

A HEALING HEALER

by Meredith Sabini, PhD

In this inaugural column, I would like to share reflections on some basic themes in our healing arts profession such as what we expect of treatment, how we sustain ourselves, and how contemporary psychotherapy might be enriched by restoring the Asklepiian tradition. After several decades as a therapist, I no longer practice, but teach and consult; being out of that former chair gives me a new perspective on our healing practices.

A graduate school professor once recommended that those of us intending to practice psychotherapy ask ourselves each year of our career why we do this work. It sounded peculiar to me then, but as I enter my sixth decade, I appreciate the question less as one needing an explicit answer than a koan that keeps us close to the heart and soul of our life work.

A well-known family therapist was asked if the fights he had with his wife were much shorter now. Oh, no, he said, they are much longer because we've learned to listen to each other until we hear the real issues. If I were asked how long I'd been in therapy, my answer would have a similar cast. In the early years, I squirmed in resistance, eager to have it end. Now, I rarely give thought to how many years it's been or when I might leave. Certain psychogenic symptoms have vanished, though I couldn't say just how or when; I am less a sponge for the feelings of others and my own have a wider spectrum. But I no longer go to "get well." I go because the ever-unfolding mystery of the psyche fascinates me. There is something that does not reach toward an end but opens ever-outward into life.

A dream of mine questioned psychotherapy's basic philosophical assumption: It was that we don't change, we either become ourselves or not, as if the whole notion of "change" is overrated. What if that concept were not so central to our work? And instead, we had a model of growing into oneself the way an acorn grows into an oak, not always easily, not always fully, but one oak among many.

"Naturalness" would then be our criteria of how someone was doing.

In graduate school, I was less drawn to clinical courses than ones in cultural anthropology, a field more interested in finding human universals. It turns out that the terrible twos, adolescent acting out, and menopausal symptomatology, for instance, are largely cultural artifacts. Our profession deals daily with issues of bonding and attachment, sex and mating, aggression and status — all without any grounding in the evolutionary function of these basic dynamics. Evolutionary psychiatrist Anthony Stevens said that the introduction of evolutionary concepts into psychology represents a paradigm shift that will profoundly affect theory and practice. It will make it possible for us to understand behavior not only at the familial and cultural levels but also at the species' level.

To my own unformed question of who we are as a species, a dream once gave this depiction: That we are capable of the greatest extremes — from horrendous cruelty to incredible generosity, from deep lethargy to top-speed activity, from non-



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verbal grunts to elegant and complex thoughts; we are easily hurt yet resilient and sturdy. How might we adjust our expectations if we accepted this image of our human range? Author Daniel Quinn believes our culture operates on an idealized fantasy of what humans are supposed to be, any day now. Psychotherapy can feed right into that.

Cultures throughout history have had some type of healing for members, with the restoration of natural wholeness rather than change as the goal. Within our own Western healing arts heritage there is a tradition we might well resuscitate: the Asklepiian tradition in ancient Greece, which endured for a thousand years. At first simple nature sanctuaries, the sacred sites eventually became fully developed centers like Epidaurus. Doctors themselves went annually to renew their oaths, refresh themselves, and incubate dreams about their patients and their work. That doctors had dreams containing objective diagnostic information was well known to Galen and Hippocrates.

Our clinical training programs, internships, peer consultation groups, and continuing education tend to focus mainly on patients and their interactions with us. By referring to my own analysis and my dreams, I hope to encourage a shift toward the healer side of the dyad. I close with the tale of the effect a healer's own process can have. A Chinese Taoist shaman was called in to a remote village to help end a terrible drought. It was 1921. He wanted only a small hut with meals left outside. He sat for three days, then the rains came, and came. Asked by Sinologist Richard Wilhelm how he'd brought the rain, he replied that he did nothing to bring it. The village he came from was in Tao, but the one suffering from drought was not, so when he arrived, he too became out of Tao. He sat until the Tao returned, "and then, of course, the rains came."

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