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Dear Don:

I have just seen your Relationship Newsletter and I was deeply troubled by it. Since I like you personally, I wanted to send you a few comments with the intention that you publish them even though you may not like what I have to say. Ever since the days of your editing the AAP Newsletter, I was impressed with your willingness to "let it all hang out," and I know that you have not changed in this sense. Respond if you wish, but I hope that you will not find some excuse to not publish these comments.

Reading what you wrote about the death of psychotherapy saddened and gladdened me at the same time. I was sad for you personally since you're a good man and you write so honestly about your failures as a psychotherapist. I was also gladdened by it because the fact that you apparently cannot make a living in it is, to me, an indication that the world isn't as crazy as I thought. I believe that what you do is wrong, although good intentioned, and if patients are not willing to pay for it, that is good. I'm glad they have the good sense not to come to you when you're so full of "love" but unable to recognize that what troubles them is a very serious illness, depression in its many forms. This needs urgent medical intervention, not relaxation, meditation or walks in the clear mountain air, all things that you and others have been pushing as proper treatment.

Depression is a curable illness, but since it is life-long and starts at the earliest moments of life, curing it requires that the patient face within a safe setting, again and again, horrible fears that appear literally life-threatening until they are sapped of their strangulating hold on the personality. Love is simply not enough, as Bruno Bettelheim and others have recognized. You say, "there are millions of people, especially men, in America who are experiencing exactly the same thing I am." True. What they are experiencing, like you, is a disabling form of depression and these people (not necessarily men, but men and women) deserve better than what you yourself got when you were seeking help and what is available from most contacts with psychotherapists. The results are tragic. The deeply touching and sad story about Michael who shot himself is just one such example. He must have felt choked by so much "love" and phony sweetness from his well-meaning mother, and there was no room at all for hurt and anger, hate and rage, feelings that all people have from time to time. Here was Mike, "bright, handsome, witty, shy, and with ease did well in school.

His phone rang constantly and his friends were in and out of the house all the time." He apparently was not on drugs. What went wrong?

His parents discovered "for the first time 'that their' rosy perceptions of the state of his life weren't his." They probably expected him to be the same as they advise others to be: to tell friends that he loved them, whether he really did or not. That preoccupation that you, Roma and John Monlezun seem to have with love to me is no more than an addiction to cover up disappointment, hurt and anger which is lurking beneath and choking those who consistently deny their existence. Even love, when it comes in this package, is merely an ersatz commodity, it is not real, it is too sweet. Whenever, I encounter it, I want to puke, or at least to open a window and let a little fresh air come in.

The message that the bereaved parents give other boys in distress surely comes from people overflowing with compassion, but their advice is nonetheless bound to produce more tragedies. They refuse or are blind to seeing the obvious, that having friends did not save their son, that the despair and loneliness that he felt were symptoms of an illness that needed a different form of treatment--not saccharin-sweet, choking, phony expressions that artificially simulate love. The statement "God put each of us on earth to do good and bring joy" killed Michael. It left no room for him in life to be otherwise. No lesser authority than God Himself was inducted to the service of his parents' repression of those affects that they themselves were too scared to tolerate openly. There was no malice anywhere, but this is not an excuse.

Psychotherapy is not dead. I have a long waiting list, even now and even in Detroit, which is probably suffering more from unemployment than any other place in this country. My patients are not rich or spoiled. They are working hard in their attempts to save their lives. While many other psychotherapists here are also having a hard time, like you, there are a few who work too long and too hard because they do not know where to refer patients who are like Michael was, at the verge of despair. Not only is psychotherapy not dead, but competent forms of it are in the greatest demand and extremely scarce in supply. We here are always looking for good people to teach them how to do such psychotherapy, and they all are eventually able to earn a respectable living from their labor, even as they save the lives. The self-help movement is so popular precisely because good psychotherapy is so difficult to find. In the absence of real good food people eat popcorn, which is better than starvation.

You write, "I'm going to cry and complain about the ending of

my life work, my profession, all I want. I'm going to tell anyone who will listen how it hurts to have spent a lifetime becoming one of the most highly skilled psychotherapists around and finding myself at 53 largely unemployed, with no possibility of making a living doing what I do best of all." As I see you, you have the warmth and the willingness to take risk with other human being, which is more than many rigid and narrow practitioners are capable of doing. But you own illness and the theories you built to help yourself with it interfere with your ability to do any effective psychotherapy. Even if you have been one the most skilled psychotherapists around, (which cannot be true now under the circumstances) your other difficulties are bound to have made it less than adequate.

I am sad and sorry for your human travail. I have compassion for you as a person. But I'm angry that again, as you have done many times before, you make sweeping generalizations about the world and psychotherapy from the perspective of your own belly-ache, as if you know what reality really is.

Be well but, please, don't add to the confusion which is commonplace. Some who don't know any better might believe you, and their blood might be on your conscience. Michael is enough.

Reuven Bar-Levav, M.D.

THE DEATH OF PSYCHOTHERAPY

Dear Reuven:

I received many responses to my "Death of Psychotherapy" statement. None were akin to yours in clarity and provocativeness.

I have always experienced you as strong, clear, opinionated, and personally powerful. An important form of that power is assertive anger. I have never experienced you as depressed, nor do I have any knowledge regarding that passive form of anger having been a significant part of your personal experience.

I am aware that my own sniveling depression is loathsome and even considered dangerous to put before vulnerable readers. Although there is a preachy, "this-is-the-way-it-is" quality to my personality, there is another side that clearly insists, "this is just the way I experience it; make whatever use of my experience you find to be in your best interests." The very core principle of relationship therapy as I practice it is to reveal as much of my unconscious to the patient as I deem necessary in order for the patient's unconscious to assess my real value as a healer to that individual. While my ego is as injured as anyone's when people drop out of therapy with me after

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one to six sessions, my higher part (Self) is always perfectly satisfied that the best possible decision has been made. (I never pay the slightest attention to the "reasons" given for these endings. Rather, I understand the endings as correct appraisals on the part of the most knowledgeable aspect of the personality that the relationship is not in the best overall interest of the other person. This by no means indicates to me that I am too sick, too depressed, too psychologically oriented, too anything to be able to help the other person. It may well mean that the cost to the other person of effective treatment is far greater than the potential benefit. A common example is the individual hopelessly caught in a destructive, sadomachocistic relationship for whom personal individuation is not even a possibility within the limits of that individual's personality resources.

Twenty some odd years ago when you and I started our careers in psychiatry, the treatment of neurotic depression (admittedly, only one possible diagnosis for my condition) was psychotherapy. The somatic therapy, including electro shock treatment, insulin coma treatment, and the various forms of "tender loving care" treatment such as rest, and sedation were reserved for the more severely disabled. There were central nervous system stimulants such as Benzdrine and Dexadrine, but these were always considered of questionable virtue in the treatment of depression. Nevertheless, from that day to this, I have used central nervous system stimulants as tools to treat my own and others' depressions.

As an aside, I predict that eventually the depressions will be sorted out biochemically and there will be found a sub-category which requires central nervous system stimulant medication as part of the chemical treatment. There is currently an excellent anti-depressant drug, Nomfenesin, being withheld from the American public by our zealous FDA because it has this specific property as a side effect. Indeed, it is that drug which I have found entirely effective for the treatment of my depression.

Having been initiated as a healer prior to the advent of the anti-psychotic, anti-depressive, and modern anti-anxiety drugs, being a person who is very needy for intimate, feeling, contact, finding most physicians--including psychiatrists--to be of non-feeling temperament, I turned at the very beginning of my training to the psychological approach to understanding human beings and to relationship based upon depth psychology as the basis for healing. I always used the medications available to reduce suffering and to increase the amount of energy available to work on the psychological issues. As the anti-psychotic came along, I gratefully added these tools to my

treatment of psychotic individuals. I confess I was slower with the anti-depressant. Having had some remarkable experiences both as a patient and as a therapist, with the alleviation of a severe depressive mood within a single forty-five minute psychotherapy session and arrogantly wanting to believe that the depressive mood was under the control of my ego consciousness, I avoided the anti-depressants during the early years of their availability.

During the first ten years of my practice, while I was still in New Orleans, I had the ideal psychotherapy practice. In comparing my results with those of renowned experts in the field, I had no reason to question that I was as good as the others. My work with the chronically ill was almost exclusively with chronic schizophrenics, and I thus felt little need to deal in the still very limited anti-depressant medication.

With my move to California in 1970, all of that changed, I never again had a solid, full psychotherapy practice. In order to make a living I turned more to the treatment and support of the chronically mentally ill, mentally retarded, and the brain damaged geriatric patients. By then, the anti-depressants were well established and I used them extensively in the chronically mentally ill population and considerably more sparingly in the socially functioning psychotherapy population. Again, I see this as a consequence of my personal bias, perceptions, and needs, rather than as an "objective" appraisal of the value and place of these agents in the treatment of neurotic depression. When my own psychiatric colleagues treated themselves with anti-depressants I considered them to be refusing to deal with the psychodynamic issues behind their depression. (I was also very unimpressed by the results.)

In my own experience as a patient, my first three therapists were psychiatrists, that was all in New Orleans days and was still at the very beginning of the anti-depressant medication era. All of my subsequent therapists were non-physicians.

My patients did not suffer from my own refusal to utilize pharmacotherapy for my own depression. As I found it increasingly impossible to establish myself as a highly skilled psychotherapist in the curiously impersonal world of Los Angeles (while simultaneously experiencing considerable success at doing so in Washington D.C. during monthly visits), I developed increasing knowledge of and skill with anti-depressant medication. With few exceptions, my patients did not suffer the withholding of the increasing number of effective anti-depressant medications. However, there is no question that my effective utilization of these tools has increased dramatically since my own successful treatment commencing in October, 1981. I now feel that it is only a matter

of time until it will be malpractice for a person suffering from chronic depression to be treated without adequate trial on all available anti-depressant medication.

I do not contend that the advances in psychopharmacology are the "cause" of what I have described as the death of psychotherapy. I am also aware that people like yourself who have remained socially and geographically stable, are far less exposed to the changes in the collective than are those of us who belong to the Gypsies--marginal, evermoving, constantly starting over, much more involved with what is changing than with what is staying the same. I have friends whose offices have been in the same place for twenty years, who have lived in the same house in the same community for as long, who are doing as much depth psychotherapy as they ever did and could ever want, and who regard me as generalizing inappropriately from my own very different perspective. For that matter, there are still countless intelligent, informed individuals who believe with Descartes that mind and body are separate, that psychology and psychopharmacology are somehow too different things, rather than aspects of an indivisible unity.

Speaking of the oneness of all creation--which is now a central concept in quantum physics, as it has been in oriental religion for eons--I'm a little hurt that you lump me with the "love is the answer" people. While I am gradually acquiring some insight into the interchangeability between love and the totality I have always been and continue to be a spokesperson for the recognition of and valuing of the particular form of love known as anger.

As far as my wife's nephew's suicide is concerned, my primary personal feeling is one of gratitude that I was not called for an opinion thirty-six hours before he shot himself. I am quite certain I would not have known to insist upon psychiatric hospitalization (which I believe would have been the only way to prevent the suicide at that time). About the only thing I've learned regarding suicide in recent years is that the psychiatrist's very best defense against being sued for not doing the "right" thing is to not answer the telephone in the first place.

As you can see, I'm most grateful to you for giving me this excuse to set down a number of thoughts and feelings associated with my statements regarding the change that is occurring in the theory and practice of psychotherapy in this society. To you and a number of other friends who have wondered if I've simply given up and gone on unemployment, I want to report that I am happily and energetically involved in dispensing the very best medication and psychotherapy (brief but as deep as ever) to a steady stream of ordinary people who come to the state mental health

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Only the externals of change appear swift and dramatic. The process itself has its own rhythm. One of the most common intervals for real change in the human personality is two years.

There's nothing magical about the two year interval. Certainly a great deal depends upon what the task is, where the individual is developmentally, what the environmental forces are. Too, there are the unexpected, unpredictable changes that simply occur without any effort on the part of the ego. An example is the complete turnaround in my attitude towards war. Prior to moving to Idaho, I believed war to be an inevitable human activity. I no longer believe that. Furthermore, I feel a distinct, personal responsibility to use every bit of my energy to help change the war-oriented consciousness of the American male.

For me, Idaho is a place that makes me want to live - for a long time.

If you are in a phase of transition in your life, keep your eye on the celestial clock as the Native Americans have done for centuries. No matter how long the winter, there is always spring.

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clinic where I am employed. Freed of the considerable overhead of conducting a private psychiatric practice in California and hence of having to constantly worry about having enough patients to pay for that overhead, my wife and I are now able to live comfortably on my modest state salary and take all the time we need to discover those remaining individuals whose need for deep self knowledge requires the most highly developed tools of depth psychology.

P.S. Those readers who wish to read the original article, "The Death of Psychotherapy" may obtain a copy by requesting it.

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these two years, peace on earth has suddenly emerged as a conscious and willable goal for millions upon millions of earth's peoples. Johnnie, I think maybe, just maybe, we are on our way. One more year will spell the difference.

Bio: Ann Kreilkamp, a Ph.D. philosopher and activist peace-worker, has been a student of astrology for ten years. Originally from Idaho, she currently lives in Jackson, Wyoming.

WHAT'S ON AT THE MOVIES?

Ed. Note: Movies, T.V. and video tapes are significant reflectors and communicators of the deeper symbolic processes in our society. Because they are images we can easily share they are particularly well suited for us to share our perceptions and interpretations with each other. We invite you to use these media and this newsletter to reach beyond your daily circle.

There are four current movies which deal with the integration of the masculine and feminine principals--The Last Unicorn, The Dark Crystal, Tootsie, and Ghandi.

In Tootsie, Dustin Hoffman uses broad stroke satire. This is reminiscent of the previously reviewed Victor, Victoria. The story is told in an important contemporary theater form--the Soap Opera--to expose in a compelling and hilarious way the paralyzing and destructive consequences of the still pervasive sexism.

Dustin Hoffman as a highly talented but unrealistically idealistic character has to masquerade as a woman in order to get a job. The problem in this character is the inferior development of the feminine side which manifests as histrionics, irritability, self-righteousness, and temper tantrums. As with many men whose development is impaired in this fashion, these limitations make him more trouble in his profession than his talent is worth. His self-righteousness indicates the characters unconsciousness of his dilemma; therefore he assumes no responsibility for his bad reputation. His analytic eye is focused outward: coaching and encouraging fellow actors and actresses, especially his female protegee. She lacks the masculine qualities of assertiveness and self-direction. The development of the masculine side in the Soap character makes her an instant heroine. Similarly, it takes the experience of being a woman to make Tootsie whole.

The Dark Crystal is a mythic reflection of our current reality. Time is running out. The planet will be destroyed if a healing does not take place. This healing is the task of both man and woman; it takes the joint efforts of the male and female gelfins to heal the dark crystal. This symbolizes the necessity of merging the wisdom of our instincts and intuition with the wisdom of our intellect and reason. With the healing of the Dark Crystal comes the merger of the Mystics and the Skezies--representations of good and evil. Likewise no psychological healing occurs without the owning of and the integration of the dark side, the shadow into the light.

The message of this movie is a useful description of the individuation process. It is also a statement of the collective reality facing us in this nuclear age.

In the movie, the dark crystal resides in a glowing inferno reminiscent of a nuclear reactor. Only the return of a lost fragment can prevent the rule of evil for eternity. What is this lost fragment upon which our very survival depends? Is it consciousness? innocence? or does it represent the feminine principle?

Jim Henson and his associates, the creators of the Muppets, were involved for five years in the creation of this masterpiece. The making of the movie itself was a marriage of creativity and technology. They are also masters in using theater to communicate vital symbolic messages to people of all ages and levels of consciousness. Unlike E.T. which also carried a powerful message about the power of relatedness, The Dark Crystal avoids distracting and demeaning commercialism.

The Last Unicorn has more of a fairy tale quality, enhanced by animation. It is a story of the transformation and liberation of the feminine principle. The mythological unicorn, the only creature to never experience regret, needs the assistance of human beings in order to reunite with her lost brothers and sisters. Her helpers are the Fool, the Hag, and the Puer prince. Her opponent is the Red Bull and the Senex (the loveless old King). It is only the power of Eros (relatedness) that permits the re-emergence of feeling and magic into the world.

The movie Ghandi reveals the man behind the legend of passive resistance and the enormous potential of personal power. We see youthful stubbornness transformed into unyielding determination to end violence as a way of resolving conflict.

What made Ghandi such a god-like leader? It was his total commitment to living the values in which he believed and his willingness to die for them. His beliefs in contrast to those of Hitler have survival value for the human race. Ghandi exemplified another option for conflict resolution. Violence and aggression are not our only tools. "There is no road to peace. Peace is the only road." Ghandi's way and life also reflect the value and power in self-sufficiency. His life and beliefs were congruent.

This is not a movie for young children. In viewing this story, one also has to witness the violence endured by Ghandi's followers and his own violent death at the hands of his assassin. The turning point through which the British authorities finally had to acknowledge the power of non-violent resistance was particularly painful to watch. Row upon row of Ghandi's people marched to be clubbed by the waiting salt factory guards.

The film portrayal of this powerful modern leader/saint stirs up many emotions in the viewer. It stimulates a kind of self-examination which could result in important benefits to all.