David A. Baker

A Sane Separation

David A. Baker, A.C.S.W., practices combined individual and group therapy using a team model. He completed a Bar-Levav Educational Association post-graduate fellowship in 1991 and serves on the editorial board of the *International Journal of Psychotherapy and Critical Thought.* Married and the father of three sons, he complements his work with hiking, traveling and writing.

This had been no impulsive decision, to finally get "married." We had known each other for ten years and "lived together" on a trial basis for three. Finally in February, 1989, we signed the papers making it official. We moved into our new home in June, a beautifully designed, welcoming place with a striking high-rise view to the southwest horizon—a box seat for Michigan's thunderstorms and summer sunsets. I had always said that if I ever bought a lake cottage for my retirement, it would have a view to the southwest.

We had high hopes from the beginning. The three of us, all psychotherapists for ten or more years, had been gradually working toward opening our own practice as a psychotherapy team. But we wanted more than sharing the office space, seeing our own patients, and occasionally consulting with each other as needed. Using a practice model developed by Bar-Levav in the 1960's, we chose to work in such a way that the responsibility for all the patients is carried by a team of therapists. Group therapy led by co-therapists is standard in this system, allowing patients regular contact with at least two therapists. Marathon sessions held several times each year provide patients exposure to the entire therapy team.

Such a team practice cannot work unless the participants really agree to get "married." Like two cops on patrol or a seasoned surgical team, they have to know each other well, be open about their lives, trust each other, confront each other when needed, and most of all agree to not act out and keep the lines of communication open.

Throughout a year of planning, debating, and struggling together we three committed ourselves to living this way, formed a professional corporation, and signed a five-year lease for office space. As our patients became accustomed to working with the other therapists, they demonstrated how safe they felt and made significant shifts. We began to "click" as we got to know each other better as co-therapists, and our friendships grew through the arguments, successes, disappointments and pleasure of working together.

But about two years into our practice, my patients began to leave prematurely. I was not confronting their character difficulties enough or building the necessary real relationships which Greenson so clearly describes. Without the real relationship in place, patients typically leave after the initial symptoms subside. I demonstrated a parallel difficulty in my personal life when I neglected to buy one of my partners a wedding gift in a timely fashion, leaving him hurt and angry. Often resentful of my other partner when she confronted my difficulties with patients, I withdrew into a stubborn silence or numbly nodded my agreement in our clinical meetings. Despite efforts to address these matters in my personal therapy sessions, I spent a week in the cardiac unit of the local hospital with a persistent heart arrhythmia. Something was seriously wrong with the wedding picture previously described. What had happened?

Finding the answer to this question took another two years of searching, working through issues in my own therapy, and repairing and building the relationships with both my partners. My narcissism, which had not been addressed enough in my therapy, was being painfully confronted by my difficulties with patients and colleagues alike. I felt like I was being beaten. My chest seemed weighted down by a load of bricks. I often couldn't find words to respond. How could they do this to me? To me, their partner! I comforted myself with fantasies of becoming an engineer. Enough of this human interaction business!

Only gradually did my understanding come into focus. I had "married" my partners in part based on my unconscious wish to be taken care of. Fearful of taking full responsibility for my patients and awkward in developing respectful relationships in my life altogether, I had formed a partnership to help me with my poor self-image. Articulate and bright, I initially had been able to hide my doubts and say the "right" things with my partners, but lived with the constant fear of being "found out."

There was no more conscious deception here than appears in most marriages or partnerships. Most of us live and choose partners in a way which best reduces our fears, even those fears we do not know. We call it "being comfortable" with a person, or we say, "I just don't feel right about him." These are often camouflaged versions of our particular fears. How could I have known that something was awry? I felt more secure with these two partners and I did not want to practice alone. As we therapists often do, I even found a practice model which relieved my fears at the time. But I had been doing the right thing for the wrong reasons!

I have typically been a follower, not a leader. My childhood days in a boarding school were structured for me from morning until night. Not that I liked the structure. But it was familiar to me. It is where I felt safe. So in retrospect, my looking for two opinionated partners made sense from an emotional point of view. I could again remain a follower. Yes, on paper we would be equals. And to make up for my sense that I was not doing my share clinically, I would take on more administrative responsibilities than the others. This was a small price

to pay for the reassurance and protection of their umbrella over my head. But always behind the scenes I felt the nagging worry of being found out.

Where could I turn for help? I had alienated my partners. My wife was angry and afraid because of our financial worries. Filled with shame and stubborn refusal to show my vulnerability to them, I turned to the only safe place I knew, my personal therapy group where I had been a patient for several years at that time. After a long day of working with patients and trying to live thoughtfully with my partners despite days of inner turmoil, my group truly seemed like a firm bed on which to collapse. Never before had I experienced such a profound sense of safety with other human beings. In my childhood home fears and hurt were usually not discussed. "Be brave" was the unspoken message. In boarding school I learned to follow the rules, but never had help or freedom to discover that loneliness passes when one cries with another sensitive human being instead of muffling the sobs in one's pillow. I had little experience with open expressions of anger. And love? With so much caution built in how could I open my heart to others?

Perhaps the pressure from my partners and practice pushed me. Or perhaps my fear had been reduced enough to allow me the freedom to finally feel at home in my own therapy group. I began to exercise my real power there. At times I raged without my characteristic caution. Or spoke shamelessly with my group members about previously embarrassing matters. My heart overflowed with compassion at times for a fellow group member's pain. Despite a history of being concrete, my vision seemed to deepen without strained efforts to understand. The resistances and strengths of my group members and my therapists stood out in stark relief. In contrast to my usual procrastination, time took on new meaning for me. Neither frantic to stop the clock nor denying the passing of time, I simply found myself with a heightened sense that time is a completely irreplaceable resource. In contrast to my typical passivity, I missed few opportunities in these sessions to push past my stubborn streak. My group members stood by me as I raged at my "unreasonable" partners with them, or perspired in embarrassment at being challenged about another narcissistic statement, or sobbed in despair that I could ever find my way through this mess. They guided me when my thinking got fuzzy and encouraged my demonstrated ability to take leadership among them, not as a therapist but as a person who was real with them. I discovered I really could love people. Often after I had been spontaneously and creatively involved with a fellow group member, others would ask if I did such things with my own patients. Because of how real and involved I was with them, they could not understand why I would have trouble in my psychotherapy practice.

They were right. If I lived with my patients the way I did with my group members, my practice would not have been foundering. My patients had been leaving in part because they really did not know who I was as a person. Yes, I could assiduously play the role of the therapist. But all the "right" answers were wrong when I was hiding myself from my patients. Something was basically

absent in the relationship. And without a correction in this arena, my patients had little connection with me to hold them through the painful days of having their own character confronted. Could I change my practice as I changed myself? Or was too much water over the dam? Should I leave the field? Time was passing and I knew I needed to make a significant shift. Even with my practice stabilized, I remained frustrated and dissatisfied with the quality of my work. And with my income reduced, I would have to take a part-time teaching position or other work until I rebuilt my practice.

When a colleague and friend suggested I pursue working in another practice with my long-time mentor, I considered it with trepidation. This would mean essentially baring my difficulties to an even more discerning eye than my current colleagues had demonstrated. But he was the most clear on the issues I needed to change, that is, being genuinely involved in a real relationship with patients. I had found my training with him to be very valuable. And the prospect of working under the auspices of someone more senior led me to breathe a sigh of relief.

But how could I leave my partners? We had just gotten "married." And I was co-therapist in groups with almost all the patients in the practice. This would be a major change for all involved. My partners were initially shocked that I would even consider such an option. Could our practice survive such a shake-up? And what about the expenses?

Staying with my current practice seemed to be the safe thing to do. After all, I was gradually making better contact with others, I had repaired my relationships with my partners, and my patients were progressing. One concerned colleague argued that staying was the only mature solution and that any move at this time would be an avoidance on my part. Two months passed as I considered the options.

Near the time I needed to close the decision, I worked with my mentor and his patients on a two-week, intensive therapy trip. These trips help patients test their emotional health in a setting away from their usual life structure, professional world, and relationships. With two group sessions each day, hiking in the mountains, and spending time together in a pleasant village of a foreign country, much of how one lives is brought into the therapy process. The demands on the therapy team are immense and the rewards stimulating and gratifying. Approaching this trip as a test, I was pleased to find that I worked at a peak of my competence for those two weeks and did not regress as I had feared I might when working with my mentor. And so, after much consideration, I decided to make the change.

How does one separate sanely from partners and patients who have become such an important part of one's life? We took two months to make a sensible plan, beginning with the partnership agreement. Since our lease continued for another year, considerable expense was involved. Gradually we hammered out an agreement acceptable to each of us. At times angry at me for causing all this commotion, at other times worried about the future of the practice, my partners at first dug in their heels and would not compromise. I often went to my own therapy group angry at their "rigidity." My righteous indignation was confronted,

and space was made for the hurt and fear underneath as my group steadily stood by me. Like good parents they refused to distort the reality despite my pain, but I felt their "hand" on my shoulder without fail.

As we worked through our personal reactions, my partners and I also began planning for our patients. Our goal was to give each one our joint recommendation for their therapy. This would let them know that we were attentive to the real as well as transferential impact of this change and would contribute to the sense of safety they would need to work through these issues in their therapy. Without such a sense of safety our patients would miss a valuable therapeutic opportunity.

The standard we have always tried to use in clinical decisions is that the well-being of the patient must be primary. There was no room here for holding onto patients for our own reasons, either financial or emotional. Yet separating our best judgement from our strong emotions proved to be no small feat. I had to sift through my wish to take several patients with me despite their strong involvement with their group members. My partners guarded themselves against their tendency to keep patients in the practice simply to cause the least disruption possible.

One by one we reviewed our patients over the next several months. The recommendation for some was clear from the beginning, usually because they were already involved with a co-therapist who they knew and worked with in their group. Most would stay in the current practice. But we spent several hours discussing others for whom the best plan was not so clear.

Ken, after several years of working through anger and disappointment with his father, and transferentially with me, had come to love and respect me. No longer needing his tough exterior to cover his vulnerability, he openly longed for a strong man with whom to identify. He trusted me and depended on me more than any man before. It seemed clear that he should come with me to the other practice. But he had only six months before transferred to a different group in our practice due to a work conflict, something which we rarely do. Like my experience in my own group as a patient, we strive to help patients experience their group as the best "home" they have ever had, a truly safe place on an unspoken, physiologic level. When we succeed, patients find their bodies literally settle down in these sessions over a period of several years. In contrast to his previous group where in three years he had come to feel very welcomed, the new group was difficult for Ken because they confronted his narcissism more. An additional factor entered into our deliberations: He had a particularly strong real relationship with my co-therapist.

As these factors came into focus, my heart sank. Neither option was ideal. I felt guilty, pained, and sad. I did not want to cause him hurt. I also did not want to say good-bye to him. We had come a long way together, he with his struggles as a patient and me with mine as a therapist. Ruling out our personal preferences as much as possible, the therapy team decided to recommend he go with me. As with all the patients, we would help Ken use our recommendation to decide what

was best for him; the solution would become more clear as he worked with the issues in therapy.

Patients in long-term intensive treatment need enough time to work through their reactions to such a change. Since I was directly working individually or in group with 90% of our patients, we planned four months for the process. The first week in September I would tell my individual patients, and the following week those in groups. This meant that those first informed would be asked to not discuss the matter with anyone, including spouses and friends, until I had a chance to personally tell all patients about the change. It would be wrong if some of my patients found out via a leak from another patient or relative. Imposing such limitations causes patients some temporary difficulty but is a reasonable expectation under the circumstances.

The week that I told my patients I was leaving was one of the most difficult I have faced. One after the other expressed their initial shock, hurt, anger or fear about the change. Ron, whose father had recently died just as they were becoming friends as adults, sobbed upon hearing my words. "You are the one I count on, who I trust. You've helped me open my heart. How could you leave me?" By contrast Tracy immediately marshalled her narcissistic defenses: "You're crazy, Baker! This affects *Me*! You don't have the right to change my life like this." Later in that session she cried about how she had allowed me to become important to her and how she experienced my leaving as a personal rejection. David, who had initially come to therapy suspicious and hidden behind an intimidating poker face, typically complained about me over the years we worked together. But his real emotional involvement came through clearly in his response. "This is a real bomb you dropped on me! It's like hearing your girlfriend is pregnant. Why, why, why?" he agonized.

My own reactions ranged from tears of sadness to love for these people I had come to know so well. At times I found I was distancing myself from the intensity and had to adjust myself to stay emotionally present. I often sought out my partners between sessions in our kitchenette. We drank coffee or walked through the atrium in the building lobby as we experienced our reactions to the upcoming change. At the end of the week my own therapy group saw a tearful, exhausted, relieved man, one who was essentially pleased with how he had helped his patients weather the initial storms of reactions without resorting to his former concrete thinking and phony presence.

The second week meant telling all our patients I worked with in our groups, so the process began again. Sarah mourned the loss of the "good father" I had become to her in the transference. Ted angrily told me to leave the next week; what would we have to talk about for four months anyway? Sitting sullenly for much of the group session, Leanne finally sat forward and bitterly berated my co-therapist: "If you had been more cooperative with Mr. Baker, he would have stayed. It's all your fault." Her weak father had been her ally but was no match for her critical controlling mother. Brian, who had been thoughtfully and helpfully critical of my work in the past, was one of the least surprised by my announcement.

He expressed loving concern about the wisdom of my move from a perspective of the real relationship we had developed over the years.

One by one my partners and I worked with our patients' reactions, many which we had anticipated in our planning and some which caught us by surprise. Throughout this process we were also sensitive to our own feelings. "Are you sure you're doing the right thing?" they would ask after I was particularly effective in one of the groups. Generally we dealt with our own reactions well outside of sessions, and with the tensions of earlier years reduced, our co-therapy work improved.

The transition continued during the next four months. Some patients saw their transfer to a different therapist as an opportunity to take new strides. Renee had previously discussed transferring to a woman therapist to help her with her female identification. Others powerfully protested having to make a change, but after the strong feelings subsided and they examined the best choices for themselves, accepted our recommendation.

Ken's decision about how to proceed with his therapy reflected a long, painful process. Initially he seemed relieved with the prospect of leaving his new group where he often felt narcissistically injured. But as the months passed he began to question the wisdom of making another change after just starting the new group. Our therapy team continued to discuss what was best for him as his real involvement with group members deepened through this crisis. After the three of us consulted with a colleague outside our practice, I realized that my wish to continue working with him was interfering in my judgement. He really needed to stay in his group with a trusted co-therapist and painfully say good-bye to me. Two months before my departure date, I told him of the change in our recommendation. He reluctantly agreed.

Before I left the practice, each patient met with the therapist he or she was considering seeing, to help make the decision an active part of treatment and provide the maximum steadiness during the transition. They needed to know that despite these real changes and the feelings triggered by these events, all was well in reality. Their decision about who to see and why became a valuable part of their therapy, particularly for those prone to passivity or impulsive decisions.

By the last two months the choices of therapist were settled and the focus changed to saying good-bye. Valuable opportunities to address both transferential and real relationship issues emerged again at this stage. Patients often remarked how involved with each other we therapists were and how hard the change must be for us too. We do not hide our human reactions to each other in our group sessions. Not that we talked about the details of our separation, but our respect for each other showed especially at these times. Clearly this authenticity contributed to the safety patients experienced as they said good-bye in the last few weeks that we worked together.

In our last group session together Ron brought me a gift. Inside the carefully wrapped package was a rusty animal trap. As his group members looked on in surprise, he explained that very early in therapy, in his despairing days when he

was physically fighting with his wife and barely making a living, he had gone for a walk in the woods. An animal's whimper of pain caught his ear, drawing his attention to a raccoon with its foot in this trap, but otherwise not injured. Carefully releasing the creature, he had brought the trap home. "For so long I was trapped in my fear and pain, and you have helped free me to live the rich life I now have. I couldn't think of a better way to say thank you than to give you this trap."

After the farewells in the final group session were said, my partners and I sat quietly together, a pensive mood in the air. Our "marriage" was over, but we had kept our commitment to live not by our emotional impulses but by what in reality was best, and to keep talking despite strong feelings to the contrary. Even a painful, disappointing professional "divorce" can be based on respect for each other and for our patients. Whether forming a psychotherapy team or leaving a partnership, these principles offer hope for a productive outcome.

3000 Town Center
Suite 1250
Southfield, MI 48075

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