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A Post-Therapeutic Relationship: Thirty Years of Vigilance With Reuven



What an unusual experience! In 1968, I began six years of therapy with Reuven Bar-Levav. A chain of events followed which eventually led to my working as a co-therapist with him. After I opened my own office in 1991 our relationship continued until his death in 1999. He saw unrecognized countertransference at the root of most therapeutic failure, vigilantly looking at himself first. Thirty years of living with Reuven made continual watchfulness a way of life for me as well.

I knew Reuven for more than 30 years, learning many things from him. I came to know that the many facets of his character, described below, all reflected the seriousness with which he approached life, and his work with patients. In working as Reuven's colleague for 22 of those 30 years, the single most important thing I learned about the practice of psychotherapy was the principle of continual watchfulness. Indeed, the word "vigilance" is more fitting, since Reuven knew how insidious the unconscious can be and was wary of the damage it can create without our slightest awareness. In practical terms, this means unrelenting attention to countertransference interference in the treatment. When examining the difficulty a patient was having in therapy, Reuven always began by looking at how the therapist felt about the patient. Rarely was the issue one of technique. Indeed, he knew that while a therapist may do the right thing technically, if he does it for the wrong reason the technique will not help the patient.

In our business, the therapist's personality is the "scalpel" and Reuven was constantly trying to "sharpen" himself. He expected the same of all of his staff. While several of us had degrees in social work, Reuven insisted we think of ourselves as physicians, ethically obligated by the Hippocratic oath. Since the most common reason for therapeutic failure is unrecognized countertransference, he expected that co-therapists be deeply committed to working on their relationships with patients, more committed than even to partners in a marriage. A man and woman raise their children; psychotherapists put themselves forward as experts in treating human beings who then pay for their help. It is a sacred trust. Since the past is always with us, there is always some transference in every relationship. All relationships need to be continually attended to, keeping the "here and now" clearly separated from the "there and then." This basic concept is simple to state, but requires deep self-understanding and a powerful commitment to reality. Both are difficult to achieve. If both parties are adequately

committed to reality, transference confusion will eventually yield to the demands and rewards of a real relationship.

In the interest of developing our relationships with one another, and of working intensely with our characterological limitations, Reuven proposed that our weekly peer supervision group take an annual retreat, traveling to some distant location where we would meet for several hours daily for peer supervision, and do some sightseeing or hiking as well. All of us understood "countertransference" to encompass any element of the therapist's personality that interferes with his or her ability to help the patients and continual vigilance is necessary. Everything we did, everything we were on the retreat was subject to examination. How we dressed, what we ate, how many jokes we told—all were seen as a reflection of our character, the single most important factor in a therapist's effectiveness. Retreats, conducted annually since 1978, came to be one of many tools to help us become more aware of ourselves and each other, and to resolve some of our "unfinished business" (Shultz & Stoeffler, 1986).

The marathon psychotherapy session could also be a retreat of sorts for our patients, a forum for working intensely with their characterological limitations and developing their capacity for realistic relationships. Over the years, Reuven conducted almost three hundred 28-hour group psychotherapy sessions led by a team of four or five therapists. These weekend marathons were integrated with individual and group psychotherapy to provide patients with an opportunity to "practice" self-awareness as they experienced wide ranges of emotional involvement. It took Reuven many years to develop the marathon into the refined procedure it eventually became. He saw group psychotherapy and the 28-hour group psychotherapy marathon format as tools for intensifying the patient's emotional involvement. From the strictly psychoanalytic point of view, multiple relationships would muddy the transferences to the point that analysis would be impossible. But in Reuven's view, the richness and diversity of the group reflect more accurately how life really is, thus making therapy more effective by increasing the degree of tension between present reality and ghosts from the past. Compared to actual marriages and close friendships, the antiseptic "neutrality" of traditional psychoanalysis minimizes the stress on one's ego boundaries. In group psychotherapy, especially 28-hour sessions, such stress can test and strengthen specific ego boundary weaknesses, as the patient struggles to separate the "here and now" from the "there and then."

Many clinicians prefer not to use group psychotherapy, being uncomfortable in that setting. Since who the therapist *really* is as a human being is more likely to be exposed in the group, and may be at odds with how he or she would like to be seen, the potential for countertransference reactions and confusions is increased. A 28-hour session further intensifies the pressures on both therapists and patients. Therefore, all of us who worked with Reuven had to attend to our own transferential feelings as part of learning how best to use the marathon.

Reuven grew up aware of how disastrous it can be when unrealistic feelings rule us. As a youth, fighting for a Jewish state in British Palestine, he learned

first-hand the importance of vigilance. His ability to contain his fear and to carefully assess reality literally kept him alive. He told us often of the mission that took his training group into the Judaeen hills and through the desert toward the Dead Sea. They ran out of water. One of the youngsters lost his self-restraint upon sight of the Sea of Salt and ran down to drink. He died a slow, agonizing death. The others, just as desperate, controlled their emotions and sought a solution. Finally, they began to drink their own urine.

In such stories one can find elements of how Reuven lived his life. When Reuven was a little boy, his parents left Berlin just as the Nazis came into power. His father gave up a successful business, and the family ended up in Palestine, struggling with the Arabs for space to live. While not a true Sabra, native born in Israel, he was sometimes very much like the fruit of that cactus: prickly on the outside, sweet on the inside. It took me many years to recognize that "prickliness" as in part born of the harsh realities of pioneer-day Israel; there wasn't much room for sentimentality when one's life depended on paying close attention to reality. As a resistance fighter with the Hagannah, he and another youth had crawled past Arab spotlights to plant their dynamite charge inside a building. The anxiety must have been excruciating. On the way back, Reuven's partner panicked and ran the wrong way, into the glare of the Arab spotlights. The machine gun bullets literally tore him apart. Giving in to anxiety had cost him his life. For Reuven, courage was a matter of doing what needed to be done, even if painful or frightening. But this did not mean ignoring fear; rather it meant vigilantly attending to reality in spite of one's emotions. Reuven lived many more years; his friend's head was displayed by the Arabs the next day.

Reuven's courage and attention to reality played out in a great many less dramatic, but nonetheless challenging situations. He explored and carefully experimented with many of the newer treatment modalities evolving in the '60s and '70s. He was one of the first in Michigan to use ongoing psychotherapy groups as an integral part of intensive psychotherapy, and was a co-founder of the Michigan Group Psychotherapy Society. Attending conferences throughout the country, he made friends of psychoanalysts, Gestalt therapists, scream therapists, and neo-Reichians from distant cities. Then he did something few in our profession have the courage to do: he invited many of them to come to Detroit and sit in on his group sessions to observe, critique and learn together how to help people. Naturally, his countertransference was more likely to be observed. Unpleasant as this might be for Reuven, it was an ongoing part of the job. Responsible therapists never stop exposing their work to the scrutiny of others. In the same spirit, Reuven pioneered the use of the "fish-bowl" process here in Michigan, working with one of his groups in a large hall filled with almost a hundred professionals gathered around the circle of patients. Then the process was reversed as the patients observed their therapist being questioned and challenged by his peers. Reuven believed the patients had a right to hear it all. I wonder which was more anxiety-provoking for him, working with the patients in front of all those people, or fielding the questions and challenges in the discussion that followed.

Reuven was tenacious, demanding, insistent, and sometimes adamant, but he was no fool. He was not afraid to suspend his own point of view. He was constantly checking out the facts, and if the facts didn't support a theory he wouldn't accept it (Bar-Levav, 1988, pp. 117-118). Sometimes his position seemed fixed in concrete, but only until he saw *realistic* reasons to change his mind. And then he did.

From his point of view, doing groups without a co-therapist was irresponsible. He always worked with a co-therapist who could help patients tell him if they thought his feelings had distorted an intervention. He would hear them out, then promise to check out possible countertransference with his colleagues. This he did, usually in our weekly peer-supervision session, but sometimes after hours, even at nine or ten in the evening. Those of us who worked with him disliked having to sometimes stay later than usual, but I learned it was the only truly responsible way to practice psychotherapy. In the next session, Reuven would consistently report back to the patient and the rest of the group what further examination had revealed, sometimes acknowledging an error and apologizing, or even, on occasion, pledging himself to do whatever personal work was necessary in order to help the patient properly. From him I learned to tell patients straightforwardly if I believed personal shortcomings rendered me unable to do my work (Shultz, 1991). Rarely do patients actually expect their therapists to be perfect, even though they may yearn for such. Rather, they are relieved and reassured to find that we can acknowledge being every bit as human and imperfect as they are. And when it is clear to them that we are mastering our own ghosts, it may help them believe that they too can become better masters of their own ghosts.

I first met Reuven as his patient in 1968. A confused, lonely 24-year-old, I had never achieved well academically and was frightened of women. My mother, an alcoholic in her later years, had been symbiotically involved with me; she liked me when I was a little boy, and wanted me to stay that way. She was given to hysterical outbursts, so I was both frightened of her anger and terrified of being swallowed up by her neediness. Father, on the other hand, was a kindly, weak man who was forever trying to make peace in the family, but at the expense of addressing reality. He was raised to be a good Christian, and studied the Bible. My sisters and I idealized him, and held onto that picture of him as the one safe island in a sea of Mother's craziness.

Perhaps the most striking thing about my first therapy session was the direct manner in which Dr. Bar-Levav confronted my fears and my confusion. A lost kid, searching for truth, I asked him what he knew about Zen. He told me Zen is a waste of my time and challenged me with "Why aren't you involved with women?" Since he followed a psychoanalytic model in those days, he would make interpretations from time to time. But these didn't help much. References to *vagina dentata* were meaningless since I was worried about losing something more precious than my penis: namely, my very self! Fortunately, he didn't get analytic very often. I counted on him mostly to push me toward overcoming my fears. Thanks mostly to this push, I was able to make great strides. Shortly before

leaving therapy, I married, had a house built in the country, and began to consider changing my career. That was 25 years ago. Today, I am still married to the same woman, our two children are successful, competent adults, and as a psychotherapist for more than 20 years now, I have a thriving private practice.

As Reuven's patient, I had yearned for his love. Today I know he did love me, but it wasn't the kind of love I had yearned for then. Reuven described romantic love as being essentially transference, like a child's love: "Being 'in love' is essentially a passive state; the goal of lovers, like that of children, is to be loved. By contrast, real love is active. When emotionally mature people love, they extend themselves to others" (1988, p. 148). Mature love is always expressed within the constraints of the reality principle, and adds to the human dignity of both the loving one, and the loved one. So-called love that is characterized by yearnings or unrealistic fears is not really love, but is an expression of one's unresolved conflicts, i.e., transference "love." Obviously, a therapist who loves his patients this way is acting out a countertransference and not putting his patient's real needs first. A therapist capable of mature love expresses concern much differently. Occasionally, nurturing is really called for, providing solace and comfort, but never at the expense of reality. One must always first "take care of business," and only afterwards can one afford to attend to feelings. So-called toxic mothering provides the opposite message: solace is available if one regresses and ignores reality. Perhaps this is the worst kind of countertransference acting-out: the therapist is kindly and sympathetic, but doesn't expect the patient to muster his or her health. By contrast, a therapist with healthy love for the patient is willing and able to extend himself quite differently when called for by "setting limits on unacceptable behavior" and pushing the patient "forward and toward excellence" (Bar-Levav, 1995, p. 22). Effective therapy requires appropriate limit-setting and expecting the best from patients.

Not surprisingly, nurturing is generally more welcome than limit-setting; the former feels good, while the latter is often unpleasant, and sometimes unwanted. For this reason, many therapists avoid setting limits, or pushing their patients to give up regressive habits that no longer are necessary defenses. It doesn't feel good, patients don't like it, and may quit therapy. And yet, if a therapist is unwilling or unable to set limits or expect more when called for, his love for his patient will necessarily be tainted. Reuven's skin was soft to the touch, like that of a baby. He could be like a kindly, sensitive mother when called for. But when limit-setting or demanding excellence was called for, he could be very forceful. I didn't like it when he loved me that way, but I learned to value that kind of love.

After terminating therapy, I began an M.S.W. program with thoughts of becoming a school social worker. Nine years as a teacher had convinced me that emotional difficulties are the most common cause of poor academic performance, and my energies would be better focused in that area. A social work friend who practiced both inpatient and private-practice psychotherapy with adults was a field instructor for the university; I accepted his invitation to do the first year of my school-required practicum with him. I began to give up the school social

work idea. A few months later, I called "Dr. Bar-Levav" to say hello. When I told him what I was doing, he thought I might be interested in attending one of the weekly seminars he hosted in his offices. With some embarrassment I experienced my invitation to that first seminar like an invitation to Mount Olympus. The way Reuven behaved at the seminar helped keep this vestigial positive transference in perspective. Far from welcoming me unconditionally, he was a very demanding taskmaster. I was a bit scared, since the atmosphere was more challenging than I was used to. Could I embrace it? Only in retrospect did I realize this first invitation was one of a carefully planned series of experiences meant to check me out. Reuven and his two associates were carefully looking: was I healthy and resolved enough to become more involved as a colleague? Post-therapeutic relationships between patient and therapist are typically eschewed in our profession, regarded by many as perform an acting-out of countertransference/transference confusion, and thus unethical. Yet the following years demonstrated that under certain conditions, such a relationship can be a healthy part of the separation/individuation process (Torraco, 1993).

The seminars were fascinating, and my post-therapeutic involvement deepened. Eventually, I was able to arrange my second-year practicum with another field instructor, one who worked in Reuven's practice. Lingering transference did not seem to interfere with my education. Therefore, after graduating I was offered an opportunity to become one of the original fellows in training with the Bar-Levav Educational Association (Shultz, 1994). At the beginning of this three-year program, my contacts with Reuven were purposefully minimized to guard against the possibility of confusion. Would old transference wishes rise again to complicate things? Might Reuven's own emotions be a contaminant? Repeated scrutiny confirmed all was well, and I began to have supervision with Reuven. The boundaries were clear: we sat together as supervisor and student, not as therapist and patient.

Eventually, I was sitting in groups as Reuven's co-therapist. His high expectations usually brought out the best in others. Thanks to his prodding and pushing, I published my first paper while still a fellow (Shultz & Bar-Levav, 1979) and presented my own videotape production at a national meeting (Shultz, 1980). A few years later, I became an associate in the practice. As such, I began attending the weekly peer supervision group, composed of Reuven, two experienced therapists, and some newcomers like myself. These meetings provided ongoing opportunities for all of us to regularly review our work with patients and our relationships with one another, to separate our emotions from the facts which reality presented to us. Early on, Reuven spoke about how he found it difficult to speak openly in front of ex-patients, which included me. At the time, I didn't realize how courageous he was to do this. Yet, as Reuven often said, "Everything must be on the table." He knew that our contracted purpose for meeting demanded that he not hide, even at the expense of his own embarrassment (L. Bar-Levav, 1995).

In the context of continual reality-testing, the "patient/therapist" relationship eventually falls away, separation and individuation being essentially complete.

In a sense, I had no choice but to resolve whatever unfinished business I had with Reuven; being forced to develop a real relationship with him over time helped to put residual transference to rest. Indeed, these unusual circumstances allowed me, even forced me, to resolve my transference much more completely than I could have in psychotherapy. The reality of who he was, and who I was, confronted me constantly. Reuven didn't always like me, nor I him. It would take several years to really become friends. This "obvious" likelihood wasn't so obvious to either of us at first. When I was his patient, Reuven had been obligated to help me overcome my personal limitations, and I owed him only his fee and adherence to our no-acting-out contract. As his colleague, however, things were quite different, and he let me know directly when I failed to carry my weight. He was not obligated to be helpful to me, but if he did extend himself to me, he had every reason to expect reciprocity. Conversely, while I owed him neither a fee nor loyalty for having been helpful in the past, I did owe him as a colleague whatever help I could offer. Reuven expected of friends, family members, and colleagues that they extend this kind of love to him, as he extended it to them, and he resented those who tried to give comfort at the expense of reality.

I left full-time employment in Reuven's practice in 1991, but continued part-time, doing the peer supervision, as well as one group there, partly because I found it so instructive to work closely with him. He was more consistently vigilant than anyone else I knew. His observations after the groups we did together were sometimes painful, but Reuven noticed countertransference manifestations better than any of my other colleagues did, and was quicker to recognize problems with patients before they became serious. Perhaps equally as important a reason for continuing part-time, however, was my wish to continue "exploring" with Reuven. The exploration always began by first looking at ourselves, and how our experiences affect the way we work. Perhaps this explains why Reuven's work was published in *Voices* 17 times during the years and why he eventually became a contributing editor.

Last year Reuven was working on an article titled "On Diaphragms and Deer," ultimately published after his death in the summer 1999 issue of *Voices*. As usual, he asked those of us close to him to go over it carefully for our comments before sending it off. When I told him about two points omitted that I thought were particularly significant, he insisted I write a commentary which might be published along with his article. I enjoyed putting the comment together, once again joining with him in the latest revision and clarification of the work he and I had done together for more than 20 years. He was often a demanding companion to go "exploring" with, but I loved the search for new wisdom. I will very much miss his being there for further expeditions into the unknown.

A few weeks before the summer 1999 issue of *Voices* was published, I was on my way to our office building's parking structure. I noticed emergency vehicles clustered outside the building next to mine, the building where Reuven's office is, and asked a security guard what was going on. His words made my heart run cold. "I don't know for sure, but I hear that there was a shooting on the 12th

floor in the 3000 tower." I felt a bit disconnected from myself. "I guess it was a doctor's office," said the guard. Reuven's was the only such office on that floor. A psychotic young man who Reuven had seen many months before for a short time had walked into the office, taken a .45 automatic pistol from his briefcase, and shot Reuven dead just as Reuven was turning to greet him. He then walked into one of the treatment rooms, and fired on the group. He killed one patient and wounded others. While he was reloading, the therapist closed and locked the door. After the man emptied most of his clip into the door, he killed himself.

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Reuven held onto his relationships. "I'm sorry, I don't remember your name, but I remember you." And he did. With these words, Reuven was able to re-establish contact, sometimes with someone he had been with for only five minutes a year or so earlier. He remembered them humanly, their "story," what their life was about. "Oh! You're the man who grows watermelons. We talked about farming, and my days on a farm in Israel." His handshake was firm, yet the skin of his hand soft and warm, as was his gaze; he looked deeply into one's eyes, and usually saw what was hidden in the darkness within. Many knew this aspect of Reuven, and cherished it. More than 800 people attended his funeral, crowding the standing-room-only hall and spilling out into the lobby where they heard the eulogies on loudspeakers. Ex-patients and old friends flew in from all over the country. Condolences came to the family from around the world, expressing sadness at the loss of such a good man, a man who had expressed personal interest in so many fellow travelers on the path.

He would have been the first to look at himself, wondering about the possibility of countertransference contributing to this disaster. Might preoccupation with the book he was working on have led to a fatal lapse in vigilance? And yet, more than half a year had passed since Reuven had last seen the patient. Many unknown factors could easily have played a major role in pushing the murderer over the edge; how can one presume to know what went on in his twisted mind? No matter how closely we look at ourselves, no matter how well we know our patients, ultimately we know only what we know. Even as we must look at ourselves again and again, in the interest of treating our patients more effectively, we must not presume ever to know ourselves or our patients completely. We are not mind-readers or seers.

This work brings with it many satisfactions. But it can be discouraging at times, especially when hidden pathology rears up unexpectedly and destructively. Reuven worked diligently to "clean" countertransference from his work. Thanks to his keen sensitivity and ever-watchful eye, he saved many a patient from self-destructive acting-out by catching on early and nipping it in the bud. Despite all his self-scrutiny and hard work, however, he was murdered anyway. As I work through my hurt and anger at his death, sometimes I feel like leaving the profession. Why bother with this "self-scrutiny" business anyway? I find myself

tending to be less vigilant lately, but there is no Reuven to catch what I miss, and I must actively fight that tendency. My years living with Reuven the way he lived gave me too much to throw it all away because of temporary pain and discouragement. I really have no choice but to be watchful.

All in all, these 30 years with Reuven were really just a moment. But the only thing any of us really have is time, and the only thing we can grasp is the moment. One of those rare human beings who moves freely and comfortably from the apollonian to the dionysian, and back again, Reuven understood this well. Good-bye, Reuven.

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