

Defining Clinical Wisdom Part II



Quotes, the Qualitative Underpinning of the Research

Cynthia Baum-Baicker, Ph.D.

When I was a young clinician, I read a book that had been put together by a group of clinicians trained under Boston area psychiatrist, Elvin Semrad, MD, titled, *Semrad: The Heart of a Therapist* (Rako and Mazer, 1980). That book, which has stayed with me all these years, was just a simple collection of Dr. Semrad's quotes.

In Part I of *Defining Clinical Wisdom* (Baum-Baicker, 2017b), I began with the following question: *When sitting with a patient, how does one know how to proceed 'wisely?'* That paper included a detailed discussion of the wisdom literature and the methodology employed in a 6 year-long study of 18 senior seasoned psychoanalysts, ages 73-101, deemed "wise" by their peers. The study's aim was to both define the term, "clinical wisdom," as well as to answer the question of how to proceed wisely when sitting with a patient during the psychotherapy hour. The definition of clinical wisdom that the research yielded was:

Rooted in pragmatism, clinical wisdom is the capacity to carefully balance an interplay of paradoxes in an open and nonjudgmental way; it is built upon kindness, humility, and a deep regard for the Other (Baum-Baicker and Sisti, 2012, p. 22).

In this article, Part II of *Defining Clinical Wisdom*, I'll dig deeply into the content of the clinical wisdom interviews. Following in the footsteps of Rako and Mazer (1980), I will be presenting a patch quilt of quotes from

the research participants. My hope is that when woven together, these quotes will give the reader an additional feel and understanding of how, when sitting with a patient, one proceeds ‘wisely.’ It is, if you will, an x-ray, revealing the “bones” of clinical wisdom via the words of the participating analysts that when viewed together, form the scaffolding of wise practice.¹

What Is Wisdom?

As people age, they often gravitate towards positive rather than negative emotions. This is often accomplished by reducing cognitive complexity, as well as differentiation and objectivity. However, this is not so for people who achieve wisdom in old age. These persons can integrate negative experiences into an overall positive whole, even as the self becomes increasingly tolerant of diversity and difference (Labouvie-Vief, 2008).

Empathy is a very difficult thing to do. To listen empathically requires the continued discarding of your natural responsiveness. We are so different from each other. It is very important that the emphasis is on the recognition of those differences, because otherwise you just very quickly kind of put it away as, ‘Oh yes this means such and such’ (Anna Ornstein).

Labouvie-Vief (2005) found that wise elders display more complex thinking about emotions in terms of emotional blends and contrasts and transformations across time and context.

There is a kind of sadness that is in life – even in joys. There’s an awareness that all of this is in an arc of time, it’s taking place against a backdrop of some day you won’t be here; none of us will (Michael Eigen).

¹ For quotes related to balance and paradox, see Baum-Baicker, C. & Sisti, D. (2012). Clinical wisdom in psychoanalysis and psychodynamic psychotherapy: A philosophical and qualitative analysis. *The Journal of Clinical Ethics*, 23(1), 13-27.

I have an underlying idea that nothing is forever. Although at the same time I think everything is going to last (Nathan Stockhamer).

Well, you can't have restitution. If there is a spot on my white dress when I'm two years old, I will scream and scream and scream. That dress is gone, lost! It will never be my white dress again! And when we're two, the time frame is that nothing can change, there is only now. Oh, I can myself get rid of it, get a little cloth and wipe it off. But we're all two before we're twenty (Johanna Tabin).

Wisdom Is a Generosity of Spirit and a Manner of Being

In describing her husband, Anna Ornstein said, “*Paul is an endlessly patient, tolerant, accepting person.*”

The word ‘understand’ is to ‘stand under’ when you’re with someone, you stand under them (Michael Eigen).

If over the course of human evolution, cooperation did not in some way-out balance competition, we wouldn't be here. And in the end, we're here. Generosity is an infinitely wise thing to do. We need the benevolence of others to survive. So like Blanche, we rely on the kindness of strangers... We are all Blanches (Gerald Stechler).

It's an attitude of kindness. By the way, I've decided what comes first is being decent for a therapist. If a person is basically decent then they'll use anything they know to help the patient. And if they don't have basic decency, it doesn't matter what they know. Nobody's going to get help (Bertram Karon).

Wisdom Communicates a Certain Honesty and Clinician Authenticity

I went to Hampstead for a series of seminars and people were presenting cases ... Anna Freud did not use one technical term and explained the most complex identification processes and family dynamics in

plain English. I think that's a sign of wisdom, because people who use jargon are retreating behind something (Martin Nass).

To be authentic in an analytic situation requires that you should be authentic analytically. It's not the same as just being authentic and blurt out whatever feeling you have. It has to be guided, that authenticity, by what the patient's emotional situation and need happens to be at the moment (Anna Ornstein).

Michael Eigen stressed the importance of being authentic and that there's no one capacity. "I have to watch out on both ends of the spectrum with someone I feel spontaneously friendly with and whom I like spontaneously, not to let that – as Freud says: 'Don't deprive the patient of your love, just because you love them.' – You can't, shouldn't let that stop another level of work. You know, it's like you have to do the surgery."

If you speak about the development of wisdom, you would think of recognition of your own handicaps; the recognition where you may fail somebody (Anna Ornstein).

You can't cure everybody. And secondly, we all have very real limitations that have nothing to do with how much analysis you've had. It's important to recognize who you can work well with and who you can't. There are times when there is something I call 'instant antipathy.' You know, you know it when they walk in and they know it. And you certainly have a colleague or friend or someone who would be wonderful with just this type of person. I set up a couple of sessions and then I let the person know that I'm not the best person for them and that I think they really ought to work with somebody who is expert at the kinds of problems they've presented. I make it about me, my limits (Nina Fieldsteel).

Trauma and Loss

It has been suggested that in order for wisdom to be developed, there needs to be a strong interest; a high degree of motivation (Helson and

Srivastava, 2002); a personal transformation; good role models; and life experience (Kupperman, 2005). The life experiences of the interviewees supported this. Interestingly, all participants reported early trauma. *I mean, everybody who goes into this field earnestly has been traumatized in some way or other* (Sheldon Bach).

As noted previously (Baum-Baicker, 2017a; Baum-Baicker, 2017b), all 18 Wisdom Project participants talked about their traumatic histories. “Creativity,” noted interviewee Leon Wurmser, “*is the great antidote against loss and mourning.*”

Creativity is one of the most important things to help neutralize trauma. And so with regard to psychic trauma, I always encourage patients to try to get into something creative – it’s a wonderful sublimation and foil and balancer. I think altogether the whole enterprise of psychoanalysis and psychotherapy works to improve the person’s creativity because creativity is a form of controlled freedom (Marvin Hurvich).

Hedda Bolgar’s husband had a sudden, fatal heart attack while they were away on vacation, having an intimate room service dinner. She acutely remembered the small kindnesses shown by strangers, despite her shock. “*After my husband died, I had incredible grief,*” she said. “*When I came out of it, I went on my first trip without him. I wanted somewhere very cold and very white – this was how it felt after he died, like ‘2001 A Space Odyssey,’ you are nowhere. I went to the Arctic. I forced myself to be alone. I spent a night at the Savoy in London and went to a show all by myself. The head waiter said, ‘I am so glad you decided to join us tonight.’ After that, I was OK.*” Bolgar shored herself up by accepting and appreciating the small kindnesses of others and via creative mirroring of her barren frozen affective state.

Interviewees, like Helen Strauss, described a sort of “*social immortality,*” a connection through continuity. After Strauss’ husband passed away, she was left to raise five small children. She coped by continuing to speak to him out loud. Her style of keeping those who are no longer in the present, in the present, was evident during our interview. At the

end of the interview, I asked to borrow a book, written by her long-ago deceased mentor, Edgar Singer, that she described as important to her development as a clinician. As she handed me the book she said, “*See Edgar, they still want to read you!*” (Interestingly, in China mourners regularly speak to their dead ancestors. A study has shown that the bereaved there suffer less long-term distress than bereaved Americans (O’Rourke, 2010).)

I don’t accept loss! Mourning for the person whom I loved and who died? Yes! But loss? No! That person does not exist anymore, but everything else still has an existence. Their ideas? They still exist. It’s that person’s physical person that doesn’t. How they contributed to my life, that’s still with me (Frank Lachmann).

Humor and a Sense of Proportion

The eyes of my Wisdom Project interviewees sparkled, supporting Kohut’s notion of wisdom. He believed that wise persons are able to contrast “*the utter seriousness and unrelieved solemnity of approaching the end of life by transforming the humor of their years of maturity into a sense of proportion, a touch of irony toward the achievements of individual existence, including even their own wisdom*” (Kohut, 1966).

A man is out of town on a business trip. He goes into a luncheonette to have breakfast. He says, ‘I would like a cup of cold coffee, some fried eggs that are runny, and burnt toast.’ And the guy looks at him and says, ‘What?’ And he says, ‘I’m homesick’ (Martin Nass).

Patients complain analysis is confusing, and I say, “Good! You’re not sick because you’re confused, you’re sick because you’re sure of things that aren’t true” (Bertram Karon).

Wisely, Lachmann cautioned that for those who incorporate humor in their work, it is important not to upstage the patient. “*I want the humor to be part of the ongoing dialogue, where we can both laugh at some absurdity, not that it’s something that I show off,*” he said.

Marvin Hurwich even had a joke he told students when describing castration anxiety: “A guy comes to a therapist. ‘What’s your line of work?’ He says, ‘I am the supervisor at the local pickle factory.’ ‘So what’s the problem?’ ‘I have this almost uncontrollable urge to put my penis in the pickle slicer.’ The therapist says, ‘We better start therapy right away!’ They start and he’s a very good patient, he associates well, he talks about his past, his relationships. One day he comes in and says, ‘I did it! I did it!’ The therapist says, ‘You did what?’ ‘I put my penis in the pickle slicer.’ Therapist says, ‘My God, what happened?’ ‘They fired me.’ Therapist says, ‘They fired you, yeah, but what about the pickle slicer?’ Patient says, ‘Oh, they fired her, too.’

Tolerance for Uncertainty and Affect

Brugman (2006) defined wisdom as “*expertise in uncertainty*.” Bert Karon began our interview with Faust: “*Now I know that we can know nothing finally*.” Interviewees stressed the importance of affective range and being able to sit with the unknown.

Play has to do with not knowing where you’re going. Work is more like knowing where you’re going. And if somebody knows where it’s going in the therapeutic dyad, something’s wrong (Sheldon Bach).

The most important thing [about spiders] is [their] agility. They’ve constructed this universe, and they have total agility around it. And pity the poor fly who’s trapped in one corner of this, waiting to be eaten. And that’s the way most of us are in our lives. We’re trapped in one corner of our own universe waiting to be eaten. And what you have to learn and master is the agility to feel comfortable anywhere in your own interior. This is ‘emotional agility.’ Applied to affective states, trauma and toxicity result in a narrowing of the emotional sphere ... the self is narrowed and defensive, projective stances are erected, etc. (Gerald Stechler).

Every time a patient gets angry at me in a session, we learn something important. Once you learn that, suddenly it’s powerful. Because then

you can stand people being angry at you, because I'm going to learn something useful (Bertram Karon).

When somebody's in a rage with you and you let the rage run, they're doing to you what they couldn't, they're saying to you what they couldn't say to their parents. A guy said to me, a long time ago, he came back one time after he was in a rage the day before, he said, 'You know what I like about you? I can call you a son of a bitch and you come and smile at me the next day' (Martin Nass).

What Is Clinical Wisdom?

The opening question I asked participants was: What do you now know that you didn't when you first began practicing? Paul Ornstein's answer contained a proposed definition of clinical wisdom. "*When you can go beyond accumulated knowledge,*" he said. "*Something that emerges from it, but, is not present in it explicitly. Namely that when a patient comes in ... and now I know it much more quickly, in addition to knowing what's going on, I also have a sense, a feeling, of what could be helpful to such a person.*" "In a way," he said, "*that may be the level of wisdom because it's not directly in the data. We can never say this is 'it,' we have to reflect.*"

One aspect of Clinical Wisdom often noted was: *Question the given wisdom!* Hedda Bolgar counseled that we remember, "*there is a difference between new ideas and new words.*" Helen Strauss said, "*Realize that the rules are valuable, but they're there to be broken,*" while cautioning that "*we always protect the boundaries.*"

"*Question assumptions!*" Marty Nass said, before adding: "*There's one fundamental rule: The patient is more important than the rule.*"

We need to shed the authorities, the super-egos – the Institute training analysts, the teachers, everybody, your colleagues, people who start referring to you. Everybody is crowding into that connection with the patients ... What would my analyst do that I am doing or not doing? I always say it's like a young mother who has a mother-in-law and her mother, and everybody tells her what to do with the baby, and, uh, just tell them to go away and listen to the baby (Hedda Bolgar).

Wise Listening

Wise clinicians seem to have an overarching view of clinical process while also having particular ways of listening that seemed to have been developed over the years of clinical practice.

The human being, for the most part, is kind of programmed to seek help, to try to find balance and homeostasis and get things right. And it'll keep at it forever ... For example, someone who's seeking a certain kind of transference constellation that they need to get better, to heal them. They may have had 10 previous treatments and not found it, but they come and if they find it, they get better. And it's your job to try to understand what that is and to provide it in some way. Not by acting a role, but by becoming available to them in the way that they need (Sheldon Bach).

I listen for timelines, to the ways patients describe periods of their life. I want to see how they get that connected, where the changes occurred – for clues as to what carries from one period to another. I have a life language and I listen for the ways in which they describe common experiences that are different from other people (Nina Fieldsteel).

I don't throw anything out! Even Freudian theory. There are ways in which it can help me listen with a perspective. I don't throw things out. It leads to a cluttered life, but you know, in ideas, there's infinite space (Frank Lachman).

It's called the "upward slope." There's a phase of integration, reflectivity, and there's a phase of disintegration. And concreteness. And confusion. And then there comes a phase of re-integration. Clinical process is inevitably cyclical. It's not a linear phenomenon (Norbert Freedman).

I don't think you listen the same way to each patient. Each patient creates a situation in which you're will-nilly embedded and if you extract yourself from that situation too much, so that you retain the

same identity with each patient, then you're not really working with the patient. So if you allow yourself to flow into their embeddedness, whatever it is, then they're coercing you into listening in a particular way, and that's part of the treatment (Sheldon Bach).

I found that being confused is very helpful, for me and for the patients. My patients get better even though I am confused all the time. Because being confused, I can hear something that I didn't understand, and also it's a model for the patients (Bertram Karon).

In stalemates, there is a correspondence between the patient's psychopathology and the clinician's. And, it's not an overtone, it is very, very subtle (Joshua Levy).

Through the process of free association, you have a chance to alleviate shame. It is a way to go slowly into unconscious processes (Joshua Levy).

Listening has got to be like being at the beach, let what you hear wash over you and go through you continuously, while at the same time get the data: What's the information? What happened? What was the sequence of events? Who was there? Who was in the room? Then things will stay with you (Nathan Stockhamer).

Psychopathology

Over the decades, these wise elders experienced changes in the field and had strong opinions about some of those changes. Leon Wurmser cautioned against diagnostic inflation, noting that exaggerations of pathology, “*block human empathy and the understanding of other's genuine distress.*”

Marvin Hurvich commented on the popularity of cognitive therapy, noting that psychoanalysis was always a cognitive therapy; it was a spelling out of ego psychology. “*The worst part of cognitive therapy is that they have snipped off some of the unconscious material and it makes*

the therapy not go as deep.” Clinicians did note a richer understanding of psychopathology had developed over the years.

I think it’s not “either/or” but “more or less.” When one grows out of the neurosis, measure has replaced absoluteness. There are no absolutes! (Leon Wurmser).

Depersonalization is a ghost of oneself – a frozen “there” where that area of the self is holding its breath (Michael Eigen).

For the anorexic patient, it is: “I move, therefore I am” (Johanna Tabin).

It’s not that you are looking for the pain and the humiliation by themselves – they are a means to an end. You are looking for the forgiveness through being tormented (Leon Wurmser).

Shame is a unique affect. It’s the only affect where we are both the initiator of the affect and the target of the affect (Gerald Stechler).

Guilt is shame over not being your true self (Nathan Stockhamer).

Annihilation anxiety is a trauma marker; triggered by survival threat (Marvin Hurwich).

Sitting across from Mike Eigen in his kitchen during our interview, I remember him saying that *we are all broken*. And so we are. This ability to accept limits in the self and others was evident across interviewees. Mike said, *“We can’t make the psyche be what we want it to be. If our concepts are dualistic and split (this is that, health vs. illness) we are trying to define the psyche out of existence. We can’t make the psyche be what we want it to be.”*

So I think human nature in a sense is in a dilemma with its own self: How much can I be? How much of myself can I let out? How much of the other can I take in? ... If something is wrong at the level where

you're afraid to take in because it's destructive, whatever Winnicott meant by "True Self" doesn't have a chance (Michael Eigen).

When idealization and needs for perfection in other people are resolved, forgiveness comes (Martin Nass).

Conclusion

Wisdom is time honored and takes years to develop. These seasoned, wise elders had survived trauma and spent their lives pursuing understanding of both themselves and others. In the process, they developed wisdom about both good clinical work and everyday life. As Gerry Stechler noted, we are the makers of meaning in our lives. *"It is not that objective reality does not exist. In one sense, everything starts there on the outside. But ultimately, it is the subjective reality that stays with us, and sets the course for each one's personal future. That subjective reality is also the part of us that is open to change."*

What really is worth pursuing in life? Anni Bergman told me that during her first analysis she became convinced of something that she knew, that she wished for but didn't quite dare to feel: *"It was the importance of relationships and closeness and that this really was what life was about and at the same time, the freedom that each person had, the freedom to pursue on what they were passionate about."* *"People need idealizations in their life, ideals."*

It is idealizations, Frank Lachmann noted, that become the ideals by which we live.

As Johanna Tabin told me, *"I think in general, the feeling that one has not gotten too badly in one's own way is the foundation of happiness."* Perhaps this is one way to frame the mission of the psychotherapeutic journey. These elders all agreed that psychotherapy was one road to identifying personal obstacles.

"You can't get rid of the shackles that bind you when you don't realize it," said Helen Strauss. *"You're really restricted, restricting your own life when you don't comprehend what this is all about."*

"Analysts" said Sandra Buechler (2018) *"quilt with words,"* which are *"messages in a bottle that make memories portable."*

It is my hope that in reading the quotes throughout this piece, the reader will have both gotten a felt sense of wise clinical practice and internalized a bit of that wisdom for him or herself. For, as interviewee Leon Wurmser has written: *In wisdom, we get more by giving. It's not like a cake that gets smaller when it's shared; but rather wisdom is like a candle—the more that it is shared, the more light it provides* (Wurmser, 2005). May the light these 18 analysts who gave so generously of their time and lived their lives enriching the life of others, continue to shine long after their time with us has come to an end.

Our strength is gonna fade, our beauty is gonna fade—that's inevitable. But the one thing we can grow is our wisdom (Gerald Stechler).

References

- Baum-Baicker, C. (2017a). Wise elder clinicians. *Voices: The Art and Science of Psychotherapy*, Winter 2017, 53 (3), 11-16.
- Baum-Baicker, C. (2017b). Defining clinical wisdom. *Journal for the Advancement of Scientific Psychoanalytic Empirical Evidence (JASPER INTERNATIONAL)*, 1 (2), 71- 83.
- Baum-Baicker, C. & Sisti, D. (2012). Clinical wisdom in psychoanalysis and psychodynamic psychotherapy: A philosophical and qualitative analysis. *The Journal of Clinical Ethics*, 23(1), 13-27.
- Brugman, G. (2000). *Wisdom: Source of narrative coherence and eudaimonia*. Delft, The Netherlands: Uitgeverij Eberon.
- Buechler, S. (2018). Learning from my psychoanalytic ancestors. Paper given at the 37th annual meeting of Division 39, APA. New Orleans, April 19, 2018.
- Helson, R. & Srivastava, S. (2002). Creative and wise people: Similarities, differences and how they develop. *Personality and Social Psychology Bulletin* 28, 1430-1440.
- Kohut, H. (1966). Forms and transformations of narcissism. In P. Ornstein (Ed.), *The Search for the Self*. Madison, CT: International Universities Press, 1978, (vol.1, pp. 427-510).
- Kupperman, JJ (2005). Morality, ethics, and wisdom. In R.J. Sternberg and J. Jordon (Eds.) *A Handbook of Clinical Wisdom*. New York: Cambridge University Press, (pp 245-271).

Labouvie-Vief, G. (2008). Dynamic integration theory: Emotion, cognition, and equilibrium in later life. In Bengston, F., Silverstein, M., Putney, N. & Gans, D. (Eds) *Handbook of Theories of Aging*. Draft: January 29, 2008.

O'Rourke, M. (2010). Good grief. *New Yorker*, February 10, p. 68.

Rako, S. and Mazer, H. Eds. (1980). *Semrad: The Heart of a Therapist*. Lincoln, Nebraska: iUniverse Inc.

Wurmser, L. (2005). Tragic character and the devastating power of absoluteness. Paper delivered at the American Psychoanalytic Association Meeting, New York City, 2005.