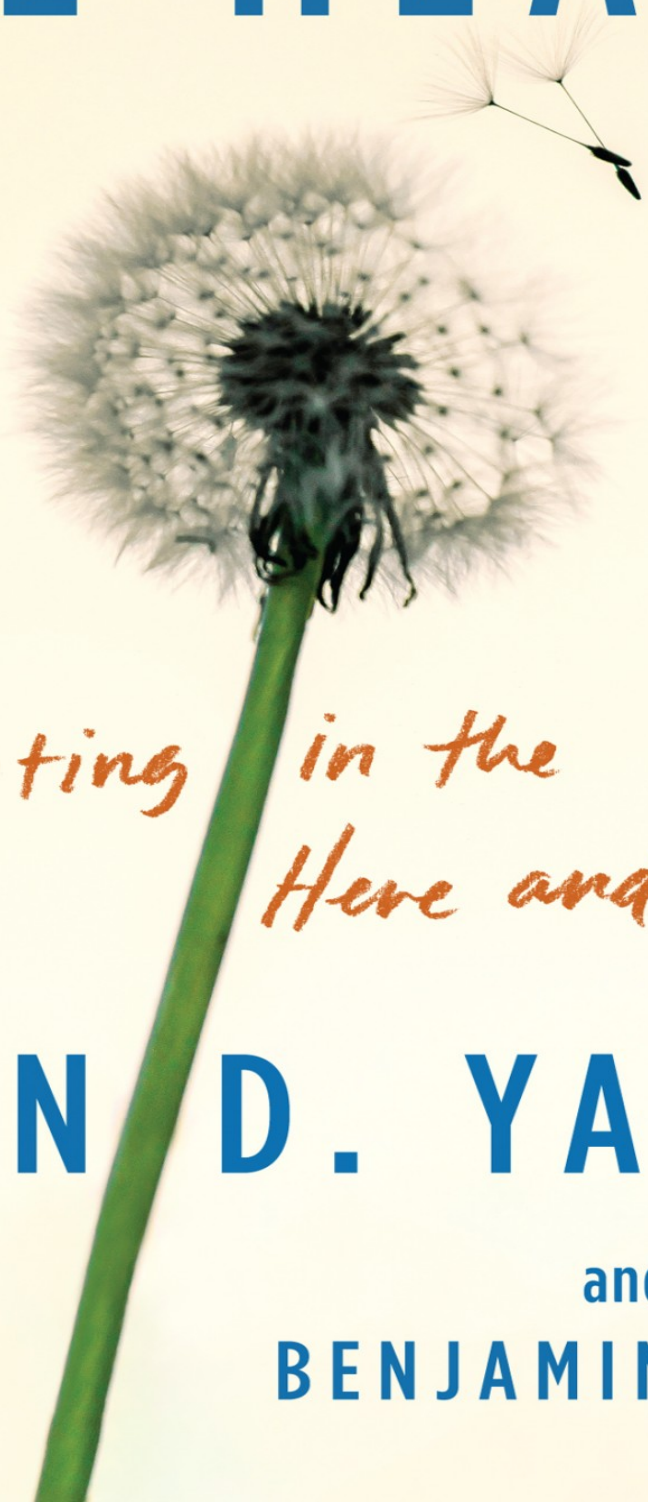
HOUR OF THE HEART



Connecting in the Here and Now

IRVIN D. YALOM

and

BENJAMIN YALOM

New York Times bestselling author of *The Gift of Therapy* and *Love's Executioner*

HOUR OF THE HEART

Connecting in the Here and Now

Irvin D. Yalom, MD,
and Benjamin Yalom

HARPER
An Imprint of HarperCollins*Publishers*

Dedication

For my children, Eve, Reid, Victor, and Ben; their children; and their children's children.

—IRVIN D. YALOM

For Anisa, who makes my heart trill and quiver every day.

—BENJAMIN YALOM

Contents

Introduction

I once had the audacious idea to compile my most important insights about how to do psychotherapy into what became a useful book called *The Gift of Therapy*. In its introduction I wrote that, at the ripe age of seventy, two things were happening for me. First, my patients had begun to worry how long I would be around to help them. Would I go on vacation and never return? Might they soon be visiting my grave? Second, given my seemingly imminent demise, I found myself wanting to pass on what I had learned in my four decades as a psychotherapist, and to do so as quickly as possible.

These fears have proved just the slightest bit premature and, more than twenty years later, I am still contemplating how to best help patients and therapists alike. Now, as I sneak up on age ninety-three, perhaps concerns such as my death and the need to pass on hard-earned lessons truly are pressing. I can't be sure. Check back with me in another twenty years or so!

One thing that has been consistent in my now *six* decades as a therapist is that the longing for human connection is a main force that drives those seeking help. People crave closer, better relationships. Key to developing these rich relationships are the ability, and the willingness, to open up, to share intimate space with others. This may sound easy enough, and yet the vast majority of patients I've encountered have difficulties doing so. Intimacy requires vulnerability: you can't expect your friend, relative, or partner to be open to you unless you are willing to be open to them. And such vulnerability, almost by definition, does not feel safe. Many of us—*most of us*—have had experiences in which emotional vulnerability has gone awry. It felt dreadful, and we quickly developed defenses, foremost among them

learning not to allow ourselves to open up again. But, alas, if we never allow ourselves to open up, we never get the connection we crave.

For those familiar with my work in existential psychotherapy, this emphasis on interpersonal connection may seem incongruous. In fact, rereading the introduction to *The Gift of Therapy*, I note that I discussed the two as "parallel but separate interests." Existential psychotherapy focuses on patients' inner conflicts that arise from confronting the givens of human existence—death, isolation, meaning in life, and freedom. I noted that this existential lens (for it is not a discrete, complete approach to therapy) informed my work with individuals. With interpersonal therapy, on the other hand, I assume that patients struggle because they are unable to develop, nurture, and maintain close relationships with others. I located this primarily in my work with therapy groups, where I focused on the exchanges, impulses, and emotions that arose from the members' responses to one another.

I feel now that these two sets of concerns may not be so distinct after all. One of the great drivers of existential anxiety is our condition of being alone in the universe, such that we can never completely share our experience with another. This ultimate isolation can be terrifying, and certainly plays a role in the theology of most religions, which offer solace by assuring us we are part of a greater whole. For many of us, whether we are religious or not, deep connection with other people is the best salve for that isolation and the anxieties that come with it. In this sense, when I say that most people come to therapy looking for help with interpersonal problems, this feels quite related to existential concerns.

Likewise, while the stories that make up this book are all about working one on one with individual patients, the approach I employ is explicitly interpersonal, mining the here and now of the emotional space between the two of us and using what we learn from this to help the patient get better at relating with others. So, again, the existential and the interpersonal are not so separate.

This need for connection to ease the existential concerns has certainly been true for me, brought into sharp focus after my wife of sixty-five years, Marilyn, died in 2019. COVID appeared just months later, and I spent much of the following three years, the time frame of this book, in heavy isolation. Add to that the fact that I had entered *serious* old man territory. Nearly all of my friends and colleagues had passed away, or seemed to be doing so as quickly as possible. Living to a ripe old age, while maybe better than the alternative, has its drawbacks.

Existential issues have been much on my mind as I've aged. One major feature of aging has been the decline of my memory. Because examining its deterioration is a major feature of this book, I won't reveal much in this introduction, other than to touch on two critical aspects. First, six years ago I determined that I could no longer remember all the important details of my patients' lives and the therapy work we had done together. I simply could not promise to be the effective therapist I'd been for so long. Rather than take down my shingle immediately, I chose to offer single consultations to those in need. The most compelling of these consultations, and the lessons gleaned from them, are the core of the chapters that follow.

Second, while the stories here are told in my, Irvin Yalom's, voice, the writing is truly a collaboration between myself and my youngest son, Benjamin. We came upon this interesting arrangement out of necessity, as I found myself unable to hold the many encounters described here, and the related therapeutic threads, in my mind at the same time. Fortunately Ben is an excellent writer who has edited my work for many years. The timing could not have been better: after twenty-five years working in the theater and, he says, avoiding being in my professional shadow, this prodigal son decided to join the family business. He was in the middle of his PhD studies in marriage and family therapy when my aspirations for this book slammed up against the reality of my crumbling mind. What has resulted is a rich combination of my experiences and his observations and insightful questions. What luck! It has been a delight to collaborate, to be challenged to clarify and rethink

some of my assumptions, and to have him as one of my last students through our work on these pages.

Terminology and a Critical Caveat

Lastly, a few notes of guidance. Two terms used frequently throughout the book are worth clarifying. First, I speak often of *intimacy*. I am not using this term to describe anything sexual or physical, even as that seems to be a common usage in our culture today. Rather I am discussing closeness, affection, familiarity—any slew of words that might indicate a warm, tender opening of people to one another. Therapy, as illustrated in these stories, should be a safe space for experiencing and practicing this intimacy.

Second, I refer to the people who have come to me for consultations as *patients*. This term is a bit problematic. The field of psychotherapy was originated by psychiatrists, who were trained medical doctors, and thus referred quite naturally to their *patients*. In recent decades, however, psychotherapy has become largely the domain of psychologists, marriage and family therapists, social workers, and counselors of various sorts, most of whom use the term *clients*. I am not an enormous fan of either of these words—one seems to imply disease, and the other commerce—nor is there a term closer related to consultation (*consultor?*) that rolls off the tongue without offending the ear. I prefer to think of myself as a *fellow traveler*—one who has, perhaps, a slightly better view of the road we are traveling. Nonetheless, in these stories, I've used *patients*, despite the fact that I was not offering ongoing care, nor intending to take on any medical responsibility.

Finally, this is a collection about single-session encounters with people seeking guidance. From over three hundred such encounters I have selected twenty-two stories that are intended to help teach therapists and those interested in therapy, to pass on specific lessons, or to reveal particular dilemmas. Let me state in the clearest possible of terms that *I am not*

suggesting that a single session should be seen as an effective model of therapy! It should be superfluous to put this caveat here, but given that our field has been driven by insurance and pharmacology companies to shorter and increasingly impoverished versions of what therapy might be, I feel the need to clarify. My hope is not that my experiment will be replicated, but that you, dear readers, can take the lessons passed on here and incorporate them into your own practices in the ways you find most helpful.

Chapter 1

A Day in the Life of a Very Old Therapist

The day had not started well. I woke at 3:00 a.m. with leg cramps that wouldn't go away. I quietly got out of bed, careful not to disturb my wife, Marilyn, sleeping deeply next to me. To relieve the pain I took a hot shower until it turned lukewarm, then dried myself and returned to bed. The heat had soothed my muscles, and the cramps had subsided somewhat. I tried hard to go back to sleep. But when it comes to sleep, "trying hard" is always doomed to failure. Insomnia has been my kryptonite for decades.

I had been tapering down my use of sleeping pills, reluctantly, as my doctor suspected they were accelerating my memory loss. I tried some breathing exercises. Time after time I inhaled, whispering "calm," and exhaled, whispering "ease," a meditation practice I'd learned years ago. But it was to no avail—the slight calming brought on by the utterance of "ease" soon morphed into anxiety, another old nemesis. I shifted my attention and focused on counting my breaths. A couple of minutes later I realized I had forgotten about counting and my ever-restless mind had wandered elsewhere.

A year earlier Marilyn had been diagnosed with multiple myeloma, an insidious cancer of the blood plasma. She was in the midst of a series of chemotherapy treatments, which had yet to result in any significant improvement. Her warmth and the sound of her breathing were so familiar, my beloved bedmates for many decades. But now something new had joined us, this sinister illness, doing battle within her.

I was pleased to see her resting peacefully that night and gently traced the lines of her face in the dim light. We'd been together, inseparable, since middle school. Now I spent the majority of my days worrying about her and trying to enjoy the time we still had together. Nights I spent worrying about a life without her. How would I pass the time? With whom would I share my thoughts? What loneliness awaited me?

Noticing that my mind had strayed so thoroughly, I gave up the idea of getting back to sleep. I checked the clock and noted, to my surprise, that it was already 6:00 a.m. Somehow, when I wasn't paying attention, I must have nodded off for a couple of hours.

After breakfast, I looked at my schedule. I had only two appointments that day. The first was a termination, the final session with Jerry, a patient whom I'd been seeing for one year. Jerry was a successful lawyer in his forties who had come to therapy seeking answers after his girlfriend of two years had left him, the third in a string of failed relationships.

"I can't see why," he'd said during our first meeting. "I've got a great house, a great job, tons of money. What's not to like? I mean look at me." He'd gestured at the well-tailored, clearly expensive suit he was wearing.

Jerry was not what you'd call warm or reassuring. He was demanding, and often critical. He groused about my fee, suggested I get a better gardener to tend the plants along the walkway to my office, and, once inside, disparaged the artwork on the walls.

He had come to me, he told me repeatedly during our first few meetings, because he'd heard I was the best, and he deserved the best. This was soon accompanied by a look of disappointment in his eyes that I hadn't swiftly cured him of his troubles. Clearly, that look said I wasn't the best after all.

And yet, over time, we'd had success. What had worked? We had two important factors going for us. First, Jerry was highly motivated to make change in his life. Despite his prickly exterior he realized that he was in some way contributing to his relationship problems, and he was eager to put in whatever work was needed to address this. I had to slow him down, let him

breathe, and see that part of the problem was the immense demands he placed on himself and on me to magically "fix" him.

"Imagine being your girlfriend for a few minutes," I suggested. "What if you weren't 'the best,' if your garden path weren't expertly tended, if you didn't look perfect on Jerry's arm? Would Jerry love you and support you nonetheless?"

"I doubt it," he said.

"Instead he would criticize you constantly, and you'd end up feeling crappy about yourself and your relationship. And . . . ?" I left the question hanging in the air.

Jerry considered for a moment.

"And you probably wouldn't stick around," he said finally.

This realization, that being demanding and often unkind severely impacted his relationships, clicked for him. He could see the role he was playing and started to change. In the weeks that followed, he set about in earnest to improve. He began to catch himself whenever he was overly critical of me and whenever he complained that others in his life were inadequate. He took more responsibility for the way people, especially potential romantic partners, responded to him. And he set about curbing his sharp tongue. Jerry's fierce drive to change himself was essential to the progress he made, but it was not something I could control.

I *could* influence another factor, however, the powerful relationship he and I developed. From the beginning Jerry had tested me: Why wasn't my taste in art better? Where was my fancy car? Why hadn't I been able to fix him all the way yet? Through all these barbs I'd stayed in there with him. I'd been empathetic and warm, and also willing to push back when it seemed a challenge would do him some good. Gradually he softened up and stopped competing with me. As our relationship grew, his bristles felt less like attacks and more like witty, playful jabs that I could parry or call him out on. Little by little we built a strong connection, a "therapeutic alliance" as we call it in the field.

This alliance, building it and using it, is the most important factor in my therapeutic approach. In what now seem like countless lectures, and numerous writings, I've stated that "it is the relationship that heals." What drives change is not a worksheet that the patient fills out, a brilliant question the therapist poses, or a behavioral change the patient must chart daily. In my approach to therapy the honest connection between the therapist and the patient is the medium through which we discover, learn, change, and heal.

Jerry and I had made excellent progress using that relationship over the course of the year we had together. He became friendlier, and when he occasionally still snapped at me with a disapproving comment, I would point it out. He learned to apologize and then, bit by bit, catch himself before saying something acerbic, and often, quite endearingly, replace such comments with attempts at compliments: "The lemon trees beside the path are looking much better this week" or "You know, that statue of Buddha on your bookshelf is actually more interesting that I thought."

I looked forward to our weekly meetings and would be sad to say goodbye when today's session ended at 11:50. But, for reasons that will become clear, we had agreed upon a one-year time frame at the beginning of his therapy. He had certainly made the most of it, and we were both hopeful that his future relationships, romantic and otherwise, would be richer and more satisfying.

The second session on my schedule that day would be very different. It was with a woman named Susan, whom I planned to see only once. Only once!? How could I do anything resembling effective therapy in a single session? And why would I want to try? To explain, I need to rewind my timeline a bit to provide context.

About five years before this, when I was in my early eighties, I noticed that my memory was starting to fail. I had always been a bit forgetful, misplacing my appointment book, glasses, or car keys with regularity. This was something different. I began to encounter people I recognized, only to have their names elude me. Occasionally I'd stop in the middle of a sentence,

stuck searching for a familiar word. And, more and more frequently, I would lose track of the characters in movies Marilyn and I were watching.

As this progressed I began to think that, perhaps, I was no longer able to offer the long-term therapy I had for nearly sixty years. Instead of open-ended therapy that sometimes lasted three or four years, I decided to set a twelve-month time limit, agreed upon in advance, for all new patients. Hence my agreement with Jerry. I approached this new framework with some sense of loss, as it represented a major shift in my work, one derived from necessity, not desire. But soon curiosity, and my wish to continue being helpful, won out.

Ultimately I found this to be an agreeable solution. If I chose my patients carefully, I was almost always able to offer a great deal during our year's work together. With some patients, in fact, there was an increased sense of urgency, and thus motivation, thanks to the time limitation. This had worked well, both for me and for my patients, for the last five years. Then around the time I was eighty-seven, I started to find I was more and more reliant on the summaries I recorded after each session to remember the details of my patients and that, even with these notes in hand, their faces and problems occasionally seemed alien. I was faltering, and I began to question the value of the care I was able to provide. I felt I still had much to offer, but it was clear that I could not, in good conscience, engage in ongoing work with patients, even limited to one year.

And yet, and yet . . . the thought of no longer practicing was dizzying. Sharing with my patients, aiding them through their darkest thoughts, and joining them on journeys of discovery—for the majority of my life this had been my daily work, and my calling. Who would I be, if not a psychotherapist? Truth be told I was angry and deeply frightened. I was not ready to feel this old, this useless. The thought of leaving therapy behind felt like resigning myself to rapid decline, followed soon after by my inevitable death.

I pondered this dilemma. I had to put my patients' needs first, so doing long-term therapy was out. But after so many decades of practice and

research, I knew I had developed levels of insight and expertise that were rare, and still potent. Plus I felt the personal need to continue contributing in some way. How could I offer something—enough to be helpful to patients, enough to keep myself engaged in the world—while also not endangering anyone? I came up with an unconventional idea. Perhaps I could meet with people for onetime, one-hour, consultations. During that hour I would offer everything I could—insight, guidance, a warm accepting presence—and then, if appropriate, refer them to a colleague who seemed well attuned to their particular challenges for ongoing treatment.

The idea of such short-course therapy was profoundly foreign to me. I have always seen therapy as a longer-term endeavor—not the endless years of old-school psychoanalysis, but often several years, long enough to help patients search for better understanding of themselves and make meaningful change in their lives. The question of how I might be effective in single sessions could be an interesting experiment, if nothing else.

For some time after coming up with this idea I vacillated between skepticism—was this just a way of forestalling my own decline rather than offering anything truly beneficial to the patients?—and excitement—I knew I had skills honed to an uncommon degree and had been helpful to many, many struggling people, which undoubtedly had some value. I took the time to stare carefully at my own feelings. It was possible my pride would resist accepting this position of lessened importance. And yet I knew that, at some point, I would need to accept my decline and pass the torch fully to the next generations. I honestly did not know what this experiment would yield, which itself was intriguing. Thus I began a new adventure of short therapeutic encounters, and investigation of what might be most helpful in a far briefer time frame for motivating change than I had ever before conceived as effective.

I announced my retirement from ongoing therapy, and my offer of these single-hour consultations—either in person in my Palo Alto office or online—on my Facebook page. Within hours, requests for appointments started to pour in, far more than I'd expected. They came from all over the world,

English-speaking countries of course, but also many other places, too—Turkey, Greece, Israel, Germany—as Zoom had collapsed the barrier of space. And they came from people in many stages, and to some extent many walks, of life. This single-session format, I quickly realized, would allow me to work with many people I had never been able to reach otherwise, people for whom ongoing therapy with me was prohibitively expensive. It was clear this would be a very interesting shift from the relatively traditional private practice I'd led from the lovely Spanish-style cottage in our backyard over the previous twenty years, and for decades before that working in the psychiatry department at Stanford University. Would it be effective for the patients? Would it feel satisfying for me? Only time would tell. It would certainly be new, and at my age newness was nothing to scoff at.

This, then, was how I found myself on that particular morning contemplating my first single-session consultation with Susan. I was excited yet concerned. I am not always filled with second-guessing, but after a restless night spent with my darker thoughts about Marilyn's failing body and my own weakening mind, I had my doubts. How much good would I be able to do, really, in these short encounters?

I had several things going in my favor, I reminded myself. First, my particular therapeutic approach has always been heavily focused on using what I refer to as the *here and now*. By this I mean that the interactions the patient and I have in the moment are the essential tools of change. Whatever problematic tendencies a patient has—their insecurities, their neuroses, the things they do that get in the way of their relationships with others—these are all likely to show up in the therapy sessions, through their interactions with me. Jerry, who had to have *the best* therapist, is an excellent example. Even though he came to me for help, and thus presumably began our work with a positive opinion of me, he constantly criticized me in many ways. Time and again I brought his awareness to this tendency. At first he attributed the comments to my inadequacies, that I was overly sensitive and jealous of his financial success. But little by little Jerry began to see that he