The ACT *of* LIVING

ALSO BY FRANK TALLIS

The Incurable Romantic: And Other Tales of Madness and Desire

Love Sick: Love as a Mental Illness

Hidden Minds: A History of the Unconscious

The ACT *of* LIVING

WHAT THE GREAT PSYCHOLOGISTS CAN TEACH US ABOUT FINDING FULFILLMENT

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In memory of Professor Walter Wells: academic, writer, teacher, editor, raconteur, role model, prize winner, kindler of talents, polymath, bon viveur, accidental pugilist, gentleman, friend, American.

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INTRODUCTION

There is only one meaning of life: the act of living itself.
—Erich Fromm, *Escape from Freedom* (1941)

The average person has no difficulty naming five philosophers. Plato, Aristotle, Descartes, Nietzsche, and Sartre appear so frequently in our general reading that they are familiar to many of us. However, if this same person were asked to name five famous psychotherapists, he or she would probably find it more difficult—perhaps even impossible. Freud and Jung might spring to mind, but others would be slow to follow. Older respondents might remember R. D. Laing, who became something of a celebrity in the 1960s. That only brings the count to three. Most people have never even heard of figures like Fritz Perls, Wilhelm Reich, Donald Winnicott, or Albert Ellis. They certainly wouldn't be able to name any contemporary psychotherapists, such as Francine Shapiro or Steve Hayes.

Yet the major figures of psychotherapy have had much to say about the human condition. Viewed as a cohesive body of knowledge, psychotherapy is equal in ambition, scope, and utility to any other scholarly tradition. Even so, it is rarely perceived in this way. Instead, we think of it only in its narrowest sense: as a treatment for mental illness. Although the clinical provenance of

psychotherapy is important, its intellectual legacy has much wider relevance. It can offer original perspectives on the "big questions," the ones usually entrusted to philosophers and representatives of faith: Who am I? Why am I here? How should I live?

Although psychotherapy (in a limited sense) has existed for as long as doctors have been comforting and advising patients, it wasn't until the nineteenth century that cultural and scientific conditions favored the emergence of psychoanalysis, the first truly modern form of psychotherapy.

Sigmund Freud began his career studying nerve cells in a laboratory before becoming a neurologist and going on to develop psychoanalysis. Compared to his contemporaries, Freud was—perhaps with the single exception of the philosopher and psychologist Pierre Janet—by far the most ambitious theorist. Freud amalgamated French psychopathology, German psychophysics, and sexology to craft a flexible model of the mind that possessed enormous explanatory power. In due course, the compass of psychoanalysis expanded beyond purely medical considerations. Freud's new "science" afforded fresh insights into art, speculative prehistory, and religion. In the 1920s, Freud asserted that "psychoanalysis is not a medical specialty." He was concerned that psychoanalysis would be viewed only as a treatment method because he had become convinced that he had stumbled upon something closer to a "worldview." His clinical work was merely an entry point, a way into the mind that would ultimately lead to important nonmedical discoveries. Psychoanalysis could explain much more than hysteria and neurosis. It could explain love, desire, dreams, ghosts, violence, literature, and the behavior of crowds. One could even use psychoanalysis to peer into the minds of long-dead creative geniuses, such as Leonardo da Vinci and Michelangelo.

Freud compared psychoanalysis to electricity. Electricity is used in hospitals—for example, to make X-ray images—but electricity is not categorically "medical." Electricity powers radios, trams, and streetlights. Powering hospitals is only one of its many uses. Freud's electricity analogy works not just for psychoanalysis, but for all of psychotherapy. Ideas generated by psychotherapists can be used to treat mental illness, but they can also be used to show how the mind functions, how minds relate to each other, and how minds operate within cultures. They can also be used to answer questions concerning ideal ways to live (the so-called good life, or eudaimonia) that have been debated since ancient times.

If psychotherapy is a tradition that can inform and instruct beyond medical settings, why don't we, as a society, consult the psychotherapy literature more often when grappling with the problems of living? After all, the problems of living are its core concern. The principal reason is that the interested layperson is immediately confronted with impenetrable language. What might we expect to gain by acquainting ourselves with the basic tenets of Gestalt therapy or logotherapy? We can easily guess what a specialty like heart surgery involves, because we all know what a heart is. But what's so primal about primal therapy, and what kind of transaction takes place in transactional analysis? The nomenclature of psychotherapy is so opaque it usually discourages further inquiry.

Even the word "psychotherapy" is frequently used in ways that breed confusion. In some hospitals, for example, the psychotherapy department offers treatments strongly associated with Freud and psychoanalysis. Psychological treatments unrelated to the Freudian tradition might be offered elsewhere in the same hospital. This gives the impression that some forms of psychological treatment are called psychotherapy and others aren't; however, all

forms of psychological (as opposed to pharmacological) treatment can be accurately described as psychotherapy.

Nearly all psychotherapies have conversation and a confiding relationship in common.* They also share a common goal: reducing distress, even if this means facing up to difficult truths and realities in the short term. Techniques vary according to what theory is guiding the treatment process. Some approaches are exploratory, while others are directive; some seek to recover inaccessible memories, others aim to modify unhelpful beliefs; some encourage deeper self-understanding, some focus on the acquisition of coping skills. And so on. Freudian psychoanalysis is the most famous and established form of psychotherapy. We are all familiar with the cliché: a bearded therapist sitting behind a reclining patient. But this popular image of Freudian psychotherapy is actually misguided. It suggests that psychoanalysis is unitary and fixed. In fact, Freud was constantly revising psychoanalysis and it continued to evolve after his death.

The numerous types of psychotherapy that exist today fall into three main groups: psychoanalytic, humanistic-existential, and cognitive-behavioral. Psychoanalysis emphasizes the recovery of unconscious memories and the management of tensions that arise when primitive desires come into conflict with moral and social expectations. The humanistic-existential school stresses the importance of autonomy and authenticity: making choices, accepting

* There are exceptions, insofar as some interventions are automated and delivered by telephone or over the Internet. There are also apps designed to help people manage problems such as anxiety, depression, and posttraumatic stress disorder. Nevertheless, the vast majority of psychotherapy involves dialogue and face-to-face contact, and the nature of these conversations and the therapeutic significance of the relationship will differ according to the kind of psychotherapy being practiced.

responsibility, finding meaning, and achieving personal growth. And the cognitive-behavioral school connects distress with aversive learning experiences, inaccurate thinking, and the formation of dysfunctional beliefs. These are highly reductive summary descriptions that will be elaborated in subsequent chapters.

From Freud's time onward, the history of psychotherapy has been one of continuous argument. There has always been animosity within schools and between schools, giving the impression of fragmentation. There doesn't seem to be much of a "tradition" to consult. Although there *are* differences between schools of psychotherapy, there are also very many areas of agreement. The schools of psychotherapy resemble an archipelago. Above the water, we see disconnected islands, but if we dive beneath the surface, we find that these individual columns of rock are rooted in the same landmass. The deeper we go, the more obvious it becomes that all the islands are supported by similar (or even the same) bedrock.

Apart from Freud and psychoanalysis, the intellectual legacy of psychotherapy remains relatively inaccessible. Indeed, it is encountered almost exclusively in consulting rooms and academia. Magazines and websites include abundant quantities of pop psychology, but typically, the key ideas of significant psychotherapists are either misrepresented or oversimplified. This is unfortunate, because we have never been in greater need of real psychological knowledge.

Compared to previous generations, we have unprecedented access to information, increased personal freedom, more material comforts, more possessions, and longer life expectancy. Yet a very significant number of people are depressed, anxious, or dissatisfied. Mental "health" statistics demonstrate that as life gets better, we (and our children) are becoming increasingly sad, worried, and

lonely. In the United Kingdom, the first "minister for loneliness" was appointed in January 2018. While pundits warn of impending catastrophes—rising sea levels, robots taking our jobs, collapsing financial markets, bacterial resistance to antibiotics, collision with an asteroid—another disaster has already arrived. The number of people currently suffering from mental illness is unprecedented. The World Health Organization reports that more lives are claimed globally by suicide than by war, murder, state execution, and terrorist attack combined. The toll now amounts to approximately one million people every year.[1] Someone, somewhere, chooses to die—often violently—every forty seconds. For these individuals, just being conscious has become intolerably painful. In the developed world, self-harm is the main cause of death for people between the ages of fifteen and forty-nine. It has overtaken heart disease and cancer.

The incidence of mental illness is so high that the provision of proper treatment and care for all those affected is no longer possible. Politicians have only recently acknowledged the financial impact of this developing crisis. "Subjective well-being" is now construed as a form of capital, and psychological health has been afforded special significance in "happiness economics." This new approach to fiscal governance is predicated on the idea that eventually, all unhappy countries become poor countries. Mental illness is costly. Psychological problems are the most common reason people take time off work; the loss of productive workdays in modern economies is calculated to be on the order of hundreds of billions of dollars. The economic burden of depression alone on the US economy is estimated at $210 billion a year—a figure in excess of the combined gross domestic product (GDP) of several smaller countries. There are direct or "visible

costs" (such as medication, psychotherapy, hospitalization, etc.) and indirect or "invisible costs" (such as reduced productivity and early retirement). Based on data from 2010, the European Molecular Biology Organization published a report in 2016 in which the global direct and indirect economic cost of mental illness was calculated to be $2.5 trillion.

According to the World Health Organization, half of those affected by mental illness exhibit symptoms before reaching the age of fourteen. Various indices of severity have doubled or even quadrupled in recent years. For example, the National Health Service Adult Psychiatric Morbidity Survey in the United Kingdom found that rates of self-harm among English adults had doubled between 2000 and 2014. A 2019 study published in *The Lancet* reported that the prevalence of nonsuicidal self-harm in English women and girls aged sixteen to twenty-four had risen from 6.5 percent in 2000 to 19.7 percent in 2014. Prescription drug use for psychological problems has shown a roughly proportional increase. National Health Service digital figures recorded 70.9 million prescriptions for antidepressant medications in England during 2018, almost double the number dispensed in 2008. Presumably, if pharmacological treatments—which are relatively inexpensive and can be delivered easily—were not available, the situation would be considerably worse. Globally, one in nine people suffer from an anxiety disorder in any given year. Seven million of those sufferers are in the United Kingdom, and 35 million in the United States.[2]

Some have suggested that contemporary mental health statistics should be treated with caution because they do not reflect a "real" trend. Reduced stigma has encouraged more people to report symptoms, diagnostic manuals have become thicker, and better professional training has improved detection rates. Arguments

of this kind are not compelling, because however we choose to qualify our interpretation of mental health statistics, the fact remains that they describe a society in crisis.

It is difficult to specify when ordinary sadness becomes a clinical condition. Diagnostic criteria represent an attempt to differentiate normal sadness from abnormal sadness, but almost all diagnostic systems are imperfect and to a greater or lesser extent arbitrary. There are no definitive biological tests—like a blood test—for mental illness. Current mental health statistics suggest that so many people are affected by psychological problems that what we have previously called abnormal is becoming increasingly typical. Behind the very high numbers of people who meet diagnostic criteria stand those who, although not "ill," are not functioning optimally. Life doesn't feel quite right—something is missing—they are beset by doubts about purpose and want more. "Is this all there is?" The relative contributions of biological and psychological factors to mental illness can vary from person to person; however, given that the brain hasn't changed at all in the last ten thousand years, it is very likely that rising levels of mental illness and dissatisfaction are largely attributable to modern life.

Modernity, as we now think of it, refers to technological and social changes arising after the industrial revolution. The American physician George Beard introduced the psychiatric diagnosis of neurasthenia in 1869, a symptom cluster characterized by nervous exhaustion and malaise, which he attributed to the fast pace of urban living. The relationship between modernity and mental illness was explored again by Freud in *Civilization and Its Discontents*. This extended essay, published in 1930, is probably the most famous exposition of a recurring thesis: living in the modern world creates stresses and strains that have a detrimental effect

on the psychological health of human beings. In *Freud and Man's Soul*, the psychoanalyst Bruno Bettelheim suggested that *Civilization and Its Discontents* is a misleading translation of Freud's original German title: *Das Unbehagen in der Kultur*. A more accurate rendition in English would be *The Uneasiness Inherent in Culture*. Freud's German title does not include the word "and"—a connective that implies that there is a thing called "civilization," and among the civilized there are some who are "discontent" (Freud didn't like "discontent"; he preferred "malaise" or "discomfort." Bettelheim pointed out that in the German title, "uneasiness" and "culture" are inseparable. If you live in the modern world, you will be—at least to some extent—uncomfortable and unhappy. This is inevitable.

Freud's position is entirely consistent with that of evolutionary psychology. We have evolved to live in one environment but live in another, and the faster our environment changes, the more our brains get left behind, unable to adapt and adjust to new demands. We now spend much of our lives in an entirely novel environment: cyberspace. There is nothing inherently wrong with the Internet, but a great deal of discomfort and malaise seems to have arisen because of our limited capacity to make swift, healthy adaptations—particularly so with respect to social media. Mental illness, especially in the young, has been linked with screen time. There are significant problems with existing research: poorly defined variables, a dearth of direct causal data, and selective reporting intended to support critical arguments.[3] However, yearly surveys conducted in the United States of over a million young respondents show a sudden decrease in psychological well-being (self-esteem, life satisfaction, happiness) after 2012. Experts have concluded that the most plausible explanation for this decline is the

rapid adoption of smartphones by adolescents.[4] It is easy to characterize critics of the Internet as Luddites or alarmists, but among those critics we must count Tim Berners-Lee—the man who invented the Internet. "Humanity," says Berners Lee, "connected by technology on the web is functioning in a dystopian way."[5]

The first ever best-selling self-help book was called, somewhat literally, *Self-Help*. It was written by Samuel Smiles and published in 1859, the same year as Darwin's *On the Origin of Species*. The self-help industry has been growing ever since—and it continues to balloon. Sales for self-help books in the United Kingdom climbed by 20 percent in 2018.[6] Shelves sag under the weight of these books. Many offer ideas for living derived from alternative cultural perspectives, the works of celebrated writers and historical figures, philosophical schools, or pop psychology. Others précis the thoughts and reflections of various celebrity gurus. Sometimes, a self-help agenda is found in unexpected places. A recent and highly acclaimed best seller was marketed as a work that could potentially deepen the reader's understanding of life by means of chopping, stacking, and drying wood. Reviewers found within its pages (probably contrary to the author's intention) instructions for transcendence and well-being. People are clearly desperate for answers. Although charismatic figures are reassuring, and inspirational slogans can raise one's mood and provide motivation, the beneficial effects of such remedies are likely to be short-lived. Recalibration with reality is accompanied by the painful recognition that nothing has really changed. When we wake up in the middle of the night and stare into darkness, the existential absolutes still weigh heavily upon us.

The frenetic level of activity that characterizes modern life suggests that many people are engaged in an ongoing and profitless

search. We rush from one thing to another, seemingly caught up in endless rounds of gratification and frustration: money, diets, cosmetics, social media, cars, games, smartphones—trends, fashions, fads. Are all these things substitutes for something more substantial—something invisible but nevertheless real and attainable—or are they simply distractions, a means of avoiding feelings of emptiness that would otherwise overwhelm us?

When we ask ourselves big questions, we want answers that have credible rationales, answers that arise from within a coherent intellectual framework or can be confirmed through observation.

Freud and the post-Freudians scrutinized unhappiness and excavated the mind to discover its causes. They rejected religious dogma, along with philosophical abstraction, and developed theories from frequent and systematic study. They understood that human questions demand human answers and that, without understanding what it means to be human, there are no answers.

For over a hundred years, psychotherapists have been developing and refining models of the human mind. They have endeavored to alleviate distress, and they have offered help to people who want to make better life choices. Collectively, they have produced a body of work that has kept faith with Freud's lofty ambitions for psychoanalysis—his hope that psychoanalysis would eventually become widely acknowledged as more than a branch of medicine, something closer to a general frame of reference, something relevant and applicable beyond the treatment of psychiatric conditions.

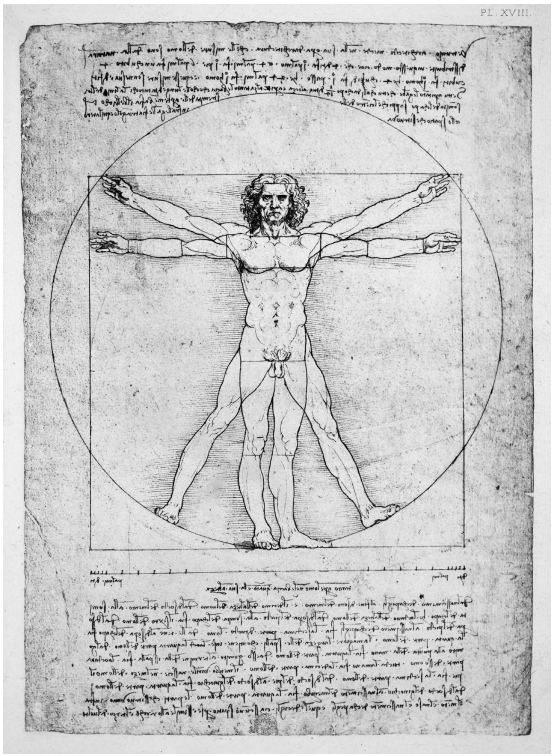
When psychotherapists look at a person, they see a very different creature from the one that, say, a philosopher or a priest would see. Aspects of the human experience that seem trivial, irrelevant, or distasteful to other disciplines are often given special

significance by psychotherapists. Freud was willing to consider aspects of being human that had barely been acknowledged before his time—for example, awareness of bowel movements, early memories, primitive urges, and our propensity to tell jokes. Psychotherapy has been relatively fearless in this respect. It has resisted aggrandizing the human condition and has always accepted the coarse realities of embodiment.

Leonardo da Vinci's famous pen and ink drawing *Vitruvian Man*—depicting the proportions of the human body according to the Roman architect Vitruvius—is frequently reproduced to represent the power of the human intellect and the preeminence of mankind. The symmetries and mathematical perfection of the human form are said to signal our cosmological significance. Figures like Freud reverse Vitruvian exceptionalism. They check our narcissistic tendencies, advising us to see ourselves as we really are, neither at the center of things nor dignified by expansive symbolism.

Human nature has been shaped by confluent evolutionary pressures. We have identical nervous systems, all experience basic emotions, and are motivated by the same "drives." Geneticists frequently remind us that we share 96 percent of our DNA with chimpanzees. If we are that closely related to our animal cousins, then the fundamental differences that distinguish us from each other must be very small indeed. Even people from entirely different parts of the world are more similar than they are different, and when people are raised in the same culture, their needs, desires, and dreams converge.

How we choose to live is highly individual, and what is right for one person might be wrong for his or her neighbor. But pain



is always painful and pleasure is always pleasurable. We can be dissatisfied for different reasons, but the quality of that dissatisfaction, its felt essence, is a reliable constant.

So, if we grapple with the same problems of living, why is it that we rarely consult psychotherapy as a repository of ideas? Opaque nomenclature is one obstacle. Antagonism between schools of psychotherapy is another. Psychotherapy is also accused of intellectual impoverishment, absurdity, and charlatanry. When Alfred Adler, one of Freud's early associates, was scorned for espousing ideas that were really just common sense, he replied, "And what is wrong with common sense?" If the recommendations for

living derived from psychotherapy are sometimes straightforward and correspond with experience, then surely that is desirable.

The charge of absurdity usually arises in the context of psychoanalysis. Freud's theory of sexual development, for example, which hinges on precocious sexual feelings and incestuous urges, has been outraging commentators since its inception. And yet, over the past thirty years, Freud's theory has gained at least partial support from several respectable sources, most decidedly neuroscience and evolutionary biology, and many significant scientists have expressed admiration for Freud's general accomplishments. In his 2012 book *The Age of Insight*, Eric Kandel (who received the Nobel Prize for his work on memory storage and the brain) wrote the following summation: "The consensus is that Freud's theory of mind is a monumental contribution to modern thought. Despite the obvious weakness of not being empirical, it still stands, a century later, as perhaps the most influential and coherent view of mental activity that we have."[7] A new discipline—neuropsychoanalysis—which seeks to discover the biological underpinnings of Freudian concepts, emerged in the 1990s. There is now an International Neuropsychoanalysis Society that publishes its own scientific journal.

Unfortunately, many of the major thinkers of psychotherapy have been exceptionally bad role models. Individuals like Otto Gross and Wilhelm Reich ended their lives ignominiously—the former destitute, the latter in jail. Disappointing anecdotes concerning the unorthodox behavior of counterculture heroes such as Fritz Perls and R. D. Laing are commonplace. Given their questionable conduct, we are tempted to conclude that their theories must be worthless. However, many of these figures were casualties as well as pioneers, victims of their own success. They tested their

theories by experimenting with alternative lifestyles and altered states of consciousness; they followed their patients into madness; they were like explorers, venturing into the unknown. And inevitably, some of them paid a very high price. Gross and Reich paid with their sanity.

Psychotherapy, as a source of life lessons, is best appreciated as a totality. Adler's critic was not entirely misguided. Certain psychotherapeutic ideas, removed from their context, *can* appear simplistic, or even banal. Others seem far-fetched. Even so, if one steps back to see the bigger picture, if one sees psychotherapy not as a group of competing schools, but as a single tradition, then one begins to get a sense of how much is required to achieve fulfillment. The enormity of the task is daunting because we have numerous and complex needs. We need to talk, to be understood, to have a cohesive sense of self, to have insight, to be loved, to feel safe, to satisfy biological appetites, to resolve inner conflicts, to be accepted, to overcome adversity, to have purpose, to find meaning, and to accept our own mortality. Viewed in this way, it isn't at all surprising that so many people are unhappy and dissatisfied. Life is a lifetime's work.

The goals of psychotherapy are not so very different from the goals of everyday life. People want to be happy and optimize outcomes. Psychotherapy stands in stark opposition to quick fixes. The problems of living cannot be addressed by simply adopting a positive attitude, reciting mottos, or chopping wood. Fulfillment is *so* challenging, *so* contingent upon an incalculable number of processes and chance events, that it is necessary to establish priorities. Where do we start? In my view, this is what psychotherapy, as an intellectual tradition, has achieved. It has identified what is important. The major figures of psychotherapy, its greatest thinkers,

spent every working day of their lives confronting the problems of the human condition in their most intense and distressing forms.

Psychotherapy is grounded in reality, unflinching and pragmatic. It poses questions that are particularly relevant to life as lived by conscious, embodied beings whose psychology has been shaped by evolution, childhood, and social context. It eschews rote answers and teaches us that a well-constructed and precisely aimed question is almost always more consequential than a nugget of received wisdom.

I trained in clinical psychology at what was once called the Institute of Psychiatry (now the Institute of Psychiatry, Psychology and Neuroscience) in London. It was essentially a research establishment attached to the Bethlem Royal and Maudsley Hospitals. Bethlem, a contraction of Bethlehem, is the etymological germ of the word "bedlam," which is routinely used to mean insanity, uproar, and chaos. Although the Bethlem Hospital was founded in 1247, the mad arrived about twenty years later, when Richard II closed a small hospital called Stone House because the noisy residents were disturbing his falcons.[8] The department of clinical psychology at the Institute of Psychiatry, with its oblique connections with medieval London, had its own (if somewhat shorter) historical legacy. It was at the Institute of Psychiatry that Hans Eysenck (and a small group of colleagues) established the United Kingdom's first course in clinical psychology. Eysenck rejected psychoanalysis and was a vociferous advocate of behavior therapy. He believed that psychological problems were best construed as instances of "bad" learning and that they could be unlearned using brief, simple procedures.

Eysenck was an enormously influential figure who became well known for his pugnacious advocacy of scientific psychology. When I was a trainee clinician, he still—quite literally—loomed large. Before being accepted as a student at the institute, I had completed a doctorate at St. George's Hospital Medical School and Royal Holloway and Bedford New College. One of my supervisors was the eminent clinical cognitive psychologist Andrew Mathews. The other was Hans Eysenck's son, Michael, whose relaxed manner seemed to me to be a constant refutation of his father's genetic determinism.

Ultimately, it was because of Hans Eysenck that I served my clinical apprenticeship in an environment where all treatment methods other than behavioral or cognitive-behavioral therapy were considered unscientific, ineffective, and potentially harmful. Yet, back then, even without the benefit of what would eventually amount to twenty years of clinical experience, I was deeply suspicious of therapeutic fundamentalism. Why not keep an open mind? I joined a small supervision group run by Dr. Nicholas Temple, a future president of the British Psychoanalytic Society, and found the experience both stimulating and enriching. I had always been taught that psychoanalysis and behavior therapy were antithetical, but I began to identify similarities.

I became increasingly impatient with territorial posturing and found it much more rewarding to reflect on how ostensibly oppositional schools of psychotherapy shared common ground. Moreover, I realized that many of the differences between the three main divisions of psychotherapy were exaggerated by the use of specialized vocabularies. Abandoning exclusive jargon immediately resolved many contradictions.

Eclecticism has its problems: it lacks purity, it can be unfocused, and, if taken to extremes, it can become incoherent. Nevertheless, I remain convinced that the benefits of judicious eclecticism vastly outweigh the potential costs.

A book of this kind—which is essentially a personal synthesis—is necessarily selective. Nevertheless, I have tried to reference most of the major personalities in psychotherapy and their key contributions. There are some notable omissions: Franz Alexander, Ludwig Binswanger, Erik Erikson, Karen Horney, Harry Stack Sullivan, Rollo May, Jacques Lacan, William Glasser, Anthony Ryle, Emmy van Deurzen, Marsha Linehan. This roll call could continue more or less indefinitely. My cast of great thinkers has been circumscribed not only by stature, but also by the topics I have chosen to explore (for example, identity, insight, or narcissism). This approach has narrowed the field. There is also a marked gender bias in my pantheon favoring men, although this is largely attributable to the social inequalities and prejudices that prevented women from becoming doctors—and then psychotherapists—for much of the twentieth century. The unacknowledged intellectual contribution of women to psychotherapy (particularly during Freud's lifetime) made by patients, family members, correspondents, associated professionals, and friends should never be underestimated.[9] Occasionally, I illustrate points using descriptions of men and women in therapy. These are real people, all former patients, and I have changed clinically irrelevant details to ensure anonymity.

Getting life right is hard. Psychotherapy has always recognized the magnitude of the task, and it doesn't make extravagant promises. Freud famously said that his method turned "misery" into "common unhappiness." It is impossible to transcend "the

uneasiness inherent in culture," and there are no simple answers. You won't be reborn after reading a slogan on a tea towel. Freud's realism is superficially unattractive. It seems that he is offering us poor consolation: "common unhappiness." But modest assurances leave plenty of room for surprises. If we temper our expectations, happiness might catch us unawares more often.

1

TALKING

Leaving the Silent Theater

Some years ago, I attended a landmark Edward Hopper exhibition in London. Moving from canvas to canvas, I was repeatedly reminded of the artist's genius for capturing private moments. Hopper's work often shows ordinary men and women in sparsely furnished interiors, staring out of windows or gazing blankly into space. Even when he introduces several figures into his paintings, they are separate, inhabiting different universes.

One of Hopper's most affecting explorations of aloneness is *Automat*. The title refers to an early chain of self-service restaurants where meals were dispensed by vending machines, not delivered by people. Hopper's painting shows a young woman sitting at a table in such an establishment, about to raise a cup of coffee to her lips. The self-service restaurant immediately underscores her solitude. Even though her coat has fur trimmings and she is close to a radiator, she still needs more warmth. She has removed one of her gloves to absorb the heat of her coffee cup. The image is very realistic, but one detail is anachronous. On a shelf behind the

young woman is a bowl piled high with fruit. Where did it come from? We are in New York, the season is cold, and it is the 1920s. At that time, out-of-season fruit wasn't available. Fruit like that shouldn't really be there. Hopper is inviting us to think symbolically. He is asking us to consider how the luscious, rounded forms in the bowl correspond with what Freud called "the larger hemispheres of the female body."

The young woman's coat is green (the color of innocence), unbuttoned and open, and we can see that she is wearing a red garment (the color of passion) underneath. Her neckline is low and her skirt has risen to reveal a pair of shapely legs. These erotic elements alert us to what she might be thinking. Above her head, the reflected ceiling lights of the automat recede into darkness; they resemble the "thought bubbles" of a cartoon strip. There are two lines of these bubbles, which means she must be of two minds. Will she? Won't she? The chair that she faces is conspicuously empty. She struggles to resolve a dilemma without companionship or support. Her aloneness is amplified by the infinite nothingness outside, which is mitigated only in part by the double row of reflected lights. Angular bannisters, just visible, suggest a descending staircase. It appears to be the only means by which she can leave. Like all of us, she has limited options.

The men and women in Hopper's paintings are almost invariably mute; even when they are depicted in conversation, they are sealed in, separated from us by an additional barrier, like the glass of a window. The absence of sound in Hopper's paintings (and particularly the absence of imagined voices) is discomfiting. Human beings are social animals and we crave conversation. When we talk to each other, we no longer feel so alone, and the black nothingness outside the automat window ceases to be quite so threatening.

I'd like to claim these observations as my own, but I'm paraphrasing Professor Walter Wells, an American academic who wrote a remarkable book titled *Silent Theater: The Art of Edward Hopper*. I was introduced to Walter at a dinner party in London, and we became friends. We used to meet up intermittently, just to chat. He was a brilliant conversationalist, insatiably curious, and knowledgeable across an impressive range of subjects: the language of business communication, aspects of medicine, Mark Twain, and the Hollywood novel, to name but a few. We would talk about pretty much anything. I can remember raising the question of whether Marvel and DC superheroes were the American equivalent of Greek gods. Walter politely pointed out that if I really wanted to put America on the couch then I'd probably find genre fiction more illuminating. "America has come to terms with its past through the western, engages with the present through crime writing, and explores potential futures in science fiction."

Like many astute observations, it's blindingly obvious—but only in retrospect, once it's been said. Walter and I were never silent, not even for a few seconds.

The last time I met Walter for lunch was a sad occasion. His wife, who was some years younger than him, was dying. I did my best to avoid offering him platitudes, because he wasn't the kind of person to shrink from hard truths. He was unflinching in his intellectual honesty and possessed what one existentialist writer has described as a willingness to "stand naked in the storm of life."[1] Having already lost one wife to cancer, he understood that bad things happen, and when they do, we can't escape them. As the bill arrived, Walter reached for his wallet and said, "You pay next time." But there was no next time. A few months later his wife died. He traveled for a while, and then he died. His cancer diagnosis couldn't hide the fact that his end had been hastened by personal loss. Emotional pain really does break hearts. *Takotsubo*, or stress cardiomyopathy (also known as broken heart syndrome), is a recognized medical condition.

When Walter and I met, we tended to talk about ideas more than personal experiences. I was therefore somewhat surprised, maybe even astonished, to hear some of the things that were being said about him at his memorial service. This witty, charming, stylish man had been raised in very modest circumstances, and occasionally, evidence of his insalubrious youth would become apparent. He once knocked out a French restaurant proprietor whose unreasonable behavior (and it was unreasonable) had severely tested Walter's ability to tolerate provocation. Someone remarked, "You can take the boy out of Queens, but you can't take Queens out of the boy." It made me laugh to think of my mild-mannered friend slugging his way across the south of France.

I miss Walter. More so than I ever expected. I bitterly regret not having spent more time with him. Of course, I had my reasons. There was always something else that had to be done first. Now, I can't even remember what those pressing matters were. I want to continue our conversation. We weren't finished; there was so much more to be said.

A few years ago, I visited the Whitney Museum of American Art in New York City, Walter's hometown. I was keen to see the Hoppers. While browsing in the bookshop, I came across a copy of *Silent Theater*. I took it off the shelf and sighed. If a passing stranger had taken a photograph of me at that moment, the resulting image would have resembled an Edward Hopper: a man, standing apart, isolated by introspection. I slotted the book back into its place and went to find my wife and son.

"I just found Walter's book." With these words I broke the silence, and in doing so, I reconnected. Some critics have described Hopper's silences as deadly. This isn't hyperbole. It's a scientific fact.

Bertha Pappenheim, immortalized in the annals of psychiatry as Anna O., suffered from hysteria. She was treated by Josef Breuer in the 1880s using a method that was later developed by Breuer's junior colleague Sigmund Freud. The final form of that treatment is now called psychoanalysis, and it is the first major example of a formalized psychotherapy. The treatment of Anna O. is described in *Studies on Hysteria*, a pioneering work published by Breuer and Freud in 1895. If psychoanalysis is the first instance of psychotherapy, at least in a recognizably modern form, then Pappenheim is arguably the first psychotherapy patient. She invented a term to describe her treatment: the "talking cure." In doing so,

she identified the key ingredient of psychotherapy, the principal means by which psychotherapy achieves its beneficial effects.

The evolutionary psychologist Robin Dunbar has suggested that talking evolved from grooming, the mutual hygiene maintenance behavior that our apelike ancestors practiced. This theory hasn't gained much traction among academics, but it has a certain intuitive appeal. In addition to having positive health consequences, grooming—in apes—also strengthens social bonds. When we talk to each other meaningfully, we are, in a sense, experiencing something that feels like a form of primal intimacy. Words allow minds to touch. The evolutionary significance of talking is reflected in our neural preparedness. We are disposed to acquire language, and the learning process begins at the earliest opportunity.[2] Newborn babies will suck harder (a sign of recognition and interest) when they hear their mother tongue, as opposed to a foreign language. They have been eavesdropping from within the womb. Such accelerated learning is all the more remarkable given that fetal wakefulness is only present in the final trimester of pregnancy—and then for no more than two or three hours a day. The first flickering of consciousness is very probably accompanied by speech. We are made aware of ourselves by listening to others.

Talking isn't just about words. We adopt congruent postures; we smile, frown, gesticulate, and make eye contact; we read expressions and know exactly when to stop in order to let the other person respond. Once again, these are skills that we acquire early. As soon as a neonate is placed in its mother's arms, the mother will coo, tickle, gaze, and prompt simple turn-taking games. These "dialogues" serve as templates for more complex communication skills. Mother and child become attached, and the strength of this

attachment is predictive of future social adjustment, emotional maturity, and resilience.[3]

Direct face-to-face communication is one of the most fundamental and earliest human needs, and yet we live in a world in which it is becoming increasingly rare. Mothers spend more time interacting with their electronic devices than with their children. An observational study published in the journal *Paediatrics* in 2014 found that forty out of fifty-five caregivers in a restaurant used devices during the course of their meal. Sixteen of these caregivers used their devices continuously, looking at their screens instead of their children. The social world has migrated to cyberspace. Emails, text messages, and communication via social media are preferred to talking on the telephone. For many, direct communication is becoming effortful, demanding, or even aversive. These trends will inevitably have consequences. In Japan, for example, information technology has been linked with a decline in intimacy and a dramatic drop in the national birthrate. Pessimists suggest that by 2060 the population of Japan could shrink by as much as 30 percent.[4] A 2019 study examining three National Surveys of Sexual Attitudes and Lifestyles in the United Kingdom concluded that frequency of intercourse among British couples is declining. Similar declines have been recorded in Australia, Finland, and America. The demands of modern living and information technology were implicated as causal factors: "Life in the digital age is considerably more complex than in previous eras, the boundary between private space and the public world outside is blurred, and the internet offers considerable scope for diversion."[5]

The Harvard Longitudinal Study, the oldest and most extended of its kind, began collecting data relevant to physical and mental health in 1938 and continues to the present day. The