



UP

One Man's Journey to Feminism

Peter W. Pruyn

he / him / his*

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Cover photo: 7,500 feet over Galveston Bay early on a Saturday morning. ©2020 Peter W. Pruyne.

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Content warning:
Contains descriptions of physical and emotional violence

* Pronounced “prine”. He/him/his: This is the set of pronouns I ask others to use when referring to me. People who identify as transgender or gender nonconforming may use pronouns that do not conform to binary male/female gender categorizations, such as “they, them, theirs.”

9: Cambridge

Age 37-52
(2004-Present)

“You can’t change someone else’s thinking. All you can do is to give them better tools.”
— Peter Senge

Between researchers at Harvard’s Graduate School of Education and MIT’s Sloan School of Management, Cambridge, Massachusetts is often regarded as the crucible of the field of organizational learning. To decide whether I need to go back to graduate school to work in this field, I move to Cambridge. After doing some part-time work with the non-profit Society for Organizational Learning, I realize that I do not need another degree. During an exhausting two-year job search for a full-time position, I apply for a position at the Organizational Development Department at Northbury University.

Northbury University

After a whirlwind of interviews with multiple departments and administrators over several weeks, it’s hard to describe the elation I feel when I’m offered the position of internal consultant in the Organizational Development (OD) Department at Northbury University. A staff department within Human Resources, OD is responsible for providing managerial training and internal consulting to departments across the university. I know full well that many other candidates with many more years of organizational development experience than I applied. And yet, I got the job.

I wonder if my diverse background appealed to the hiring manager, Allegra, Director of OD. She mentions that I am the only male employee of the department and one of the few male employees in HR. She says she wants my hire to send the message that organizational development is “more than women’s work.” I’m not sure what to make of this comment. Was I hired as a token or because of who I am as a professional? What I do know is that I am grateful for the opportunity. To add a personal dimension to this opportunity, Northbury was one of the universities I applied to and was accepted at way back in high school. It’s hard to believe that I’m now on its picturesque New England campus as a full-time staff member.

During my first week, Allegra graciously allows me to choose between a larger office with no window and a smaller office with a window. (I choose the window.) She even arranges for my new office to get a fresh coat of paint and invites me to choose the color. (“Moonlight yellow.”) When a technician from the IT department stops by and asks me to choose from a menu of brand-new laptops, I feel out-right pampered.

I hit the ground running. Allegra invites me to shadow her as she initiates a few organizational projects on-campus. Over time, I gradually take these clients over as my own. I feel grateful to have a boss like Allegra who expends such an effort to support me. She even compliments me on my healthy work/life balance. While I typically get to work at 8:30am, she notes that I typically leave on-

time at 4:30pm. She says she can learn from my healthy approach to my work. It was true; I was consciously trying not to repeat the workaholic atmosphere of NASA. I wanted to make my career at Northbury last. In all the organizations I'd worked for, this was the first time a manager complimented me in this way.

One idyllic New England fall day, I find myself on my bicycle following the crisscrossing footpaths of the central quad on my way to my next client meeting. Golden maple leaves crunch under my tires. It suddenly occurs to me that for the first time in my life I am getting paid to do what I tried so hard to do in other organizations for free.

My new dream job has come true.

Good jawb, Petuh!

As the months go by, Allegra passes on to me requests for OD support from around the university. I am involved in facilitating a strategic plan for an academic department, designing and facilitating professional development workshops, writing a guidebook for managers on performance reviews, writing articles for the university-wide HR newsletter, and conducting organizational assessments.

Over time, I get busier and busier. There comes a point where my plate feels full. During our weekly one-on-one tag-up meeting, Allegra doesn't seem to be hearing my feedback about my workload and keeps giving me new assignments. Attempting to make my case more graphically, one day I write the name of each one of my current projects on a mini sticky note and arrange them on a single sheet of paper. They cover the paper. During our next tag-up I show the collection of sticky notes to Allegra.

She looks at it and says, "That's a lot—of diverse clients!"

The slight pause after "a lot" sounds odd. It almost sounded like "That's a lot!" was her honest reaction, but then still wanting to give me more work, she quickly added the ending phrase to change its meaning.

Then, again, perhaps I was just imagining things.

After being at Northbury for about six months, I walk into Allegra's office, right next door to mine, for our tag-up. Before I'm able to sit down at her round office table, she asks me to close her office door. Her tone sounds terse. It's an unusual request. Typically our tag-ups are informal enough that we leave the door open.

I close the door and sit down with my papers. Allegra's expression looks serious.

She proceeds to point out that I leave the office every day at 4:35 while most of my colleagues are working longer hours. She feels I'm not pulling my weight in the department while my colleagues are putting in extra effort.

I feel blindsided and confused. Just a few months ago she was complimenting me on my efficiency. I try to defend myself, but she's having none any of it. I'm a salaried employee, she points out, and I should be putting in longer hours.

I leave her office feeling uneasy.

What just happened?

Memory: "Do You Trust Me?"

I'm about 12. I've had a tense conversation with my father in the living room. He's in a foul mood. When I see what I think is an opening, I leave the room to go to bed. Finding relief in the sanctuary of my bedroom, I'm about to get into bed when I hear his heavy footfalls walking towards this end of the house. The weight and more rapid pace of his footsteps sound angry. My heartrate

increases. I hope he will stop to get something in the kitchen and turn around.

His heavy footsteps continue through the kitchen into my hallway. He enters my room and sits in the chair opposite me. He's not finished with our conversation. I sit on my bed in my underwear with my back against the wall. He's cross. I'm trembling inside. As the tense conversation continues, he names what appears to be the central issue for him: "Do you trust me?"

It's a catch-22. The honest answer is "No", but I don't feel safe being honest. But I want to be honest. So I tell myself a white lie: that I'm responding to the question of whether I trust his intention versus his actions.

"Yes," I say, hoping this will appease him and that he'll leave the room soon.

Shortly thereafter, he does.

I feel relief from him finally leaving but awful for lying.

Well after he leaves, my insides continue to tremble.

Six months later, Allegra comes into my office and explains that OD has just been assigned a high-priority organizational assessment. A very large staff department has been struggling for quite some time, and the Dean of the school and the department's administrator want to understand why. Allegra explains that this assessment needs a quick turn-around, ideally just a few weeks. I am to prioritize this over all my other work.

I proceed to schedule one-on-one interviews with the two-dozen employees I will be interviewing. While I do feel pressed for time, these kinds of interviews are my favorite part of the job. With the respected authority of Human Resources, I meet with each employee individually and explain that anything they tell me will be confidential, only to be used by HR. I explain that if I ever use quotes from an interview in my final report, they will be anonymous. To further protect the confidentiality of such interviews, the OD department has a standing rule that we don't even share interview data with our own HR colleagues in the Employee Relations Department.

I marvel at how, when offered a safe space, employees are so forthcoming about what they think, even if they've just met me. Emotions flow, sometimes anger, sometimes tears. I don't judge. I'm here to hear their story, whatever it is. I feel honored that they extend their trust to me. They, in turn, appreciate being heard—sometimes for the first time.

I spend a week straight doing the interviews, transcribing on my laptop in real-time as best I can. I then spend the next week doing a qualitative analysis of the data, identifying trends and themes, and writing an executive summary using representative quotes that remove employees' identities. Despite working with multiple departments, the summary of such assessments is remarkably consistent across the university: front-line employees typically feel they lack resources and don't feel heard by upper management in their requests for more support.

After the report is complete, Allegra and I meet with the Dean and the department administrator to share the results. They are very appreciative. At one point in the conversation, the administrator mentions that he thinks he can guess which employees said certain quotes based on what he knows about them. I find this concerning, but I have the sense that he's saying this as a passing observation, not with an intention to be punitive to anyone. I feel comfortable with what I've done to protect employee anonymity and trust that my report will be used in service of them.

I keep the raw interview data on my computer in case I ever need it.

As the months go by, I begin to notice that there is a fair amount of turnover among HR staff. While there is bound to be some turnover in any organization, it's more the way employees are leaving that is concerning.

One day I receive an HR-wide email announcing that my friend Annette in the Employee

Relations Department will be leaving. The email thanks Annette for her service to HR and schedules her going-away party. At the party, she says that she's leaving to take some time off for a while.

A few weeks later, I find out that Annette actually had another job lined-up that she started as soon as she left Northbury. Why would someone hide that?

A few weeks later, Allegra comes into my office, closes my door and tells me that Annette's colleague Molly is no longer with the university. I'd just spoken with her a few days ago! Unlike Annette, there is no explanation, no email announcement, no going-away party. There is never any public acknowledgement of her departure at all. It's as if she never existed, like something out of *1984*.

Is there an invisible axe hanging over all of our heads?

Gradually my relationship with Allegra begins to feel more and more strained. I begin to feel like I have two bosses. The Allegra who hired me was gentle, charming, and supportive. This is the Allegra who allowed me to choose the color of my office and complimented me on my work/life balance. But over time I see that Allegra less and less. In her place I see an Allegra who is severe, calculating, and manipulative, characteristics I've never seen together in anyone else I've worked for. Sitting down with her in a meeting, I never know which Allegra I'm going to meet or when the other will show up. With her office right next to mine and with the recent unsettling turnover, I begin to feel ill-at-ease at work.

It's hard to trust someone when you don't know who they are.

I walk down the long hallway away from the HR offices to the conference room on the other side of our building. I take a deep breath. It is here that I have scheduled a confidential meeting with Allegra's boss, the Vice President of Human Resource, Marjorie. It was Marjorie who suggested the room. She says she likes to use it for confidential meetings such as this.

It's taken a lot for me to go over my boss' head and risk this meeting. I've heard mixed things about Marjorie from others, but she's been nothing but nice to me. I looked up the official grievance procedure in the employee handbook and saw that it told employees to speak with the Director of Employee Relations, Annette and Molly's boss. Given the track record of that department, that's the last place I'd feel comfortable sharing my concerns about Allegra. The fox was guarding the hen house. I felt I had no one else to turn to except Marjorie.

I start by explaining my concern with the employee grievance procedure and why I went to her instead of Employee Relations. She completely agrees with me that that procedure is not appropriate for HR employees and that I've done the right thing in coming to talk to her. I'm relieved. I recommend that the university creates an Ombudsman position to fill that gap, to provide something like "HR for HR employees". Marjorie seems genuinely appreciative of the suggestion. I start to relax.

I lay out my growing issues with Allegra and the gradually disappointing arc that they have taken. Marjorie listens with concern. When I finish, she does something that I would never have predicted: she says she has concerns about Allegra, too. I am stunned, more by her willingness to tell me than by the fact that she has concerns. Suddenly the conversation begins to have a hint of the organization assessment interviews I do with employees.

Why do people keep opening up to me?

At the end of the conversation I thank her, and we agree to keep in touch. She agrees to keep what we talked about confidential from Allegra.

I leave the meeting and exhale. I feel like a million dollars.

My boss' boss is on my side.

Six months after doing the large assessment, university administrators decide that they want to hire a large external consulting firm to do more work with that department. These consultants then

make a request: they want to see my interview data. While I'm happy to share my executive summary, I feel that sharing the actual data with an external entity would be violating the verbal contract I made with each employee when I interviewed them. Knowing how Allegra backed me up in the past when our own HR colleagues from Employee Relations had asked for some of my data, I assume Allegra will agree with me.

The following week, Allegra and I are sitting in her car having just met with a client on the far side of campus. Before I get out to go home, she asks me what I think about this request to share quotes with the consulting company. I explain that I would not feel comfortable sharing direct quotations with external consultants because that was not what I had told the people I interviewed we were going to do with the data.

She replies, "I understand. So, what could we do to help?"

I say, "Well, we could ask the people we interviewed whether they'd be O.K. with us sharing the quotes." That seems only fair.

Allegra responds, "Then we'd have to be prepared for them saying 'no'."

I find this response extremely disturbing. It sounds like she doesn't want to know what the interviewees actually think about us sharing their quotations.

I do not trust her.

She asks for a hardcopy of the quotes from the assessment for her to review. I give her a copy.

I'm having a bad feeling about all this. A little voice tells me that I should put my concerns in writing. Reflecting on prior emails and discussions on this same topic, the next day I send her the following email:

Subject: Hard questions for the day
Date: Thu, 15 May 2008 09:04:04 -0400
From: Peter Pruyn <peter.pruyn@northbury.edu>
Organization: Northbury University
To: Allegra [REDACTED] <allegra.[REDACTED]@northbury.edu>

Allegra --

Upon what criteria do we decide to share assessment information with ER colleagues?

Upon what criteria do we decide to share assessment information with external consultants?

If our ER colleagues see assessment data in the final strategic plan, what will we tell them?

Peter

--

Peter Pruyn ("prine")
Organizational Development Consultant
Northbury University
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([REDACTED]) [REDACTED] - [REDACTED]
peter.pruyn [at] northbury.edu

"It is our responsibilities, not ourselves, that we should take seriously." --
Peter Ustinov

I never receive a response to this email.

Just after sending the email, I hear Allegra's phone ring while both of our office doors are wide open, right next door to mine. I overhear her take the following phone call:

"This is Allegra."

"Oh, hi!"

"Yes!"

"Yes, I'm halfway through looking at the data."

"Of course! It doesn't make sense to sit on all this information when the university needs it!"

"Uh-huh"

"O.K., I'll let you know by this afternoon."

"Bye!"

Her tone is sing-songy. While I don't know who she's speaking to, whoever it is, Allegra sounds like a sycophant.

That afternoon, instead of responding to my email, she sends me the following:

From: Allegra [REDACTED] <allegra.[REDACTED]@northbury.edu>
Date: May 15, 2008
To: Peter Pruyn <peter.pruyn@northbury.edu>
Subject: Re: [Client dept.]

Hi Peter,

I've reviewed all of the [client dept.] raw data. So much of it is benign and not attributable. I'd like to see what we can provide to [External Consultants]. Also, let's talk before we meet with them next week.

Allegra

I find Allegra's characterization that "so much of the data is benign" deeply troubling. Does this mean that the department standard for sharing confidential quotes is whether she personally considers a particular quote "benign" or not?

I respond with the following email:

From: Peter Pruyn <peter.pruyn@northbury.edu>
Date: May 15, 2008 4:34:06 PM EDT
To: Allegra [REDACTED] <allegra.[REDACTED]@northbury.edu>
Subject: Re: [Client dept.]

Allegra --

While I am happy to be interviewed by [the external consultants] and share the executive summary of trends and themes, I do not feel comfortable sharing direct quotations with an external consultant. I feel this is in violation of the verbal contract I made with each person that I interviewed. If direct quotes are shared with [External Consultants] in this case, I do not feel I can look my next client in the eye and say with a clear conscience that their testimony will be safe with me.

-- Peter

Over that weekend, I reflect on the events of the last few days, as well as the last few months. I reflect on how Allegra has said different things to different people at different times about sharing client data: to our ER colleagues, to me, my colleagues, and to university officials. In the phone conversation I overheard, she never directly said, "We will share the data" or "We will not share the data." Such ambiguity had the effect of making multiple parties believe that she agreed with them. This, combined with her carefree tone in that phone conversation as well as her prior comment of "Then we'd have to be prepared for them saying 'no'," further cements my conclusion: I do not trust her.

I try to imagine the next time I will conduct a confidential interview with a university employee. What will happen to the notes I take? I realize I no longer know. If I don't trust my own manager,

how can I ask a client to trust me? I just can't see saying "Your interview is safe with me" when I'm not certain it will be. And without that, I can't do my job. Furthermore, at this point I honestly can't imagine anything that could restore my trust in Allegra.

I think about Marjorie admitting to me that she has concerns about Allegra, too. I think about the total of now six HR colleagues who left under less-than-healthy circumstances during my year-and-a-half at Northbury. I think about my previous two years of semi-employment and how hard that was. I look at my moderate savings. Those two-and-a-half years were hard, but the truth is that I survived.

The following Monday morning, I give my two-week's notice to resign.

I was raised to believe that unemployment was for those who were destitute or fired. In the course of leaving the university, I learn two things. First, I learn that unemployment funds actually come from the employer, not the taxpayers. Organizations the size of Northbury are required to have an unemployment fund with the state proportional to how many employees they have. Second, I learn that if an employee resigns with what the state defines as "just cause", they can qualify for unemployment.

Do my circumstances qualify as "just cause"? I don't know, but the knowledge that Northbury would pay for it if I do qualify feels like a kind of justice.

To find out more, in late June, three weeks after leaving the university, I reach out to Marjorie. She has kindly offered to write me a letter of recommendation and agrees to discuss it with me. Coming from the Vice President of Human Resources, this gesture means a lot to me.

We meet in a coffee shop off-campus. I thank her for her letter, suggest a few minor edits, and then bring up the topic of unemployment. Without being able to confirm whether I would qualify for unemployment or not, she says I should definitely apply for benefits because "That's what it's there for." I find her response extremely encouraging.

She then asks if I would talk more about why I resigned. I summarize my experience of working with Allegra, that she had broken my trust, and that I didn't see that as repairable. We then continue our conversation from April about having a designated university staff member outside of HR for HR employees to go talk to if they have concerns about HR—an "HR for HR", as it were. She asks my advice on who would be a good staff member to choose for that role. I suggest some names. I'm flattered that she is asking my opinion, particularly since I've already left the university.

For the second time, I leave my meeting with Marjorie feeling supported and heard.

In mid-October, I find myself in a role I never would have predicted: representing myself at a hearing of the state Division of Unemployment Assistance.

I am seated on the right side of two long tables put together in front of the desk of the hearing official, who is known as an adjudicator. Looking in his mid-to-late 40s, he is medium-height, slightly heavy build, brown hair, glasses, and wearing a dark suit and tie. Businesslike, professional, speaking in short, clipped sentences, he comes across as competent and no-nonsense. He has obviously done this hundreds, if not thousands, of times before. In the middle of the table sits a 1990s-era audio cassette recorder for recording the hearing.

At the far end of the table sits Allegra and the lawyer Northbury has hired to represent the university. When I looked up the firm's name before the hearing, the firm's website proclaimed their mission as "Reducing unemployment costs for our clients." *Great.*

The adjudicator swears Allegra and me in: "Do you swear to tell the truth, the whole truth and nothing but the truth?"

In unison, we both say, "I do."

"You're both under oath."

It's a surreal moment. While I would generally characterize myself as a conflict-averse person,

strangely, I slept very well last night. While I don't know what's going to happen, I feel prepared and focused. The adjudicator goes over the procedures of the hearing and that in the case of an employee resigning voluntarily, the burden of proof is on the claimant. That would be me.

During her statements Allegra characterizes me as an employee who "did good work" but was "rigid about his work hours," "took an hour for lunch," "had the skills," but was "less interested in putting in the time."

After cross-examinations of both of us by the university's lawyer, the adjudicator is confused about certain discrepancies. He picks-up on the fact that earlier in the year when HR colleagues in Employee Relations asked for interview data, OD's response was a clear 'no', but when someone in power in the university wanted the data, the answer was less clear. I'm impressed that he's zeroing-in on this. He obviously really listened to me.

He presses Allegra on her response at the time to me: "What was your response to his questions about the ethical issues and seeking clarity? What was it you *told* him? Do you remember?"

What are the dynamics of power in this moment? It's hard to put into words what it's like to witness someone who once abused their power over you finally being held accountable. The effect is striking. At some level I have an inkling that I didn't apply for unemployment for the money; I applied for this moment.

Allegra's response is hesitant: "Well, I ... I, I confess Peter has a lot better memory than I do for this level of detail around specific conversations. And ... managers and employees don't agree on every single thing."

Here is the gentle Allegra who had hired me. She looks small. There is a part of me that feels sorry for her.

When it's my turn to be questioned by the adjudicator, I submit a 17-page brief on why I resigned to make my case for "just cause". It documents the relevant emails and conversations that led up to my decision to resign. Northbury's lawyer doesn't like this surprise. He objects to the document being admitted as evidence on the basis of it being "self-serving". The adjudicator matter-of-factly overrules the objection, and my brief becomes Exhibit 10. Later, after Allegra reviews it, she calls it "slanderous", gets up from the table in a huff, and sits in a chair by herself on the far side of the room for the rest of the hearing. 'Severe Allegra' has arrived.

And then the university makes an interesting move. They call Marjorie as a witness. I marvel at how much money the university is spending to fight my small case: the lawyer, Allegra's time, and now the Vice President of Human Resource's time to take up half a day to come downtown.

During cross-examinations of Marjorie, once again there are discrepancies between my recollections of our two meetings and hers. When I ask her if she recalls us discussing my issues with the employee grievance procedure, she replies, "I don't remember." When I ask her if she recalls my reluctance to go talk to the Director of Employee Relations about my concerns, she replies, "I don't remember." When I ask her if she recalls her asking my advice about who would make a good ombudsman, she replies, "I don't remember." This is for meetings at which she kept notes on a legal pad and has excellent recall for other parts of the meetings. I also notice that each time she says, "I don't remember," she is rigidly staring straight ahead over the adjudicator's shoulder into the distance, assiduously avoiding eye-contact. I also notice that she appears to never actually pause to try and remember; her responses sound automatic.

Throughout my cross-examination of Marjorie, the adjudicator watches her like a hawk. He never looks at me, only her. I'm getting the sense that nothing gets by him.

Marjorie claims that she had suggested at my first meeting with her that we should have a three-way conversation with her, Allegra and me to work through the issues. She did no such thing. She agreed to keep our meetings confidential.

At another point she says the organizational assessment I did was "not a confidential investigation." Later when I point out to her that she said that, she gets defensive and says, "I didn't

say that! You can play the tape!” (After the hearing, I did play the tape. She did say that.)

Meanwhile, she also states, “I take ethical matters very seriously,” and “We do not tolerate unethical behavior.”

In my closing statement I emphasize that the heart of why I resigned was Allegra’s repeated behavior of telling multiple parties different things at different times without coming straight out and saying what she planned to do. I conclude, “When the only ethical answer to a question is ‘no’, equivocating is, itself, unethical.”

I leave the hearing feeling I did as best as I could have. While I can’t be sure of what the ruling will be, I go home with an enormous sense of satisfaction.

But there is one thing I’m sure of: Marjorie is a fraud. And organizations, over time, take on the personalities of those who lead them.

One of Theodore Roosevelt’s quotes from the walls of the Museum of Natural History comes to mind: “Aggressive fighting for the right is the noblest sport the world affords.” While I’ve always thought the word “sport” in that sentence sounded cavalier, for perhaps the first time in my life I feel I can relate to what Teddy was getting at.

I sleep well that night.

Good jwab, Petuh!

Several weeks later I receive a very thick envelope from the Division of Unemployment. After several pages of fact-finding, the adjudicator delivers his ruling: I do not qualify for unemployment.

My lay-person’s understanding of why is that in order to qualify for unemployment benefits, I had to have done the following: documented my grievances with my employer; allowed my employer to address the issues; documented the issues not being addressed; prove that the issues were “urgent, compelling and necessitous as to make my separation involuntary”; and then document resigning due to those issues. Because the second meeting I had with Marjorie occurred after I resigned, my sense is that the content of that meeting was not considered in his decision. This would include Marjorie’s multiple “I don’t remember” responses.

While part of me is initially disappointed, the satisfaction of having had “my day in court” persists. Now I don’t have to wonder for the rest of my life whether trying could have made a difference or not.

And maybe, just maybe, the next time Allegra or Marjorie is tempted to equivocate with an employee on an ethical issue, maybe, just maybe, they will pause and consider an alternative.

After leaving Northbury, I make an effort to keep in touch with colleagues there. As the turnover continues, I begin to maintain a list of the HR employees who leave under less than healthy circumstances, most far more painful experiences than mine, some at the director level. For the time period between a few years before I started at the university through a few years after, my list reaches 17 names. Seventeen lives needlessly damaged.

As I regard this list of names over the years, a fantasy forms in my mind. I have a vision of Marjorie being escorted into one of the large ornate colonial function rooms on the first floor of the central administration building on campus. There, all seventeen people on my list are seated in a semi-circle of chairs, all facing one empty chair in the middle of the room. Marjorie sits in the empty chair and is not allowed to leave until she has heard all seventeen stories, stories of abuse in an organization that she was responsible for, a miniature Truth and Reconciliation Commission, if you will, for Northbury HR.

One cannot also help but wonder: if such abuse went on for so many years, it is difficult to believe that her superiors knew nothing about it.

What is it about hierarchical organizational structures that encourage individuals—both men and women—to abuse power?

Postscript

Two years later, Marjorie is fired. A few months after that, Marjorie's successor eliminates Allegra's position.



Figure 45: In 2006 Al Gore took the profits from his film *An Inconvenient Truth* and founded a non-profit called The Climate Project. The mission of the Climate Project was to train 1000 volunteers from all 50 states to deliver the presentation Gore gave in the film in their local communities. I applied, and in December of 2006 I was one of 200 volunteers selected and trained by Gore in Nashville. Over the next two-and-a-half years, I would give the presentation about 30 times. During my time at Northbury, this work was consistently gratifying.

My experience at Northbury did have one positive effect: it reminded me how much I enjoy the educational environment. As a result, I decide to return to graduate school to study education and psychology. While in school, I opt to take advantage of the student counseling center. I'd never had the opportunity to discuss my upbringing with a therapist before, and, while nervous about it, a little voice is telling me that it would be a good idea, particularly right now. I'm unsure of a particular goal, other than to explore myself and see where things go.

Dr. S.

My first session with Dr. S. feels good. I outline why I have come, and she asks me to describe my family history. At the end of our session she remarks that she hasn't heard such a complete family history from a client in three years. As someone who is new to therapy, it feels good to hear that from an expert. It affirms my having taken this important, if somewhat scary, first step.

A few sessions later, I wait in the waiting room about ten minutes past the scheduled time of our appointment. Shrugging it off as a one-time thing, it feels like our subsequent session doesn't last as long as prior sessions, perhaps for only 25 or 30 minutes. Meanwhile, I am embarrassed not to know how long our sessions are supposed to be. I see Dr. S. as a professional who must have good reasons for doing what she is doing, so I don't bother to ask about it.

Generally we focus on my relationship with my father and the impact he had on me. One time I am describing something hurtful he had done in the past but how he had done something different in the present. Dr. S. responds with, "So Dad's come a long way, hasn't he?" This comment feels off. On the one hand, the statement is factually true. But it feels like an emotional disconnect from my experience of the story. Is she trying to support me or my father? Once again, I try to consider why Dr. S. might have done that, so I don't question it.

As we approach the maximum number of sessions I am allowed to use at the counseling center as a student, I ask whether she has a private practice if I want to see her in the future. She says she does have a private practice, in Newton, on the weekends. I explain that traveling that far would take about an hour each way. In response, she says that while normally she would not see a private client during the week somewhere near school, she says she would do so just for me. But when I follow up with her about this in a second conversation she says, "Oh, you can make it to Newton!"

A few weeks later I'm having difficulty reaching Dr. S. at her private practice. Then, completely by chance, I happen to run into her by a parking lot near her school office. She is delighted to see me. I say something about wanting to continue with her, and she says that she has availability. As we part, she initiates a hug. Too embarrassed not to reciprocate, I hug her back, but this hug feels like an emotional non-sequitur.

I decide to try taking the train to see her at her private practice. I am impressed with her office. It is large, about the size of a medium-sized classroom, and well-lit with natural light from large windows. About a quarter of it is taken up by the largest wrap-around couch I've ever seen. Made with off-white leather and stained-wood trim, it could seat a family of eight with room to spare. Dr. S. sits facing the couch in a matching plush leather swivel chair. Its full length back and headrest look very comfortable.

After seeing her for several weeks, there is a time when she puts two smartphones out on the table next to her during our session. She appears to be looking at them during our session. At one point she picks one up as I am telling her a story and starts typing on it. At some level I know this is wrong, but I don't feel comfortable bringing it up and am unsure about what to say even if I did. As I reach the end of my story, still interacting with her phone and without making eye-contact, she asks mechanically, "How did that make you feel?"

After thinking about it for a while, in a subsequent session I decide to bring this incident to

her attention. I explain that because my father had been abusive, I sometimes hesitate confronting authority figures in the moment, but that I found her use of her cellphone during our previous session “distracting.” Upon hearing this, Dr. S.’s back stiffens, she knots her brow and breaks eye contact. Looking at the floor, she responds in a measured tone, “Well, I’m not your father” and explains that she would be more receptive to feedback than he would.

It would only be much later that I am able to see how profoundly invalidating this response was. She was putting back on me her transgression without any explanation or apology.

And then things went from bad to worse.

Dr. S. explains that she is going on a trip to visit family out of state, so we schedule for a week later. The afternoon before our appointment, I receive the following email from her:

From: [REDACTED]
Date: Fri, Sep 30, 20[REDACTED] at 4:28 PM
Subject: Appt Tomorrow
To: Peter Pruyn
Hi Peter,

I have not been feeling well the past few days. So I would like to reschedule your appt for tomorrow to another date. Hope that things are going okay [...]. Will be in touch with alternative times.

Thanks,
Dr. S [REDACTED]

After not hearing from her for two weeks after that, I call the counseling center to see if Dr. S. is back at work yet after having been ill. I am told she is back at work. I find this confusing since I had not yet heard from her. I decide to leave a message with her answering service, which, she has previously explained to me, will page her. I still do not hear back from her.

A month after the above email, I receive the following email from her:

From: [REDACTED]
Date: Fri, Oct 28, 20[REDACTED] at 11:15 AM
Subject: Hello
To: Peter Pruyn

Hi Peter,

I have been in an out of town the past few week-ends due to family matters in [REDACTED]. Was not sure before now but I will be in the office tomorrow and next Sat, 11/5. If you are available I could see you tomorrow at 12:30. Let me know if that works for you. Also FYI your new insurance recently paid.

Take care,
Dr. S [REDACTED]

At this point, I have had it. I take some time to write the following reply.

From: Peter Pruyn
Date: Sun, Oct 30, 20 at 9:18 PM
Subject: Re: Hello
To: [REDACTED]

Dear Dr. S [REDACTED],

I need to share that I am deeply disturbed by your email below and the events that have led up to it.

Our last session was on 9/17. I received your email on 9/30 to cancel our appointment on 10/1 due to illness. You said that you would contact me to reschedule. When I had not heard from you in two weeks, I emailed you on 10/14 inquiring about your health and to reschedule. I did not receive a reply. After another week had elapsed, I called your answering service with the understanding that they page you with every message. I did not hear back from you. Friday evening, I received your email below.

I am deeply disappointed that you have not communicated with me until now. I am further disappointed that your suggestion of a next appointment gave me only one day's notice when I was unable to attend. But I am also angry that you explain your being out of town after the fact rather than keeping the client in the loop on an on-going basis. When you are unable to meet with a client, I feel you should provide the option of referring them to someone else. If insurance issues are of concern, they should be communicated, as well. I feel taken for granted and that trust in our relationship has been damaged.

My sense is that we were just on the verge of establishing a productive rhythm to my treatment. If we were to meet again, it would be almost two months since our last session. This is unacceptable. As you appear to not be available on multiple Saturdays, it is not clear to me that my treatment with you will ever be consistent. Of broader concern, this is not the first time I have had difficulty connecting with you. In short, I do not experience you as making my treatment a priority.

In the intervening weeks, I have learned about various models of trauma treatment from my supervisor. I am curious whether some of them may be helpful to me. In light of all the above, I am leaning towards requesting that you refer me to a more conveniently-located therapist with knowledge of trauma treatments.

I would be happy to hear your point of view.

Sincerely,

Peter

Two days later, I receive the following reply. Note that the first sentence contains an unfortunate double-entendre that I will comment on below:

From: [REDACTED]
Date: Tue, Nov 1, 20[REDACTED] at 3:59 PM
Subject: RE: Hello
To: Peter Pruyne

Dear Peter,

Clearly, you are disturbed. I would pleased to meet with you so that we can talk about things. Hopefully, we can arrange a mutually convenient time to do that. I would prefer that rather than email. Are you available this Saturday?

Thanks,
Dr. S [REDACTED]

Normally, I try not to judge people for typos in emails. But the use of the phrase “you are disturbed” with the double meaning of “psychologically disturbed” combined with the absence of a missing “be” in the phrase “I would pleased” suggests someone who was in a hurry. Given the seriousness of the message to which she was replying, I am even more troubled by this reply. I also note a complete lack of apology or accountability on her part.

At this point I no longer want to see her as my therapist, but I feel the need to give her feedback in-person as to why. I also make the decision that I will no longer spend two hours commuting to her office. Based on her original suggestion of meeting somewhere closer to school, I raise that as a possibility, including speaking by phone. After several back and forth emails with her urging me to come to her office in Newton, she stops replying to my emails.

Shortly thereafter, I get another surprise: she sends me a bill.

The bill charges me for the difference between her full fee and the lesser reimbursement she has received from my health insurance company. This amount is commonly referred to as “co-insurance”.

Not knowing what to do, I have the luxury of being able to consult with some of my professors who are in private practice, themselves. After extensive consultation with them, I write Dr. S. the following letter.

November 9, 20 [redacted]

Dr. [redacted] S [redacted]
[redacted] Street, Suite [redacted]
Newton, MA [redacted]

Dear Dr. S [redacted],

I am in receipt of your bill of 11/1. This bill contains several surprises including the amount of your session fees as well as the fact that they vary from \$175 to \$250. Also surprising is the existence of a co-insurance fee. In addition, I am in receipt of the two Explanations of Benefits from [my insurance company]. I note their determination that your fee “exceeds reasonable & customary for service”.

You failed to provide informed consent regarding your fees. The only discussion of fees we had was discussing my deductible of \$100 and co-payment of \$25. These are the terms I agreed to. Enclosed you will find a check for \$150. With this payment I consider my obligation to you met.

Over the past two weeks I have consulted with five psychologists regarding your behavior over the past two months. Phrases these clinicians have used in discussing your behavior include: “unprofessional”, “sloppy”, “negligent” and “empathic rupture”. This empathic rupture has been traumatizing for me and made all the worse by your inability, to date, to offer any measure of responsibility or remorse for your actions.

Sincerely,

Peter W. Pruyne

I receive no further communication from Dr. S.
Two weeks later, she cashes my check.

In the following weeks, I mull over what else, if anything, I should do. Part of me feels I have done everything I could—and then some. Perhaps what would be healthiest for me would be to find another therapist and get on with my life.

But another part of me feels there is still unfinished business. Synchronistically, at the same time these events are unfolding, I am actually taking a class in professional ethics in the mental health profession. Virtually every week I learn something in class that Dr. S. should have done, such as providing me with an informed consent document describing her fees at the beginning of treatment. It is also in this class that I learn about the existence of the state's Professional Licensing Board and any citizen's right to file a complaint against any professional licensed by the State. I also learn that filing a complaint requires a considerable amount of work, and being right in the middle of a busy graduate program, I am not at all sure that it's worth it. Consultations with my professors, while clarifying my options, do not make my choice any clearer.

In the middle of feeling torn about what to do, I remember something that had happened after leaving one of my sessions with Dr. S. One day as I briefly passed through her small waiting room on the way out of her office, I glanced to my right and momentarily made eye-contact with the next client who was waiting to see Dr. S. She looked in her early 20s, short, with shoulder-length blond hair and wearing camouflage pants with a simple t-shirt. Sitting on the edge of her seat, slightly hunched-over, her expression was one of fear, and her face was flushed. It's not possible to know whether how she looked was in anticipation of her session with Dr. S., or out of embarrassment for me seeing her there, but the fear and vulnerability I saw on her face stayed with me.

As I mull over the question of whether to file a state licensing board complaint against Dr. S., I begin to think about how this young client might have responded if Dr. S. had treated her the way she treated me.

The reality is that, while it was a painful experience, I went through it from a place of considerable privilege. I had the privilege of being in a graduate program in psychotherapy, including a course in ethics, and had at my fingertips the collective wisdom of multiple professors and clinical supervisors who were all practicing therapists, themselves. More than likely, that young woman would have none of these. As a result, there's a good chance she would have deferred to Dr. S's authority even more than I had. Even if she didn't, more than likely she would also not be aware that she had the recourse of the state Licensing Board. Without access to the resources I had, she could have easily blamed herself for any failures in her treatment.

These reflections prompt profound questions for me about my relationship with this young woman whom I would never formally meet. What is the line between compassion and pity? Between being paternal and being paternalistic? Between serving her needs versus my own?

The image etched into my mind of looking into the eyes of that scared young woman put a face on the innocent who would be hurt if I did nothing, and the more I thought about it, the more that wasn't something I could live with. Without coming up with complete answers to those three questions, the bottom line was: if she knew what I knew, she probably wouldn't have been sitting there in the first place.

Some abusers have doctorates.

Over winter break I write a formal complaint to the Licensing Board, including the emails above and other correspondence. It ends up being twelve pages. I conclude it with the following:

Consequences

Overall, I see my relationship with Dr. S [REDACTED] as having followed a slippery slope of my role gradually shifting over time from being a client-to-be-served to becoming a profit-center-to-be-used. Tragically, this calls into question every therapeutic insight she has ever offered me. For example, it is only in retrospect that I am able to frame Dr. S [REDACTED]'s initial compliments of me as a special client as emotional seduction. Perhaps the most troubling moment in our relationship was not anything that occurred after I confronted her abandonment but her use of the jaunty subject line of "Hello" in her email of 10/28. This subject line, as well as the associated text, suggests someone who is completely out of touch with how her behavior is impacting her client.

It is only with time that I have been able to comprehend fully the impact of Dr. S [REDACTED]'s negligence on me. This empathic rupture has been traumatic. Dr. S [REDACTED]'s behavior not only left me without a therapist in the middle of an emotionally challenging graduate program in psychology, but, because of the kind of insurance I have and my limited time to search for a new therapist, I have now been without a therapist for three and a half months. As one measure of my distress, I will share that I have had stress-related eczema somewhere on my body my entire life. As a young child, it was on my legs. When I was older, it was between my toes. As an adult it has been on my hands. As I gradually became aware that Dr. S [REDACTED] had betrayed me, my eczema exploded. For the first time as an adult, it appeared on both my hands and legs.

I was motivated to submit this ethics complaint not just because of Dr. S [REDACTED]'s negligent behavior but because of the defensiveness with which she has reacted to feedback from me all along. I believe Dr. S [REDACTED] is impaired, so impaired that she cannot see her own impairment. I submit this complaint in the hopes that she will be able to hear her peers in a way that she has been unable to hear me.

I am aware that avoiding apologies to clients is sometimes regarded as a risk management strategy. Yet the fact remains that if Dr. S [REDACTED] had responded to my initial long email of 10/31 by picking up the phone and leaving a message that included the phrases "I apologize" and "I am deeply sorry", this complaint would most likely never have been filed.

A few months later, I find myself seated at the head of a large conference table in the offices of the Board of Professional Licensure of the Commonwealth of Massachusetts at 1000 Washington Street in Boston. Around the table sit about a dozen senior local psychologists who make up the Board, all dressed in business attire. I would say their ages range from in their 50s through 70s. They have each read my complaint, with copies in front of them, and I am here to be interviewed by them. At some point in the future, they will then interview Dr. S.

Needless to say, being alone in a windowless room with the inquiring gazes of a dozen psychologists focused on you is mildly intimidating.

While any of them can ask a question, a middle-aged gentleman in a brown tweed blazer to my right seems to be taking the lead. He prompts me to give a verbal summary of my experience with Dr. S., its impact on me, and why I decided to file the complaint. At first, I am nervous. I've gone over my complaint document dozens of times in preparation for this hearing. But after about 15 minutes, I sense that the tone of their questions begins to feel more relaxed. It begins to feel more like a conversation than a cross-examination. Then it dawns on me: they already have my complaint; they already have my version of the facts. This suggests that all they're trying to do now is get a sense of whether I'm for real or not. I intuit that their shift in tone suggests that they think I am.

Among my complaints, I mention my puzzlement over Dr. S.'s bill, and why one session was

listed as \$250 while another was \$175. In response, one of the psychologists in a dark pants suit explains to me that the first was the fee for my initial intake and the second was for a regular session. I thank her but think to myself, “So how come you’re the one explaining this to me and not Dr. S.?”

As we approach the end of our time together, the man who began the questioning turns to me and asks, “So what do you think should happen to Dr. S.?”

What a profoundly empowering question! I feel honored that this process asks what justice would mean to me.

My answer: “Well, I don’t think she should have her license pulled; I think she just needs her wrist slapped. One of the reasons I went through with submitting a complaint was that I realized that it didn’t matter what the finding was in order to achieve that.”

In the course of my conversation with the Board, I learn that it is common for the accused to be accompanied by a lawyer. The fact that she will have to pay for one adds heft to my assumption about the complaint process, itself, having its own punitive effect.

What the Board is now faced with is whether her transgressions merit a permanent mark on her record, one that would be visible to the public on the Board’s website forever.

Several weeks later, I receive a thick envelope in the mail from the Board of Professional Licensure. Their findings: Dr. S. will not receive a formal judgement. A summary of Dr. S.’s defense includes her hollow excuse for her behavior as being something about “counter-transference,” the feelings a client brings up in the therapist.

I am surprised at how little the final judgment actually matters to me. I’ve had my day in court. I’ve said my piece—and she was forced to listen to it. Now I can put it all behind me. As with filing for unemployment, now I don’t have to spend the rest of my life wondering whether filing a complaint would have made a difference or not. I can now focus on being the kind of therapist who doesn’t do any of the things Dr. S. did.

And, maybe, just maybe, that young woman in the waiting room—as well as those who come after her—is a little safer than she was.

Like dodgeball, sometimes even when you officially “lose,” there are still ways in which you win.

Postscript

Seven years later, just out of curiosity, I look up Dr. S.’s license number on the State Licensing Board’s website. There I see that she has had a judgement against her. Apparently at some point she failed to keep up with the state’s requirements for continuing education credits. The website shows that she was fined \$250 by the Board.

Normally the Board leaves recording-keeping of continuing education credits up to clinicians on the honor system. The fact that they fined her makes me wonder if my complaint caused them to keep a special eye on her.

McLean's

With one more semester to go before graduating, I apply for the part-time position of Mental Health Specialist at McLean Hospital in Belmont. McLean is considered one of the most prestigious mental hospitals in the area, and my 9 a.m. interview is with the head nurse of the Dissociative Disorders and Trauma Unit. Dissociation is the mental state of being disconnected from the present moment. Day-dreaming, flashbacks, being in shock, and amnesia are all examples of varying degrees of dissociation. Trauma often causes some form of dissociation.

As luck would have it, snow has been falling all this January morning, and the series of buses I have had to take to the hospital have all taken longer than expected. I'm late. Being late to a job interview isn't something I strive for. All I can do is breathe and wait for the next shuttle bus.

After meandering through the snow-covered paths of the sprawling campus, I finally find the right Edwardian dark-red brick building with limestone accents. Large windows cover the imposing, three-story, peaked-roof structure, front and back. It could be a wealthy person's mansion. A closer look, however, reveals heavy metal screens completely covering each of the windows.

Now I have to hunt for the correct entrance—not the front, apparently. After finding it, I weave my way through the labyrinth of hallways and stairwells up to the second floor where I think I'm supposed to be. I press a brass buzzer at a sturdy locked metal door with a small window. I peer inside and see no one. Apparently, I've come to the back door of the unit instead of the front.

Eventually a nurse comes and opens the heavy door. I explain that I'm here for an interview with the head nurse, Karen, and she leads me through the unit to the centrally-located office area. After a few minutes, Karen arrives from another part of the unit with a good-natured welcome: "I figured if I went and did something else, you'd show up." I apologize for being late, and Karen shrugs as if I'm apologizing for it snowing in New England in January. I'm guessing that in her job as head nurse of a trauma unit she has a pretty high bar for getting upset.

She takes me on a tour of the unit. It looks like it's built around a single hallway that winds around their wing of the building. Patients, mostly in street clothes, are throughout the unit, some being slowly escorted down the hallway, some resting in their rooms. Mental Health Specialists, something like a nursing assistant, take vital signs of patients on a rotating basis. I notice the doors of all the patient rooms I see are open. I wonder what the concept of privacy is like here.

Karen explains that she's been working at this very unit for *fifteen* years. She strikes me as a classic fair-skinned stocky Irish-Catholic Boston nurse: super competent, no-nonsense but always ready with a laconic sense of humor, able to be kind or assertive to patient and doctor, alike, as the situation calls for. I can only imagine the things she's seen here in that time.

We reach the far end of one of the hallways, and Karen pushes open a door to a small room in the corner of the building with two large windows on the outside walls. It's big enough for just one bed. The bed is positioned directly in the center of the room with enough space to walk around it on all sides. I don't see a top sheet on this bed, and it has one other difference: large black straps are hanging off both sides of it. Just as Karen names it, I realize: this is the restraints room. I shudder on the inside. With the backdrop of a dark snowy January morning outside, it feels like something out of a Stephen King novel. Karen explains that they use restraints only as a last resort when someone is repeatedly trying to hurt themselves and is deemed unsafe any other way. Apparently it is a relatively rare occurrence for the staff to end up using the room these days. Nevertheless, it's here if needed. I try to imagine the scene when they do.

Leaving that end of the hallway, another nurse catches up with Karen to ask her a question. As they are talking, I glance to my right through one of the open doorways of a patient's room. Inside, the walls are white with no pictures and there are two plain institutional beds. Other than institutional bedside tables and a metal visitor's chair, the room is sparse. Curled up in a fetal position in the middle of the bed directly opposite the door is a female patient in a white hospital gown. She looks about in

her mid-twenties with long light-brown hair. She's lying on top of the sheets directly in the middle of the mattress, staring vacantly out into the hallway right where I am standing. While her eyes are open, I sense that she is not seeing me just eight feet in front of her. She is somewhere else. Something about her looking so small in the middle of the large mattress combined with her lifeless gaze is haunting. She is the personification of vulnerability and suffering. One can only imagine what brought her to where she is now. While I stand motionless in the hallway, my heart reaches out to her. Meanwhile, even if she can't see me, my gaze feels intrusive. I look away. Though I see her for mere seconds, her image sears into my memory.

Karen tries to find a semi-private space for us to talk. We pass a small alcove with a care team debriefing. Moving on, we pass a large whiteboard with the first names of all the current patients in the unit written on it. I note that all the names appear female. We finally manage to find another small alcove with a door and some chairs. She closes it, and we sit down.

She reviews my resume and shakes her head at my work history. "You've done a lot more than I have," she says. Meanwhile, I envy her experience. I guess the grass is always greener. In the short time I've been with her, I respect Karen and could see working for her. I know I'd learn a lot.

Karen describes the responsibilities of the position and shift hours. I explain my current class schedule and agree to follow-up after my coursework has settled down.

She then asks if I have any questions. I say, "It looked like most of your patients are female. Is that right?" I don't think I saw a single male patient today.

Karen nods and explains that typically about 95% of their patients are female.

"Why is that?", I ask.

She replies, "In my experience, women tend to take their trauma out on themselves and end up in the hospital." I think of self-harming behaviors like cutting oneself, eating disorders, suicidality, anxiety, and the documented higher rates of depression in women.⁴⁸

"Men," she continues, "tend to take their trauma out on *other people*, ending up in the criminal justice system." I pause to reflect that prison probably isn't such a great place to recover from trauma. Most likely it's re-traumatizing.

It takes some time for what Karen is saying to sink-in.

Men act-out. Women act-in.

⁴⁸ For one comprehensive yet accessible summary of research on women's mental health, see *Women's Health* by Neil Eddington, PhD, and Richard Shuman, LMFT, 2016. Continuing Psychology Education Inc., Lansing, MI. Available at: <https://www.texcpe.com/html/pdf/mi/OMIWH1.pdf>

The South End

I'd never heard of methadone. You would have thought that a graduate school curriculum that covered substance abuse would have mentioned one of the most prevalent treatments for the most acute addiction crisis of the day: heroin. As I was looking for my first full-time mental-health related position, I discovered the existence of clinics that prescribed a synthetic opiate called methadone that reduces cravings and withdrawal symptoms for those addicted to opiates. With a growing interest in addiction, I was thrilled. I decided to let the part-time job at the trauma unit at McLean go in favor of working in opiate addictions.

A few months later I am hired as a substance abuse counselor at a for-profit methadone clinic in Boston's South End.

The South End is described by some as the “Bermuda Triangle” of opiate addiction, made up by three landmarks: a local homeless shelter, our clinic, and the branch of a well-known fast-food restaurant known for being a place where you can buy any drug you want whenever you want. The implication was that once you entered this triangle and used opiates, it was next to impossible to get out. Clients would sometimes refer to methadone as “liquid handcuffs”.

A typical day at the clinic starts with me running a series of 90-minute counseling groups on different aspects of recovery such as relapse prevention, anger management, and spirituality. In the afternoons, I meet with clients one-on-one, typically bi-monthly, but sometimes weekly or monthly.

The first thing that becomes apparent to me in this job is how prevalent trauma is for my clients, both in terms of a history of trauma as well as how traumatic the life of someone in active opiate addiction is. In the grip of addiction, most lose their jobs, their families, their relationships, and housing. Living on the street is traumatic, and many clients tell me the homeless shelters are worse than sleeping outside due to the active drug use of other residents, drug deals, and violence—all of which serve as temptations to relapse.

I begin to see trauma as the invisible smoking gun of the opiate epidemic. It is like addiction is a jigsaw puzzle of causes with trauma and the resulting poor emotional regulation at the center. I decide to try and represent this puzzle for my clients with a handout. While not everyone has every piece of this puzzle, when I show it to them it is gut-wrenching to see how many say they've experienced all of them.

Causes of Addiction Jigsaw Puzzle

There is no one cause.

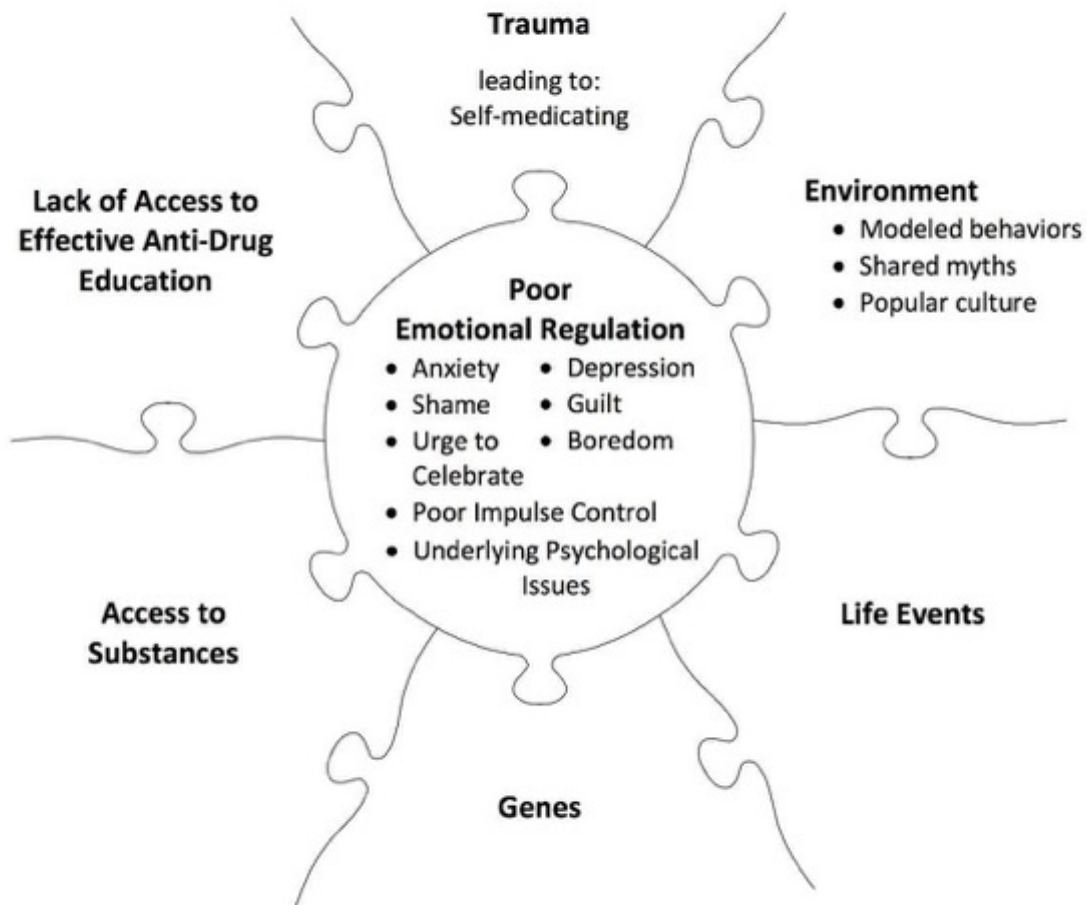


Figure 46: The “jigsaw puzzle” of causes of addiction.

Trauma is their normal. As a result, they can't always see the connection between an inability to regulate their emotions and addiction as an attempt to self-medicate these emotions. A severe trauma history can make it very difficult to regulate one's emotional and physical arousal. If you ask the average long-time heroin user to take a deep breath, many literally don't know how. They will take a split-second shallow breath and not feel anything.

What would it be like to live not knowing how to take a deep breath?

I therefore decide to make a matching handout of a complementary jigsaw puzzle of addiction recovery. My goal is to allow clients to look at this and explore what might work for them in building their own path to sobriety.

Addiction Recovery Jigsaw Puzzle

There is no one solution.



*"Addiction is not a sin to be forgiven
but a wound to be healed."*

Figure 47: The "jigsaw puzzle" of addiction recovery.

The Back Page

Shannon sits in a 1980s-era maroon office chair next to my desk in my small, windowless office at the clinic. She is here for her bi-monthly counseling session. In her early thirties, she stares vacantly down at the industrial gray carpet, shoulders slumped, her wavy brown hair somewhat tussled behind her. Wearing a simple white t-shirt, faded jeans, and yellow flip-flops, if you saw her on the street there would be nothing to tip you off that she was recovering from heroin addiction. What you might wonder, as I did, is whether her gaunt frame was due to an eating disorder, until she explains that the only meal she expects to have today is the one she got at the homeless shelter this morning.

This isn't an eating disorder. It's old-fashioned malnourishment.

Shannon is on a relatively high daily dose of methadone for a medium-sized woman: 120 mgs. Most women I work with are more in the 60-80 mg. range. This suggests that she used heroin for a longer period of time and/or at higher doses than average. As a result, her body has built up a significant tolerance to the drug, and she needs a higher dose of methadone to stave off cravings and the punishing symptoms of withdrawal.

Heroin is one of the most difficult addictions to overcome because it involves this “double-whammy”: intense cravings for an unreal high while also wanting to avoid the worst withdrawal you can imagine. My clients describe opiate withdrawal as like having the symptoms of every illness you've ever had all at once: fever, chills, sweats, cramps, nausea, incontinence—for days. While it's not fatal, you wish you were dead. This is why the average user will do *anything* to get their next fix to avoid experiencing it. They're not just trying to get high; they're trying to avoid the hell of withdrawal. The right daily dose of methadone prevents both the cravings and withdrawal.

On methadone, Shannon has managed to stay clean for six months. This is an accomplishment.

Today she's despairing about her inability to provide for her 4-year-old daughter. If Shannon gets any food, she gives it to her daughter, first. She's currently in a bind because she dislikes her boyfriend but feels she has no choice but to stay with him for protection out on the streets. Avoiding eye contact as she tells me all this, her facial expression and body language are the embodiment of shame. Not knowing where her daughter's next meal will come from, after a pause she shrugs and says with resignation, “Sometimes I think I should take out an ad on the back page.”

I don't know what that means.

“Back page?” I say.

“To be an escort.”

I recall the last copy of the free street newspaper I've seen that has ads for escort services inside the back page. It sinks in; I am sitting with a woman who feels she has no alternative but to exchange sex for money.

If I didn't think it was possible for her to embody even more shame than she already has, she proves me wrong. Shannon is teaching me how easy it is for female clients to experience sexual trauma on top of whatever other trauma they've already experienced.

As her words hang in the air, my mind searches for how to respond. She has just disclosed the most intimate of thoughts to me. She deserves a response of care. But what, exactly?

I could simply echo back to her the content of what she's said. Believing that emotion is the engine of change, I could reflect back to her my sense of the emotions with which she has said it. Or I could propose the more cerebral exercise of making a list of pros and cons of that choice and brainstorming possible alternatives.

I've come to see my job as relentlessly meeting the client where they are at, both at the start of a session as well as moment-to-moment. *What does she need most right now?* Meanwhile, I can only hope to guess the answer to that question from a place of humility, never being certain of the answer but seeing where my best guess then takes us.

I have a hunch: what will further her healing most in the long run is acknowledging her pain in the present. If I had to reduce all of psychotherapy to three words it would be: “Feel your feelings.” While that may not always be enough in and of itself, my experience is you can’t get far without starting there.

I take a chance. I decide to name my guess of the thing that is most important to her in this moment.

Looking at her eyes while they are still looking at the floor, I say softly, “You really love your daughter.”

Shannon slowly leans forward and quietly begins to cry.

Shannon no-shows her next appointment. Did I scare her off? Did she get housing somewhere? Did she relapse—or worse? This is the burden of working at a methadone clinic: you need to accept that you will never know why someone didn’t come back.

I never saw her again.

Marion and Allison

Every Wednesday at midday, all the substance abuse counselors meet in what we call the Activity Room for group supervision. Four folding tables are pushed together, and the dozen or so counselors sit around them. Supervision is led by Allison, our Clinical Director, a mental health counselor in her mid-to-late thirties.

Counselors who have been here for a few years tell me that Allison used to have our job but didn’t like it. She left the clinic to try and start her own private practice. When that didn’t work out, the clinic Director, Marion, convinced Allison to come back as Clinical Director. Now Allison supervises a dozen clinicians—who do the job that she didn’t like to do. When I heard this, it helped explain my experience of Allison as being generally distracted.

Today, as it happens, is the Wednesday before Thanksgiving, and I’m bracing myself for whether the events of yesterday will be addressed.

Yesterday when I returned to my office after leading one of my groups, I found out from my colleague, Devan, that Maria, another counselor just a few doors down, had just been fired. Apparently, Allison and Marion had caught Maria on the hallway video cameras ending one of her groups early. The sense of my colleagues was that this was just a pretense; they just didn’t like her. They asked Maria to come into Marion’s office in the morning and gave her the news. In tears, Maria, returned to her office to clean out her things. With her office door wide open so that whole world could hear, Allison then came by Maria’s office. When Maria became hysterical, Marion came by, too.

Hearing the story, I had two immediate reactions. First, I couldn’t think of a more unprofessional way to fire someone. And second—I’m glad I wasn’t there! Meanwhile, a few weeks ago another clinician was fired, supposedly for not filling out a signed release of client information as she should have.

Who’s next? And now we’re sitting in the Activity Room supposed to have clinical supervision in the middle of feeling unsafe about our jobs.

I’m reminded of something else that causes fear working here: hearing Marion’s angry voice over the clinic’s public-address system calling you into her office when you did something wrong so the entire clinic—including the clients throughout the building—can hear: “Peter P.! Come to Marion’s office! Peter P.!”

I recall the last time I heard my name over the P.A. and how much shame I felt. It was like being summoned to the principal’s office—with everyone in the world being in on it. When I got there, Marion was behind her desk fuming. Allison sat in front of her. Marion held up an uncompleted

guest dosing form that I had apparently neglected to fill out for one of my clients who was traveling out of state. I honestly had no recollection that I was supposed to do it. I had 60-odd clients on my case-load. It was hard to keep up.

As Marion lectured me while she completed the form, I momentarily glanced over at Allison. We made eye-contact, and Allison silently mouthed to me “Don’t worry about it” with a slight head shake and wave of her hand in her lap so Marion couldn’t see.

What were the dynamics of power in that moment? Marion is Allison’s boss. Allison is my boss. I had the least power in the room. Allison just gave me a message behind Marion’s back that Marion was over-reacting. This struck me as Allison enabling Marion’s abusive behavior. This was made even more disturbing by recognizing that Marion’s hair-trigger temper is reminiscent of many recovering alcoholics I’ve worked with. When an alcoholic first becomes sober, they may no longer be drinking, but they are still often addicted to wanting to control others through anger and rage. This stage of recovery is so common, it has a name: a “dry drunk”. Whether or not Marion, herself, is in any kind of recovery, I don’t know. But her behavior certainly feels like it. While I can have compassion for such recovery—it’s my job to support it—it feels insufficient for the role of Director of a 30-odd staff at a methadone clinic.

As the staff meeting with Allison now starts, Devon is the only one with the courage to ask Allison about Maria getting fired yesterday. Allison says she’s unable to say anything about it. Devon points out that firing someone the day before Thanksgiving is harsh. Allison has no response. The rest of the meeting continues as if nothing happened. It feels like *1984*.

After the meeting is over, I wander back to my office and close the door. Sitting alone, I find myself experiencing a painful sense of *déjà vu*. I’m being forced to creep out from under the denial I’ve been holding for the last few weeks: I’m working for yet another authoritarian workplace that treats people like objects rather than human beings. If this was a cut-throat corporation, perhaps I wouldn’t be surprised, but this is supposed to be an organization that helps people.

I’ve been here a little over three months. I thought this would be a stable and fulfilling path to gain experience in the field. I bring to mind prior experiences with abusive organizations. I recall being at Grand Canyon Air only two weeks. I can’t help but wonder: *Is it me? Is it?*

Then I think about the very senior counselors I’ve gotten to know here. Behind closed doors, they are very open about how much they can’t stand Marion and Allison. Many are deeply bitter about how the company has treated them over the years. I recall talking to Robby, the assistant director, who has been here *18 years*. I once asked him why he doesn’t leave. He said, “It’s too late for me. I’ve got three years until retirement.”

I appear to have two choices: stay and become miserable like my senior colleagues, or leave and cut my losses. Without another job to go to, neither feels like a good option.

I reflect on Marion and Allison’s behavior over the last few months. In addition to using the P.A. to shame people, Marion periodically sends out prickly emails to the entire staff that she doesn’t proof-read before sending:

I everyone, I got 3 Incident reports on m desk about car accidents. I have no idea who wrote the reports, but you need to do it correctly and do an Adverse Event Report that goes to corporate. If you wrote this report, please come get it and do an Adverse Event report. If you have already done an Adverse Event report, please just let me know. Marion

Hello everyone: When you open or view a release of information for a patient, there is a button for Disclosures. It is IMPERATIVE that you complete a disclosure EVERY TIME you communicate with an external provider or family member or significant other. This includes dose verifications, prescription verifications, any communication. If you do not know how to complete a disclosure, please see your supervisor.

thank you. Marion

Hello everyone. Please understand that the Compliance Line number is for staff use to call if you believe you have seen or have knowledge of a violation of our corporate compliance guidelines. It is not a line for patient grievances. Patient grievances are to be directed to me. They may complete a grievance form. Please review the patient grievance process outlined in the patient handbook or on the intranet. Thanks, Marion

Hello everyone. I want to let you all know that Malika who has been our receptionist at the front desk is no longer with the company. Marion

Hello everyone.
I have pulled out of the refrigerator some of the nastiest and disgusting science experiments that I have ever seen. I believe this used to be food brought in by some of you and left, forgotten, to rot in our program refrigerator. The kitchen smells like a garbage pail. I have left everything on the kitchen table for you to go in to claim. If it is not claimed by 9:30, I am throwing it all away, containers and all.
Marion

To help me decide what to do, I decide to conduct a very low-risk experiment: just to see what it's like, I draft a letter of resignation without any commitment to actually using it:

Allison [REDACTED], Director of Counseling
South End Treatment Services
101 Odessa Street
Boston, MA 02119

Dear Allison,

With this letter I give my notice to resign my position as Substance Abuse Clinician effective January 15, 2014.

I would like to thank you for the opportunity you provided me to work at the clinic and appreciate the learning that being here has afforded me.

Please let me know how I can help make this transition as smooth as possible for my clients.

Sincerely,

Peter Pruyn

As I stare at this letter on the computer screen, I cannot deny that it felt good to write and read out-loud. It's still scary to think about resigning without another job—again—but I consider the option of resigning with a two months' notice to give me some time to find something else.

As I continue to stare at the computer screen, I notice I have an impulse to write more. What do I *really* want to tell Allison? I note simmering anger. I think of the spotty clinical supervision I've had with Allison, often punctuated by her telling me about various crises in her own life or answering her cell phone. I recall the last time Allison canceled my supervision without notice. I went to her office, and she wasn't there. I then stumbled into her in the hallway. When I asked her about whether we were meeting or not, she said she was tending to some client issue. She concluded, "Someone else is more important than you," shrugged, and walked away.

I think about how our base salary is barely enough to live on and how the clinic offers an "incentive system" to make more money if we bill more than a certain number of clinical hours a week. As a result, we aren't paid for helping people to get better and get off methadone; we're paid simply by the quantity of people we see. Hence our bloated caseloads. I see these dynamics as a direct consequence of the commodification of treatment that comes from a for-profit organization.

Spontaneously, I decide to conduct a second experiment: writing the letter of resignation I'd *really* like to submit—no filters, no concern about ever asking Allison for a letter of recommendation, nothing but brutal honesty. What would *that* letter be like to write?

Only one way to find out.

Allison [REDACTED], Director of Counseling
South End Treatment Services
101 Odessa Street
Boston, MA 02119

Dear Allison,

With this letter I give my notice to resign my position as Substance Abuse Clinician effective January 15, 2014.

I would like to thank you for the opportunity you provided me to work at the clinic and appreciate the learning that being here has afforded me.

Please let me know how I can help make this transition as smooth as possible for my clients.

Now at this point you're probably wondering *why* I'm resigning. Funny you should ask; I'd like to tell you. First, you are the worst supervisor I've ever had. You are perpetually scattered, you have atrocious boundaries, and, frankly, I feel *sorry* for you given the number of times you've tried using *me* for emotional support rather than the other way around. I guess you really aren't anywhere *close* to getting the emotional support *you* need, are you? You call what we did *supervision? Really?* Telling me which administrative computer intervention I should use next? Do you even *have* a theory of change? Yeah, I didn't *think* so. And, hey, did it ever occur to you to actually *turn off your fucking cellphone* during our supervision meetings? Once again, I guess not.

Meanwhile, here's something to mull over: Marion, your boss, is a dry drunk, and you are her enabler. In all the organizations I've worked for I cannot recall a more shaming practice than Marion's angry voice over the P.A. calling your name for the whole world to hear—including the patients!—when you've made a mistake.

And the clinic's "Incentive" System? What a *joke*. *Disincentive* System, more like it. Hey, here's a whacky idea: how about incentivizing the *quality* of treatment instead of the *quantity* of treatment? Do you have any *clue* how awful the morale of your people is? *Do you?* Yeah, once again: I didn't *think* so.

You know, the sad thing is that you're actually a nice person, but you're so trapped in your job that you can't allow yourself to see how bad it is for your own mental health.

Well, guess what? *I can, so I'm outa here.*

Enjoy your one-way trip on the Burnout Express, Sister!

Sincerely,

Peter Pruyn

(Slow exhale.)

Well. That felt good.

After a few days of reflection, I submit my letter—the first one, that is.

Good job, Petuh.

While glad to leave Marion and Allison, I am sad to leave my clients. Before leaving, I wanted to find a way to express what I have learned from them, as well as provide them a parting offer of hope. At the end of my groups on my last day, I hand out the following and read it out-loud.

One Day

As those who have known hunger
savor every morsel
in a way that those who have always eaten three meals a day
will never know;

As those who have known homelessness
are grateful for a bed that is warm, soft, dry and quiet
in a way that those who have always had a roof over their heads
will never really understand;

As those who have known poverty
celebrate each and every paycheck
in a way that would never even occur
to those of privilege;

As those who have known loneliness
are replenished by moments of human acceptance
in a way that those who have never felt excluded from community
will never know;

As those who have known mental illness
are grateful for each day of peace
in a way that those who have only known health
will never know;

One day, may you
be able to savor the serenity within the everyday moments of life
in a way that those who have never overcome addiction
will never know.

January, 2014

Postscript

Shortly after I left the clinic, South End Treatment Services was bought by a national healthcare company. As a result of the buy-out, most senior-level management positions were eliminated.

25th Reunion

I am standing in the packed courtyard of my old school on a pleasant Friday evening in May. It is high school reunion weekend. Hundreds of alumni, most in suits and ties, holding mixed drinks in plastic glasses, chat intensely with each other and former, now white-haired, faculty. Wait-staff circulate with trays of designer hors d'oeuvres. It's loud. I have to lean-in to be able to hear someone.

Our class is congregating towards one corner of the courtyard. I take in the lesser hair and greater waist-lines of my classmates, making knowing eye-contact with certain members of my class I haven't seen in decades.

I then notice my old classmate Calvin weaving his way through the crowd towards me. While aging has changed him slightly, unlike some of my classmates I am able to recognize him instantly. Surprised, both to see him as well as his effort to come over to me, I say, "Call!" We were not close during school. He sticks out his hand.

This is the first time I have seen Calvin at a reunion. There was a rumor that he had some addiction issues and fell off the radar of the alumni network. Apparently he is now in recovery and living in Chicago. We engage in small-talk. He looks well and is easy to talk to. I find out he's working in insurance. And then, without prompting, he says, "I remember we could be pretty hard on you." I am taken aback. I literally have no memory of Calvin, himself, bullying me. The fact that he is commenting from the perspective of the class as a whole leaves me speechless.

It must have been really bad.

"And I'm sorry about that," he adds. With that, he makes a polite exit. I remain without words.

This is the only time I can remember a classmate apologizing to me for their abuse.

Dear Alcohol

As a result of a homework assignment for a substance abuse class, I decide to attend an Al-Anon meeting. A sister 12-step program to Alcoholics Anonymous, Al-Anon was founded by the wife of the founder of A.A. for those who are affected by someone else's drinking.

It had been my sister who had first suggested to me, a year before, that our father was dependent on alcohol. Suddenly a light bulb went on, and many family behaviors began to make sense—including the fact that we, as a family, had never talked about it. For the first six months I was in Al-Anon, I became preoccupied with the question of whether to name the elephant of alcoholism in my family.

On one hand, I could say that I was in Al-Anon for me and that naming this elephant was therefore irrelevant to my own recovery. Remaining silent could be regarded as a healthy exercise in detachment. In addition, I didn't want such a conversation to feel punitive to my father. Perhaps it would be safer for everyone if I didn't rock the boat.

On the other hand, something inside me told me that naming this elephant was a critical part of my recovery, a way of affirming my "qualification" to be there. Furthermore, I had no intention of hiding my participation in Al-Anon from my family. It therefore seemed inevitable that someday someone in my family would ask me, "So, why are you in Al-Anon?" and my truthful answer would be, "Because my father is an alcoholic." Without a prior conversation, that brief exchange did feel punitive. So perhaps it was better to initiate the conversation in order to go about it more lovingly.

In discussing this dilemma with other Al-Anon members, I decided upon a reasonable intermediate exercise that had worked for me many times in the past: I would write a letter to my father without committing to actually sending it. As I began to think about what I wanted to say in such a letter, however, I realized that I wanted to write about much more than just my father. Then one day it occurred to me that who I really wanted to write the letter to wasn't my father; it was to alcohol, itself. Hitting upon this device, I was liberated to talk about my entire family, both past and present, without blaming anyone.

Memorial Day weekend, I took the train to the North Shore and biked to a small out-of-the-way cove. Under the shade of a large tree, I opened my laptop, and the flood gates opened, too. In two hours I had filled four pages in what seemed like the blink of an eye. I wept. It was an enormous release.

Over the next several weeks, I continued to work on the letter and shed more tears. Incrementally refining the words over many weeks was just as cathartic as the initial writing of it.⁴⁹

As I did so, I turned over in my mind how such a letter might be sent. I realized that a prerequisite for me being able to send it was letting go of being attached to any particular outcome. Maybe my father would read it; maybe he wouldn't. Maybe he would respond; maybe he wouldn't. In the worst case, he might stop speaking to me altogether, though I considered this unlikely.

Gradually over the ensuing weeks, sending it felt more and more like the right thing to do. It was something I needed to do for me. And while I hoped, in the long run, that the letter might also provide some relief for my family as a whole, I could not be attached to that, either. What I felt I needed next was an opening.

This opening came in a weekly phone call to my father. I mentioned to him that the reason I called him in the mornings and never in the evenings was that I found mornings were the only time of the day when he was lucid. I then wondered whether this might be because later in the day he drank alcohol.

Somewhat predictably, this observation did not go over well with him. Nevertheless, the subject had been broached. The next day I wrote a brief introductory letter addressed to him, attached

⁴⁹ Just as with this memoir.

the Dear Alcohol letter, and mailed them. It felt both good and scary.
Here is the Dear Alcohol letter in its entirety.

May 28

Dear Alcohol,

For a long time I thought I should write this letter to my father, but I didn't know how to do so without it feeling punitive. Then I realized that I should really be writing to you, for my father is as much a victim of you as I am. In writing this letter, the goal is simple. It is to be heard. It is to clear the air.

I am angry with you. You took my father from me, and you took him from himself. You took him from me during years when I needed him most. Even more than that, you took his father from him so that he never really had a father. My grandmother was robbed of a husband, and I was robbed of a paternal grandfather.

You are a wily one. You cast your spell wide, yet you masterfully draw attention away from yourself to your victims. You are not only a substance and a drug; you are a disease, a disease that infects not only those who abuse you but entire families across multiple generations. You poison not only the veins of your victims but the hearts and minds of the families of your victims with fear, anger, confusion, despair and depression—all leading to forms of physical and emotional isolation.

It is only as I have gotten older that I am able to piece together the diabolical strategy that you constructed to attack me and my family.

I can still remember the first time I met you, how unassuming you were, how charming. With my father's encouragement, on top of my vanilla ice cream I poured the light beige Vandermint from its elegant square white and blue Dutch bottle. I felt like an adult. Adults drink. Here I was 6 or 7 or 8 doing an adult thing. You tasted warm and odd and, at least in Vandermint, minty. The truth was that I didn't like your taste, but I continued to flavor my ice cream with you because my father did and because it made me feel grown up.

I continued to occasionally taste my father's Budweiser at lunch or Chablis at dinner. I discovered that Tom Collins mix was nothing more than carbonated lemonade, so I started drinking it "on the rocks". I never added bourbon to it, as the adults at my parent's dinner parties did, but somehow that didn't matter. As far as I was concerned I was "having a Drink". The truth was, I didn't like the taste of beer or Chablis or bourbon. To me beer tasted like stale carbonated urine and bourbon burned. I found it hard to believe that anyone drank them because of the taste. Sometimes I would feel a slight effect of such tastings. I felt a little headache, maybe even a little nauseous. Again I wondered, why do people drink this stuff? I had heard that it makes some people feel good; but that's not what it did to me.

Then one weekend when I was 10 or 12, my grandmother (my father's mother) came to spend the weekend with us. Nana liked to drink vodka with something called vermouth. She would have a few before dinner. During and after dinner, she didn't seem like herself. Her speech was slightly slurred; she was a little slower than usual. It was strange. But even stranger was that I noticed that it wasn't just her who was changed by her drinking. I noticed that my mother would talk less and my father engaged with Nana in a way that I didn't quite understand. It felt like a cat playing with a mouse. All I knew was that it made me greatly uncomfortable. This was not the indulgent grandmother I knew.

After my mother made sure that Nana had successfully climbed the stairs to her room, she shook her head and confessed to me her disgust at Nana's drinking. She said, "Sometimes I feel like saying to her, 'We'd like to spend time with you, not the vodka.'" I don't think my mother ever actually said anything.

This was my first major lesson in your powers: you not only affect the person who uses you; you affect everyone else in the room, too. It was also an introduction to your favorite accomplice, silence. Cloaked in silence, like a burglar in black, you do your work without getting caught, without being held accountable.

It would be a decade later that Nana would have her first stroke. That scared her. Under the threat of death, she chose to moderate her drinking.

In the meantime, I received my second lesson in alcohol as a family disease, this time via my mother's younger brother, Fred.

Uncle Fred was mostly absent from my childhood. His presence was felt on Christmas, long-distance, through the gift of a crisp five dollar bill enclosed in a greeting card. Only decades later would I learn that Uncle Fred was an alcoholic for most of that time. His first marriage ended in divorce. Once again, my mother never talked about any of this until much later. Alcohol and silence had a stronger marriage than Uncle Fred.

For most of my youth I experienced dinner as a trial. I developed a hyper-vigilance that would allow me to read my father's mood through his tone of voice, body language, and facial expression. Completely unconsciously, I developed the habit of walking around our apartment as quietly as possible, trying hard not to cause any of the wooden floorboards to creak. I learned to be small. In retrospect, I did this to avoid triggering my father's temper. I lived in fear of my father's wrath.

This wrath expressed itself mostly through his verbal anger. He would sometimes spank my sister and me. With an adult perspective, I can say that, paradoxically, the most hurtful thing he ever did was physically the smallest.

One afternoon we were all driving somewhere in our silver Buick Century station wagon. We were in our usual positions: my father at the wheel; my mother in the front passenger seat; I in the back seat behind my father; and my sister next to me behind our mother. I was 12, my sister 15. I don't remember exactly what I had been doing to provoke him, probably making too much noise. In truth, it doesn't matter. My father had had enough. With a firm tone, he told me to put my hand on the top center of the red front seat. I obeyed. A split second later, his hand came down on mine with all its force.

As I write this, I still don't understand how he did that physically; he could not have bent his right hand behind him to do that. He must have used his left (he is left-handed), but I still can't visualize how he could have reached around to the right with his left and applied such force while seated behind the wheel. What I did understand was that it hurt. As I jerked back my hand, my father glared at me through the rearview mirror and yelled a question at me: *"Do you think you're old enough not to be spanked?"*

It was a good question, one whose stakes were adulthood. Cradling my right hand in my left and compartmentalizing the stinging pain, I stared out the window and gave the question serious thought.

My father's impatience interrupted: *"Well?!"*

I responded as I thought was true: *"Yyyes."*

His response was swift: *"Well, you're not!"*

It is only looking back on this incident that I am able to see its power. In this brief exchange my father gave himself permanent permission to abuse me. The physical pain of the slap was far less than the psychological pain of having trusted my father by extending my hand to him, and now there was a promise that it could happen at any time.

I lived in fear of my father—though not all the time.

I did not fear my father when he built a dark green sandbox for my sister and me with a corrugated white fiberglass roof and that he filled with white gypsum sand. He said, “I love making things, and I especially love making things for you.”

I did not fear my father when he took my sister and me fishing in an aluminum boat in the summer in a fresh-water lake and introduced us to Bass, Pickerel, and Sun Fish and putting worms on hooks.

I did not fear my father when he taught me how to shoot the rifles that his grandfather had left him by firing at clumps of green algae in our brown pond and watching the resulting geysers of water shoot up in the air. I did have a healthy fear of the rifles, though.

I did not fear my father when, for my 13th birthday, he gave me the .22 caliber rifle that my mother had gotten him many years before. In such a gift, he extended to me the trust of no less than deadly force.

I did not fear my father when he read to us in front of the fireplace after dinner from the ghost story books of his youth such as *The Other Worlds: Twenty-Five Modern Stories of Mystery and Imagination* with short stories by the likes of H. H. Munro and H. P. Lovecraft. But I did fear some of the stories.

It is only more recently that I can see that these actions were his way of saying, “I love you.”

As a coping mechanism, I learned not to be reactive to his anger. I learned that anger was contagious. If I didn’t get angry back, the confrontation would be over quicker. It would only be as an adult that I would see that an unintended consequence of this non-reactivity was being bullied at school.

I attended an all-boys school from 1st through 12th grade. I was repeatedly made fun of for my last name, which was mispronounced an infinite number of ways. But, by and large, I did not fight back. I did not fight back when a group of boys in lower school ambushed me in the stairwell, walked on top of me, and knocked my head against the edge of the steel stairs leaving a welt under my hair that lasted the rest of the week. I did not fight back in middle school when a classmate simply took a coveted button from a local sister school right off my jacket. I did not fight back when Sam Veltman ambushed me in the hallway after Miss Bardon’s 8th grade science class and his meaty fist made a direct hit to my solar plexus, completely knocking the wind out of me, resulting in me slowly collapsing to my knees, which Alex Renkas witnessed and would later describe as “a Mafia hit.” Gasping for air, I thought I was going to die. I did not fight back when a group of boys thought the collar of my shirt looked too big, wrestled me to the floor to turn up the collar to see what brand of clothing it was, and laughed mercilessly when they discovered that it was made by Sears rather than Lacoste or Brooks Brothers. Initially I did not fight back when Chad Bateson incited his football team in gym in high school to collectively tackle me for no reason and mashed my face into the dirt of Van Cortlandt Park—until Mike Hartzell suggested that I try fighting back. Initially, I did not fight back when a senior got into the habit of coming up behind me in the hallway between classes and putting me in a headlock until I was commanded to say, “It’s cool.” Now in high school, eventually I did resist him, and eventually he left me alone.

By the time I was a teenager, the fear that had permeated my childhood relationship with my father had evolved into anger. I was angry at my father almost all the time. I blamed him for pretty much anything that wasn’t working right. When the hot water in our pre-war New York City apartment would go out, I would blame it on my father. When my bedroom door

would stick because it was warping, I would blame my father. When we were stuck in traffic, I would blame my father for not leaving earlier or taking another route. It was not until my late twenties that I would be given a gift of insight into these dynamics.

One morning I found myself stuck in traffic entering Manhattan on the Cross-Bronx Expressway. My Subaru station wagon was a manual, and I found myself in any stick-shift driver's nightmare: inching my way up a circular on-ramp in stop-and-go traffic. As the smell of heated rubber from my new clutch began to permeate the car, I became angrier and angrier. I silently cursed the traffic. And then I was angry at my father. My mind flooded with every wrong that I could imagine him having done.

And then suddenly, I became *aware* that I was angry at my father. I looked at what was around me: traffic, concrete, steel and a grey overcast. I confronted the truth: my father was not here. I was angry at him, but he had nothing to do with this traffic. What was going on? And then, like a thunderclap, I realized: I had associated the very emotion of anger with my father. I was dumbstruck. Apparently this was the result of being angry with him for more than fifteen years. In this moment, I had to confront an uncomfortable truth: this was not him; this was me and therefore my responsibility.

It would not be until more than fifteen years later, two years ago, that my sister would suggest to me that our father was a functional alcoholic. I didn't even know what that meant. I looked it up on the internet and discovered that a functional alcoholic was someone who was dependent on alcohol but was able to hide its effects from everyone except their most intimate relations. Suddenly, a giant lightbulb lit up and many things began to make sense.

I had never seen my father drunk, tipsy, or heard him slur his speech. Yet I could recall how my father usually had a few mixed drinks when he came home, wine or beer with dinner, and sometimes a liqueur after dinner. I could recall how he would withdraw from the family after dinner, sinking into his dark green easy chair in the living room, turning off the light and watching television. I felt as robbed by the television of my father as by you, alcohol.

It now made sense that his father was an alcoholic. It made sense that his mother would struggle to manage her alcohol. Perhaps it even made sense how my 6 year-old self might intuit that alcohol was not a useful path for me, allowing me to choose to never have a drink in my life. It even shed light on why I found the few A.A. meetings I'd attended with Uncle Fred, now sober for 33 years, to be so inspiring, as well as his opinion that his own mother, my maternal grandmother, was a functional alcoholic, too.

Now 45, I can see so clearly the monumental web you, alcohol, spun around my family, from one side to the other and across the generations. You've had me surrounded this entire time. You have been formative in virtually every aspect of my being, from my hyper-vigilance, to my tip-toeing, to my use of humor to diffuse, to my susceptibility to dysthymia, a mild form of depression, to my introversion.

But hear this, alcohol: I am onto you.

I am onto you when I realize that my anger at my father was misplaced. I am onto you when I realize that my father is no more to blame for his relationship with alcohol than he is for growing bald. And I am onto you when I realize that I am not to blame for my anger at him; you are.

I am growing educated in your ways, through my counseling classes on addiction, by attending local Al-Anon meetings, through working with homeless veterans, most of whom have substance abuse issues. I now know how you distort truth, how you seed denial, how you

redirect blame. I now know that someone is not an alcoholic because they are simply addicted to alcohol; they are an alcoholic because they don't know how to manage their emotions, and alcohol deadens pain. I now know that to successfully treat an addiction, you must treat that underlying pain by teaching the alcoholic tools for emotional regulation. To do otherwise—to berate, to shame, to hide bottles, to write letters—is futile.

And I have unmasked not only your methods but your insidious and persistent accomplice, silence, as well. Like your erstwhile cousin, suicide, nothing feeds you like not talking about you.

I have learned so much. I have learned the tell-tale signature of an adult child of an alcoholic: the obsessive-compulsiveness and perfectionism of someone who, as a child, relentlessly tried to make things perfect in the hopes of avoiding getting yelled at. Meanwhile, all such attempts were in vain because the standard by which he or she was being judged was always subject to change without notice in pursuit of the actual goal: control. I have learned the tell-tale split-personality of so many abusers: someone who one moment is a charming, life-of-the-party extrovert—just up until their hair-trigger temper is activated and they lash out at those who are closest to them. I have learned that alcoholism is a family disease and not limited to the one who drinks.

Perhaps most importantly, I have learned that I am an adult child of an alcoholic and that my life-long task is to re-parent myself out of this disease. The good news is that the coping mechanisms of my youth—the capacity to read tone of voice, body language and facial expression in extreme detail, the capacity to use humor to defuse, and the capacity to put myself into the mental perspective of another person—while painfully earned, are precisely the greatest possible tools for my own recovery as well as supporting the recovery of others. And my learning has only just begun.

I am on to you, alcohol, and motivated by the conviction that renewal of self and relationships is always possible, I will be silent no longer.

A handwritten signature in black ink, appearing to be the name "Peter" written in a cursive style.

Two weeks later, in typical fashion for my family, I received a response—from my mother. Here is my mother’s email. (In my family’s correspondence, a capital ‘D’ is an abbreviation for “Daddy” and ‘M’ stands for “Mummy.”)

From: M
Date: July 21 9:09:23 AM EDT
To: Peter
Subject: letter to D

Dearest Peter,

That was the most extraordinary letter you wrote to D. I don’t think I have ever read anything else that impressed so much. It was so moving and profound and brave. I had no idea that you suffered so much from his anger. I am very surprised that you say he spanked both you and Ann; neither Ann nor I nor D remember that at all. I can’t believe I would have allowed him to spank you. I think it is wonderful that you wrote him and addressed it to alcohol. I have not yet had a chance to talk to him about it. I think he has very little capacity to empathize and thus never had any idea how much he was hurting anyone.

I am so very proud of you. Love you, M

While I acknowledge that her responding to a letter that wasn’t addressed to her is partly enabling, this remains the most moving communication I have ever received from my mother.

A week later, I received the following letter from my father. Note that in it he mentions his step-father, whose name was Walter.

July 27th

Dear Peter;

I am in receipt of your extraordinary letter received last week.

Literally, I do not know how to respond to everything you mention. I was aware of some of these events and recollections but time has removed a lot off the edges of these events which occurred so many years ago.

At the time you and Annie were growing up, I was generally unable to cope with many of the challenges set before me, especially relating to you and Annie. I guess it was sort of a new and foreign experience with no text to follow. That may account for half of my shortcomings. The rest I will lay at the feet of my Mother who was also lacking understanding and confidence in herself. She had had some very difficult experiences to grapple with through no fault of her own between 1927 and 1935, when I was about five.

She was young, inexperienced, and vulnerable as I was, I guess, leaving her with a bitterness and resentment which stayed with her most of the rest of her life. Only her aging dulled the hurt and anger which had been with her for those many years. Then, during WWII, Walter became arteriosclerotic which made him an invalid for the rest of his life, a period of about 11 years, I think. This terrible burden fell upon my Mother's shoulders, resulting in a serious nervous breakdown, finally. At least, cancer is quicker.

Eleven years !

Bad things happen, Peter, and you can't run or hide from them, and a lot of the time you can't see them coming but you can write about them and their consequences, which helps, sometimes, as you have done so well.

Love, Daddy

PS: I never spanked either of you.

Did you know that when elephants know they are going to die, they go off and leave their herd to die by themselves?

-

This response exceeded all my expectations.

Like me, you may be puzzled over the last line. At first, I thought my father might be referring to his own mortality, but, upon reflection, I suspect he was merely referring to the slow death of his step-father, Walter, at home.

Regarding his belief that he never spanked me, I can't think of a memory a parent would be more likely to repress than the memory of hurting your own child.

Two weeks later, I mailed my father the following:

Dear Daddy,
I forgive Nana.
I forgive you.
Love,
Peter

Two years later, I write these reflections in the same spot on the North Shore of Massachusetts in the shade where I wrote the Dear Alcohol letter. In retrospect, I note the inherently contemplative nature of letter-writing as a critical factor in the success of these communications. The act of writing a letter is contemplative. The ritual of signing the letter, folding it, putting it in an envelope, addressing the envelope, and putting a stamp on it is contemplative. The moment of releasing it into the dark void of a mailbox and surrendering to what will happen next is contemplative. Meanwhile, the act of reading a letter is contemplative, in part because it is impossible to reply instantaneously, allowing the physical artifact of the letter to encourage periodic re-reading and gradual reflection over time. As a result, responding to a letter becomes contemplative, as well.

These reflections are in no way meant to be a sermon trying to advocate naming elephants in families touched by alcohol. Every family is different, and each situation should be judged on its own merits. In my case, however, I can say that two years later my relationship with my father has never felt emotionally closer. My sense is that a great weight has been lifted—for both of us.



Ages 13 and 51, c.1980



Ages 41 and 79, c.2008



Ages 47 and 85, c.2014



Ages 51 and 89, c.2019

Figure 48: My father and me over forty years. He always seemed more comfortable behind the camera than in front of it.

Julie and EMDR

The following section is based on an actual psychotherapy session. It is recommended that readers not use any of the techniques described without the guidance of a trained mental health professional.⁵⁰

I've been coming to see Julie for a little over a year now. In her late-50s to early 60s, medium-height with shoulder-length brown hair, she speaks with a hint of a Boston accent. Working as a trauma therapist for decades, she is down-to-earth, personable, and easy to be with.

In contrast to Dr. S.'s well-appointed suite, Julie's medium-sized office looks like it hasn't been renovated since the 1970s. The walls are made of the light brown faux wood paneling that was popular back then, and her couch is draped with a tan bed-spread. The baseboard radiators are weak enough that during the winter Julie has a space heater wrrring on the floor between us. To ensure that it doesn't walk off, her office suite's bathroom key is attached to a retired black plastic kitchen spatula.

The overall effect is something that Dr. S.'s plush office never had: it feels cozy.

When I started with Dr. S., I was looking for any therapist just to see what psychotherapy was like. A full five years later, my therapist search to find Julie was very targeted. I was looking for a therapist trained in a particular trauma technique that I felt drawn to called EMDR. Before I could understand what EMDR was, I first had to understand something about trauma and the brain.

It turns out that on a normal day your brain is doing two things without you having to think about it. First, it is taking-in sensory information from your five senses, that is, what you see, hear, smell, taste and touch. At the same time, another part of your brain, the pre-frontal cortex, is making meaning of all this sensory data.

For example, imagine you're lying in bed, and your ears hear a buzzing sound. Your pre-frontal cortex identifies the sound as your alarm clock, meaning it's time to get up. You then make a choice: either get up or ... hit the snooze button. When you eventually do get up, you then feel a pain in your stomach. Your pre-frontal cortex identifies this sensation as hunger, so you then go have breakfast. This pairing of sensory data and meaning-making happens seamlessly throughout your day, until it's time to come home, have dinner and go to bed.

As you sleep, your brain then sorts through the events of the day. These whole, two-part memories from the day—the sensory data plus the meaning we made of them—are then stored in long-term memory, similar to how two halves of a book might be closed together before the book can be put away on a bookshelf.

Something very different happens, however, when we experience an event that is overwhelming, something that is beyond our ability to cope. When we experience a traumatic event the brain does an extraordinary thing to protect us from the pain of what is happening: it shuts down the part that makes meaning of experience. The pre-frontal cortex takes a back seat to the more primitive brain stem, which is responsible for managing crises. As a result, we may dissociate or “check-out” from what is happening altogether. When this happens, the sensory information of what happened can't be paired with the story of what happened. This creates an un-whole memory that is unable to be processed and stored in long-term memory when we sleep. Flashbacks, intrusive thoughts, and nightmares are like an open book lying on the floor of your mind; you'll keep tripping over it until you can find a way to close it and put it away on the bookshelf of long-term memory. This is why traumatic memories can still feel so vivid, even when they happened a long time ago.

When we are not able to make accurate meaning of what happened as it happened, we usually fill-in the gap by creating a false negative story about what happened. For example, it is very common

⁵⁰ I am grateful to Robbie Dunton and George Abbott for their feedback and support on this section.

for abuse survivors to internalize the belief, “I’m bad” from their abuse, even when they are in no way at-fault.

In order to heal such fractured memories, we have to do two things. First, we need to learn to *desensitize* ourselves to the memories, so that they are no longer triggering. Second, we need to *reprocess* them with more accurate beliefs about ourselves and what happened. By doing so, the sensory information from the memory can finally be paired with an accurate story of what happened. The memory, now whole, can finally be stored in long-term memory. The ‘book’ can finally be closed and put away on the bookshelf where it belongs.

Research has shown that one way to help desensitize and reprocess memories is by alternately stimulating the left and right sides of the brain. One way to do this is by moving the eyes to the left and right, something that it turns out the brain does naturally when we sleep. Another way is to alternately tap on the left and right sides of the body, for example on the hands or knees. Treatment that utilizes these techniques is known as Eye-Movement Desensitization and Reprocessing, or EMDR.

At the conclusion of EMDR treatment, the goal is to be able to merely recall these memories rather than being forced to re-live them, to merely have memories rather than feeling like the memories have you.

When I first heard a supervisor describe EMDR, I got chills. Without completely understanding why, I knew in that moment that I wanted to do EMDR. That’s when I went to look for Julie.

When I started with her, I learned that the first step of trauma treatment isn’t to treat the trauma. The first step is to learn skills that allow you to take conscious control of your emotional and physical arousal.

Traumatic memories are triggering because our poor little brainstem can’t tell time; it doesn’t know the difference between the past and the present, between real threats and mere reminders of threats that sometimes show up in the present. Knowing that difference is the job of the pre-frontal cortex. Learning how to consciously regulate our arousal allows us to tiptoe up to disturbing memories without the frontal lobes going off-line and surrendering to the brain-stem. As a result, our capacity to make meaning remains intact and healing the memory becomes possible.

You can’t “out-think” trauma. It takes work.

One self-calming technique that I did with Julie early in my treatment was imagining being in a place that would be inherently calming for me, a place where nothing bad ever happens. This is sometimes called one’s “calm place”. I came to see it as my own personalized guided meditation that I designed myself.

When I made my calm place with Julie, I chose a lake I used to swim at as a child in the summer. In my imagined scene, I’m sitting under the shade of a maple tree up on a small hill overlooking the lake. It’s a windy day in late spring before swim season has started, so the waterfront is deserted. The grass and clover in the shade around me are cool to the touch. The air is fresh. It’s warm enough that I don’t need a jacket. Friendly puffy white clouds are drifting across the bright blue sky. Occasional gusts of wind are visible passing across the surface of the lake and rustle the leaves of the maple trees around me. To my right, about a hundred feet away, is a full-sized aluminum flag pole. The flag isn’t flying, but the heavy nylon rope that runs up the side of the flag pole is intermittently rapping against the side of the hollow metal pole in the gusty wind making a metallic tone, as if the wind was plucking a string on a giant musical instrument.

I feel care-free.

To help me call this scene to mind and induce the sense of calm it brings me, I associated the experience of being there with the cue phrase “care-free”. Over many weeks, I practiced evoking the ‘body-mind’ state of being in that scene while saying the phrase “care-free” out-loud. Now, whenever I say the phrase, it helps me return to that state of emotional and physical calm with remarkable

reliability. The intention is to use this tool whenever I need to in the course of processing disturbing memories to help calm myself. Only when I felt a sense of empowerment in using this tool on my own in everyday life did we then go on to processing.

I've come to my appointment today with Julie to work on an incident that happened at work last week that was triggering for me. Coming to sessions with Julie with something specific to work on is another difference between working with her versus Dr. S. With Dr. S., I often felt like I was a passenger in her car, and while I might make requests on where we would go each session, it felt more like she was driving. Today, I feel in the driver's seat of my therapy, and Julie, a trusted companion, has the role of offering input from the passenger seat as we go forth together. What work there is to be done here is up to me; self-development is an "inside job". Julie's job is to work herself out of a job.

Last week at work I had a therapy session with a paramedic who had PTSD from working on multiple accidents. In this particular session, he was merely describing some of the medical equipment he sometimes uses on severe wounds, such as gunshots. He mentioned that one tool is a plastic plate used for what he called inhaling wounds. I'd never heard of an inhaling wound, so I asked him what that was. He matter-of-factly explained that if someone has a chest wound that punctures their lung, it's then possible to breathe air in through that hole. If the wound is bleeding, the person might suck blood from the wound into the lung along with air. To prevent this, a plastic plate is pressed over the wound to seal it so that the person can inhale normally.

I have a very visual mind, and as I listened to this description, I could not help but create a short movie in my mind of using such a tool. At that point, I started to feel a strange physical sensation that I'd never felt before. I describe it to Julie as a hint of nausea combined with a hint of light-headedness. I didn't think I was actually going to faint or throw-up, but I had the sense that if I didn't do something different, I was afraid that I might.

I was surprised and concerned about the intensity of this physical reaction. Because what the client was describing didn't actually happen to me, my reaction is what is called secondary trauma, that is, a traumatic response that occurs when a second party is merely listening to someone else talking about a traumatic event.

While I made it through that session without incident, I know this will not be the last time someone is going to tell me such a story. If I want to be a trauma therapist, I need to be able to cope better. By processing what happened today with EMDR, I'm hoping to better understand why I had the reaction I did, reduce my reaction in the future, or at least be able to cope better with it if I do.

This is one of the things I value about EMDR: the ability to explore the body's experience of trauma. The stereotype of psychotherapy is someone lying on a couch rambling on and on while the therapist randomly mumbles, "Uh-huh" Relying only on talking misses the greatest source of feedback we have about ourselves: our bodies. As a colleague once quipped, "Our issues are in our tissues."

When we have a strong body-based reaction to something, chances are it's because of events that have happened in the past that are still unprocessed, rather than because of what's happening in the present. Or, as another colleague likes to put it, "If you're hysterical, it's historical." So the first step Julie and I do to work on this event is called a "float-back". A float-back is like doing an internet search of your memories for anything that matches the images, emotions, thoughts, or body sensations of the triggering event you're working on. Closing my eyes, sitting quietly, and allowing myself to do that, two memories come to mind: the experience of fainting briefly with Bernard in the Seychelles and collapsing in the chair after I split-open my thumb playing softball in school.

The next step is to choose one of these two memories to use as a starting point for EMDR processing with eye-movement or tapping. As I talk over these two memories with Julie, I feel a much stronger emotional and physical reaction to the memory with Bernard than the softball injury, so I decide to start with that.

The first step of processing is to try and identify the negative lesson or belief about myself that I internalized as a result of the incident. If I step back into that time, my sense is that what I learned about myself in that moment with Bernard was the belief “I’m weak.”

When Julie hears this, she suggests, “Is it something about loss of control, feeling powerless?”

I think about it. I try-out two other negative beliefs out-loud: “I’m not in control. I can’t trust myself”

“You can’t trust your physical response,” she offers.

A societal stereotype occurs to me: “I think there’s something about masculinity here; ‘women are weak,’ ‘men are tough....’” Part of me felt ashamed for having fainted. Is that important here?

I pause to ponder whether this nuance rings-true enough for me to consider revising my negative belief. I decide it doesn’t.

“Yeah, I think ‘I’m weak’ summarizes all of them.”

The next step is identifying a desired positive belief that I’d prefer to believe about myself, instead.

When I first heard that EMDR was about having someone wave their finger in front of your face and convince you of anything you wanted to believe about yourself, I thought it was a bunch of ‘woo-woo’ nonsense. I gradually came to understand that this process is wholly different from the clichéd mystic hypnotizing a member of the audience into believing they’re a chicken.

Taking the example of childhood abuse at the hand of a caregiver, it is completely normal for an abuse survivor to internalize the false belief, “I’m bad.” This is particularly true if the abuser actually tells the child that they have been bad so that the abuse is framed to the child as justifiable punishment. Meanwhile, it takes an adult Self to be able to look back at those moments and say, “Hey, wait a minute—I was five years old! How can a five-year-old be held responsible for what an adult does to them? They can’t! No, none of that stuff that happened to me was my fault.” This is the kind of “re-processing” that is required for someone to believe that they actually might be a good person.

The difference, therefore, between trying to convince a participant in a magic show that they’re a chicken and convincing an abuse survivor that they’re a good person is that the first is simply not true while the second actually is. EMDR isn’t about convincing you of something that isn’t true; it’s about creating space for your adult Self to finally see things as they are. And when such negative beliefs have been internalized for decades without ever being questioned, revising them takes work.

The clincher for me in believing any of this works, was seeing a startling result of EMDR being used for more than three decades with millions of people: a list of the most common negative beliefs that trauma survivors identify. Remarkably, people’s negative beliefs from all over the world reliably fall into three categories of distortions. The first category is negative beliefs about feeling responsible for what happened. This sense of responsibility can come from either a sense of defectiveness or not having taken the right action at the time, for example, “I’m a bad person” or “I should have done something.” The second category of common negative beliefs are around a sense of safety or vulnerability, such as “I am not safe.” And the third is negative beliefs around issues of power and control, such as “I am powerless” or “I cannot trust myself.”

I see this list as nothing less than the sum total of human suffering. When paired with the desired, healing positive beliefs that EMDR clients most often heal towards, the list is one of the most inspiring and hopeful things I’ve ever seen. It is a monument to the extraordinary adaptive resilience of the human being. So much of the suffering of trauma is the victim’s belief that they are alone in their suffering. Here is hard proof that such suffering occurs the world-over and has for decades—and, equally importantly, that no matter which type of suffering it is, healing is possible.

No one who has ever thought anything on this list is alone.

	Negative Beliefs Learned in the Past	Healing Positive Beliefs
Beliefs about Responsibility relating to a sense of Defectiveness	<i>I'm not good enough</i>	<i>I am good enough/fine as I am</i>
	<i>I don't deserve love</i>	<i>I deserve love; I can have love</i>
	<i>I am a bad person</i>	<i>I am a good (loving) person</i>
	<i>I am incompetent</i>	<i>I am competent</i>
	<i>I am worthless/inadequate</i>	<i>I am worthy; I am worthwhile</i>
	<i>I am shameful</i>	<i>I am honorable</i>
	<i>I am not lovable</i>	<i>I am lovable</i>
	<i>I deserve only bad things</i>	<i>I deserve good things</i>
	<i>I am permanently damaged</i>	<i>I am/can be healthy</i>
	<i>I am ugly/my body is hateful</i>	<i>I am fine/attractive/lovable</i>
	<i>I do not deserve ...</i>	<i>I can have/deserve ...</i>
	<i>I am stupid/not smart enough</i>	<i>I am intelligent/able to learn</i>
	<i>I am insignificant/unimportant</i>	<i>I am significant/important</i>
	<i>I am a disappointment</i>	<i>I am OK just the way I am</i>
	<i>I deserve to die</i>	<i>I deserve to live</i>
	Beliefs about Responsibility relating to Action	<i>I deserve to be miserable</i>
<i>I am different/don't belong</i>		<i>I am OK as I am</i>
<i>I have to be perfect (out of inadequacy)</i>		<i>I am fine the way I am</i>
<i>I should have done something*</i>		<i>I did the best I could</i>
<i>I did something wrong*</i>		<i>I learned/can learn from it</i>
<i>I should have known better*</i>		<i>I do the best I can/I can learn</i>
	<i>* What does this say about you? (e.g. therefore, I am ...)</i>	
	<i>I am shameful/I am stupid/I bad person</i>	<i>I'm fine as I am</i>
	<i>I am inadequate/weak</i>	<i>I am adequate/strong</i>
Beliefs about Safety/Vulnerability	<i>I cannot trust anyone</i>	<i>I can choose whom to trust</i>
	<i>I cannot protect myself</i>	<i>I can learn to protect myself</i>
	<i>I am in danger</i>	<i>It's over; I am safe now</i>
	<i>I am not safe</i>	<i>I am safe now</i>
	<i>I am going to die</i>	<i>I am safe now</i>
	<i>It's not OK (safe) to feel/show my emotions</i>	<i>I can safely feel/show my emotions</i>
Beliefs about Power/Control	<i>I am not in control</i>	<i>I am now in control</i>
	<i>I am powerless/helpless</i>	<i>I now have choices</i>
	<i>I cannot get what I want</i>	<i>I can get what I want</i>
	<i>I cannot stand up for myself</i>	<i>I can make my needs known</i>
	<i>I cannot let it out</i>	<i>I can choose to let it out</i>
	<i>I cannot be trusted</i>	<i>I can be trusted</i>
	<i>I cannot trust myself</i>	<i>I can/learn to trust myself</i>
	<i>I cannot trust my judgment</i>	<i>I can trust my judgment</i>
	<i>I am a failure/will fail</i>	<i>I can succeed</i>
	<i>I cannot succeed</i>	<i>I can succeed</i>
	<i>I have to be perfect/please everyone</i>	<i>I can be myself/make mistakes</i>
	<i>I can't handle it</i>	<i>I can handle it</i>

Figure 49: List of negative and positive beliefs collected from EMDR (Eye-Movement Desensitization and Reprocessing) treatment conducted all over the world.⁵¹

⁵¹ *Weekend 1 Training Manual of the Two Part EMDR Therapy Basic Training* (EMDR Institute, Watsonville, CA, 2016) p. 27. Used with permission.

As I now try to craft my desired positive belief about the memory with Bernard, I'm uncertain. I brainstorm some candidates out-loud with Julie, just to see where they go: "I'm sensitive but in a good way', 'I'm thoughtful', 'I have a conscience', 'I'm empathetic', 'I'm a feeling person' or maybe something along the lines of 'I'm self-aware' or 'I'm awake.'"

I pause to see if any of them ring-true or if any others come to mind.

"Yeah, maybe I'll got with 'I'm awake.' Do you have any suggestions for either of those?"

Julie responds, "I'm thinking that you're kind of a finely-tuned instrument, to be played carefully. It needs to be approached carefully."

"So the sensitivity is a double-edged sword. That with the right preparation, it's my most valuable asset, for making connections with others as well as with myself."

I sit with that, and Julie gives me space. This is another of her strengths: the ability to discern whether my silence is coming from me productively figuring something out on my own, or whether my silence is because I'm struggling and need her active support.

I continue to search out-loud for a positive belief that feels right. "I am ... I am ... awake', and 'I need to' ... 'protect' isn't the right word.... Use my skills wisely? Practice self-care or tend to myself...."

"Yeah," Julie adds, "it's almost, 'I am awake therefore I need to....'"

"Get sleep!" I joke. We both laugh.

Julie continues the collaborative brainstorming: "Practice self-care to ... optimize your gifts."

Hmm. I think she's on to something.

Meditative silence.

A phrase spontaneously materializes in my mind, as if authored by the space between us: "I am powerful when my gifts are optimized."

I listen to the sound of that. At first cumbersome, surprisingly, it feels true.

"Interesting...." There's always something mystical about stumbling on just the right words.

Julie elaborates for me: "Like a professional athlete is going to go into a game protected and fully ready. They're not just going to go and kinda ... get hit in the face because they feel they should be able to take that. That's not wise."

"You're right"

Another pause to take in what she's saying.

"I am powerful when my gifts are optimized."

It feels right. I'm going with it.

This is good therapy. Having worked with me for a year, Julie knows me intimately, my past self, the strengths and wounds of my present-day self, as well as the self I'm striving to become. She even knows the story of the phrase "*Good jamb, Petuh!*" and occasionally uses it where appropriate, complete with an authentic accent. She is supporting me in engaging in a dialogue between my past self and my present-day self, allowing me to make meaning of my experiences. As an attuned witness to this dialogue, she offers reflections to help fill in the gaps of my own self-understanding, which I am free to reject or build on as feels right to me. Psychotherapy is an improvisation. Together, this intimate collaboration gets us somewhere I would likely have not been able to get to on my own.

A good relationship feels good.

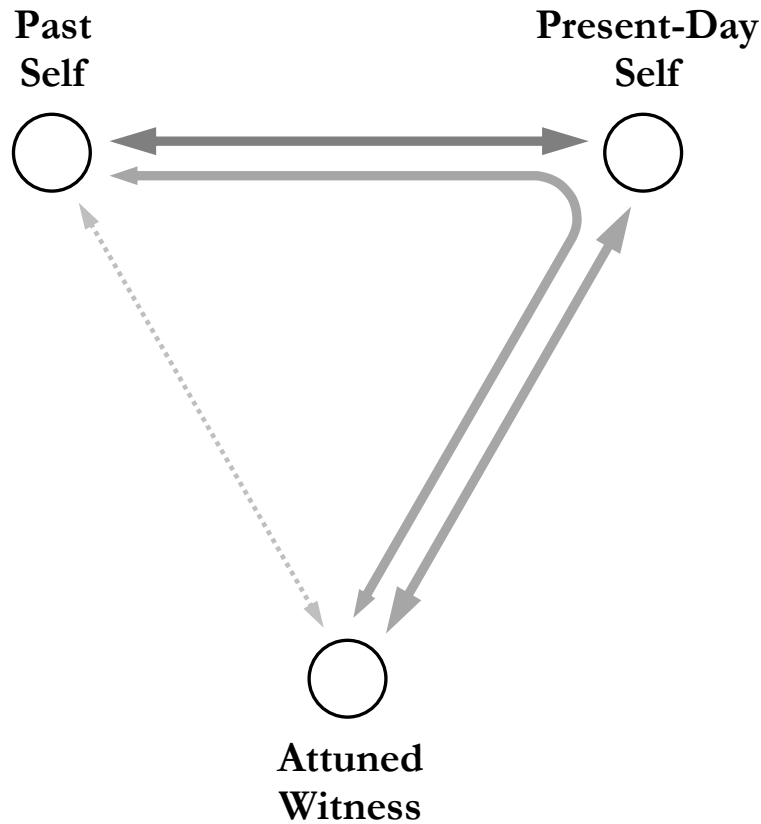


Figure 50: One way of thinking about “trauma processing”. Therapeutic processing of traumatic memories is making meaning of past experiences from a perspective of the present. This involves cultivating a dialogue between the disempowered self of the past, who was likely unsafe, and the empowered self of the present from a place of safety. This dialogue is represented by the top, two-way arrow in this diagram. Such meaning-making is often accelerated through the participation of an emotionally attuned witness, such as a therapist. The therapist can support this dialogue by not only relating directly with the client (the right-most diagonal arrow) but also engaging with the client’s past self (the dashed arrow on the left) indirectly through the client (the curved arrow).⁵²

⁵² Also see: *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* by Christine Courtois and Julian Ford (New York: Guilford Press, 2016), pp. xvii, 150-154.

Now that I have identified both the historical negative belief associated with the target memory as well as the new desired positive belief, it is time to process the memory with eye-movement or tapping.

The first step is to evoke my experience of the scene with Bernard. I close my eyes and go back in time in my mind to sitting with him at my dining table. I identify the worst moment of the memory: feeling my inner 2x4 of trust crack in half. I connect with the image and emotions of that moment: embarrassment, shame, guilt, but also anger and a sense of betrayal. I was so appalled at his moral indifference.

I then check-in with myself about how true the phrase “I am powerful when my gifts are optimized” feels to me now in relation to the memory. The truth is that at that moment I felt pretty darn weak, so on a scale of 1 to 7 of truthfulness, I would rate this desired positive belief only a 2, that is, it feels mostly false. One goal of processing is to have this sense of truthfulness increase over the course of processing.

I then rate the physical and emotional disturbance I’m feeling right now on a scale of 0 to 10 as I recall the memory. With the butterflies I’m currently feeling in my stomach, I’d say about a 6. A second goal of processing is that this subjective sense of disturbance from the memory will decrease over time.

To further enhance my re-experiencing of the memory, I close my eyes, and repeat out-loud the starting negative belief, “I’m weak.” Then I begin to tap alternately on my left and right knees with my hands. Typically, this would be something that the therapist is supposed to do to me rather than something that I do myself. Recently, however, I’ve been working with some exercises in an EMDR self-help book, and I find that this way works for me.⁵³ So Julie lets me do my own tapping. That’s another thing I like about Julie; she cares more about what works for me than she is married to technique.

As I tap, a parade of images, thoughts, feelings and sensations spring from the starting scene with Bernard and pass through my mind and body. It’s as if the starting memory is a train station. When I close my eyes and tap, the ‘train’ of my attention leaves the station, and I watch whatever mental scenery goes by the window of my mind’s eye. When I stop tapping, the ‘train’ pulls into the next station, and I tell Julie what the main piece of scenery I saw while I was tapping. Doing this repeatedly, over time we end up traversing a tree of memories that neither of us could have predicted.

⁵³ *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* by Francine Shapiro (New York: Rodale, 2012).

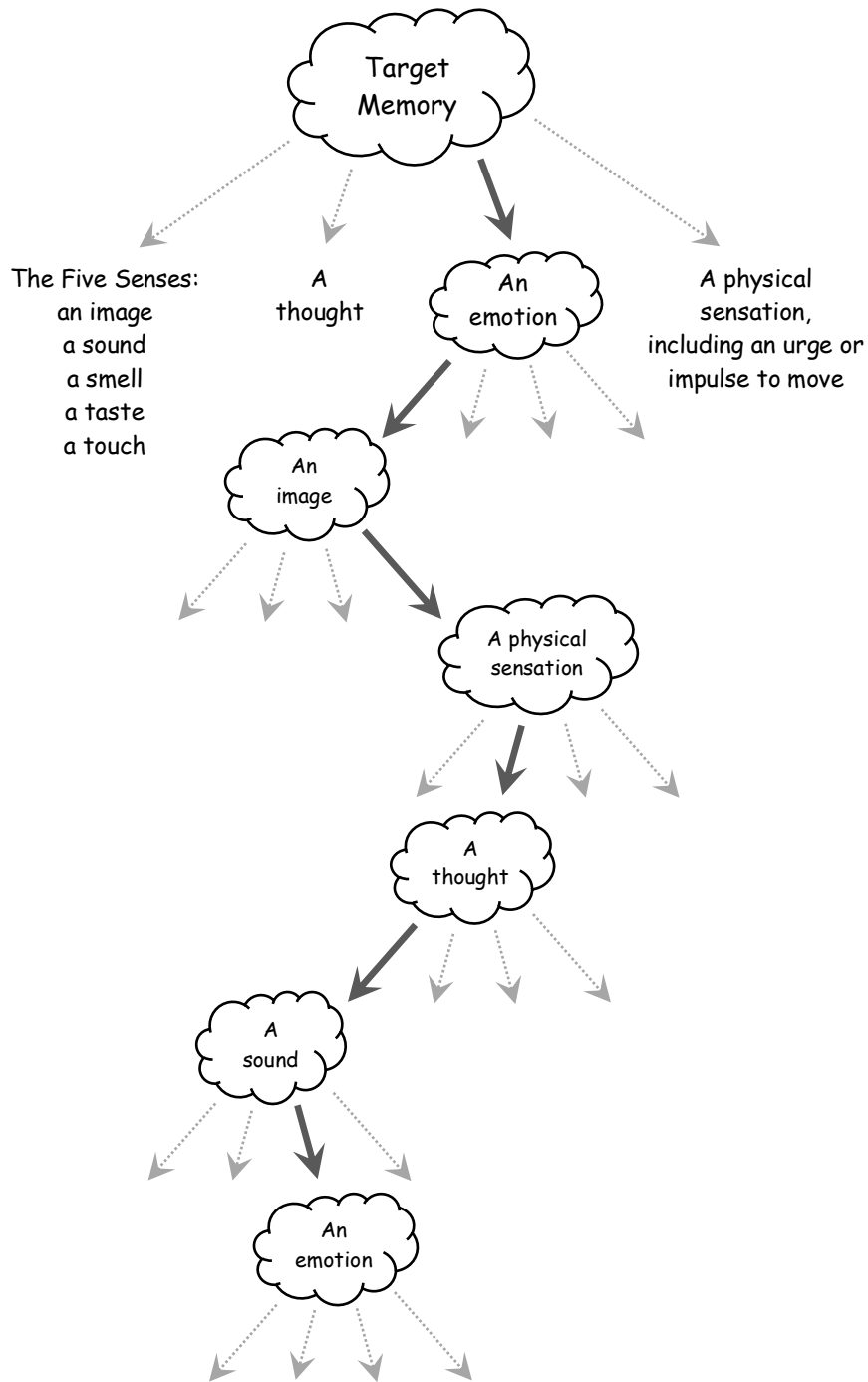


Figure 51: EMDR processing traverses memory networks organically through the associations that come to mind during eye-movements or tapping. Associations can span the full range of human experience: any one of the five senses, a thought, an emotion, or a physical sensation, including an urge or impulse to move in some way. They may be from the past, the present, or a thought about the future. There is no right or wrong about what comes up during processing; whatever comes up, comes up. Each association then becomes the starting point for the next set of eye-movements or tapping, thereby creating a chain of memories, thoughts, or insights.

When I stop tapping after 20-30 seconds, the main memory that comes up is the memory of feeling light-headed after softball. This makes sense. I was just talking about it. But as I'm talking about it, another memory spontaneously comes up that I haven't thought about in years.

When I was about 12, I was skateboarding down a gentle hill near the lake I used to swim at and fell off the skateboard. Not wearing any protective equipment, I skinned my knee pretty badly. Blood dripped down my shin to my white socks out of three punctures, and I limped back to my father's car at the top of hill. There I found my father sitting in the car chatting with the director of the property. Knowing that my father was talking to an important person, I felt their conversation was more important than my bleeding and pain. I got in the back seat without saying a word. When I got home, I continued to hide the injury, making it into the bathroom without telling anyone and dressed the wound myself.

This is the power of EMDR. I most likely would not have gotten to this memory if all we had done was talked. Trauma recovery is a non-linear process.

I've come to see wounds in the mind as no different from physical wounds on our bodies. If you have a deep cut on your skin, your body uses pain to give you feedback that that part of your body needs extra attention so that it can heal. The mind is no different. Our attention is naturally drawn to the memories that need healing. In this way, EMDR is nothing more than a process for focusing and supporting the healing process that our extraordinarily adaptive brains do naturally. With the right understanding and support, pain becomes a guide to be trusted rather than an enemy to be evaded.

Starting with the skateboard memory as the new starting point, I tap again. A flood of memories of not being able to express strong emotions around my father come to mind.

When I was also about 12, I had a small all-black Dutch rabbit that I named Midnight. He was my first pet. One weekday evening while my sister and I were watching *Star Trek*, the phone rang. My father answered. A friend who had been taking care of Midnight for the week called to say that Midnight had died. After my father hung up the phone, he very gently told me the news. I turned to look at him, heard what he had to say, nodded in recognition, and stoically turned back to the television. It was several minutes later, perhaps at the next station break, that I calmly got up, walked to my room, closed the door, lay down on my bed, and finally gave myself permission to cry. It is only now as I tell this story as an adult to Julie that I can articulate what's important: "I needed privacy to cry."

I go with that insight and tap again.

I see an earlier memory of my sister accidentally breaking a favorite small dark blue fluted flower vase, her bursting into tears over it, and me then sympathetically doing the same. We both fled into our bedrooms to cry.

Another memory comes: during one of the difficult conversations with my father in my room during my teenage years, he shifts from berating me to opening-up. While struggling to communicate with me about his struggles, he confesses despairingly, "Sometimes, I just want to cry."

I'm puzzled. I say, "So, why don't you?"

My father responds in a choke-up whisper, "*I can't.*" My abuser was trying to have an intimate conversation with me. Inside I was both trembling and dumbfounded. I now realize that scene feels similar to my conversation with Bernard; it's a moment where, through confiding in me, I see that someone is not who I thought they were.

This, in turn, brings me immediately to the memory of hugging my father after he read the quote from the ADD book about never feeling happy. I recount the moment to Julie.

And then suddenly, for the first time, I have an insight about that moment.

"There it is! My gift in action. I am powerful when my gifts are optimized." That's what it took for me to hug my father in that moment.

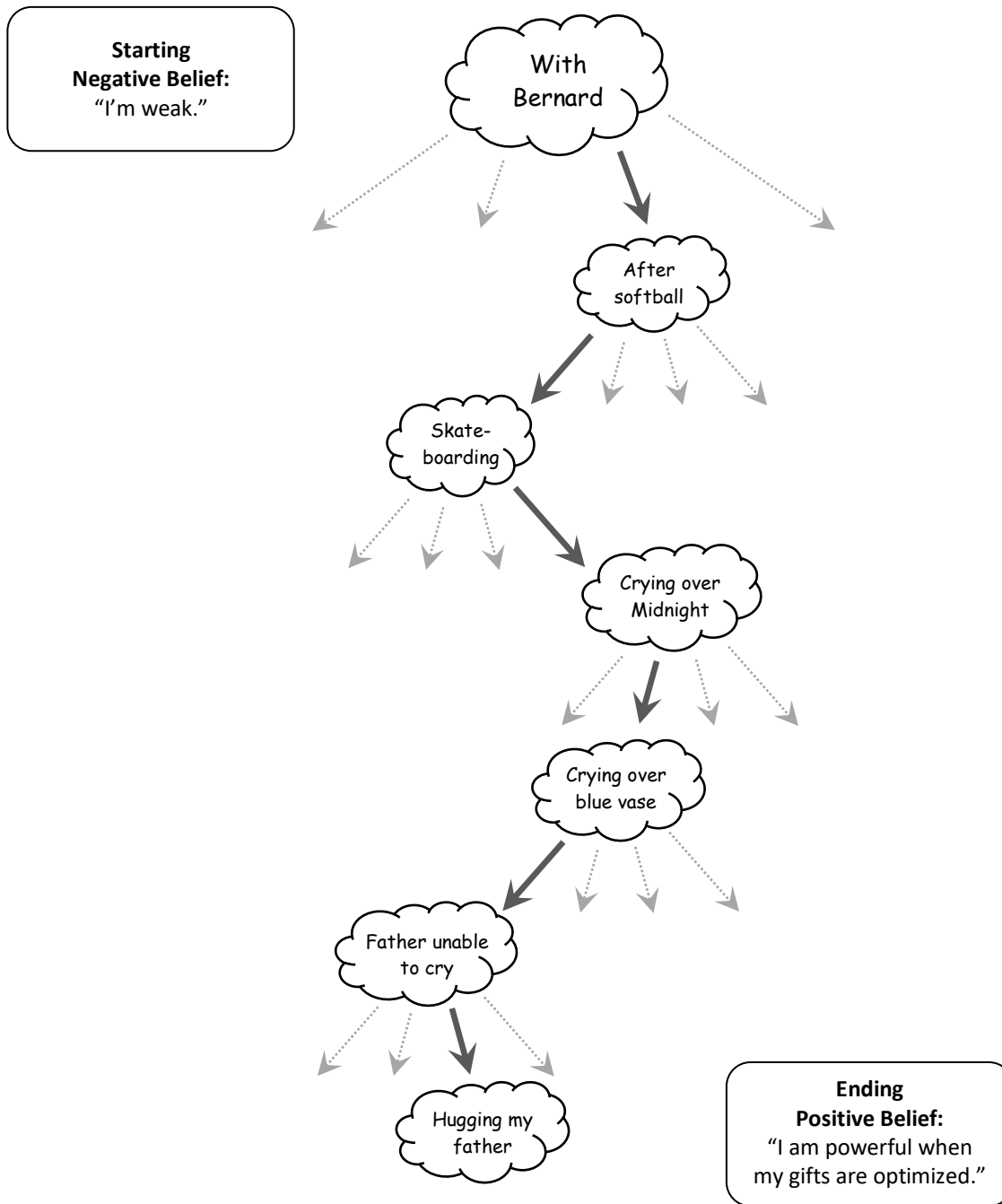


Figure 52: The sequence of memories that came up during EMDR processing with Julie with the starting negative belief and ending positive belief.

I sit with this insight. I go back in time and watch my younger self sitting at the dining room table get up and hug my father. I watch what it took for me to do that as a younger man.

“I was completely present and spontaneous and authentic. That was an optimal moment for me.” Saying this out-loud with a clarity that is novel for me, I tear-up.

Julie underscores: “It takes an enormous amount of emotional energy to be present in that moment. Amazing work, Peter.”

Through the lens of my adult Self looking back from a place of safety and acceptance, a touchstone of pain is transformed into a touchstone of empowerment.

I am powerful when my gifts are optimized.

Revere

Two months after leaving the methadone clinic, I begin working at Revere Community Services, a non-profit community mental health clinic in Revere, a coastal town just north of Boston. With the opportunity to work in community mental health with adults, children, couples, families and groups, my hope is that being here will give me a deeper understanding of working with trauma. The communities of Revere, Everett, Chelsea, and Lynn that the clinic serves are reeling under the current opiate epidemic.

In short order I learn that virtually all my clients have some degree of anxiety or depression—or both. As with substance abuse, I begin to see themes in the causes of their symptoms. Meanwhile, each cause has common treatments. As with my substance abuse jigsaw puzzle, I create handouts for clients to explore the possible sources of their depression and anxiety. While I can never be certain of what treatment will work for each client in advance, I offer these handouts as conversation-starters by asking “What, if anything, do you relate to in this diagram?” It is remarkable how such simple diagrams prompt spontaneous sharing of personal histories, prior treatments (both good and bad), and their thoughts about what kinds of treatment might be best for them.

One Way of Thinking About the Possible Causes and Treatment of Anxiety

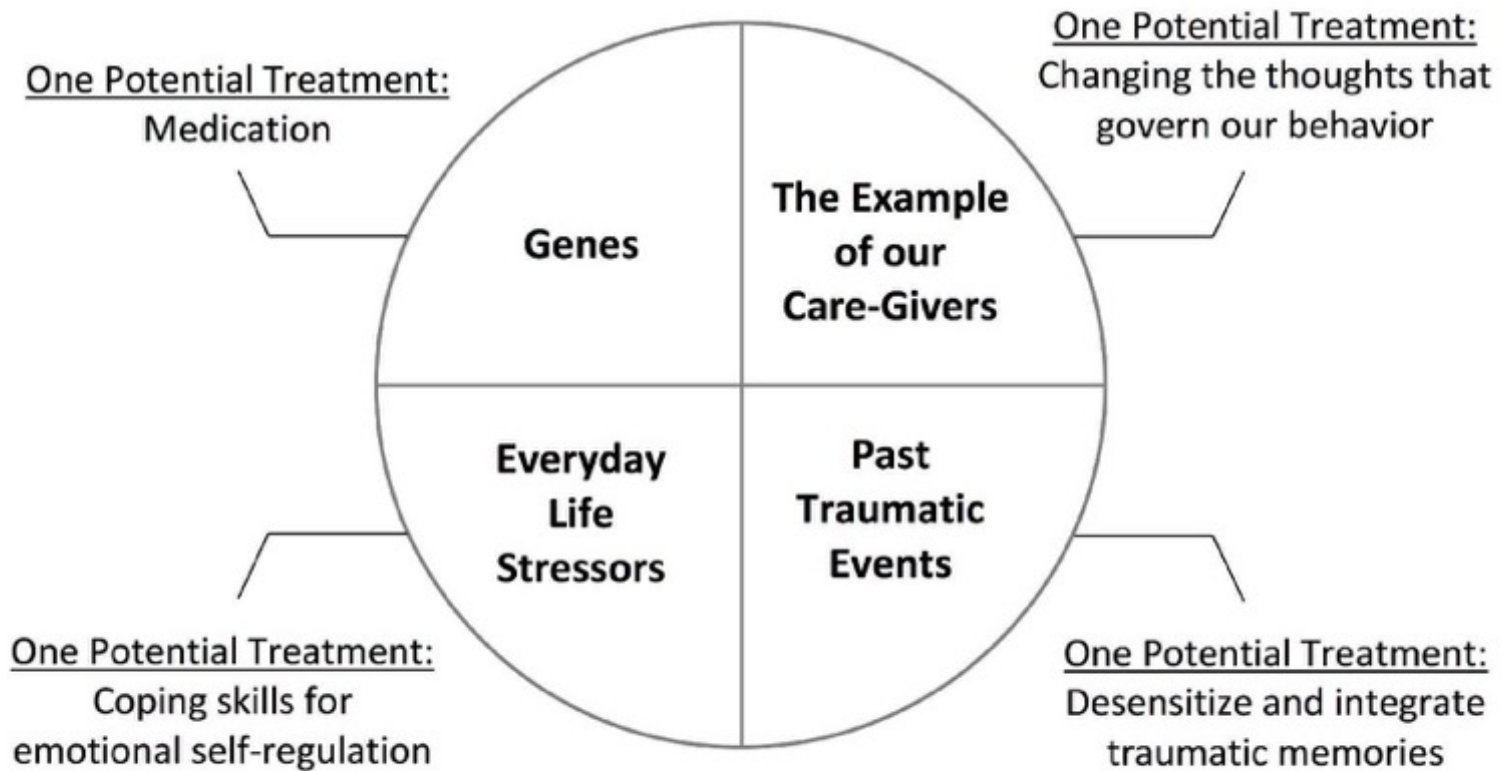


Figure 53: A handout I created to explore common causes and treatments of anxiety with clients.

One Way of Thinking About the Possible Causes and Treatment of Depression

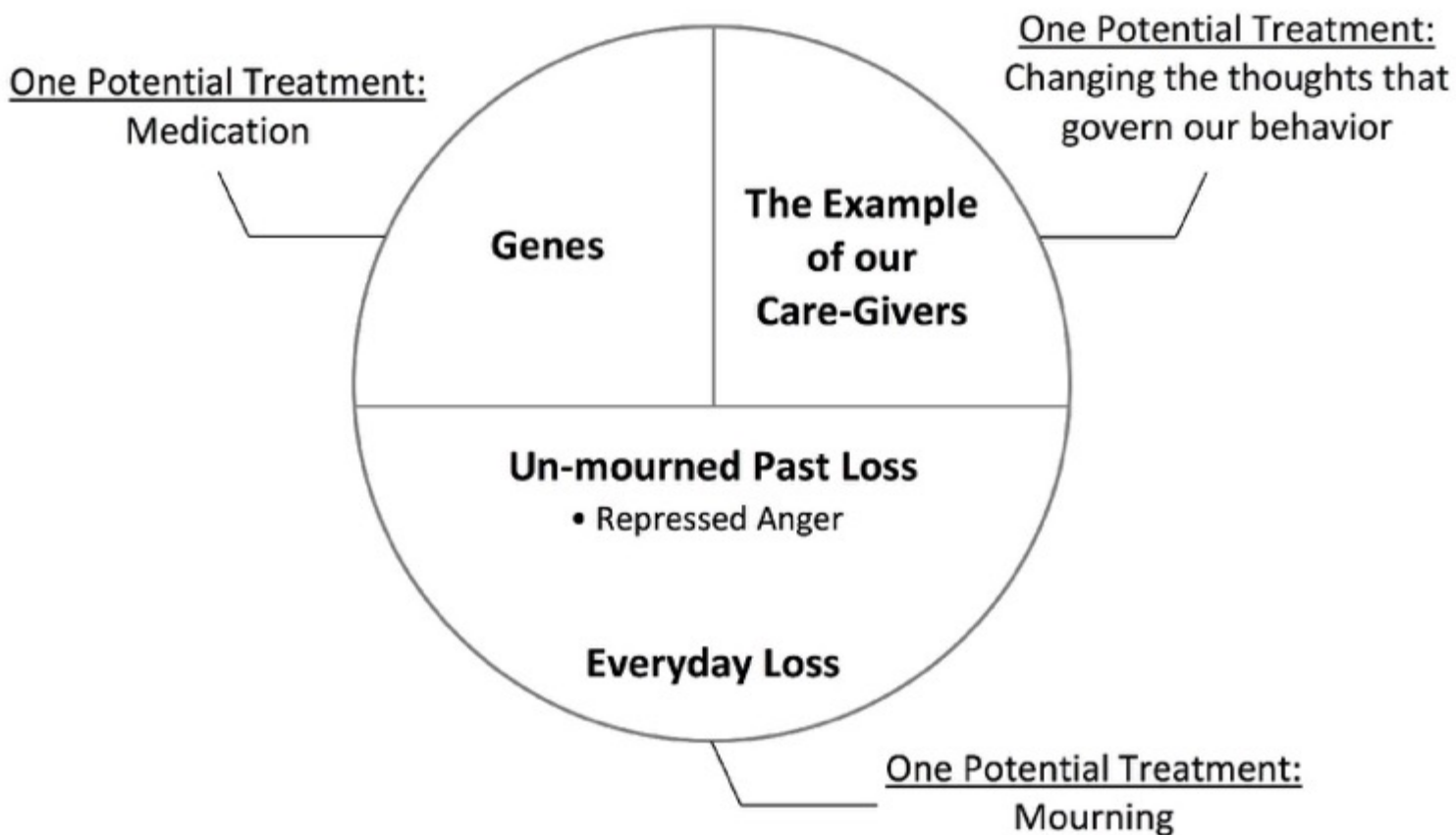


Figure 54: My handout summarizing common causes and treatments of depression.

Similar to the methadone clinic, trauma is everywhere. Meanwhile, there is very little understanding in the community of the diverse experiences that constitute trauma, its wide range of possible symptoms, and its role as an underlying cause of substance abuse. Nor is there an understanding of how readily it can be treated. Like in the South End, trauma is my clients' normal, so it's not always recognized by them for what it is.

To help paint a more holistic picture of trauma, I make more handouts about the varying degrees of complexity of trauma and the diverse array of symptoms that trauma can cause. Virtually all my Revere clients have what would be called complex, developmental *and* inter-generational trauma.

Over time I come to see trauma as the underlying cause of the overwhelming majority of mental health issues for which people come to seek treatment at the clinic. Clients who have internalized past diagnoses of anxiety, depression, bipolar, or OCD are often surprised when we apply the lens of trauma to their situation. Identifying more with their diagnosis than as a trauma survivor appears to be reinforced by a mental health system that tends to suppress their symptoms with medication rather than actually treating the underlying trauma as EMDR would.⁵⁴ While medication certainly has its place, if used automatically, the result, as one colleague put it, is to “shoot the messenger” of symptoms that trauma so often causes, such as anxiety and depression. As a result, the trauma can go undetected and untreated, let-alone talked about.

With a little psycho-education about the effects of trauma, clients begin to see themselves not as inherently defective, but as having healthy responses to an unhealthy past, a past from which they can heal. The core essence of trauma is the experience of disempowerment and disconnection. The core essence of trauma recovery, therefore, is cultivating a sense of *empowerment* and *connection*.⁵⁵

⁵⁴ For a shocking exposé about the over-prescribing of medication in the mental health system see Robert Whitaker's *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (2010).

⁵⁵ Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (1997).

What is Trauma?

Trauma can be thought of as: any event that is overwhelming, that is beyond our ability to cope.

Trauma can be:

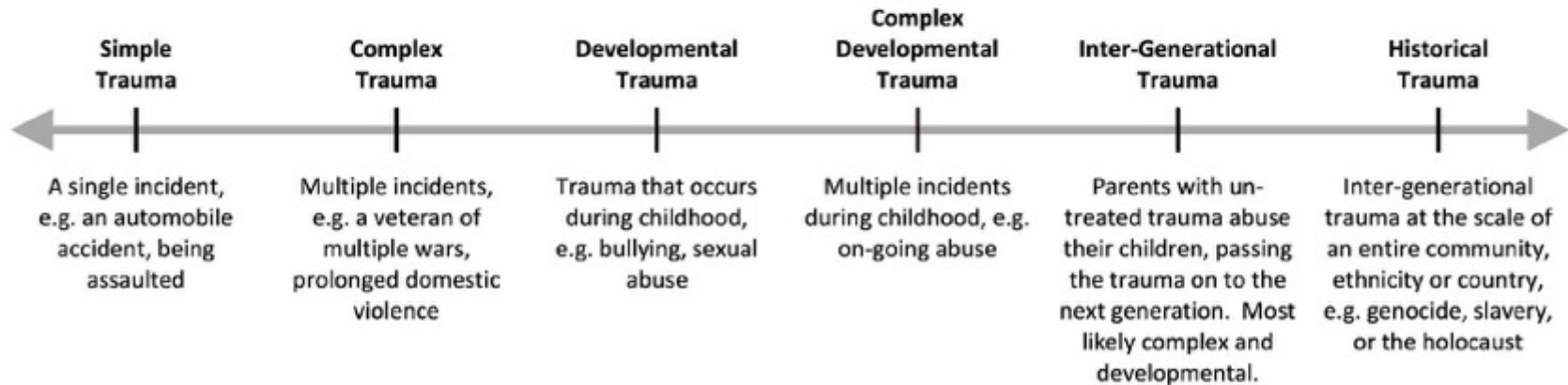
- physical
- emotional
- neglect, e.g. abandoning a child or elder
 - that is, not merely the presence of violence but also the absence of care
- the accumulation of many “little” traumas over time, not just a single violent event
 - e.g. years of racial or sexual micro-aggressions
- **In other words:** trauma is far more than combat veterans and natural disasters.

Trauma often includes:

- the experience of being treated like an object, feeling devalued
 - someone or something attempting to revoke our humanity
- feeling powerless and out of control
- the threat of annihilation
- truncated action on our own behalf
 - e.g. not being able to run away, say “No!”, fight back, or any act of triumph
- feelings of shame and guilt
- a sense of disempowerment and disconnection

Trauma occurs on a spectrum of complexity:

Note that the order items appear below is subjective. Each person’s experience is unique.



Peter’s Psycho-Ed Handouts, ©2018 Peter Pruyn, LMHC. May be used for non-commercial purposes with attribution. Sources: Judith Herman (2015); Deborah Korn, PsyD; Mary Jo Barrett, MSW; Maria Yellow Horse Brave Heart, PhD.

Figure 55: The handout I created to summarize common features of trauma and a spectrum of its complexity.

The Wide Range of Possible Trauma Symptoms

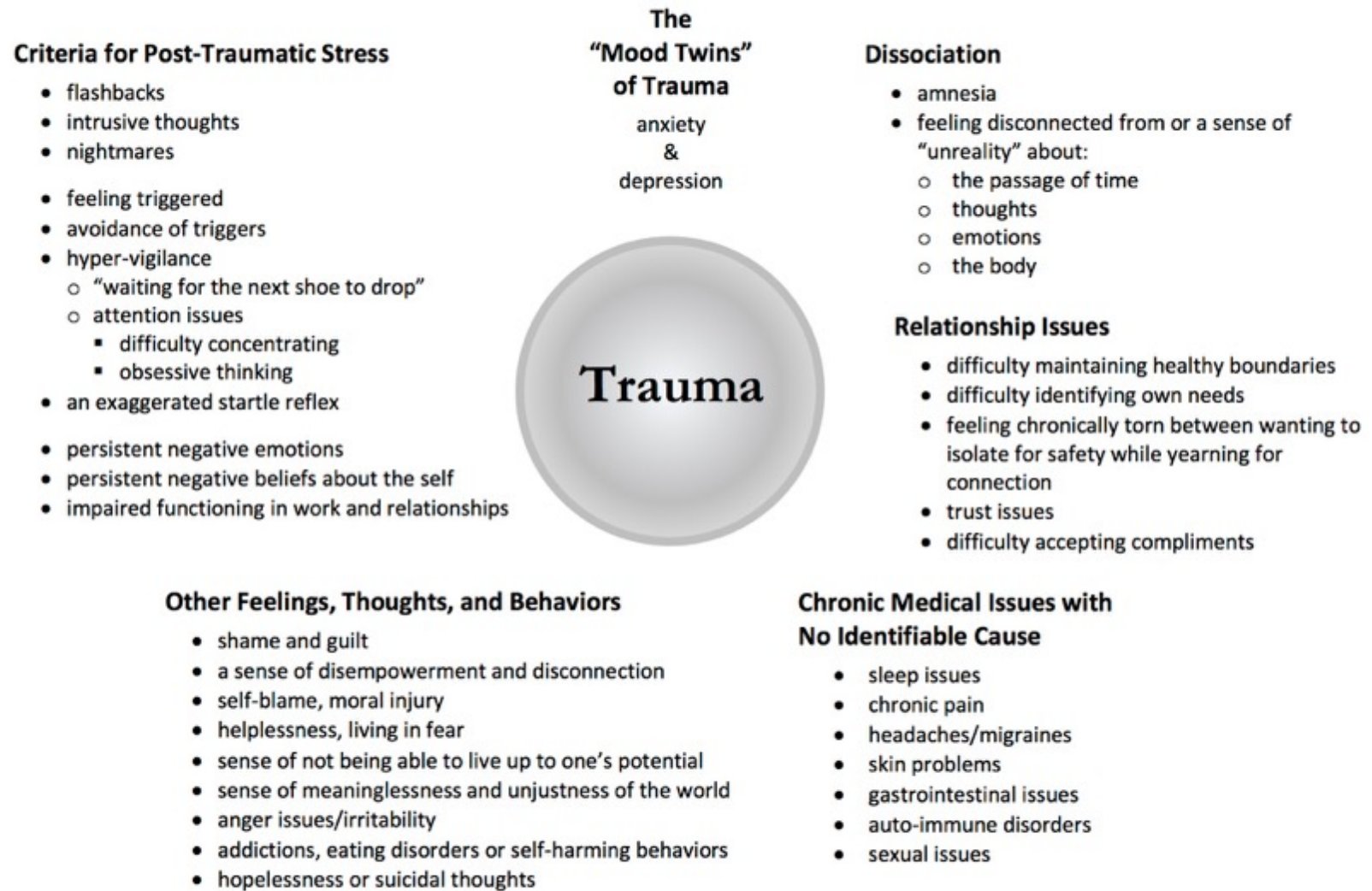


Figure 56: A summary of the diverse constellations of trauma symptoms.

I also see evidence of the observations about trauma and gender that the head nurse Karen mentioned during my McLean interview several years ago. So many of my male clients have been in prison, and the overwhelming majority of members of my anger management group are men. While there are certainly exceptions, the trend of men acting-out violently more than women is unmistakable. Heart-breakingly, without treatment these gender dynamics play-out as domestic violence far more frequently than is typically understood.⁵⁶ And, once again, like the methadone clinic in the South End, many of my female clients have sexual abuse as part of their trauma histories. If a woman has a substance abuse history, her likelihood of sexual trauma only increases.

For the women, in particular, their arcs of trauma recovery often involve cultivating a better sense of themselves. I begin to think about their recovery as gradually increasing their ability to identify their own needs while decreasing their tendency to accommodate the needs of others. For example, when someone—male or female—has learned to prioritize an abuser’s needs over their own, it can take a long time to legitimize having any personal preferences at all. I begin to think about one’s sense of Self as the ratio of how much a person is able to focus on their own needs versus the needs of others. Being at either extreme of this Self/Other ratio—that is, either thinking only about the other person or thinking only about oneself—is unhealthy.

To facilitate insights about this aspect of recovery, I create another handout that labels different milestones on this journey to develop a healthier sense of Self in terms of a Self/Other ratio. I also want to normalize the feelings of selfishness and guilt that many survivors experience as they begin to experiment with self-advocacy. Simultaneously this handout also offers a pathway for recovery for abusers who were absorbed in their own needs at the expense of others. The result is a spectrum of behaviors from ‘accommodating’ through ‘dominating’, with ‘relating’ as the ideal middle-ground in between.

When survivors are able to see not only their own path of recovery on this spectrum but also that of their abusers, it helps them to reduce self-blame for their abuse.

⁵⁶ For a powerful exploration of the dynamics of domestic violence, including perpetrator rehabilitation, see Rachel Louise Snyder’s *No Visible Bruises: What We Don’t Know About Domestic Violence Can Kill Us* (2019).

One Way of Thinking about the Development of 'The Self': The Self/Other Ratio

Here 'Size of Self' is how much a person is able to focus on their own needs versus the needs of others.

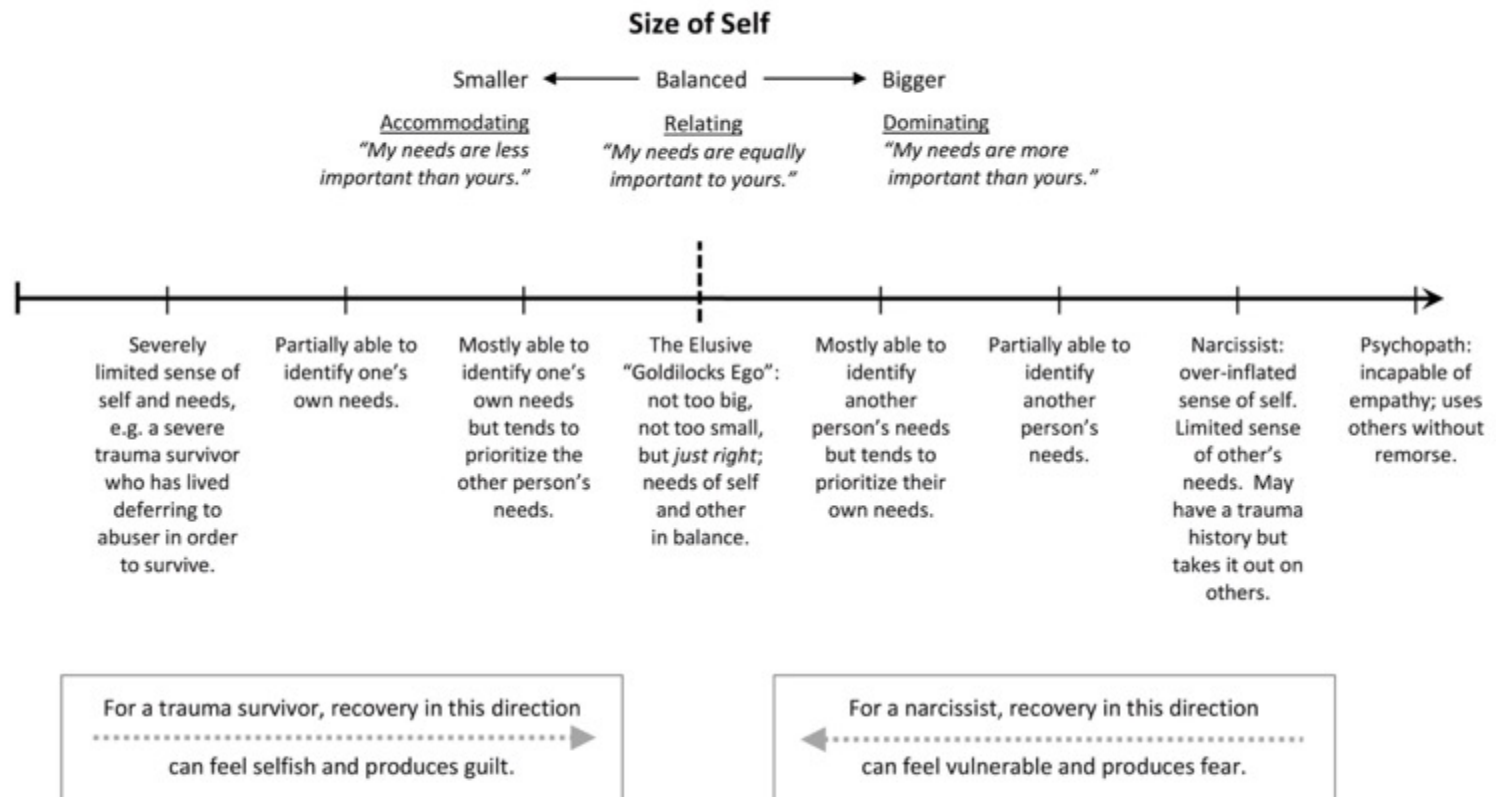


Figure 57: One way of characterizing the development of 'The Self': the Self/Other Ratio.

I see a parallel process occurring for many women in specifically developing an ability to express anger in healthy ways.

Expressing anger can be an act of advocating for your own needs, for example, when you've been wronged in some way. In the act of expression you are, at least momentarily, prioritizing your own needs over the other person's. As one colleague put it: you can't set a boundary while taking care of someone else's feelings. This can be very difficult for those who have never done so before, who have been abused in the past for attempting to do so.

Conversely, if the primary self-talk a person engages in when they are wronged is, "Oh, it doesn't matter," over time the over-arching meaning becomes "*I don't matter.*" I begin to see this dynamic as central to many survivors' experience of depression.

The tough local street culture punishes men for crying or showing emotion. Meanwhile, society often penalizes women for expressing anger. Sadly, these are precisely the two acts of emotional expression that I sense each group, on average, needs to process the un-mourned loss that often underlies chronic depression. I often find myself thinking that what my male clients really need is to let loose decades of repressed tears and sob for days at a time, while what many of my female clients need is to—as one of them might put it—"lose their shit" more often and let loose decades of pent-up anger.

To support women—as well as some men—in the journey of experimenting with expressing anger, I create another handout. When I share it with clients, I find that many trauma survivors fear expressing anger because they are terrified of hurting someone else. They don't want to become their abusers. I therefore offer them a spectrum of choices for expressing anger in between the extremes of "stuffing it" and "biting someone's head off".⁵⁷

I often tell them that if they ever have a reason to get angry at me, I will cheer them on.

⁵⁷ For a more general exploration of treating men and women in psychotherapy, see: *APA Guidelines for Psychological Practice with Girls and Women*, American Psychological Association (2018). Retrieved from <http://www.apa.org/about/policy/psychological-practice-girls-women.pdf>. And *APA Guidelines for Psychological Practice with Boys and Men*, American Psychological Association (2018). Retrieved from <http://www.apa.org/about/policy/psychological-practice-boys-men-guidelines.pdf>.

Experimenting with Expressing Anger

Note that the categories below and their order are subjective.

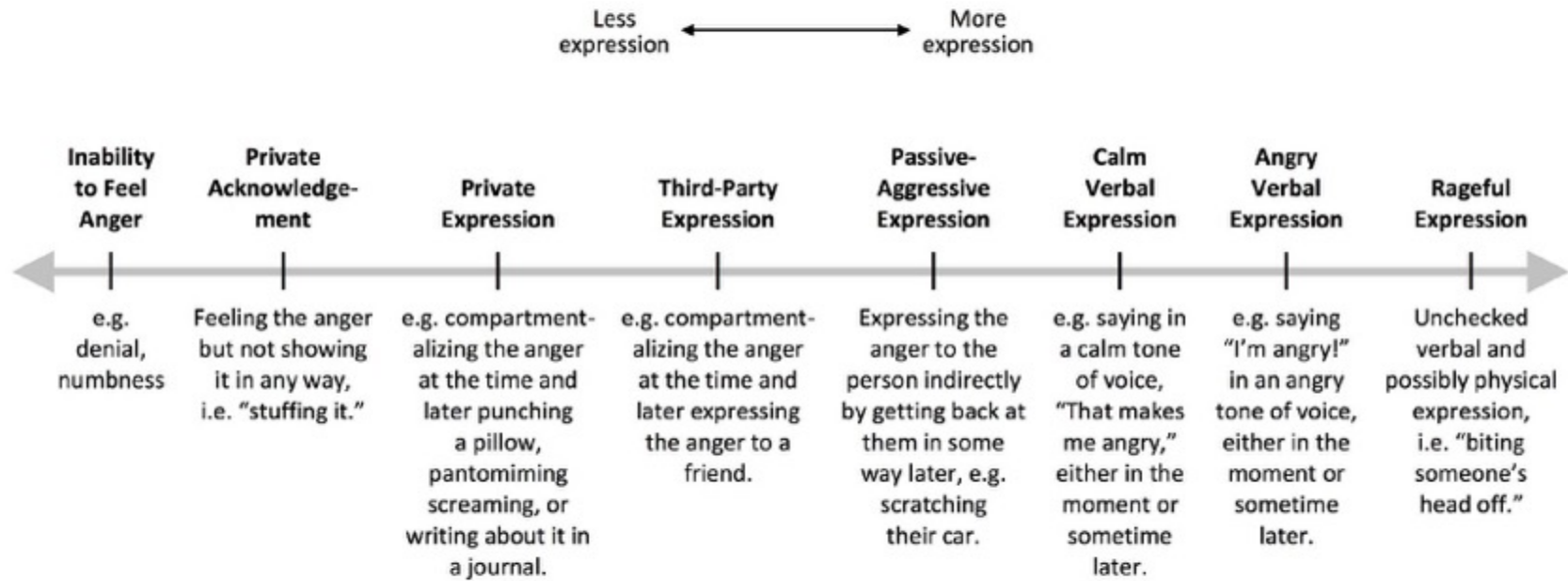


Figure 58: A spectrum of experiments in expressing anger.

Doreen

Within my first few months at the Revere clinic, a woman starts coming to see me named Doreen. A life-long Irish-Catholic local resident in her mid-sixties, she has struggled with depression for many years. She is fairly small in size but has a big heart and a wicked sense of humor, expressed with a classic Boston accent. Her tongue spares no one when Doreen feels she has been wronged. Her parents had been abusive alcoholics, and she divorced her husband many years ago. Her children and grandchildren now live in surrounding communities.

Over a period of three years, I come to look forward to my sessions with Doreen. There are many things I have the sense she has only shared with me. It's difficult to describe the sense of familiarity and intimacy that this kind of relationship produces. The only word that does justice is love.

As I support her in her day-to-day stresses of life in Revere and trying to process her losses of the past, one summer day she announces that she has been to the doctor and has some bad news. He has diagnosed her with a progressive, terminal illness. He gives her six months to a year to live.

With her typical stoic response, I feel like I am more devastated by the news than she is.

As she gradually becomes more ill in the fall, we reduce our sessions from weekly, to bi-monthly, to every three weeks. She begins to lose weight and strength. She starts using a cane and then a walker, all in the space of a few months. One thing she doesn't lose, however, is her wry sense of humor. She names her cane and walker after two favorite characters from the 1970's television sitcom *Barney Miller*; the cane was Barney, the walker, Fish. She always cracks me up.

In December, she mentions to me in-passing that she has given her children "a list of names of people to call if anything happens" and that I am on the list. She says she'll call me in the new year to schedule her next appointment.

It is now early February, and I suddenly realize I haven't heard from Doreen. This isn't unusual. She is often knee-deep in doctors' appointments and complications of her care. I look up her phone number in the client database and dial her home number. Then a strange thing happens: there is no ring but also no error message. Just silence. Weird. That's never happened before.

So I dial her cellphone—and get an automated message that the number is no longer in service.

Uh-oh.

But I also know her kids haven't contacted me.

I decide to do an internet search for her name.

Her photo and obituary come right up. *Oh, no.*

It says she died a week after she last saw me.

I close my eyes, and my head falls into my hands on my desk. She'd been gone almost five weeks—and I hadn't known. I have no words for how awful this feels.

I know I will need support around this loss. I've always hated how the clinic has historically handled client deaths. Typically, you only find out someone's client died a week after the fact when they mention they were out for a bereavement day. I always thought this kind of silence around grief was horrible. It's precisely the opposite of what we were trying to teach our clients about healthy grieving.

Not this time.

I draft an email to my fellow therapists. Keeping her identity confidential, I describe who Doreen was, her sense of humor, the arc of our work together, her recent decline and how I had just found out about her death. I cry. I read it over several times, making little changes. I take my time. As with so many instances of writing in the past, with each revision I find new tears.

It finally feels right to click 'Send'.

But I also know an email isn't enough. What I need now is face-to-face support.

I've always had a complicated relationship with the clinic director, Brad. In his early 40s, with short brown hair and random degrees of facial hair, Brad was notoriously difficult to pin down in his office. On the one hand, I was grateful to him for spontaneously hiring me during what was supposed to be just an informational interview three years ago. He was informal and liked to joke around. But sometimes the jokes got to be a bit much. His favorite brown coffee mug was extra tall and on the side in big white letters it said, "Coffee makes me poop." In some ways this mug summarized Brad. He tried to keep things "light" around the clinic with "bro" humor, but I don't think he ever realized how much of it was offensive to his overwhelmingly female staff of clinicians, most in their late 20s. They might chuckle in meetings when he told jokes, but behind his back he was often the butt of jokes. Whenever a client file went missing, the joke was that the first place you should look was on the floor of Brad's perpetually messy office.

Why is it, in a profession like psychotherapy that is 90% female, that management is often mostly male? How does that happen?

Then, once again, on the flip side I had to acknowledge that there had also been times when Brad had genuinely gone to bat for me. For example, he had found funds to pay for my EMDR training last year.

With these conflicting feelings, I make my way down the hall to his office to see which Brad I will encounter today. Just this month, he had sent out a clinic-wide email encouraging clinicians to take a mental-health day if they lost a client. I thought that was great. Surely, he will be supportive of me.

I find him in his office hunched over his laptop. I knock on the open door, and he looks up. "Got a minute?", I ask.

"What's up?" he responds.

I close his door and sit down. His famous coffee mug stands on the side of his desk surrounded by a sea of loose papers.

I take a deep breath. "I lost a client."

Brad's response is immediate: "Oh! Doreen!"

My brain doesn't know what's just happened. Before I can ask what he meant by that, he gives the answer.

"Her family sent me a letter last week. I hadn't gotten around to telling you."

So ... he knew. For a week. And hadn't "gotten around" to telling me.

A strange thing then happens. It's as if I have two brains. One brain is floating up and to the right of my head. This brain is angry. Meanwhile the brain that's attached to the rest of my body is in speechless awe trying to play catch-up with what's just happened.

Don't get angry now. You still need him.

"Did you read my email? I just sent it," I ask plainly, making the choice to side-step what he's just told me. Brad shakes his head.

"I need you to read it," I say.

Brad pulls up his email inbox and reads the email I just sent out about Doreen.

As he does so my two brains engage in a tug of war. It's not as if I haven't seen Brad in a week. My office is directly opposite the bathroom. He walks by my office half-a-dozen times a day. I guess I'm just not one of his priorities.

Not now, Peter.

After finishing reading my email, he turns to me and the first thing he says is, "Oh, I did her discharge summary."

What he's saying is that I don't have to do her discharge paperwork. Apparently, what's most important to him after reading my brief memorial to Donna is paperwork.

I can see that I'm not going to get anything more out of this interaction.

I ask an inconsequential administrative question and make a polite exit.

An hour-and-a-half later, I head to the office of my clinical supervisor, Jackie. By miraculous coincidence, my weekly clinical supervision session with her is scheduled after my impromptu meeting with Brad. Jackie is about ten years younger than I am, but she's been working in the trauma field for more than ten years. She's a breath of fresh air at the clinic. More than once I've come to her feeling like strangling someone and by the time I leave, I feel better.

I come in, close the door, and sit down. Jackie's office is populated with a wide variety of toys for the children she works with—and sometimes for the wayward clinicians she supervises. But I'm not reaching for a toy today.

I roll my eyes, exhale deeply, slowly shake my head, and say with exasperation, "I've got issues, Jackie. I've got issues . . ."

She bursts out laughing. It feels good.

I tell her what just happened with Brad. She is as horrified as I am. Horrified.

I continue to shake my head. Just recently I had started seeing a few clients in private practice two days a week. My plan had been to wait a few months to build up my case load before I left the clinic to go into private practice fulltime. But financial prudence is wearing thin today.

"You know, Jackie, the only thing that's making me feel better in this moment is fantasizing about resigning on Monday."

And then Jackie says something that is so pitch-perfect, so precisely what I need to hear in this moment that it's reminiscent of my conversation with Astronaut Piers Sellers so many years ago. She nods in recognition of my predicament and then says sagely, "Now, let's not make big decisions in the middle of big feelings."

Now it's my turn to laugh.

This is Jackie's gift: whenever you're with her, you know she is steadfastly in your corner—no matter what. But, that doesn't mean she won't challenge you to reconnect with your true self when you may have strayed. In fact, challenging you is part of what it means to be firmly in your corner. Jackie is my own private loyal opposition.

We agree that the next right step for me is for tomorrow to be a mental health day. I don't usually have a Wednesday in the middle of the workweek completely free. I make a plan of what to do, things just for me:

- 1) Sleep late.
- 2) Spend the day at the Museum of Fine Arts.
- 3) Have my favorite meal for dinner: a butter-drenched lobster roll at my favorite seafood restaurant.

Having had the beautiful day I'd planned, I now find myself sitting in front of the butter-drenched lobster roll on a lightly toasted bun that I had fantasized about all day. But before eating, it feels right to pause and take-in what today and this meal means.

I remember Doreen and the arc of our relationship. I remember her mischievous sense of humor. And I feel sad. Looking down at this expensive meal, I suddenly feel selfish. *What am I doing?* Is it really appropriate for me to be indulging like this when someone that I cared about for three years just died?

A question then occurs to me: What would Doreen do?

And without even trying to do so, Doreen's voice immediately comes to me in response. Her no-nonsense working-class Boston accent is as clear as a bell: "Petuh! Eat the lawbstah roll, Petuh! Youah alive, Petuh! Youah *alive!* Eat the freakin' lawbstah roll!!!"

My eyes mist-over.

She was absolutely right. I *am* alive. Eating this "lawbstah roll" is honoring her, not disparaging her. I'm eating it because she can't.

And let me tell you: it was delicious.

I'd lost a client, but I'd gained an angel—with a Boston accent—who sits on my shoulder and steadfastly advocates for acts of self-care to honor my being alive whenever I hesitate to do so. And she still does. All I have to ask is, "What would Doreen do?"

On Monday morning I submit my letter of resignation to Brad. Angel Doreen said she approved.

The Women's March

Having begun to understand the complex ways that society is abusive of women, when I heard about the 2017 Women's March in late 2016, I felt a strong need to contribute in some way. As a man, I wondered how best to do so. I realized I had been collecting observations about gender over decades that I now felt called to put into words. Phrases that had been germinating in my head for many years wanted out. Without necessarily knowing what I would do with it, I decided to put my thoughts on paper. Meanwhile, I'd also seen how frequently such discussions attempted by men could be offensive. So before I talked about gender, I also wanted to offer a way to talk about gender productively. The following essay was the result.

Meanwhile, in that contentious political climate, I was aware that ideas were often critiqued based on who said them. To encourage these ideas to be judged on their own merits, I made the decision to remain anonymous.

Why I Support the Women's March on Washington: One Man's Manifesto for Female Leadership

Like many Americans, I am struggling to come to terms with recent national events. These events threaten the progress we made during our Civil Rights Movement, progress made through significant sacrifice. As a White male who was too young to have directly participated in that movement, I find myself asking with a greater and greater sense of urgency, "What can I do now?"

When I first heard of the Woman's March, it resonated with ideas that had been germinating inside me for many years but that I had never expressed. I need to go to this march, and I feel the need to make explicit why. My primary target audience are those who do not feel the march is relevant to them. If you are someone who is already committed to the march, I offer this manifesto as a non-partisan conversation-starter for anyone you know who is not. As such, I am in no way trying to provide all the answers to the complex issue of gender dynamics in society. My goal is more modest: to engage those who might not otherwise be.

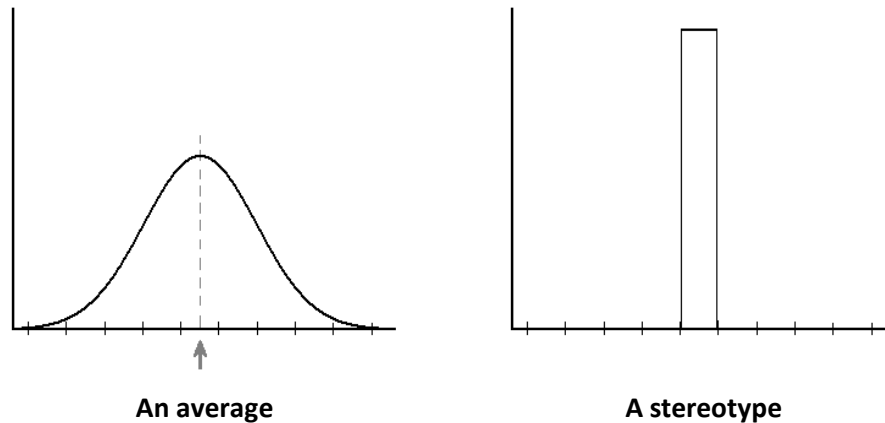
I'd like to begin by first providing something that is often missing from public conversations about gender: a shared framework for talking about gender productively. Without such a framework, conversations about gender often devolve into some version of "He said/she said." Researchers have often noted that the study of gender is messy, "bound to frustrate the person who believes in absolute truths." Meanwhile, I aspire to be heard by as many readers as possible. So before I talk about gender, I ask you to bear with me as I first talk about *how* I'm going to talk about it.

Let's start with the fairly innocuous sentence, "Men are taller than women." I'm guessing that most people are willing to accept this sentence as given, even if we know *some* women who are taller than *some* men. That's because we implicitly understand that what this sentence really means is "Men, *on average, as a group*, are taller than women."

Now let's consider a sentence that is about behavior rather than appearance. As you read this sentence I encourage you to watch your reaction to it: "Men are more violent than women." For some, this more emotional sentence may evoke an urge to come up with individual counter-examples. Part of you might be rushing to defend the gentle men in your life or point out what violent acts perpetrated by women you've heard of. And yet, for most of us, we also have a sneaking suspicion that that sentence is probably accurate.

Here's my point: you can only have a productive conversation about gender at the level of groups as a whole. Conversations about gender break down at the level of the individual because a single individual does not represent an entire group. This is the difference between an average and a stereotype. An average is the middle of a bell-shaped curve. The bell-shaped curve tells us that there is enormous

variation within that group. In contrast, a stereotype redraws the bell-shaped curve as a single skinny rectangle, suggesting that everyone in a particular group is exactly the same. If I say, “The average Latino is Catholic,” that may be true, but if you introduce me to your Latino friend, I still don’t know whether she identifies as Catholic or not.⁵⁸



To avoid the stereotype trap, I am going to be careful to avoid talking about individuals; my focus will be on the behavior of groups as a whole. This allows for variation between individuals in the group. So when I say “Men blah blah blah,” I am not talking about your son, your husband, your nephew or—if you identify as a man—you. I am talking about the average behavior of men *as a group*. When I say “Women blah blah blah,” I am not talking about your aunt, your wife, your daughter or—if you identify as a woman—you. I am talking about the average behavior of women *as a group*. To drive this point home, I will be repeating the phrase “on average, as a group” until you may well be sick of it.

Now that we’ve gotten that out of the way, as a starting point for talking about gender dynamics in society, I would like to offer a collage of research on gender I have collected over the years. As you read each item I invite you to be aware of your reactions:

- Girl babies tend to look at faces; boy babies tend to look at things.
- In play, girls tend towards more collaborative games while boys tend towards more competitive games.
- When boys do poorly on a test, they tend to blame something outside themselves, such as the quality of the teacher. When girls do poorly on a test, they are more likely to blame themselves.
- Women are better at interpreting non-verbal communication such as tone of voice, body language and facial expression.
- Testosterone is correlated with aggression and risk-taking.
- As early as the 1980s, I recall reading research that suggested that extremist movements are more likely to flourish in countries that marginalize women.
- Men interrupt more than women.
- In the book *Women Don’t Ask* by Professor Linda Babcock of Carnegie Mellon and writer Sara Laschever, Babcock shares her research that women, on average, across multiple contexts, are four times less likely to try and negotiate for what they want than men. Most men enjoy negotiating, experiencing it as a kind of game. Most women do not. What women are far

⁵⁸ I wrote this sentence in 2016. If I wrote it today, I would draw from the broader vocabulary of Latina and Latinx.

more likely to do is to ask for things on behalf of others.

- At the Dissociative Disorders and Trauma Unit of a major psych hospital, at any given time approximately 95% of the patients on the ward are female. The head nurse of the unit had worked there for 15 years. When she was asked why so many of her patients are female, she said that in her experience female trauma survivors tend to take their trauma out on themselves while male trauma survivors tend to take their pain out on other people, ending up in the criminal justice system rather than a hospital.
- Street gangs are virtually a completely male phenomenon.
- Ninety percent of people in prison for violent crime in the United States are men. *Ninety percent.*

Before I continue, if you were forced to make a binary choice, which group, men or women, would you rather have running your country?

So what should we make of all this? Here's what I make of it: to put it simply, men, *on average, as a group*, have bigger egos than women. As a result, the fundamental masculine error is serving Self at the expense of the Other. The fundamental feminine error is serving the Other at the expense of Self. More specifically, men, on average, as a group, are more aggressive than women. Women, on average, as a group, are more *relational* than men and, as a result, more collaborative.

When I shared that last thought with a female friend, she responded defensively, "Men can be collaborative, too." Indeed they can. But it is my experience that men are more likely to be collaborative when they are a member of a group that is in competition with another group. For example, the U.S. effort to land on the moon was one of the greatest collaborations in human history, but the truth is that it never would have happened if we hadn't been in competition with the Soviet Union. My experience is that women, on average, as a group, don't need competition to be collaborative. They just are.

I invite you to take a moment to reflect on your reactions to what I have said. If you are male, is there a part of you that is now feeling defensive? If you are not male, is there a part of you that would like to defend those who are? Notice the urge to revert this conversation to the level of the individual. For example, someone often says, "What about Margaret Thatcher? Or Golda Meir?" My response is that they were individual pioneers. In order to get their foot in the door of traditionally male arenas, there was a natural self-selection process favoring women who could behave in more masculine ways. As individuals, they represent themselves and do not define the behavior of their group as a whole.

It is my belief that it has been the predominantly aggressive, competitive masculine culture of our species that has been the driving force behind humans dominating our planet. And that may not be all bad. But the problem is that in the last few hundred years we have run out of empty savanna to compete over. The fundamental issue of our time can be summarized as: how can we learn to live in each other's backyards? I am going to propose that the best answer has been standing right beside men all along: women.

I'd like to offer four examples of how greater participation of women in leadership roles in society would make a difference.

Corporate Boards: In a paper entitled "*Critical Mass on Corporate Boards: Why Three or More Women Enhance Governance*," Vicki Kramer, Alison Konrad, and Sumru Erkut examined the impact of the number of women who served on corporate boards. Here are their findings:

Women who have served [on boards] alone and those who have observed the situation report experiences of lone women not being listened to, being excluded from socializing and even from some decision-making discussions, being made to feel their views represent a "woman's point of view"....

Adding a second woman clearly helps.... But with two women, women and men are still aware of gender in ways that can keep the women from working together as effectively as they might, and the men from benefiting from their contributions.

The magic seems to occur when three or more women serve on a board together. Suddenly having women in the room becomes a normal state of affairs. No longer does any one woman represent the “woman’s point of view,” because the women express different views and often disagree with each other. Women start being treated as individuals with different personalities, styles, and interests. Women’s tendencies to be more collaborative but also to be more active in asking questions and raising different issues start to become the boardroom norm. We find that having three or more women on a board can create a critical mass where women are no longer seen as outsiders and are able to influence the content and process of board discussions more substantially.

Having a critical mass of women directors is good for corporate governance in at least three ways:

1. The content of boardroom discussion is more likely to include the perspectives of the multiple stakeholders who affect and are affected by company performance, not only shareholders but also employees, customers, suppliers, and the community at large.
2. Difficult issues and problems are considerably less likely to be ignored or brushed aside, which results in better decision-making.
3. The boardroom dynamic is more open and collaborative, which helps management hear the board’s concerns and take them to heart without defensiveness.⁵⁹

Not only that, research by the non-profit Catalyst found that companies with more women board directors experience higher financial performance!

What’s important here isn’t just that women make valuable contributions. What’s equally significant is that the presence of enough women *changes the behavior of men*. So it’s not that “women are better than men”; it’s that women help bring out the best in men. Human behavior is not set in stone; we are extraordinarily adaptive. With the right incentives, we adapt our behavior based on who we are with.

Government: The first association many Americans have with Rwanda is the genocide that occurred in 1994. What is less well-known is what happened afterwards. As a result of a new constitution, Rwanda is the first country in the world to have a majority of women in its legislature: 56%. The 2003 Rwandan Constitution includes a quota reserving 30% of seats for women in all decision making bodies. In 2008 women filled that 30% quota and then gained another 26% of the seats in the legislature via party ballot, for a total of 56%. The message appears to be: the best insurance policy against the abuse of power is women.

Based on the research about corporate boards, how would our government be different if half of Congress and half of the Senate were female or transgender?

Policing: Is it possible that there might be a relationship between police violence and the fact that most police forces are predominantly male? Wouldn’t it be worth identifying police departments in the country with the highest percentages of female officers and see how their presence might be making a difference?

Medicine: I’d like to challenge hospitals across the country to conduct a small experiment: add more women to surgical teams. Risk creating some that are all women. Just try it, and see what you learn.

It has often been said that insanity is doing the same thing over and over while expecting different results. For two thousand years we, as a species, have been yearning for a peaceful co-existence. And yet for most of our history we have put the more aggressive group in charge. That is insane. I think it is long overdue to try something different.

The next question is, how? The aspiration “Just add women!” turns out not to be simple.

The *New York Times* recently ran an article entitled, “*The Problem for Women Is Not Winning. It’s*

⁵⁹ Kramer, Vicki, Alison Konrad, and Sumru Erkut. “*Critical Mass on Corporate Boards: Why Three or More Women Enhance Governance*” (Wellesley Centers for Women, 2006). Used with permission.

*Deciding to Run.*⁶⁰ It describes three examples of the internal barriers female politicians faced in pursuing public office.

Senator Kirsten Gillibrand of New York wanted to be a senator since she was a child. Later working in a law firm, she was inspired by hearing Hillary Clinton speak about public service—but she waited another ten years to run: “It took 10 years volunteering to have the actual self-confidence to say, ‘I can run for office.’ Women are the biggest self-doubters.”

Meanwhile, it turns out that when women do run for office, surprisingly they have *equal* chances of being elected as a man. The challenge is getting them to run. Senator Susan Collins of Maine put it this way: “I have never ever had a male potential candidate say to me that he wasn’t ready, that he didn’t feel prepared enough. Over and over again, I have had potential female candidates say to me that they just don’t feel they’re quite ready, that they need more experience.”

Gov. Kate Brown of Oregon first worked as a lawyer for a woman’s organization. What did it take for her to run? A state senator calling and asking if she wanted to work for the legislature: “I honestly hadn’t considered anything like that until someone called and asked. That’s what it took, and that’s what it takes for women: calling and encouragement.”

Women can do the job, making some contributions better than men. The article presents data that women even win elections on par with men. What’s missing is the right kind of outreach, support, and encouragement for them to try.⁶¹ For example, the experience of faculty at the Women and Public Policy Program at the Harvard Kennedy School of Government is that women run for office best when they do it together. Should we really be surprised by that?

I believe that the only moral and ethical use of power is to empower. Women, on average, as a group, are more likely to embody this ideal than men, because women, on average, as a group, are more *relational* than men. The out-reach, support, encouragement as well as system changes necessary for women to pursue and maintain leadership positions around the world is up to all of us, men, women, and gender non-conforming. And that is why I am proud to commit to the Woman’s March on Washington. Sometimes men can help bring out the best in women, too. I can’t help but think that our species was designed to be at its best when men and women support one another.

Above I asked you to consider whether you would prefer men or women to run your country. I confess: it was a trick question. The best answer is both. The enemy is not men. The enemy is “mono-culture”: a culture of one. The antidote is the diversity nature gave us.

December 18, 2016

⁶⁰ Miller, Claire Cain. “*The Problem for Women Is Not Winning. It’s Deciding to Run*”, *The New York Times*, October 25, 2016.

⁶¹ A subsequent article in the *New York Times* described this an “ambition gap”: The Editorial Board, “*Women’s Voice Remains Faint in Politics*”, Sept. 13, 2017.

As I was writing that essay, I became aware of the multiple state chapters of the Women's March in each of the fifty states as well as around the world. I decided to use the essay as an offer of support. I emailed the essay to all fifty state chapters and as many in Canada and a few other countries as I could find.

*I was nervous. I really had no idea how it would be received.
Below are the replies I received.*

From: Canadian Women March <info@canadianwomenmarch.ca>
Date: December 29, 2016 8:58:40 PM
To: <>
Subject: Re: One Man's Manifesto for Female Leadership

I could hug you for this. I am gathering a group of Dads and their sons to help me figure out a call to action from their perspectives.

Thank you... this means a lot.

If you would like to participate or share your thoughts on our calls to action post January 21, please feel free to call me 416- - @ .

From: " @womensmarchla.org" < @womensmarchla.org>
Date: December 30, 2016 12:00:12 PM
To: <>
Subject: Re: One Man's Manifesto for Female Leadership

We will post and I can't thank you enough for joining us !

Thank you thank you
Emiliana
310- -

From: @gmail.com
Date: January 01, 2017 11:59:57 AM
To: <>
Cc: @gmail.com
Subject: Re: One Man's Manifesto for Female Leadership

Thank you for your support and for sharing this manifesto. Hope you can make it on January 21st.

Best,
Sara

From: NewMexico Local <newmexicolocal@gmail.com>

Date: January 03, 2017 3:15:43 AM

To: < >

Subject: Re: Women's March on Washington - Santa Fe Feedback

This is extremely thoughtful and impactful. We will post it on our Facebook event page for others to read.

Thank you for your support!

From: State Women's March <state@womensmarch.com>

Date: January 05, 2017 6:23:04 PM

To: < >, < > @outlook.com>, Women's City March < @gmail.com>

Subject: Re: New submission from Contact Us

So Beautifully and thoughtfully written!!! Thank you!

I will pass this on to a multitude of people on this march! I am sorry you are choosing to remain anonymous, but of course will respect that choice.

Michelle
Fundraising Chair
State Women's March Staff

From: Angie < > @outlook.com>

Date: January 05, 2017 8:04:44 PM

To: State Women's March <state@womensmarch.com>, < >

Subject: RE: New submission from Contact Us

Dude! Do you have a blog or something? Instead of sharing this, I would rather give you traffic to a website/blog/book sale whatever you may have. Let me know okay? This is incredible. I can't wait to share it. Let me know so I can share it!

Angie
(co-lead State Women's March)

From: Julian [REDACTED] <[REDACTED]. [REDACTED]@gmail.com>
Date: January 08, 2017 8:33:57 AM
To: [REDACTED] <[REDACTED]>
Subject: Re: New submission from Contact Us

This is so great!!

From: Grace [REDACTED] <[REDACTED]@hotmail.com>
Date: January 06, 2017 12:36:42 PM
To: [REDACTED] <[REDACTED]>
Subject: Re: Manifesto Update

Dear Anonymous,

Bravo. Really brilliant my friend. Stronger, silkier, and more compelling than the last version with only the slight tweaks that you made.

Thank you!
Grace

From: Women's March Bay Area <info@womensmarchbayarea.org>
Date: January 07, 2017 6:59:44 PM
To: [REDACTED] <[REDACTED]>

Subject: Re: One Man's Manifesto for Female Leadership

Hello [REDACTED],

Thank you for sharing this most important work with our team. I have shared with the leadership team and we truly appreciate your support to stand with us and be a voice in this movement.

Warm Regards,
Women's March Bay Area

Good jawb, Petuh!

2018

It's time.

Since mailing my mother a copy of assault survivor Chessy Prout's memoir, *I Have the Right To*, in the spring, I've been looking for the right moment to make this phone call. But there is no right moment.

Do I really need to do this?

I meditate for a few minutes. I focus on breathing with my diaphragm.

I open my eyes and take another deep breath.

I need to do this.

I need to do this for me.

I pick up the phone and dial my mother's number. Despite meditating moments earlier, my heart pounds.

Breathe.

After a few rings, she answers. As usual, she's glad to hear from me.

After some small talk I say, "I'm calling for a specific reason, and I'm inspired by Chessy Prout's book." When I sent her the book several months ago, she read it in one week and was blown-away by it, as I was. It prompted a long conversation about her experience as a high school teacher of teenage girls and how she had never had to deal with anything so severe as sexual assault. I think to myself: *and now it's prompting this conversation.*

I continue: "I want to tell you about something that happened to me that I've never told you before. And I didn't tell you because of shame, but I'm over that now. And I want you to know that I'm fine, and that it's no one's fault. But I'm guided by the belief that we are as sick as our secrets."

"O.K." she says with expectant concern. In my mind I see an image of her holding the phone to her ear listening intently, head tilted slightly down, brow slightly furrowed, waiting.

You're not in control of her response, only what you say.

I take another a deep breath.

"When I was 3 or 4, I was abused by a baby sitter."

"Oh, God" She says this with a tone of "Please, no."

I slowly and deliberately tell her the story of the two babysitters and what they did to me when I was a child. As I tell the story, she periodically interjects:

"That makes me *so* angry!"

"I want to strangle them!"

After I finish the story, she continues: "That's so awful! I'm so sorry that happened to you. What would make anyone *do* such a thing?!" I hear her shaking her head.

"What brought this up for you now?", she asks understandably.

"Well, first Chessy's book, and how honest she was. And, second, as I've mentioned, I've decided to write a memoir." I reflect on how long it's taken to tell my mother and the more recent internal debate about whether to tell her at all. I'm 51. She's 81. She would have been 34 when it happened.

I continue, "I think another reason I didn't talk about it is I didn't know what category to put it in. Is it sexual abuse? Physical abuse? It's certainly emotional abuse, something deliberately shaming. And finally, I realized it didn't matter what you called it; it was an abuse of power on someone who was vulnerable." She adamantly agrees.

"I'm *so* glad you told me. I'm *so* glad you felt comfortable telling me."

I am moved. This conversation has gone better than I ever could have predicted. I tell her so.

"I want you to know I really appreciate how you responded. It's very common for parents to respond with 'Why didn't you tell me?!', which is shaming, and only serves to increase the shame that

is already there.”

“That couldn’t have been farther from my mind.”

“And it’s not your fault,” I affirm. “It just happened.”

She reminisces, “I know *just* who they were. I think they were college-age because I think we got them through an agency. And she showed up with her friend and said, ‘I brought my friend’ and I said, ‘O.K.’ That was the only time there were two of them.” The corroboration of this single detail is enormously validating.

I explain that all this is part of why I feel drawn to stand up for others who are abused.

I continue, “I also think it’s an important story to tell because it’s the story of abuse by females of a male, and that’s the opposite of how it usually is.”

She continues to ponder out loud why anyone would do such a thing.

“Hurt people ... hurt people,” I say. She agrees with understanding.

After a pause of reflection, she adds, “I’m so impressed by the work that you do with people, and know you are someone who can give them what they need.”

“Well, thank you,” I say.

Another pause of reflection. What am I feeling right now?

“I feel better for having told you.”

“Well, I’m glad!”

“Nothing disinfects like sunshine.”

“Oh, I like that!”

My shoulders relax. A weight they have been carrying for 47 years has been lifted. It’s over.

Angie

Two years after writing my Manifesto for Female Leadership for the Women's March, I began writing this memoir. As I did so, I realized I couldn't do this alone. I needed feminist allies to give me feedback and support along the way. I decided to reach out to Angie, one of the organizers of the Women's March who had been so supportive of my manifesto.

It had been two years since our first and only email exchange.

From: [REDACTED] <[REDACTED]>

Sent: Friday, October 19, 2018 9:48 AM

To: Angie@[REDACTED]

Subject: Two Years Later

Hi, Angie.

Thank you for writing back!

When I wrote that piece two years ago, I did so with some self-doubt. I see the role of ally/male feminist as being inherently fraught; at the end of the day I cannot be the judge of my effectiveness. That must come from women. An internet search for "male feminist" is chock-full of disaster stories of self-declared male feminists who don't realize this.

So when I started sending that piece out to state chapters of the march, I braced myself for whatever criticism might come. It therefore meant a lot to me when I got supportive replies. But yours took the cake, Angie! There was something about you being ardent with hip language that gave me the validation I needed. My prior concerns evaporated. What you wrote actually made me tear-up, if you can believe it. So the first reason I'm writing you is simply to express my gratitude.

And the second reason I'm writing is to tell you that based on an accumulation of many incidents over the past two years--which includes your email--I've decided to write a memoir. The gist is the story of what it took for this straight white male to become a feminist.

Part of my telling you is to ask, when the draft is ready, would you be willing to read it and provide feedback? I hope to have something sharable by early next year. And the second reason for me telling you is ... to hold myself accountable for actually finishing it!

All the best to you,

From: Angie@ [REDACTED]
Subject: RE: Two Years Later
Date: October 19, 2018 at 7:27:45 PM EDT
To: [REDACTED] <[REDACTED]>

I would love to read the draft and provide feedback. I know it's difficult for men to know how to be a good ally. But people like you who are willing to learn, makes all the difference. The truth is, we really need men to be our allies. To step in when we are being oppressed or scared or unable to cope with what is being said. Men are the key to successful feminism. But also, men have the same rights as women through feminism. Men have the right to be emotional. To say I can't cope, can you help me. A true feminist movement includes EVERYONE and recognizes the oppression of a patriarchal society on all of us, not just women.

I look forward to seeing what you create. This is a busy time of year for Women's March. But I will have time the beginning of next year no problem!

Thank you for your own work on yourself and being willing to share that work with others.

Sincerely,
Angie

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