may be "naive" in certain "enforcement" settings (ClockW ork Orange). The "enforcement" mentality "may be" one of spying and monitoring and lying about everything-including who anyone actually is (See DeepCover) so that the target can be "set up", harassed, and caught. The purpose of talking in these two systems is entirely dif ferent. The mental health practitioner , ideally , is supposed to be talking in "private" and safe contexts- - conversation aimed at uncovering unconscious conflicts and alleviating suffering.

Racism and Sexism is another "system clash" which permeates many -possibly all-- other systems- It consists of those people who find it desirable that some target group be slowly eliminated, certainly not helped. Individuals in any context -members of the family , and couples in relationship (see W est Side Story , Romeo and Juliet, and China Girl) are powerfully effected by these forces- though if they are questioned, they might not agree, claiming that they are in charge of their own lives.

TWO UNDERL YING CONCEPTS -- BODY-MIND. Another system clash may come from those with a physicalist (materialist) philosophy -everything is body, "if I can see it, touch it, smell it- it exists" - (A client who needs emotional nurturance might ask for a "band-aid" for a cut or might ask if I had time to "talk about the electric bill.") More sophisticated philosophical positions might state "If I can't see it now , I will be able to when instruments which expand my sensory ability are developed by science.-such as eyeglasses, microscopes, and telescopes". W ithin the health profession there are those who believe that there is no new information to be gotten by studying the mind. Dreams are neuronal firings. Stress and mental illness will be cured by drugs and by correcting brain dysfunction.

This issue finds its way from what would appear to be esoteric philosophy and clinical theory all the way up to which interventions will be sanctioned by professionals and finally how costs will be calculated in congressional budget combat. For example, in "accounting" for health care, expenditures for "head start" type programs which are known to work, -. e.g., children who make the honor roll vs. a known baseline of the same group without this program making it with a .95 probability to jail, ***-with known astronomical monetary and human costs,*** would with "conservative accounting" be calculated as an expense.; whereas a highway would be "amortized" over many years. (Ross Perot, Congressional Hearings, C-Span)

A second group believes in the **Body- Mind interaction.** The mind may need the body-brain for its birth and existence but once emerged it is a separate structure with its own sources of energy . The mind then guides our lives and interacts with the body . Dreams provide information and are guides to mental process, and body diseases and symptoms can be caused by psychic conflicts and hypnoid states. Therefore, there is such a thing as **mental health** . And mental health

Photos are from NY1's coverage of Hillary Clinton's most important visit to New York City's "InnerCity" school children. They really thought they were important with her around- and said so.

practice. And a body of knowledge and expertise related to mental problems- adjustment, disease and disorder . The theories, philosophy and methods of the mental health practitioner are, in principle, not reducible to those of biology , chemistry or physics; in the same way that in music the melody is not reducible to the notes. If conventional mathematics and Aristotelian logic are having trouble calculating "human cost' -leave Newton behind. (Though the cost of a jail cell vs. a place at Harvard is known.) T ry Chaos theory and symbolic logic, and if that doesn't work, create a math that does.- so we can "amortize" health care- in a "conservative" accounting system.

PART 4 -Avoidable Health Problems- W e have heard that if we remain unaware of history , we are doomed to repeat it. Psychoanalysis has long thought that making the unconscious conscious -true awareness and working through- would help break our inclinations to repeat the past and remove the blocks to our continued growth and maturation. Y et, though we are aware of history and of our personal unconscious conflicts, we still seem to be inclined to gravitate to our "no outcome" patterns. One of the most cynical portrayals of this is in the film Monty Python-Search For The Holy Grail - where John Cleese meets up with the Dark Knight who challenges him to cross his path and who has one part of his body removed after the other. After each body part is removed, first an arm, then a leg, then another arm, he's asked to stop, but refuses until he's just a head talking and objecting and Cleese says this is ridiculous and just rides past him.

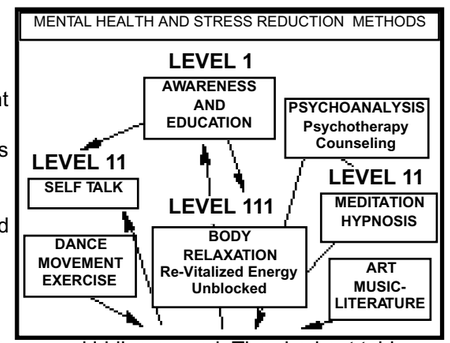
The pessimism about changes in awareness and behavior which might be successfully brought about by rational education, psychoanalysis or any other method is, in my opinion, permeating modern culture. Y et, people can and do change. Even with "primitive" talk therapies and psychoanalysis- 2 of every 3 will get better. So, whether its Hypnoid theory or Freud's conflict theory or even within certain contexts behavior modification, we know what to do to help. Depressions can be lifted, conflicts diminished, physical symptoms removed, marriages can be saved and dysfunctional families set on track. Even some diseases can be reversed, from hypertension to alcoholism to cancer . Yes, even the compulsions and addictions can be ef fectively treated with verbal forms as well as the popular self help methods....with enough of a success rate to be noticeable-. Enough has been known about cognitive development so that applications at the level of social policy has been an enormous success. - HEAD START WORKS-

PART 5- A voidable Health Problems - Examples- Having said all of this as emphasis- and realizing that broad based social systems contain overlapping systems with seriously divergent "mentalities", I wish to support talking as a method of communicating, in training and education, and as it is understood in verbal (and non-verbal) therapies geared to fostering mental health and the prevention of illness.

Talking Works

Three cases have recently come to my attention. One I am directly involved in, the other I was called in as a consultant- and will be reported on in the next edition and the third was reported in the papers and on NY1. The first two involve instances in which young teenagers - one 14 year old male who was on drugs- and one 15 year old female who apparently does not drink or drug- both put loaded guns to their heads and no-one responded with recommendations for further follow-up, observation or counseling. Both cases involved complex overlapping systems.

Over the past several years I've been in contact with J and more recently - about a year and a half-her sister Lydiette--They just show up, call me, and sometimes come over to my of fice. Recently they have been working on the computer , watching videos, and talking about themselves their lives, and their views about things. What follows is a report of one dimension of our meetings following J's report to me that Lydiette had put a loaded gun to her head- and was just



kidding around. They had not told anyone in their family at that time nor to my knowledge several weeks after I'd first been told. There is one other responsible adult that is aware of the incident, and who is aware of my recommendations.....