

KEYS TO THE CAROUSELS:

Molecules and Meanings

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"Doctor, you're not listening!"

I looked up from my prescription pad surprised by the sharpness of my patient's voice.

"I know the pills will take away anxiety, but"

"But that's what you want, isn't it, Linda?"

The 37 year old smoothed her skirt and looked at the floor.

"No," she said, meeting my gaze again. "No, I don't want to get rid of any of my feelings. I want control. Look," she went on before I could interrupt. "My panic attacks are sort of like a Merry Go Round. It's okay for me to get on the Fear Carousel and take a few spins. The problem begins when I want to get off the carousel. I go the exit. It is locked, and I don't have the key. Then I have to keep spinning until I get into a Panic. Doctor, I don't want you to take away the carousels in my inner Orlando. All I want is the keys. I want the ability to get off."

As an informed health consumer at the very end of the 20th century, Linda came well prepared for this meeting. She already knew her diagnosis, "Panic Disorder". She had already acquired from the internet all she needed to know about the drugs that could help her except the license to prescribe them. That last little detail was to be my (not particularly exciting) job. Yet in her confrontation she was inviting me to a discourse about all medical treatments in a broader, a deeper sense. She was opening a question where I and many of my patients had been feeling stuck with an answer too narrow for comfort, too stifling for growth. Before that morning, my patients and I sailed a very narrow strait in which Biology was Destiny. A patient would sheepishly describe all kinds of suffering, fully expecting her doctor to divine the "chemical imbalance" that was

responsible and the pill that would rebalance her brain's molecules. As the prescription would pass hands, patient and doctor would silently pass over the nagging question: Is that all? Is that it? Do our prescriptions pass final judgment on an imbalanced brain and issue an edict of eternal artificial rebalancing? There was nothing more to say. But that morning Linda had opened my eyes to something that could fill that silent void with meaning. This insightful woman had suggested a new role for her doctor. No longer the Master of her Biology, I was asked to become her partner in returning to her the mastery over her own biology. There was room to keep talking here.

A few weeks later a woman suffering from depression sought treatment with me. Like countless patients I had seen before, she described her suffering as a low mood she simply could not shake. Without stopping to collect the source of my response, I found myself asking her whether it didn't feel rather like a carousel. She stopped for a moment, looked into my eyes with the surprise of sudden recognition, and asked how I knew that. "If only I knew how get off!" she exclaimed. Not long thereafter a teenager I had been treating for obsessive-compulsive disorder came for his weekly session. He complained, probably not for the first time, of thoughts that seem to keep spinning around. For the first time, I listened. I said, "You mean it feels like you are on some sort of..." "Merry-go-round," he completed my sentence. "I can't seem to get off once it starts spinning around." I was hooked. "Need a spare key?" I asked, as if we were suddenly able to read each other's minds. "And how!" he responded with renewed vigor.

Over the next year or two I began to use carousels the way the budding Viennese neurologist Sigmund Freud had once used cocaine— on anything and everything alive. Some patients responded as if a fog that separated us had suddenly lifted. Others sought more personal precision. "More like a vortex," said one man. "More like a roller-coaster that won't stop," corrected a young woman. An occasional patient said, "I don't mind your calling it that if that helps you to understand me." It became more clear to me that the three main carousels, panic attacks, depressions and obsessions seemed to share this common mechanism, that they often co-exist or morph into each other, and that they respond to the same herbal (St. John's Wort) or pharmaceutical (Prozac and its imitators) keys. I felt I was communicating on a deeper experiential level than ever before, and this was gratifying both for me and for my patients.

I began to wonder if perhaps something deeper was not astir in my responses. I began to question the conventional wisdom in which I had been trained in the late 1970's. I had been taught that depression was due to a "chemical imbalance" of the brain, and I had duly passed on this singular scientific insight to my patients. I even "knew" in the 70's that the imbalance was in the neurotransmitter noradrenalin. I later "knew" in the 90's that now it was serotonin. But now I began to wonder how a "chemical imbalance" comes and goes. How was their brain balanced before it became unbalanced?

A talk with Sherry, a nine year old who developed panic disorder after seeing the movie *Scream*, helped to jar my thinking anew. After she politely acceded to my carousels routine, she added, "That movie scared the key right out of my hands. I'll take a spare key for now, but I want my own key back."

That was it, I thought. There is a threshold – for Sherry the fright of the movie – that involves losing the key. You go over your threshold, you lose the natural key, - you take a spare key. Then you do your best to get back under the threshold and get the natural key back.

Sherry was one of a generation growing up in a Middle East that made *Scream* look like a sitcom. I had been working on the issue of trauma with a binational Israeli-Palestinian group of teachers. Buses were blowing up nearly every Saturday night in Jerusalem. Palestinian children witnessed violence in the search for terrorists in military incursions and at border crossings. More and more children- and adults – seemed to be going past their thresholds and suffering from anxieties, from obsessional worries, from depression. My thinking changed. Everyone, I now began to tell myself, has a threshold. Even yours truly, who previously had made something of a life-long fetish about being invulnerable (an occupational hazard common among physicians). I saw my patients in a new light of human suffering common to us all. I saw that some people's lives are burdened by a low threshold, losing the key at the drop of a hat. These people found it hard to believe that they could ever reliably stay under such a threshold. Others like myself may seem blessed with a high threshold, but a stormy adolescence, a serious loss, a random explosion could still push them over the top. For these people it was hard to accept the fact that being human entails such a threshold, albeit high. For people of all ages and thresholds, to agree

that a “spare key” might be necessary for a while seemed more natural and accurate than to accept the seemingly timeless “chemical imbalance” verdict.

There are moments when one willingly sacrifices the pretense of originality for the sake of deeper scientific roots. Such was the moment when some synapse in my brain connected carousels with trauma and came up with: Freud! Of course, now I recalled that it was Freud himself, transformed from neurologist to founding psychoanalyst, who, in contemplating the “Shellshock” of the World War One, characterized the loop-like quality of the symptoms. He even created a name for it: forced repetitions (*widerholungszwang* –usually translated by the more jargonesque “repetition compulsion”). I was rereading “Beyond the Pleasure Principle” for the umpteenth time. But for the first time, I realized that, with his neurologist’s nose for biology, Freud had suggested that some symptoms stubbornly resist psychoanalysis because they consist of loops that have nothing to do with pleasure. Taking a longer look at Freud’s work, I found he had made this suggestion about: depression, some anxiety disorders, and obsessions! I had to admit sheepishly that with my carousels I had literally “rediscovered the wheel!”

Enter Miriam. Re-enter, that is. Miriam had been in treatment on and off for nearly two decades. Daughter of survivors of the Nazi Holocaust, she seemed to bear the entire tragedy personally inside her enormous frame. “So what if this carousel of yours spins relentlessly? I am used to it, and there is absolutely nothing I can do to ever get beneath that threshold of yours. So what good is any of this to me?” Comments like this kept me wondering over the years if I could indeed ever do anything to relieve Miriam’s suffering. I had hoped that armed with carousels and thresholds, we could finally make some headway against her virtual Six Flags of depression, anxiety and obsessions. Miriam was making it clear that it is all the same to her, call them what you may, her symptoms would no sooner budge than her 300 pounds would perform a pirouette. I was determined that today would be different. So I heard myself saying to her, “Listen, you need to be free from these carousels in order to pay attention to getting beneath your threshold.” Looking into her bulging eyes, that could reduce to the ridiculous anything I could mutter, I jumped off my own Despair carousel and carried on. “I know you will

think this absurd, but we pull ourselves down beneath our threshold by the way we live. (I was talking more and more to myself.) I mean it. Our best chance to get our natural key back is to begin to live well. (I avoided her eyes in order to keep going.) By that I mean...movement. Yes! When we get ourselves in gear, when we feel that we are moving forward, in work, in love, when we create the life we are capable of, when we feel we are moving ahead, growing!" My moving monologue complete, I peered out on the immovable Miriam. Today had indeed been different, for *me*. It would be another decade before life circumstances and my exhortations could provide some movement for Miriam.

In the Limbo that we therapists feel when we have spoken well to ourselves but our words whiz by our patients, I cast my gaze on the bookshelves I keep to my side, as a sort of security wall. My eyes fell on Infant Psychiatry researcher Daniel Stern's *The Interpersonal World of the Infant*. As a Fellow in Child and Adolescent Psychiatry, I had been privileged to participate in a reading seminar in the then new field of Infant Psychiatry. Dan Stern's microanalysis of the silent relational ballet between mother and infant had taken my breath away. Stern packaged two decades of research together with new clinical thinking in this work that appeared shortly after I had relocated to Israel's remote southern desert, the Negev. I began teaching what I had learned in America, and Stern's book provided exactly the synthesis of research and application that excited both me and my students. Now, in my agitation and frustration, I had a new thought: Miriam is too busy *surviving* to allow herself to *grow*. Stern had proposed that "selfobjects" grow from a regulatory function to the intersubjective mode. Accordingly, I had been teaching for years that relationships require a regulating phase before they can afford to move into the intersubjective. My own understanding of my teaching was about to undergo an upgrade. For Miriam, way over her threshold, years of spare-key survival experience would be necessary before she could take the risk of intersubjective adventure. But for others, it would be just that growth that takes place in movement face to face with others that would provide the way back under the threshold!

"A time to survive and a time to grow..." my mind paraphrased *Ecclesiastes*. Time had been on my mind since my arrival in Israel in 1983. As a practitioner and teacher of

family therapy, I had once proposed that families experience predictable passages in which objective, pragmatic and subjective meanings place family members at a crossroads, to grow or to regress. I had in mind objective changes that would challenge every family, like loss of a parent or a child's entry into adolescence, pragmatic changes like the loss of a great aunt in a particular family where great aunt made mother's function possible, and subjective visitations from the past such as a child reaching age eight to a father whose parents divorced when he was eight. I had first proposed such an approach at an academic seminar Beer Sheba. Not the ideal venue. My ideas were put down as ingenuous American positivism by a faculty facing virtually unpredictable life circumstances in Israel's "Wild South."

My colleagues had a point. They had thought I meant to say that time is predictable and manageable. I learned that I needed to distinguish more clearly between the patterns that recur and the unpredictable natural and historical events that happen to us. Human beings attribute meaning to both kinds of events. Over a quarter century in the Middle East, I have seen many examples of both kinds of meanings. I have seen Israeli families revisiting losses when a next generation is inducted into the military. And I have seen how children attributed family meanings to the family event sitting out the Iraqi SCUDs of the First Gulf War in shelters, breathing through gas masks. A most telling moment occurred once in Istanbul when I was co-leading a group of Israeli and Palestinian teachers. My Palestinian partner presented his approach to understanding the life experience and attribution of meanings in the lives of suicide bombers whose families he had interviewed. I responded with my life-events approach to meanings through which an Israeli soldier would have grown up. The room became very tense as each side struggled with its own pain and anguish and the enormous effort to recognize the tragically all too human other side.

So we go over our threshold and lose our keys at certain points in time. Some of these points are understandable and even predictable. Others seem arbitrary and may be biological, such as the hormonal storms of adolescence or menopause. At these points in time, most people feel a loss of regulation, insecurity in their basic survival. That is where a spare key may help to restore enough regulation to survive. Some people will engage in survival for a long time. Others will jump at the first opportunity to regain the

forward movement in life that the continued creation of meanings provides. Thus, I learned my role as a psychiatrist involves two steps. The first step is regulation, the second, restoring the intersubjective. My patients need my patience as they restored a survivable even keel. Subsequently, they need my encouragement that going over the threshold may have been temporary, and that their spare key, however successful and impressive, cannot be more than a means to a greater ends. Spare key in hand, a patient and I would now seek the way to return beneath the threshold, seeking the return of the natural “key”.

“Love and work”, Freud had long ago defined as the two great areas of human growth. I now began to think that the “movement” I had preached at Miriam involved an engagement that involved progress, not just stability in these spheres. Enter none other than Martin Buber. For a number of years I had been teaching family therapist Murray Bowen’s theory of “differentiation of the self in the system” in connection with Stern’s theories. I had been formulating regulation as the activities of preservation that consume the efforts of families of low differentiation, and intersubjectivity as the area of growth possible when differentiation is high enough. This Bowen-Stern connection had popped in front of my eyes as I had scanned my shelves, thinking a half-thought and looking for the other half. Buber’s *I and Thou*, written in German in 1923 and read with more enthusiasm than comprehension by my generation of the 60’s, invited a rereading. His concept of the “interhuman” had prefigured the “interpersonal” that laid the ground for the “intersubjective” of the current relational school of psychotherapy. His greatest and most obscure work, *I and Thou*, in my new reading, seemed like a work of vision and poetry. As I labored over every word while translating it from German into contemporary Hebrew for my students, I gained one last piece of the carousel puzzle.

We do not “move” alone, I thought. Of course, sometimes we prepare ourselves for movement in the privacy of our thoughts and feelings. But those moments when something “happens” with the emotional force to move and change us in a profound way (“second order change” we used to say) happen face-to-face. Put in Buber’s terms, these are the moments when we say “You” and become ourselves the “I” of the “I-You” relationship. Being caught in a carousel keeps us alienated from ourselves because we cannot integrate circular repetitions into our personality. That part is helped by spare

keys. But being caught in carousels keeps us alienated from our fellow human beings, our “people”, from the “You” that we need to address in order to become a full and moving “I”. That part needs the rehabilitation that comes in the safe intimacy of therapy and later in the bracing but necessary world of life-relations. I had been referring to these movements as “mutual creations” and was delighted to see Dan Stern come up the better term, “co-creation,” in his most recent work, *The Present Moment*.

Abigail, a bright young woman enters my office to consult recently. She has been “down” for a while and can’t shake it. Abigail agrees that something is circular, that she has lost the key of release, and agrees that Saint John’s Wort is worth trying. After a few weeks, she looks brighter (chapeau, spare key) and asks if that is all. I ask her what is new in her thoughts and feelings and relationships. Abigail replies that she has made many changes in her work along lines we had discussed. With a smile both embarrassed and impish, she asks what is going on in the room between us. I tell her that I had connected in my feelings to some similar matters regarding my own work, and admired the steps she had made. I found her braver than I had been at her age. She asked if this new for me. I told her I find much of what she says making a personal impression on me. I would tell her what contents I thought useful for her, but I wanted her to know that this process was essential to my being a part of the therapy. Less embarrassed and more delightfully impish, Abigail added, “No one has ever talked to me that way before. But if it were not the case, I could not remain with you.” (Chapeau, Buber).

Abigail now pauses, and wonders out loud if she can ever open up what is bothering her. She says, “Maybe I don’t need to, maybe I can’t do it, maybe there is no point. I have a spare key, right?” I reply, “Is that enough to renew the movement in your life? It is that movement that will bring you under the threshold and return your natural key.” She pauses again, this time for quite a while. She says, “It will take me a long time to say any of this.” I say, “We have all the time you need. Is there going to be a safer or more useful time than now?” After many long silences, Abigail begins to speak of what she has never been able to say to her mother. “Maybe I am able to speak now because this spare key keeps it from becoming a circle.” Embarrassment now transforming into courage and impishness into wisdom, she adds, “It is a mixed blessing, you know...”