

## Unpublished Manuscript for ISI 2008

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Harry

This paper reflects my personal memories of Harry and how his presence impacted me from the early eighties until now, as well as how this presence is passed on to those I teach, supervise and participate within therapeutic endeavors. I met Harry in 1983 and immediately found a home, a mentor, a friend, a colleague who embraced my thoughts, allowed his thoughts to be embraced by me, privileged me with his trust and caring, made me think I was the smartest therapist, supervisor, and teacher; meeting Harry was the greatest event of my life outside of my family. Then again, Harry was family to me. Upon meeting he immediately saw something in me that had been robbed by graduate school and the life of hard knocks. Through Harry my legacy was made. He lives with me today and his memories created process ethics.

### Meeting Harry: A Stolen Voice is Heard

To this day, Harry lives very strongly in my mind and heart. He was the only person to fully respect myself, understand me, and see the budding potential I had. I first met Harry at the internship at Galveston Family Institute in 1983. Glen Gardner referred him to me when I was having a difficult time finding work after my master's program.

I originally had a BSN from UTMB and learned to love the personal side of those suffering physical problems. I was a head nurse at the ICU there and became weary of

never talking to the patients due to ventilators and the serious aspects of their infirmities. One day I decided to go to UH/CLC and met the dean at late registration. He took an interest in me and immediately I was enrolled in the program. I never went back to Galveston again except to pack up and leave.

Harry and my experiences in the master's program are two events that drive my passion to help endorse therapists' doing no harm and my development of process ethics. My voice was taken away in my master's program to the degree that I was stalked by a professor, told by one professor that I would never get a Ph.D. because I did not like role playing, among other burdens with the program.

Upon graduation I was shy. I had this tendency but it flourished with my voice being stolen. Glen knew of my dilemma--being shy in my interviews--something I had never experienced as a nurse. In interviewing after my master's program the psychiatrists would critique my dress, way of speech, etc. I knew I was good and the professors in my internship, as well as my peers and clients echoed this.

And then I found Harry! What a delight. I entered the internship late--almost in the middle. I had been told to read Change, Tactics of Change, and a book by Keeney I cannot recall. So I arrive prepared. I happen to sit next to Harry perhaps I was running late--lol. This was the beginning of a beautiful relationship. After the rigid and burdensome master's program here he was as bright as a star, and being given a hoagie and a beer for lunch while he spoke to perhaps fifty of us. I thought this was wonderful. Every idea he spoke of echoed mine. I had studied Haley and Erickson as my modality and the fit was natural to his ideas. Harlene was still in Boston and I did not

meet her for another year or so. I remember after this first meeting of an hour or so he leaned to me and asked me if I had questions and I did not for his ideas held so much parity. This was an example of the immediate spark between us. Always he was interested in my ideas, as I was in his.

He was my small group supervisor and it was spectacular. One story out of millions filling my head I will offer. A few weeks after being an intern, he asked me to help Kent Slayton and go into the therapy room with a question. I froze. I can remember going to the bathroom by the therapy room and looking into the mirror and forgetting what he had said. I talked this over with myself and decided I was too chicken and left the bathroom and drove home. I returned the next week and no one spoke to this. Harry never addressed this until I had been on faculty for a few years and this was perhaps six years later. One day we were having lunch after doing co-supervision with two CLC trainees and he said what happened that day--lol--I said you know I was too shy and he laughed heartily. He told others continually of my brilliance and took every opportunity to include me with these famous in the field. He mentored me and loved Rose as well. We were teaching the externship together before he died and he told me at an Armenian restaurant that he would make me the greatest teacher/supervisor. I just looked at him--stunned. Then he died and I took up his crusade and he did what was intended.

After being in Harry's care for two years I moved an hour away to set up a community mental health clinic along with three others that had studied with him. We created Camelot under Harry's mentorship. No diagnosis for any challenging problem except for V codes. We "cured" the "diseased"; schizophrenic symptoms evaporated,

as well as any parity diagnosis. No psychiatrist; although we had one he was not used to the new clients that came to our clinic. No hospitalizations except for those that had been through the revolving doors before we came. Children were not discarded to “camps”; in fact no one was discarded. No suicides, nor homicides. No addictions. People were treated as people and not diagnoses.

Then legalism and hate language came to Camelot. Budget cuts with clients placed into groups. Ethically I had to bail. With my leaving I was asked to be on faculty at the Galveston Family Institute. Immediately I flew there.

When I came to the Institute I did not care if I made money, although it was a bit of a concern. Harry said I would not make money but I knew I would survive financially. I came to GFI and on the first day I had neither office nor clients. I knew he would create his magic. I can still remember his asking each faculty member if they had room in their office for me and finally I had an office.

### Harry Stories

Harry addressed himself as an Armenian story teller. Now I am a story teller. Harry said his students inspired him to create ways to be with clients. My students do that every day for me, as well, as my clients. I do not know if I was always this way, perhaps I was since I loved to create stories as a child. Being in Harry’s presence one could not escape becoming a story teller.

When I first came to the internship I felt inadequate. Here were deep thinkers and degrees I did not have. Soon I learned that this did not matter. One of my first cases

was a CPS case. My co-therapist was a wonderful woman. She died the next year from cancer. We had a lovely time of honestly listening to the burden of this man whose son was whisked away one day and he was taken to jail from his place of work, with an abundance of helicopters and police. He had used physical discipline called over discipline. He had not meant to harm his son for he loved his son dearly. His story unfolded to these two young Caucasian women. We heard the pain and sorrow from both he and his son. Harry was sitting behind the one-way mirror. When we finished he said we were wonderful, indeed. That was the beginning of finding my voice and self confidence, as well as the posture of collaborative work.

The next session Harry was not present. Our peers were behind the one way mirror and we were eager to hear their thoughts. Well, there was a refrigerator in that room with wine and beer. When we left the session for reflections we embraced a bit of an enbreated group. They were so happy with their reflections and input. It was OK because that is how things were.

### How things Were

Often after the externship the dialogue would continue at a local restaurant. Here we would eat, drink, and have spectacular conversations. Here the theory evolved around our stories of the clients we had seen and, of course, around Harry. Harry often said that it was his students that helped him with ideas of what to do or not to do in therapy. The students formed delightful ideas that generated philosophical, as well as, clinical evolving postulates. I can remember one of these nights with a friend, Faith Ray, who was also in the externship and grew to be a fabulous colleague and friend. We

spoke to Harry of another student who we “He She will teach you much.” In the ensuing dialogue my catch was that we would learn from her to think and not judge.

We always learn from the Other. This may be in what we may do differently or in parity to. Regardless witnessing the Other is what I have called a sacred endeavor. We are privileged to see the sacred conversations. Before we judged the other therapist but with Harry we enter into the sacred.

### Sacred Conversations

Harry was the inspiration into my passion with process ethics/ Process Ethics. In past publications this theme has been presented as "process ethics" (Andersen, 2001, Anderson, 2001; Gergen, 2001; Ray, 2001; Swim, St. George & Wulff, 2001; Swim, 2003). Process ethics transcends valued traditional ethics of content (i.e. duty to warn, confidentiality, informed consent, competence standards, prevention of exploitation, etc.) and instead explores conjoint social actions between therapist and client, supplementing set rules, standards, and traditions. From this posture therapeutic ethics are a collaboration of values and morals, including diversity themes, such as the sacred.

Process ethics reflects the beliefs, values, and morals that therapist and client create together. They are intimate, immediate, fluid, constantly changing, and individualized (Swim et al. 2001). They are not produced outside the therapy room (Anderson, 2001). Therapist and client become co-constructors of ethics and therapeutic change. Process ethics co-creates an environment where therapist and client explore liberating narratives which are self tailored to the client's desire for change. This ethical partnership enables the client to have a conversational space

(where new therapeutic possibilities occur) that is client driven and honored (Swim, et. al., 2001). Through this endeavor the therapist welcomes a sacred conversational space, where the unspoken is spoken, and where we come to understand the intimacy of the Other (Swim, et. al., 2001)

### Hospital and Genetics

Before Harry's death in 1991, we were discussing the field of mental health. He had embraced a hard day. He was consulting at a hospital and was saddened by the plight of a former patient or colleague. My memory is unsure. What I can recall is his words of burden and what I now call hate talk. Hate talk embraces the psychiatric model of languaging about a client's demise. For once a client enters into the DMS system the client no longer exists. Instead "hate talk" or deficiency language replaces heartfelt concerns. One is changed from a human being to labels, treatment plans, and diagnoses, which tend to rule and remake one's existence.

In this conversation with Harry we were discussing his latest writing of the Dis-easing of Mental Health. He was so fond of this writing. I can remember he shared this paper at a faculty meeting. He was so passionate about trying to change the field. Unfortunately this paper, addressed by others at an AAMFT conference, did not come alive. It was misunderstood by many. Only Harry could have promoted this piece in a manner that it was heard. For it was his passion and ideas. I have my students read the paper in classes that I teach. It is more important today than it was in 1991. The medical

diagnoses continue to flourish within our field. The DSM has grown fatter and deficiency language encompasses all seeking relief and solutions.

In this paper he addressed the DMS's and how they changed the mental health system. He grew up in the mental health system. One of my favorite stories was of his kidnapping a husband. Not really. What he did was to sneak in a husband into UTMB, the University of Texas Medical Branch. He wished to see who this horrible fellow was that was making his in-patient wife depressed. At that time there was no family therapy and families were not involved with treatment. So Harry sneaks in this horrid man. Upon talking to this man, Harry realizes that the man is not horrid. He was a man with his own burdens and pain. Multiple impact therapy was born in this moment. It will later become a word of multi-partiality and the collaborative language systems approach to therapy... A posture of listening purely to all involved in the problem system. Problems are not alive but people are. Problems cannot be treated but people can through conversations dis-solve their problems; through re-authoring from a posture of not-knowing and where the client is the expert in hi/her selves change can be created in a conversational space of the not yet said. Here lie endless utterances that embrace possibilities for burdens to be lifted and "solutions" to be granted.

#### Harry: Now I See A Person

Harry has inspired me to my latest endeavors in what I call, Now I See A Person. Today, Harry lives in everything I do. I am certainly not a mini "Harry", more akin to a daughter who dearly loves the ideas of her friend and mentor. He died at a time when we most needed his controversial voice. But I can be like Harry, a bit too controversial

at times. Kind of the Colombo type -- not necessarily saying what is appropriate, rather finding that my passion rises to my mouth or perhaps to my nose -- sneezing ideas. In this spirit, I find that, even after 24 years, I am as passionate about making a difference in the field, as I first was when I was the intern.

With respect for Harry's legacy, I engage in supervisory work. I feel alive with students. I find that they continue to teach me, to improve me, to give innumerable gifts, seen and unseen. And, in my desire to acknowledge these gifts, in my desire to see them flying in their own way, on their own journey, I realize that I wish to lose the therapeutic hate words, I wish to lose hierarchy and labels, I wish to lose the sadness which we as therapists and supervisors so frequently (though often inadvertently) create for others. In regards to this document, Now I See A Person, I carefully transcribed these reflecting conversations which my students engaged in. My co-author, Chris Kinaman took these words and reassembled them into a poem. The words of this poem are all the students' words. Now, however, they are permitted to speak with their own poetic rhythms and powers.

### Conclusion

I end my thoughts here and insert my students' courageous poem. For we have to continue the courage Harry had in pushing the field; so that people are seen for people and not disease.

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Before I read her chart  
I thought I read her thoughts

I thought

She was just repeating to me  
What she had told the prior therapist  
All these other things  
All these notes from the past  
And the diagnoses  
And my understanding that  
She would not progress  
But stay anxious  
And depressed

But now I saw

All the tremendous hurt and rejection  
She had over the years  
This is what she was dealing with

I had given her a homework assignment last week  
And now I know that the reason she did not do it  
Was because it was impossible for her to do

So I apologized  
For giving her the assignment

I told her that  
This session was a good session

And the first one  
That really meant something to me

It was the first time  
I had seen her as a person  
And, the first time  
I could understand all that rejection and pain

I found I really liked working with her now

It was clear that for her  
That meant something  
Really meant something

This is the first client I have been able to  
Pray with in session  
At the end of the session we prayed

Something in my head kept saying  
Pray with her

She said thank you so much for praying with me  
She cried

She could allow herself to come out  
Probably because I was there  
For the first time

Before  
What had annoyed me

Was that  
She would not follow the treatment plan  
But it was MY  
Treatment plan  
NOT HERS

I never could understand  
Why she came back to see me  
If she did not want to do the treatment plan

Yesterday I was planning on asking her about this

But I was coming in with my  
Treatment plan and  
My attitude  
My belief  
That she did not want to work in therapy

But then  
After I heard her  
Really heard her  
I did not want to do that  
Because I knew she was searching  
For something that  
She was wanting

I thought so much about  
My treatment plan  
That it was easy for her  
To slip through the cracks

Now I actually saw her  
Not the treatment plan

I saw who was sitting in front of me

It changes all the sessions we will have  
From now on

When she was starting to leave  
She wanted a hug and  
I did not know what to do because  
We are not supposed to touch anyone

But I decided to hug her  
I thought  
I have to hug you  
I do not care if it is professional or not

And she thanked me  
And it was good  
It was beautiful

Before  
I would leave my heart at the door  
Before entering

Before  
I would enter with  
The notes and the treatment plan

This would break my heart  
For I do not truly see myself  
As somebody who  
Sees charts  
Rather than people

Now I want to check with all my clients  
To make sure I see them  
And not the charts

I think that is what makes the difference

To see our clients

Then things start to make sense

I now understand the man she liked  
Whom I did not approve of before

I could now see the role of this guy in her life  
He gave her moments of happiness

Even if he always does not treat her so well

He helps to take away the pain and rejection  
She gets from her family

Now he is the one who gives her love  
And takes away the loneliness

And I can see that

I can see that this man is the only place she gets  
Peace and happiness

The other therapists were always trying to  
Get her to dump him

I now see why she cannot  
She is happy with him  
He gives her comfort  
Moments of non-loneliness

It is so easy to skip out of that place of  
Hearing a person  
Because you think you  
Know what is best for her

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Not judging somebody

You do not find out who that person is if  
You start making assessments  
Putting labels upon them  
You just focus on how they fit that label

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Also...  
It is so funny  
Remember the client that was cutting

And my supervisor wanted  
Me to perhaps commit her

Well she came in  
She was so happy

She had stopped cutting herself

And she brought in her partner  
Whom I had not liked  
Because he had been abusive to her  
And he held no job

But I was able to give up that  
Preconceived notion  
That he was worthless  
And I worked with both of them—  
No one had wanted to do this before

All the other therapists had seen him as  
Worthless

But now he has a job  
And is not violent  
And she is not cutting

And this was not something I did  
But they did

In the session  
It was wonderful

Then I thought

Oh my God

I am not following the  
Treatment plan

But  
They are happy

And I have not brought up anything  
About the treatment plan  
Including the  
Cutting and the  
Past violence  
Or anything like that

They are happy now

I said what happened

He said that therapy had helped  
That therapy made her happy

He said...  
This was a woman  
Who never wanted to get out of bed  
But she wanted to see you  
And therapy  
Made her different

He came to our meeting to see  
Who this therapist was that was helping her

You know -- that girl from Jamaica

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I was so worried at first  
She is so Ok now  
Not getting angry

At first I told her to  
Get a pen and paper  
To see what makes her angry and  
They made a game out of it

When she would get angry  
He would grab the pen and paper and  
Give it to her  
Now she is not angry  
She is different  
Really transformed

And you know what he said to me

She said...

You do not write

She said...

You are the only therapist I have seen  
Who does not write

And I do not write  
Because I cannot listen when I write  
And he said...

You do not write  
Because you are listening

The other therapist we had  
Would just write and write  
We felt he was not listening  
Laughter

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The client that I hated is now my most beloved

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I learned something from these clients  
I cannot learn from a book  
For those books are not alive

I think I also learned  
That the main thing is  
Seeing people

There is no formula  
But you need

To see  
The client

You do not know who they are  
You have never walked in their shoes

You just have to  
See  
Who they are

How can we have treatment plans  
Yet not see people and listen to them

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This all leads to  
Thoughts on  
Supervision

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Others' thoughts...  
Reflecting

Hiding  
Hurts too much  
Lack of trust with supervisor  
Leads to detachment

Jill's story  
Made me sad

Stolen thoughts...  
Violence...  
Loss of passion/joy

Do not feel safe  
Not wanting to be hurt  
Had to back off

Scared to try things  
Confidence level low  
After being told  
You do not know what you are doing  
No one to talk to

As a trainee I do not feel safe  
Worried about liability  
The right and wrong of the supervisor

Liability

Huge punishment  
No room for error  
Nobody to train you  
No one there to support you  
Dichotomy  
OK to make mistakes but...  
If you mess up — high drama

Do not say anything

Do not tell what is really going on...  
Not safe to do that

To try and be safe is lonely

You can hear the clients  
But not let the supervisor know  
Very alone

Voices not heard  
If they do not hear us in these tasks  
How can we trust them  
To share our voices  
What we do with our clients

Huge--responsibility--Feel responsible

Skip my story  
Invisible

Supervision is painful

They expect you to do something else and...  
If I do something that works  
They do not comment on it

No recognition of what you do  
Instead  
They bring up more ideas of what you  
SHOULD be doing

Have to talk as the supervisor talks

Skip my story

So hard  
It is legalistic  
Something New  
Relational connectedness  
Full presence  
Showing -- being with

Not yet healed but stronger  
Can talk now

Jill gains self agency

Her own power  
Her story...  
How it changed

Clients say you are  
The only one that listens

The supervisor puts that down

I was told that they did not like  
Our students  
Cause they were client led

What you are taught in classes is  
Different from what happens

So...  
Try out something new, etc—  
And everything will be fine  
No...  
Learn this on my own  
Learn by yourself

Class is safe but internship is not

Better now  
Gets better  
As you see things work out

How we learn  
Our clients give us confidence

Rely on gut

If you had heard the conversation

I was being real and honest with the client  
And if the supervisor  
Had heard the conversation  
Perhaps he could have understood

I was being honest and genuine  
With the client

So...  
You have to go with your gut

Get too caught up in what  
The supervisor thinks  
And then you have to  
Go with your gut

You need to feel empathy  
Rather than direction  
Helping versus system  
Supervision...  
To guide you  
To walk with you

The clients make me stronger  
Inner strength  
Rather than looking for  
Strength from my supervisor

Look at me  
My age and gender  
Does not matter  
To feel heard  
Most important

Wounded  
You can survive

But to be heard  
Is to blossom

To have a voice

And the clients  
Give me a voice