

## INTERVIEW

### THEORIES ARE PERSONAL: AN INTERVIEW WITH JONATHAN DIAMOND

Jonathan Diamond is a family therapist, social worker, and addiction counselor, in Northampton, and Shelburne Falls, Massachusetts. Like a plethora of well-known family therapists in Western Massachusetts, he is an innovative clinician working with people challenged by substance abuse. His book, *Narrative Means to Sober Ends* (2000), integrates various traditions beyond the one reflected in the title that narrows it only within narrative therapy. At least two other perspectives are present in his work, the psychoanalytic and self-help ideas. After knowing about his work for years, I started having him as a guest to chat with my students online about his work and book, a required reading in my substance abuse course. Jonathan was like those patients who come to our office and ask little more than an attentive ear.

—Gonzalo Bacigalupe, Interviewer

JONATHAN DIAMOND: Before we start, I have a question for you. Why me?

GONZALO BACIGALUPE: *JST* is always tracking emerging ideas, we are like surfers paddling toward a powerful wave. *Narrative Means to Sober Ends* is an integrative book on substance abuse linking psychoanalytic, self-help, narrative, and postmodern ideas in one package. Your readers may want to know more about how you connect your clinical work and theory. I believe books are often an expression of your persona. Personally, I am very attracted to conversations about how therapists think about their work and not just post-session rhetorical explanations.

JD: Those are very hard remarks for me to respond to. I have always felt like a gypsy scholar. Anytime I find myself a niche that I seem to fit, I then find myself reacting against it; it may have been the result of Lynn Hoffman's mentorship—Lynn is the queen of ideological renunciation. While it's not the only purpose for theory, I believe that we invent theories to help us solve our own life problems. Many theories of therapy were the product of clinicians motivated by adversity and problems they've had to face in their personal lives. Oftentimes, the ideas that shape their approach to therapy are the same ones

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that helped them think their way out of these types of dilemmas. Like Murray Bowen struggling to make sense of his own family and create some psychic space from them and then his going on to create a theory about it. My first book was not an accident. It was about addiction. When pulling together the ideas that informed my thinking about that particular topic I was writing back through my mother. My mother's battle with alcoholism was a kind of subplot, if you will, and a very strong presence in *Narrative Means to Sober Ends*. Her relationship with alcohol definitely colored our relationship. A lot of my work in therapy—in my own and my work with clients—has been about finding a compassionate way of situating myself in that type of relationship.

One of the most painful things for any child is to discover that you are not enough—you cannot make your parent's life better no matter how hard you try. It was a very painful moment in my own recovery when I finally began to see my mother as a separate person with her own struggles and flaws. It was very difficult for me to find ways of being compassionate, to honor her in my life. It involved a lot of grieving. Mourning our not being able to have the kind of relationship we both wanted because of her drinking and mourning the sorts of things we missed out on as a result. Writing *Narrative Means to Sober Ends* helped me do that. It is not a coincidence that after fourteen years of Al-Anon groups, therapy, and social work school that my first academic project was one about addiction. It was not a surprise to find myself having conversations with others about their drinking and inviting them to be curious about it instead of feeling judged or shamed.

GB: "Being a gypsy scholar" . . . , tell me a little more about that.

JD: I sat with Lynn Hoffman and Bill Lax at the Brattleboro Family Institute for a year during an externship in family therapy. Lynn told a great story about watching the great originals of family therapy—Haley, Minuchin, Bowen, Satir and the rest—parade from conference to conference, video tapes in hand projecting their image larger than life up on a huge screen in front of hundreds of gaping clinicians.<sup>1</sup> It was an exciting time. Here was this twenty foot high charismatic Argentinean therapist grappling with entrenched cases of anorexia, bossing people around and telling them where to sit. Or the irreverent and zany Carl Whittaker getting down on the floor with his clients and engaging the whole family in a play therapy session. Heck, Virginia Satir used to stand in stadiums filled with thousands of people and tie them up with huge balls of yarn creating giant family sculptures of people's conundrums. And to add insult to injury, the people they saw, they would get better! Lynn actually ghost wrote one of Virginia's texts, which is how she found her way into this field. But after witnessing these sorts of spectacles she concluded that what she needed was a family therapy for the meek and humble. And that really resonated for me. And this is what I felt when I sat with Lynn and my clients. I was always

<sup>1</sup>The story is told in Lynn Hoffman's (2002) latest book.

very aware of her humility, which is something incredibly important when you are dealing with addictions. And this is true, for therapists and clients alike. When treating addictions, clients do not get better in droves or make huge improvements and so if you have a big ego you're going to take a lot of tough knocks. Humility is also something that people who are up against an addiction have to deal with on a daily basis in relation to almost everything that they do. Twelve-step programs and all the other treatment programs they bump into are all hard-wired to help them experience this sort of humility.

It was Lynn who first told me about Michael White's work. After sharing with her what some adolescents wrote in response to my asking them to write goodbye letters to alcohol she handed me a copy of Michael and David's book and said that they had created a whole approach to therapy based on writing and other narrative practices.

To get back to your question about being a gypsy scholar, reading Michael and David's ideas and other narrative approaches to the work was very inspiring but did not do it all for me. Because of my psychoanalytical training, I studied all sorts of narrative ideas rigorously—particularly the work of Roy Schafer and Donald Spence. However, despite all this exposure to their and others' thinking I always felt more like a narrative tourist than one of its resident citizens. No model ever feels whole to me. Instead, I find myself borrowing a lot from here and there. The narrative folks drop optimism from helicopters, which is something I find I need to challenge the despair and shame of addiction. But psychoanalysis' deep appreciation for life's absurdity and space for people's madness and suffering has also been seminal for me. When confronting problems of addiction, David Epston's advice that family therapists need an international poaching license in order to give ourselves permission to plunder other theories until we find what we need really resonated for me. My problem is that I'm constantly falling in love with the ideas I find and so I do not want to discard any of them, even if they disagree with me. I suppose this is a bit rabbinical on my part or where my Judaism surfaces because if an idea makes me uncomfortable I find it even more compelling and I'm much more interested in learning about it. It reminds me of a Yiddish saying, "when forced to choose between two competing points of view always choose the third." This is how I think about therapy. As a gypsy scholar I give myself permission to cross borders and jump disciplines: To look for a third way.

GB: Your ability to articulate integrative ideas and step away from "schoolism" is appreciated. I wonder why the title did not reflect the integrative ideas contained in the book?

JD: I think it is an integrative title. I see narrative as a playground where all these diverse languages about therapy can meet. Of course, when I say that I am talking about narrative as a metaphor for psychotherapy, this is not a specific set of practices deployed by one school of therapy and its followers. To the best of my knowledge, the narrative metaphor was first introduced to

the therapy community in by Roy Schafer (1976, 1980, 1981) and Donald Spence (1984), and then introduced to the family therapy community by White and Epston shortly after in numerous papers that eventually led to their publishing their tour de force, *Narrative Means to Therapeutic Ends* in 1990. While there are many differences between them, all three advocate that stories have as much to tell us about human nature as theory and that when it comes to helping people create meaning in their lives, psychotherapy's specific contribution is more literary than scientific.

Throughout my career, I've always had this cacophony of competing theories and voices in my head. I saw the book as an opportunity to gather them altogether in one place—to get them out of my head and onto the page. I think this is a topic of interest to lots of therapists who are drawn between the borders, especially those practicing in agencies where they are constantly challenged to work with other clinicians practicing from other ideas. How others reconcile these differences is of great interest to me. Therapists don't want to feel like they're being heretical because they find other approaches useful and draw from different models, even when we feel strong affiliations or loyalties to one particular school of thought (often the one we were first trained in).

I understand some people in the narrative therapy community resented the derivative title, while others standing outside of that community may have stayed away from it because they wrongly assumed that this was just another book about narrative therapy—a how-to manual on applying narrative practices to a particular population. My publisher expressed a similar concern. They thought I was trying to catch narrative therapy's rising star, which they saw as fading or burning out altogether. Of course it made me want to keep the title more than ever! Because "narrative therapy" may not be what I consider my clinical home, I can't think of a more honorable group of people to be associated with. My editor said I'd written an excellent book on addictions and she didn't want to call it anything that might evoke strong associations—positive or negative—to a specific school of therapy. If you're thinking in terms of marketing, she was probably right. But everyone involved with the project from start to finish said that was the right title for the book, so I kept it. Books are a lot like people that way, sometimes they choose their own names and tell you what they want to be called.

If narrative was my therapy playground, addictions struck me as the perfect structure to invite others to play on with me because, as I said, no approach to therapy has an especially good track record when treating addictions or is producing great results. People don't tend to get as territorial as they might if you were discussing other sorts of problems.

GB: You talk about your personal story and about humility. Would success or change be different in the case of addiction? I ask because many therapists frame their work in those terms.

JD: From the standpoint of addictions, this is going to be problematic. We inherited these ideas from family therapy, especially the creative and innovative

strategic work that the managed care industry later embraced. The therapist as a change agent is not a particularly helpful concept because it puts the therapist at the center of the action rather than on the periphery where we belong. I prefer to put the client and their stories in the center. We need to place the voices of our clients before the voices of our theories. Second, the change agent idea clashes with the centrality of acceptance. Acceptance is a very important concept for clients trying to overcome an addiction. You want to help people become more accepting of the dilemma they face. Accepting that being an independent and strong person sometimes means being part of a network of helping relationships and having to rely on others. And this is just as true for therapists as it is for clients. As a therapist, I need to be accepting of both my own and my clients' limitations. I have to accept that I may not be able to get clients to stop drinking. I am as powerless over my clients' drinking as they are over alcohol.

GB: You talked about putting the client at the center while the theory stays at the periphery. This is a compelling idea. Does any client, or patient story, come to mind as you think about this since your writing includes many cases and ways you have interacted with clients?

JD: First story: This is something that transpired fairly recently. A colleague who had seen a young woman for about five months referred her to me. At 15, she had an overdose from alcohol that resulted in her spending the night in an emergency care unit. It happened again five months later. This time she almost died. After detoxification, the ER sent her to a rehab program for two weeks. When she came back to her therapist, he felt like she should see a therapist who had more experience with addictions. I am not sure I would have made that call because professionals too often bounce adolescents around from one caregiver to the next; I'd rather have seen her stay with her therapist and for the clinician to get additional help if he felt he needed it. This would have been a nice message to give his client also. Therapists, nevertheless, have to assess their own comfort level and if my colleague was feeling anxious about working with this adolescent, I needed to respect his decision.

Prior to our first meeting she had another overdose, although not as severe as the previous one. On the phone, I shared my skepticism with the mother about whether her daughter should be treated in an outpatient setting. When they came to see me, the daughter looked like she had stepped off a movie set of Oliver Stone's *The Doors*. She put a tremendous amount of thought into her outfits. That was clear. The mother started talking about what she had put the family through and what it was like seeing her child in the emergency room. I was listening to the mother and I was taking all this in but I was just fixated looking at this girl's rings, 10 on each hand. When the mother was finished, I said something empathic about all they'd been through together and how hard that must have been. The daughter was silent. For a while no one spoke and then I leaned over and I said, "I'm sorry I can't help myself, is that a Hindu ring?" She said yeah. "Do you mind if I see it? Can I look?" I replied. She took

it off and she gave it to me. “Do you know which god or goddess this is?” I asked. She said she did not know, just that it was Hindu and that she got it from a second-hand store up in this funky cool town to the north of us. “Maybe it’s the goddess of throwing up and hangovers?” I joked. The mother and daughter both laughed and the daughter said, “Maybe.” This ring really interested me. What was I doing then with the questions I asked? It was not a calculated intervention but the message I was trying to give her was that there is more to her than her addiction narrative. My mind is sitting there with all this information from her mother and the hospital but in the end, my questions are always the same: Who are you? What is it you need me to know about you in order for the two of us to connect with one another?

And I was also trying to introduce more spontaneity and play into the session. The mother and daughter weren’t relating to each other at all. Their interactions were strained and tense. But it was clear from the way the mother talked, the way she kept checking in with her daughter while telling the story of what happened, that she loved her very much and the daughter’s body language gave the same impression. They had an intense bond. They had a very strong connection but they weren’t using it at all. I see this so often especially when people are up against something scary and shame-based like an addiction. Everyone freezes. All laughter and play cease. They shut down and stop relating to one another at the time when they need each other’s love the most. The daughter is full of shame and feeling humiliated and perhaps the mother is worried that if she expresses any joy or laughter it will give her daughter the wrong message. So she (the mother) becomes intensely serious and somber when it’s clear that’s not who she is at all, and of course it is a serious situation. But all the more reason to look for the humor in the narrative and to bring all of one’s strengths and resources to bear on it, which in this case was the bonds of love the two of them still shared and enjoyed.

GB: It is a good example of a story that makes us question how theory actually informs what we do.

JD: A second story: This one is from early in my practice. I was working in a clinic at the time that sent me into the schools to work with substance abusing teens. One of my mandates was to try to create a bridge between the school and the clinic and encourage more families to use our programs. A family was coming for the first time and I am in a panic about it. I call on all my postmodern gods. Michael White, Lynn Hoffman, Tom Anderson, Harry Goolishian and Harlene Andersen were all there. As a result I have all these props with me to work with these parents and three children. I’m asking all the correct narrative questions—trying to get a better sense of the life of the problem and to externalize it. I took a page out of Tom Anderson’s book and asked whose idea was it to come here? I threw my best postmodern stuff at them. Suddenly the nine-year-old says “who farted?” All of a sudden, all these lofty ideas about reflexivity and relative influence questioning go flying out the window. Not one

interesting systemic or postmodern idea was particularly helpful to me then. Now, every time someone introduces a new idea, it has to pass the fart test. What will the theory do for me in those sort of moments; how does it hold up when put to the “fart test.”

GB: It will be difficult to convince NIH to fund a study about it! Since we are talking about children, in my clinical experience working with families in which child abuse has been present, other professionals have an icky reaction towards those who work with these families. Therapists risk becoming marginal. I wonder if you experience this in the case of addiction? What is the impact this kind of work has on yourself and the way others may perceive you?

JD: I can't think of more important work. These are issues that I struggled with in my own childhood. This work is very personal for me. The twelve-step community—notwithstanding valid criticisms of some of the dated and sexist illustrations found in its literature (which often needs reinterpreting)—really takes the lead here. This is primarily because of its attitude of humility. This is very different from the distancing that professionals create with patients, for instance using a diagnosis that does not serve a positive purpose. Overall, it's allowed me to bring more of my own humanity into the room, to let people see more of my own flaws and to be more real with them.

Two additional thoughts about the concepts of powerlessness and control are at the heart of addictive experience. First, admitting powerlessness over an addiction or becoming more accepting of our helplessness in relation to it does not mean becoming more accepting or tolerant of abuse in our own lives. In my experience people who become less accepting of self-abuse and the myriad ways they have of harming themselves become more intolerant of others' abuse of them as well. Second, AA's message of acceptance and surrender counters the emphasis therapy places on taking control of your life. My job is to encourage clients to stop clinging to stories about themselves (and their families) that keep them stuck in their addiction narrative—for example, “I can do this on my own” and “I don't need others to survive” or “People are dangerous and can't be trusted,” etcetera—and to replace them with ones that are more nourishing and sustaining of their recovery.

GB: We have to get away from this notion of control that is so powerful in this culture. I mean, you go to therapy to “take control of your life.”

Yes, this is one of the many paradoxes built into AA, Al-Anon and other twelve-step programs. Ironically, admitting powerlessness and surrendering our will over to the care of something or someone else is often the starting or launching point for our beginning to take more responsibility for our behavior. We need to give up the idea of our needing to have power over others and shift to our becoming powerful in relation to them. When treating addictions I'm not interested in procedures and diagnoses, I'm interested in connections and relationships. I feel this way regardless of the type of problem I'm working with.

GB: How is it that after studying systems and the postmodern turn, you then find yourself integrating the psychoanalytical ideas?

JD: As said, I'm always drawn to the borders between disciplines, that is where the magic happens, and transformation unfolds. I suppose, there is no place like home. I cut my teeth in human services working in a program using a psychodynamic approach that relied heavily on our relationships with clients and I was in therapy with a Jungian analyst myself. While I have seen a lot of the harm done by analytic ideas, my clients and I continue to find many analytic storylines helpful such as those put forth by postmodern psychoanalytic feminist authors like Jessica Benjamin (1988, 1995) and Jane Flax (1990, 1993). Also, people's associations with psychoanalysis are often very dated. Psychoanalysis has been affected by these events too. Publications like *Psychoanalytic Dialogues* and *Janus Head* are on the cutting edge of these developments. However, the huge renaissance narrative being enjoyed in the psychotherapy community isn't news to the AA community. AA has been living by story and through story since its conception in 1935.

Regarding the specific contributions of psychoanalysis, I feel that an approach to therapy that doesn't take into account developmental storylines and/or the role of the unconscious is overlooking an important aspect of human experience. What postmodern psychoanalysis teaches us is that the problem with therapy isn't its belief in the unconscious: it's our need to diagnose it. One of the best things analysts do is unpack the fifty minute hour—therapeutic silences or just a few words exchanged between them and a client are described in amazingly rich detail. The bad news is that there is more to life than the fifty-minute hour and the psychoanalytic community gets a little preoccupied about the therapeutic relationship. It has a tendency to put on blinders when it comes to cultural influences and other things going on outside of the room.

However, I'm very wary of the potential binary we are setting up by framing the dilemma this way. It's absurd in 2004 for us to still be speaking of our "inner" and "outer" worlds as if they're separate entities or to be asking what's more important, our clients' intra-psychic struggles or their interpersonal relationships? Take the effects of racism and homophobia; these experiences wreak havoc on both our inner lives and our external relationships. How can we begin to measure which aspects of these experiences have caused people the most hurt or done the most damage to people's lives and the life of our communities? I appreciate psychoanalysis precisely because of the way it grounds conversations about these issues not just in our minds and psyches but within our bodies, which oftentimes is, as Franz Fanon and Michael Foucault remind us, the location of our most intense conflicts and the place where oppression takes its greatest toll. Feeling disconnected and cut off from their bodies or at war with them is a source of great suffering for many of our clients.

GB: The analytic approach can be very intellectualizing too in terms of separating yourself from the messiness of your body's needs and desires.

JD: I still think it has a lot of relevance to the kind of conversations we have in therapy. In the case of addictions, people have a strong need to talk about their desires, what it is like having sex when they are sober, etc. These are very important conversations for persons in recovery. Fulfillment of desires and longings is at the heart of the addictive experience. Desire is not the same as craving, and addicts often confuse the two. Cravings stem from a state of disconnection, while in desire we experience a connection to our spirit and one another. Addicts need to embrace their fantasies and their desires and learn how to show up for them without alcohol or drugs. That's not easy for any of us to do. Similar to Judith Herman's remarks about healing from the effects of sexual abuse and other kinds of trauma, for alcoholics and addicts recovery doesn't end with the telling of the story, people need to know that their capacity to love has not been destroyed.

GB: You were talking before about liking to be sort of at the border of different ways of thinking. Where are your thinking and projects traveling to?

JD: I never feel I will ever be an intellectual pioneer of any kind because I always follow my experience in my relationships. I wrote about addiction and my writing that book was based on my relationship with my mother. Five years ago, my father died from cancer. I was looking for a way of spending more time with him so I'm currently writing a book on father loss; it is called *Our Fathers' Spirits: Meditations on the Death of Fathers and the Grief of Men*. But sometimes, I just call it *Our Fathers Are Idiots*.

GB: It could be sold as "Fatherhood for dummies."

JD: Funny you should say that. My publisher, John Wiley & Sons actually owns the rights to that whole collection of "Dummy" titles. Like the other book, it is about my own experience. It is essentially about how I haven't in my father's death experienced any more luck than I did during his life in resolving the fact that the most violent and the most loving touch I've ever known came at the hand of the same man. I would like to think that I have come up with different ways for people to sit in a state of grace with people who are in pain or are suffering from that particular kind of dilemma. This is where my projects take me. I hope my soul is in those books. When I wrote *Narrative Means to Sober Ends* I was trying to write a book for everyone, not just recovering alcoholics or therapists who work with addicts; I wanted to write a book for those who understand what it means to be driven by desire. It is a book for the human in all of us.

GB: Do you ever wish your dad had the book you're writing now in his library?

JD: I wish he were here with me instead of me writing this book about him.

GB: Did you think about something that you have not thought about before the interview?

JD: Our field is obsessed with what's new and different. This is a truly Western quest, and, in my opinion, a very unfortunate one. Because in the process we lose our connection with people and we forget our past. I'm always trying to

clean up my language and my thinking. I feel like those of us introducing postmodern concepts into the family therapy community need a mother of the sort described in *Peter Pan*—someone who comes into our rooms at night to tidy up our minds and our dreams and who picks up all the clutter and puts everything back in its proper place. What a family therapist means when he talks about change is very different from what an analyst means when he or she talks about change. I would like to see people become more rigorous about defining their terms and work harder at linking them with the ones we used in the past. The hypertext is a good metaphor to transform this; we could link what we say to what others have said and not act as if everything was a new invention.

GB: To honor those on whose shoulders we are standing on?

JD: Yes. And I was also thinking about your previous question about the interview. I appreciate having grown up in a very intellectual family, but my parents' behavior did not always fit with their values and their ideals. I grew up reading and hearing about Simone de Beauvoir, Karl Marx, Martin Luther King, Malcolm X and many others with this incredible sense of ideals while our family was total mayhem and chaos. As a result, I started to question a lot of my feelings, thoughts, and intuitions. Becoming a therapist was, for me, about reclaiming them but it has been harder to reclaim my sense of having something of intellectual value or worth to offer. The idea that someone smart like you and with your credentials is asking me questions about where my thinking is going is a tremendous experience for me.

GB: To recognize you as an intellectual who develops theory while having had a complex upbringing?

JD: Yes, it's very powerful to be witnessed this way and to have my thinking taken so seriously. But you are taking it a step further and saying something I really appreciate: You can have these ideals and embrace your intellectual self, Jon and not have to have had a "perfect" past. It's not an either-or situation. I don't have to reject that aspect of my upbringing and thinking in order to maintain my integrity and become a whole person. It seems so obvious. But psychoanalysis has written volumes on unpacking the obvious—surprising us with observations of all sorts about everyday occurrences most of us never give a second thought. No one likes feeling like a cliché, but if the cliché fits. . . .

This work is hard because even after helping people connect with and understand their pain and bringing some of our best stuff to the table, people do not get better all the time. We are just there for part of the story. And it's the same with our own lives. Our father was not able to be the parent we needed him to be. These are very profound things to have to sit with. I find the analytic and existentialist theories helpful when sitting in that kind of space. It's very empowering to sit with such strong feelings and not feel like you have to do anything about them.

GB: The acceptance you spoke of at the beginning of the interview. It is a hard thing for systemic therapists to accept the "system" or that rather than trying to

change maybe people need to learn to accept it so that then things may take a new course.

JD: We have no control over certain situations in our lives. It can feel like there are no places for us to move. If you can accept this without trying to change it or exert your will over it, then you have in fact created a choice where there was none. There is a great freedom in choosing how I act when confronted with that kind of adversity, what kind of person I choose to be in the face of that kind of experience.

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