

Stretching to meet what's given: Opportunities for a  
spiritual practice

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Published in Froma Walsh *Spiritual Resources in Family Therapy*. New York: The  
Guilford Press, 1998:140-155.

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To the oft cited pair of difficult subjects -- sex and money -- I would certainly add  
spirituality. Mine, that is. I have no trouble listening to you tell me about your spiritual  
experience and practice; it is writing about mine that stops me cold. Fear: I will be  
casting my words, my stories, out to thousands of readers whose faces I have never seen,  
whose voices I have never heard, none of whom have entered into any agreements with  
me about how they will receive these reflections on loss and love. Curiosity: Can I create  
in this text a prologue that will safeguard me as I write, like a net under a person in free  
fall? This prologue/net consists of asking for a certain kind of listening stance, one in  
which judgment and evaluation are temporarily suspended while my tales fill the space.

I am asking from my readers what I provide my clients: asking for the reader to  
adopt the listening stance I have come to believe assists in creating a spiritual dimension  
to the work that I do. I listen for what is and can be, not just for what was and should be.  
Clients make much of the latter; I can assist my clients by noticing what they haven't  
made much of yet, the still small green shoots of awareness of what they want to be so .  
I bring to this listening a willingness to empty myself of preconceptions, expert  
knowledges, and facts. I go alertly blank. At these times, I feel vastness and emptiness,

terror and wonder looped together. I learned to listen this way when my mother was dying from cancer, a story I will tell.

There are effects of listening this way. Respect and connection -- terms from psychological discourse -- develop. Reverence and awe -- terms from a spiritual discourse -- can too. These feelings form a conversational net, a matrix within which talk of pain and joy, grief and grind can proceed with some ease. Listening this way provides comfort.

Comfort, care, connection, commitment, and compassion. These are a few of the words in my spiritual lexicon. Listening and love. These are a few of the practices I embrace in my clinical work. I am willing to face anguish and joy with others. This, to me, is the heart of a spiritual practice.

## Listening

Perhaps, my prologue should be longer, but a story is pressing to be told now. It is a story about my mother's dying and how when my mother was dying, I listened my heart out. I will start my story on Thanksgiving, 1973, in the kitchen of the house I lived in as a teenager. I was 26 years old, a second-year graduate student at Harvard in Clinical Psychology and Public Practice, active in the women's health movement, a feminist, and afraid. My mother, then 58, had been telling me about vaginal bleeding she had been having for six months which her internist told her was nothing. As she described it, her doctor had not taken a detailed history, had not examined her belly nor done an internal exam. My mother, now, felt a lump on her side and, appropriately, was worried. I learned in that conversation that she had never seen a gynecologist; she was afraid to offend her internist who had always done her annual Pap exam.

With a mix of tears and anger, I told her that I was worried too. I asked her to see a gynecologist and she demurred. We talked for over an hour and toward the end, I pulled an ace out of my sleeve. Knowing the effect it would have on her, I told her that I

only wanted one gift for Hanukkah: the card stating that she had an appointment with a GYN.

I got that card and a phone call after the appointment: the gynecologist had felt a mass in my mother's abdomen. She needed to be followed. One month later, the mass had grown and my mother was scheduled for a hysterectomy. She was told there was a 99% chance that the mass was benign.

While my mother had watched her side bulge, I had begun interviewing couples for my dissertation research on the influence of employment patterns on marital interaction. I was up to my eyeballs juggling a part-time clinical internship at a child guidance center, working on my dissertation, and apprenticing myself to a family therapist who practiced at Boston State Hospital. I saw two families under his direction, taping and transcribing my interviews for each hour of weekly supervision. From him I was learning the power of secrets in families, the dynamics of triangles, and the importance of direct communication. Little did I know how soon this new learning would cause pain and conflict in my own family.

February, 1974. I was on the train to New York while my mother was undergoing surgery at Montefiore Hospital in the Bronx. The plan was that I would meet my father in Manhattan and we would travel together with my sister to visit my mother who would be out of the recovery room by that time. I cried on the train, in the taxi and stopped the moment I saw my father's face. Pacing, striking his sides and causing a one-sided jingle whenever his fist hit the coins in his right pocket, he was literally beside himself. A man was present who was ravaged by sorrow and fury. This man could not speak. Minutes went by. I did not recognize his voice. "It's everywhere." His contorted vocal cords emitted the two words but the sounds of the letters dipped and swayed so I wasn't sure he was speaking English. It took me a second to decode the words, and then their meaning.

"Go. I can't go. You go. Don't tell her. Say nothing. She expects to see you. Go."

I left my father. My sister hadn't showed up. Where was she? What did she know? It was snowing heavily and the bus ride to the Bronx was long and sickening. In retrospect, I know that I was in shock. I repeated the same questions to myself over and over. How can I lie to my mother? Only days later did my thinking become more nuanced and the questions I posed more textured. What if my father can't bear to talk with my mother about her dying and she is alone with her fears? What if we disagree as a family about what should be done, about what is right? Only years later, in my theoretical work, did I pose the question, what if voice is dependent on audience (Weingarten, 1997)? What if a person can only speak what she believes others can bear to hear?

I didn't have to lie to my mother that night. She was groggy and in pain. Happy to see me. Happy to hold my hand. Happy to let me stroke her arm and run my fingers through her hair. She dozed, I sat dazed. I suppose I did start to listen in a new way that night. There were no words, per se. I listened to her breathing. I listened to my breathing. I noticed that when I breathed along with my mother's breath, my breath settled and, for a moment, I was less afraid. This was a clue.

Three days later, six of us lied to her, standing three to a side of her hospital bed, with my mother, propped up on pillows, looking expectantly from one to the other. Four of us -- my 31 year-old sister, her husband, my husband and me -- believed what we were doing was wrong. Two of us, our father and my mother's newly acquired oncologist, insisted we would deprive her of hope if we told her that the cancer was widely disseminated throughout her body and that no one with her particular tumor had survived more than a year. At that bedside meeting, she was told that she had had a cancerous tumor but that it had been surgically removed. She would be followed closely but there was no plan for treatment.

My mother survived for two and a half years. My family lied to her for one. During the year I was not supposed to tell her The Truth, I learned to listen. I banished

what I thought I knew about her tumor and her life span in order to be fully present without hypocrisy to what she had to tell me. My few “facts” -- that no one with her tumor had survived longer than a year, that they had *not* gotten it all -- faded in importance compared to the rich tapestry my mother wanted to discuss. I entered her territory and navigated with her map. This way of listening, antithetical to most of my professional training which encouraged *me* to be the expert, created my mother as the expert on her life, and her dying. My “knowledge,” besides being wrong, was a distraction. I was full of feeling about the “when,” the time frame of which I thought I knew. Had we focused on “when,” we would have lost the opportunities in the now to be together for much more.

And there were many opportunities. Certainly, imminent loss contextualized much of our time together. But loss was the background and pleasure in each other's company was the foreground. The kind of listening I learned to do helped make this possible for me. This listening allowed me to still my own thoughts in order to hear my mother's. This kind of listening brought me in touch with a spacious calm I could tap for myself and offer to others. It helped me ride the swells of pain and loss, grief and rage, sorrow and joy which, eventually, taught me patience. Any down would rise up. There was always a metaphorical shore. I came to believe this. These are beliefs that are now stitched into the fabric of my awareness and they inform my spiritual practice.

My mother and I talked a lot. In New York, in her home. In Cambridge, in mine. And on the phone, in the space between, connected by conversation and the feeling that flows through the wires.

As she got sicker, talk tapered. By chance, her final months coincided with my first pregnancy, her life waning as my body waxed full of child. In April, 1976, my mother was hospitalized yet again. She had metastases in the lining of her heart and lungs for which they treated her with radium implants. I was 36 weeks pregnant, desperate to see her, but her doctor feared it was unsafe for me to visit.

*It is Friday afternoon. I am sitting in the room that will be this baby's room. He will turn out to be a boy, Ben. My mother and my entire family are in New York: At the hospital, returning from the hospital or going to the hospital. I am weeping and feeling so, so sorry for myself. What will my child have of my mother? I look at the three items she has managed to send (or have sent) to the baby: There is a piece of narrow embroidery; a pair of striped Osh Kosh overalls, size two; and a teddy bear. I cannot fathom that these three items will be all that my child has of her.*

*Of course, they are not what he has and rocking, I realize this too. "He will have me." I say to myself, "And through me he will know my mother and her love." Peace suffuses me. I feel a contentment and calm I have not experienced in months except in my mother's presence. I have that "all's right with the world" feeling I get on mountain tops and after love-making. I am exhausted.*

*I leave the house and shop for salt-free fancy foods my mother will love. I call our pediatrician-to-be and explain the situation. He encourages me to go to New York, advising me to wear a lead apron when I am with my mother. I go. I see her. Covered with a sickly green shield, I bend my huge body to kiss her gray cheeks. I am luminous with hope and certainty, believing that although she will die, she will always be with me.*

And I have been right. I would not wish the death of a loved one on anyone, but I also know that the hours spent loving and listening to her, opening myself to sorrow, and finding connection in loss, have stood me in better stead as a clinician and a person in the world than any professional training I have ever had.

Fear

Both of my children were born with birth defects. Ben's, a ventricular septal defect, closed when he was two years-old, was heard again when he was twelve, and closed again when he was fourteen years of age. Although the first year of adjusting to

my worries about him were difficult, I know from my experiences with our daughter, Miranda, that I didn't really know the taste of fear.

Miranda was born eight minutes after noon on the eighth day of the month, auspicious numbers. During the hours before we learned that Miranda had a rare genetic disorder from which she might die, I talked to family and friends, describing our new baby as beautiful and adorable -- as any new mother would -- and remarking on three features which later would become the cornerstones of a medical diagnosis. To my maternal eye, it was amazing that she was full-term size four weeks early; I thought that she had the cutest little creases on her earlobes; and she kept her tongue at an angle outside her mouth, like a kitten about to lick a bowl of milk. I went on and on about these features, never once imagining that my rapturous descriptions of these three observed phenomena would be re-described by a medical language that would transform these already-beloved features from sources of joy to sources of worry.

Four hours after her birth, the pediatrician who had been present at her delivery nervously walked into the hospital room and, with Xeroxed copies of three articles in his hand, informed us that our daughter had Beckwith-Wiedemann Syndrome (BWS). He was sorry to have to tell us this but he felt we should know immediately. Large percentages of children with BWS developed retardation, malignancies of the internal organs, and asymmetric growth of the limbs. Miranda, he told us, had been transferred to the special care nursery; they were uncertain that she would be able to feed and, he cautioned us, she might not live.

Post-Cesarean, in a morphine-induced spaciness to begin with, I couldn't believe that this already beloved child was at such risk: of death, of cancer, of deformity and of retardation. Hilary and I wept, and, as has become the pattern of our lives, we quickly made a plan. I worked the phones. Hilary went directly to the nursery where he spent the next 12 hours rocking Miranda, singing to her, and working with her and a bottle until he could report to me and the staff that she was an avid, agile nurser.

Two episodes were decisive in setting our course with Miranda, a course in which we scrutinized carefully every bit of conventional wisdom, trusting only those who, like we, observed Miranda herself, with exquisite care. We learned to value what narrative therapists call "local knowledge" ( White, citing Foucault, 1989). The first episode concerns Miranda herself. She was examined by many doctors and each one found something else wrong with her. The disparity between the doctor's pleasure at discovering something else -- wrong -- with our daughter and our fear about caring for her was vast. On the fourth day of our hospital stay, a fellow in developmental pediatrics evaluated her. He was to have arrived one hour *after* her feeding, but because he was very late he arrived when she was hungry. I asked if I could feed her and he insisted that it would interfere with his tests.

I saw the test; I saw his data. Nothing prepared me for his conclusion. "She is too poorly integrated to tolerate stimulation from more than one sensory channel at a time. If you are feeding her, don't talk to her. If talking to her, don't hold her. Keep her environment very simple. And by all means, don't allow her brother into the room with her. He will overwhelm her limited ability to stay organized."

Gentle Ben had already lovingly held her and sung to her. We had noticed no distress. I had seen her hyper-responses to the tests, but I knew she was hungry and that the Fellow was rough. Hilary and I dismissed his findings, deciding to take our cues from Miranda who was already reassuring us by her consistent responsiveness, her avid nursing and her easy comforting.

The second episode concerns the relationship between Miranda and me. Miranda was born at noon and whisked to intensive care within hours of her birth. I was not allowed to have her in my room until 46 hours later. Gazing into her eyes, I felt blissful with my baby despite what I knew were challenges ahead.

We had not been together very long when the pediatrician who had made the diagnosis of BWS entered my room and sat on the bed. Watching us, he made a

pronouncement. “Good. I see that you will be able to bond after all.” Having had no concern about bonding, I was temporarily thrown by his comment. Looking at him, looking at her, realizing that his presence was interfering with the very feeling he was concerned that I develop, I was able to assign his comment to the junk heap of theoretical wisdom.

We came to value experience-near wisdom (White, citing Geertz, 1998). Our own, and those who worked closely with us and with Miranda. Those professionals who listened and observed carefully, reaching conclusions on the basis of what they saw rather than what the text said should be so, became my heroes. The day Miranda entered kindergarten, a dramatic and poignant milestone for me, I was walking on the sidewalk, tears in my eyes. Weeping as much out of relief as for joy, I thought I saw God. Startled, I looked again and realized I had caught the glimpse of the pediatric guru who, when Miranda was three months old, had told us he thought Miranda would live, that she was bright and that BWS was a spectrum disorder with which she was very mildly affected.

The first six years of Miranda’s life taught me a great deal about the vicissitudes of fear. I could chart the differences between mind-numbing panic, acute terror, and chronic, corrosive fear. Fear made me heavy; the object of that fear, Miranda herself, made me light. Being with her was like the meditation practice I learned later. It forced attention to the present, to the now where teaching, laughing, cajoling, shepherding were as necessary as tending and ministering. It taught me to release vigilance in her presence and it taught me humility about what I could not do.

In high school, I read all I could of the poet John Keats, including commentaries and biographies. I circled around his letter on Negative Capability, intuiting that I would find it apt for years to come. In this letter he writes, “...*Negative Capability*, that is when man (stet) is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason...” (Bate, 1963, p.249). Being with Miranda exercised my

negative capability; it stretched me to live with uncertainties. This is something I can now do, and, at my best, I can do so without "irritable reaching." This quality, too, is part of my spiritual practice.

### White Chocolate

Listening to others without my own agenda, opening myself to intense emotion, learning how to be still in the presence of uncertainty without any irritable reaching, riding out the turns of fear, and showing up in the present have all been lessons learned from life that I use daily in my clinical practice. They are what I bring to my relationships with clients that creates, I believe, a sense of spaciousness for others. In my office there is world enough and time. I, at least, have a sense of the sacred. I feel my breathing slow, my focus heighten, and an immense respect for the people who gift me with opportunities for transformative conversation. This is what I mean by a spiritual practice.

By the time Miranda was six, I was ready to work with other families whose children had life-threatening illness and this has been a central, although numerically small, part of my clinical life for many years. Having gone to the edge of the cliff and believing I -- we -- would go over, I have felt a strong commitment to walk to the edge of the cliff with other mothers and fathers, knowing that the strength to go there with them comes as much from my journey back as the journey there.

Working with families whose children are dying has been both hard and beautiful. I am haunted by the image of the first small coffin I saw lowered into the ground, one fine November day. Knowing that death will come, drawing on my own experience, I have been clear that part of my work with parents whose children are dying involves the discovery of what sustains. Love or sleep, laughter or prayer, walking or biking, pasta or potatoes, there has always been something that brings a moment of relief into the sea of

pain. I believe that my task is not just to be present to pain but to help others find a possibility for relief in something they already know about themselves. My hope is that I can give this pre-knowing mass and movement.

I do this for myself and for my family as well. *It is June, 1991. A long day. I am taking Miranda, age 12, to the dentist where she will learn whether or not she needs braces. When we go home, she must grab something quickly for dinner because she has her school's Spring concert this evening. The dentist seats us in an alcove and begins to tell her his conclusions. I observe that on the front of her chart, as we have requested, are the words, in capitals, "DO NOT DISCUSS BWS WITH CHILD." The dentist begins. "On a scale from 1 to 10, your mouth is an 11," he says. "You have the worst alignment of your teeth that it is possible to have and you will most certainly need braces." Miranda is stunned. "But, I brush my teeth every day?" she asserts, irrelevant to the situation, but an act of resistance nonetheless to this brutal, totalizing presentation of an opinion. "Why?" she asks. "Because you have BWS. " he tells her. Your lower jaw has grown disproportionately and this is just one of the consequences." I am gesticulating wildly and then, not caring if I am rude, I stand up and tell the dentist we will discuss this at another time.*

*By the time we reach the sidewalk of the large, urban street we are on, Miranda is howling in rage and distress. She is running down the street, with no regard for the heavy rush hour traffic alongside us. I run after her, pulling her writhing body to mine, holding her tightly in an embrace. She is pouring out questions. "Why did he say that to me? What did BWS do to me? What is happening to my body? Is it doing it all over? Is there more I don't know?" And much more.*

*"Look," I say to her. "This sucks. What he did to you was wrong and it's a big problem. BWS is a big problem, too. But, we can't do anything about either of them right now. You have one hour to get to your concert. I know that's important to you.*

*Your job now is to figure out what you know about yourself that will help you pull yourself together so you can do the concert. What will work? What will help?"*

*With some hesitation, and with her eyes doing a quick movement, suggesting that an interior search is taking place, she says, "White chocolate. White chocolate will help."*

*We search. We find. In the store, well-brought up as she is, she takes one large bar of white chocolate. "No," I say as I take the bar from her hand and put it back on the shelf. "You have a job here ,too. You have to figure out how many bars of white chocolate this event has been. How many bars of white chocolate do you need now and for later to manage what's just happened?"*

Five times she reached for the large, paper-wrapped bars of white chocolate. Each time, she paused and contemplated, assessing, I imagine, the damage to her and the need for repair.

Today, I regard white chocolate as her sacrament. The image of her removing the bars is continually present for me, confirming my belief that in times of trouble, with love and support, people can access what sustains them and it can make a difference. Believing this in the face of unrelenting trouble -- events and feelings that press on persons beyond what it would seem the spirit can bear -- is a hard-won spin off of my own efforts to keep faith with the possible. It allows me to feel certain that if I ask, "Is there something that provides solace that is available now?" that the direction of this inquiry, and the conviction I bring to the questioning, will construct the possibility and the actuality of solace for those in the heart of pain. This is a belief I have practiced in my own life. It is one of the ways my struggles have stretched me.

Aloneness

I have asked myself the question I asked Miranda many times, perhaps most memorably one dark night in December, 1988, several days after learning I would need chemotherapy and radiation to treat a newly diagnosed breast cancer. "What can you access now that is already available to you that will staunch this pain?" I answered, "spirituality." I then asked myself this: "What do you understand about your spirituality? What will make it present for you now?"

My answer did not surprise me. Connection. I did not invoke a connection to a God who might comfort and accompany me. Instead, I turned to people I knew, and some I did not. I called people and wrote them; people called and wrote me back. I asked certain people to be my witnesses. Everyone I asked agreed to do so. A man who owned a Bed and Breakfast I had stayed at once, informed, sent me a poem every week. A Norwegian friend sent me a picture of a mountain top that I keep in my glove compartment to this day. Friends gave me amulets and healing stones.

These connections were sustaining. They sustained hope and they provided comfort. The relational matrix within which I did the rituals of daily life and ceremonial life mostly held terror at bay.

Mostly. Nights, that time when in the darkness of the soul, as F. Scott Fitzgerald has written, it is always four in the morning, were awful for me. Nights, connection dissolved and I faced what cancer's bottom line was for me: You die alone. Alone. For a person who has devoted herself to the care of others and for whom intimacy has been a passion, the idea of death/disconnection was intolerable.

I panicked. I obsessed. I railed against it. I also practiced meditation, breathing, and mindfulness. I exercised daily. I took hot baths. I struggled and I gradually came to live with the idea of aloneness, both my own everyday aloneness and my own Ultimate Aloneness. I confronted aloneness in the context of my own mortality. I tried to fight it and found that I could not. I didn't accept it either. I learned that I would have to live with it and manage it somehow.

From this struggle, I learned what many of my clients come into therapy already knowing: There is a darkness that no love will ease. I am able to sit with them, in the void that this knowledge illuminates, and talk about what can co-exist with -- not ease -- the void. For me, connection remains the answer. I value connection, although I know that I will not always have it. Stretching to face the inevitability of my death, not just once, but recurringly, forced a relationship to aloneness. Tending to this relationship is part of my spiritual practice.

### Intimacy and collaboration

For all of Miranda's life, my skills as a psychologist, child therapist and family therapist have been invaluable. I have used what I have learned not from an expert position but from a side by side position, trying to make my skills visible to her so that they would transfer more quickly and easily. From the beginning, my immersion in a strength-based, non-pathologizing theoretical model stood us all in good stead. Believing that through the alchemy of love and listening, pain can transform itself into resilience, I never feared that her multiple hospitalizations, procedures, or chronic discomfort would diminish her.

In a chapter titled "On ethics and the spiritualities of the surface: A conversation with Michael White," White discusses a "form of spirituality that concerns one's personal ethics; that concerns the modes of being and thought that one enters one's life into; that is reflected in the care that one takes to attain success in a style of living. This is a transformative spirituality, in that it so often has to do with becoming other than the received version of who one is" (Hoyt & Combs, 1996, p.36).

In many respects White's description of an active creation of the self one wants to be, rather than a passive acceptance of the self that others think one is, characterizes the way we have operated as a family and as individuals so that all of us, but Miranda especially, can be the selves we want to be. In Miranda's case, the potential limits and

constraints were made visible to us immediately. Our job was to accept and transcend, and to know when to do which.

With our help, Miranda has fashioned an identity that elevates her personhood over BWS's claims on her life. The struggle to do this is often immense, for her and for us. Being her partner in this struggle has helped me in my clinical work immeasurably, especially with clients for whom trauma has a history of swamping preferred identities. With these clients, I often feel that the work we do is like the work with Miranda. It requires attention to what is desired not what is given. It requires belief that what is desired is not only possible but always also already present.

Four years ago, in 1993, when Miranda was fourteen, BWS shifted from an intermittent to a steady presence in her life. Sadly, she is now in constant pain. Plagued by loose connective tissue, including of the blood vessels, she is prone to sudden dislocations of her joints, and fainting.

To accommodate the realities of her body, I see clients and write at home, five minutes from Miranda's school, to ensure that I can get to her within minutes if needed. For her part, she is stoical and clear, letting us know exactly what she needs and why. Often she needs to talk. Not always about the immediacy of her current situation. Often about others who have struggled and who have made their struggles count for others. Reading first-person narratives of disabled persons, she finds in their accounts a direction and purpose for herself.

At age seventeen, in March of 1996, Miranda dislocated both of her shoulders so severely that they couldn't be re-positioned. For treatment, she was encased in a metal and plastic brace from her pelvis to her neck, with her arms kept rigidly in place by steel supports from shoulder to fingertips. She required 24-hour face to face care. Offered a home tutor, she insisted that she would go to school. Despite excruciating pain, despite an inability to read because the muscle relaxants and pain killers she took affected her eye muscles as well, despite having to have a personal care attendant with her at all

times, Miranda went to school every day for the six and a half weeks of this ordeal. She told us: “The only way to change people’s attitudes to disabled people is to expose them to us.”

Concurrently, at the time that this happened to Miranda, I was working with a middle-aged woman who had become suicidal again. This time, she was able to ask for help and I told her that far from finding her phone calls intrusive, I saw them as evidence that she believed she was worthy of care and support, two experiences that had been lacking in her bleak and damaging childhood. These phone calls, in my view, were evidence that what she desired -- comfort -- was not only possible but also that her ability to secure it for herself was already present

My client, I will call her, L, described herself living under a “blanket of pain.” I was able to reach her there. Having spoken to her about this chapter, I know that she would say that in our work together a sense of possibility was present. She would also say that the space between us often felt sacred.

Having read my papers on intimacy, she would also concur with my experience that much of the time our conversations consisted of intimate interaction (Weingarten, 1991, 1992). In these papers, I propose a distinction between intimate interaction, in which meaning is co-created or shared, and non-intimate interaction, in which meaning is rejected, provided, or misunderstood. I suggest that intimate interaction between clients and therapists is therapeutic and that non-intimate interaction rarely is. However, I make clear, that it is in the inevitable lapses of intimate interaction that occur between therapists and clients that there is an opportunity for profoundly meaningful collaboration.

When one is a therapist with a child with a serious medical condition which flares up erratically but suddenly, it is inevitable that one cannot be always available to clients. Intimate interaction at the level of conversation may be present, but at the level of the sessions themselves, there is always the likelihood that an appointment will have to be

canceled at the last moment. A conscientious person, disciplined and reliable to a fault, I have tangled with BWS in this regard: How to care for clients when Miranda needs my attention, urgently and immediately.

Susceptible to creating those “inevitable lapses” in intimate interaction, I have honed my skills at repair so that I can continue to practice a conversational art I believe my life experiences have particularly prepared me to do. I have wanted to share what I have learned with others, even though I have known that we might be interrupted.

These interruptions were particularly difficult for L. As much as possible, I had tried to be consistent with her, letting her know with as much warning as possible when I would have to re-schedule appointments. During the period that Miranda was in braces, I responded to her between session phone calls as quickly as I was able, but not as rapidly as I had in the past. I didn’t explain and L didn’t question me about this. Ten days after Miranda’s dislocations, I had to cancel an appointment with L. Depressed and despairing, L was sad and worried that she was too much for me and that I would abandon her. I told her that I had canceled because of an unplanned doctor’s appointment for Miranda that I had to attend. I didn’t say more. She worried out loud, as she had several times before, that I would have to leave my practice because of my personal life. I told her that I hoped that this would never happen; that it hadn’t happened yet and that I had managed to care for Miranda and care for my clients over all these years.

Pushing the point further, and bringing it close to the emotional core of her early life, she told me that she feared I would leave her for the “sicker” child. If I did, I let her know, it would never be the same as what had happened to her before because I would acknowledge her needs, I would attend to them, and I would be devastated myself.

In the beginning of April, it became clear to me that I could no longer manage the unplanned phone calls. I was seeing a few clients, people like L for whom continuity of contact was essential, and the rest of my time I cared for Miranda or attended to the

bureaucratic circus that had ballooned around her. Evenings, when L usually called, I was either reading to Miranda or doing physical care. Miranda could do nothing for herself. Not scratch her nose, change position, eat, read, wash or toilet herself. Her care took the time of two parents, and an occasional friend as well.

Eventually and reluctantly the thought took form that I couldn't manage L's phone calls. Knowing that the cost to myself was too great, that the calls were not pro forma but hard won efforts to reach out for comfort from a desperate woman who needed my concentrated presence which I could not give, I called L's psychopharmacologist to see whether she would be able to cover phone calls for me and I talked to L's former group therapist as well to see if she would be available as back up, in case. I scheduled a session with L and her husband to tell them I could no longer take her calls, framed so positively in our work together, and that I could only meet with L for our regularly scheduled appointments.

The session was hard. Having slept very little in the previous two and half weeks, miserable that I could not provide what my client needed and deserved, I was, nonetheless, clear that I had reached my limit. I explained briefly what had happened to Miranda and the requirements for round the clock care she now had. I explained that I would still meet with L but that I could no longer return her phone calls.

In this session, I acted on my belief that the process of being included in meaning-making -- that is, the sharing of meaning which creates intimate interaction -- is a process that can contain terrible pain and unhappiness. It was not "natural" for me to share my daughter's troubles, but it seemed clinically necessary to create the conditions for L to manage the loss of our phone contact. I trusted that by my including her in my process, she would feel respected and valued at the level of our relationship even though, at the level of my behavior, I was setting a limit on my contact with her.

That session was a turning point. It has also taught me about the sturdiness of the human soul and the will to feel strong and whole. Rather than feeling that I had

abandoned her for Miranda, L felt that I cared deeply for them both. Identifying herself with Miranda, as a person I was intent on helping, she released herself to have empathy for herself as well as my daughter. I have L's permission to reproduce excerpts from a letter she wrote Miranda hours after our session.

Dear Brave Fighter:

This is for you and for me. It's a pep talk from a moment of calm to remind the courageous one inside that pain, suffering and despair pass....We will survive it. And make meaning of it. It will be the texture and richness of that which fuels our passions. Our goals are made of this stuff, the stuff of surviving and surpassing. Now when things are perhaps least clear, when recovery feels agonizingly cloaked in misery, when all sorts of pain and frustration wreak havoc in as many ways as imaginable; now is the urgent time to let love and compassion from outside *and* inside be the soothing balm to tender the hurt so we can fight on.

I read Miranda the letter and called L to let her know her reactions. Miranda was touched that compassion for her had triggered L's compassion for herself. It confirmed her world view that one person's suffering can have value to others. It made her feel useful not helpless. I felt awe that a circle of caring had created such positive effect all around.

As for L, there have been struggles since but she has never lost her compassionate connection to herself. She is working on making self-care and self-empathy steadfast companions. This Fall, talking with her about whether I could write about this time in our joined lives, she wrote me a letter vividly describing her view of that time.

I reproduce this letter in its entirety because it is eloquent and insightful. It addresses intimacy and collaboration, those principles around which I have tried to live my life. I believe that they have stood me in good stead for the activity of "being there" for clients, for family and, not insignificantly, for myself.

Kathy, I am trying to sort out my thoughts following our discussion of your chapter. I'm thinking that I'd like to share my understanding of what happened and how it came to be and where it lead. For starters, I went back to your 1992 article on "A Consideration of Intimate and Non-Intimate Interactions in Therapy. I think that our history of shared and co-created meaning led us into the kind of intimacy that set the stage for the actions and interactions of last April. It was

because I felt safe and secure, because you were reliable where boundaries were involved, that the convergence of situations could lead to openness and its' profound impact on us all. For me to be in so much pain and hear you say you felt concerned about my needs in the face of your own need to be less available because of Miranda's situation made me feel at once understood (you got where I was at) and respected (you shared significant personal material) and concerned (because it bought me out of my pain and into my caring place.) Knowing the seriousness of the situation and feeling great empathy for you and Miranda, I felt a yearning to respond. The parallel of seeing myself and Miranda as both suffering from uninvited troubles created movement. In empathy for her, my self empathy expanded. Sort of like how group treatment works.

So, I'm thinking, that you too, in feeling my pain, your pain, and her pain brought us into a unique intimacy where despite my not personally knowing her, I felt connected; that we all impacted each other in meaningful ways. That you as therapist centralized all this pain and in setting boundaries for managing it (availability to me, taking care of yourself, responding to your daughter) created some kind of opportunity for us all. When I wrote my letter to Miranda it was from a place of identification and deep caring of her (as another suffering person, as a child of someone I care deeply about) and of caring for myself too. It was a mutual pep talk. In talking her, I could hear myself and really take it in.

One thing that meant a great deal to me was your phone call and subsequent sharing of the letter's impact on her. It made me feel like I was connected and helped. I think being connected and having meaning is tied in here, but at the moment, I'm not sure what to say about it. I'll consider this a reflection in progress and bring this to you in half an hour when I see you.

Another thought. I do believe that your own ability carry your own trauma (the cancer and Miranda's health problems) created a model for me as a person and a therapist. I saw how you can bear it and go on and still be an outstanding clinician even when you have intense private concerns. I saw how it didn't have to be an either/or situation of who got attended to. Given my personal history, that had its own impact. You respected my ability to adapt to constraints, you responded to that, it was as if a sleeping part of my spirit woke up and said, "Huh? What's happening here, what can I do with it?" I have a feeling I know more than I have words for at present. To be continued.

## Conclusion

I have no doubt that my clinical practice would have had a spiritual dimension to it independent of the influence of the events of my mother's death, my daughter's genetic disorder, and my own cancer experiences. I believe I have always had an inclination

toward a spiritual sensibility. However, I cannot imagine how I would have arrived at the particular understandings that I now have without the life events I have written about in this chapter.

These are the elements of my spiritual practice: Listening without my own agenda; opening myself to sorrow; finding connection in loss; attending to the present; resting within uncertainties; accepting fear; tending my relationship to aloneness; believing that there is always something that can be sustaining; working for a preferred identity; and relating intimately and collaboratively. Squeezed together in one paragraph, they look skimpy, not robust.

But robust they have been. Each one has a tale attached, fragments of which have made their way into this chapter. Each one is a lesson I have taken from life experiences that I would never have wished on myself but from which I have become the person I am. Lessons like these accrue. They start off like drips of water during a spring thaw after a heavy snowfall, relentless and steady. And they create a substantial run-off, a flow.

So too my lessons have started from single moments of pain and worry and gained mass and meaning. There have been no sudden blinding revelations when I knew what to do and knew what was “right.” Rather, I suffered a long time and then gradually, because I was desperate to turn sorrow into sense, I gathered ideas that sustained.

I hope that my story -- a story of suffering and sustaining practice -- will be of some help to others. If it is, meaning will have sprung from sorrow.

#### References:

By convention one cites those books and articles that are clearly "referenced" in the text. I have done so here. However, there are other passages that have so informed, impressed and inspired me that I have them in my very cells. These sources are immanent in the text but not visible on its surface. For these, I am profoundly grateful and, as well, to the reliable resource that reading has been for me.

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