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Laudatio for IRVIN DAVID YALOM, M.D.

Summary

On the occasion of the publication of his latest novel, The Spinoza Problem, we celebrate the achievements of Irvin D. Yalom, M.D. as a psychiatrist, psychotherapist and creative writer. Yalom has maintained a duality throughout his professional career. He is a psychiatric expert in group psychotherapy and existential individual psychotherapy who has produced the standard textbooks in this subfield of psychiatry. At the same time, he has taught and inspired generations of psychiatrists, psychologists and counselors through his fictionalized and non-fictionalized case histories and books on technique. In creating the teaching novel, he has enriched literature by providing windows on psychiatric practice, the inner world of the doctor and the patient, and the application of the writings of the philosophers of human freedom. He projects a deeply felt fascination and interest in psychiatry, confronting the terrifying dilemmas of human existence courageously from an existentialist perspective, with humor and warmth. In this Laudatio we provide a summary of Yalom’s life and work and the impact of his thinking and writing on psychiatric practice and creative writing, while celebrating him as one of the most prolific psychiatric creative writers to date.

Keywords: Psychiatry, Existentialism, Narrative, Fiction, Teaching Novel

Zusammenfassung

Laudatio für IRVIN DAVID YALOM, M.D.


Schlüsselwörter: Psychiatrie, Existentialismus, Fallgeschichten, Romane, biografisches Erzählen

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Introduction

There is a deep and time honored connection between medicine and creative writing. The list of writers who also were physicians is impressive, crossing centuries and many cultural boundaries from Austria and Germany to Russia, England and the United States to Australia, India and Portugal: doctors have described the human condition through plays, poetry, short stories and novels. This should come as no surprise, as medical practice relies on human narrative to start any investigation: the beginning of any exam is firmly based on patient narrative of experience of symptoms and events over time, the very stuff that creative writing relies on to make poems, plays and stories (Woods 2011).

Following the advent of one of the newer specialties in medicine – psychiatry, which came more fully into its own after its more definitive separation from neurology, we would expect such a connection to be even stronger as the methods of psychiatry borrow heavily from the creative arts. With the ascent of the psychotherapies in the past 120 years, such a liaison is becoming especially clear, as the depth psychological treatments most explicitly utilize narration and shifting points of view in an effort to diagnose and heal. The power of these methods has stood the test of time and research: psychodynamic methods currently are the most potent interventions in psychiatry today, psychopharmacology and behaviorally based treatments notwithstanding (Shedler 2010). In many ways, the very skills needed to be a psychiatrist overlap with what it takes to be a creative writer. We would expect many psychiatrists to be among those who produce sustained and serious works of poetry, novels, stories and plays.

Much to our surprise, a survey of the field shows that this is not necessarily the case. There is of course the oeuvre of Sigmund Freud, which in its entirety can be taken as non-fictional prose. It has been lauded for the exceptional quality of his writing (Freud 1939). There also is the body of work by Robert Coles, a child psychiatrist from Harvard, who since 1967 has used the narratives of his patients as a method to bring to life the socio-politico-psychological dimensions of the children of poverty and disadvantage (London 2012, Ronda 1989). Neither one of these authors produces fiction in the broadest sense, but uses narrative as a methodological base on which to arrive at case formulations and demonstrate the progress of treatment. There is the work of Antonio Lobo Antunes, a medical doctor turned psychiatrist, who has produced an impressive body of some 20 novels in Portuguese, many of them translated into English. His perspective is most distinct from Yalom’s efforts: he hates psychiatry, denounces it as a sham and rails against its deficiencies (Antunes 2008). His main theme is the disintegration of the Portuguese Colonial Empire, the disintegration of Portuguese Society into Fascism, and the trauma of war. There is the emerging body of work by Paulus Hochgatterer, an Austrian Child Psychiatrist who is in the ascending part of his career as a creative writer. He has produced a series of densely constructed, psychiatrically based thrillers and accounts of highly problematic adolescents, which have received many honors and awards and much public attention (Hochgatterer 2008, Hochgatterer 2010, Hochgatterer 2003, Hochgatterer 2012). Having produced five novels and an additional 3 novellas in a relatively short period of time, all heavily
drawing on his expert skills in child and adolescent psychiatry, we can be fairly certain that there will be many more works of the highest quality soon to come. There are some additional isolated examples of psychiatrist/writers, e.g. Daniel Mason, who has just joined Stanford University as a psychiatric trainee, but has already two best-selling novels to his name (Mason 2003, Mason 2007). However, sustained and serious efforts are rare, in any language and any culture, especially those that explicitly embrace psychiatry, laud its achievements and portray human dilemmas with intellectual integrity, while combatting the despair and terror that produces with humor and reason. This is Yalom’s special message, and his special place in psychiatry and the creative arts.

Irvin D. Yalom, M.D., professor emeritus of the Stanford University School of Medicine, deserves the most credit for having produced such a body of sustained work. Since the early 1970’s, he has more and more explicitly embraced creative narrative as a tool to illustrate the deepest inner workings of psychotherapy and psychiatry. His oeuvre is exemplary in that he has produced serious and, by any criteria, intense and highly successful fiction which embraces psychiatry, psychotherapy and philosophy in a highly stimulating, entertaining and thought provoking format. This article is to summarize and celebrate his achievements, which have been an inspiration to generations of psychiatrists, psychologists and psychotherapists.

A brief curriculum

Irvin David Yalom was born in Washington, D.C., June 13, 1931, of parents who immigrated from Russia shortly after the first world war. Home was the inner city of Washington—a small apartment atop his parents’ grocery store. During his childhood, Washington was a segregated city. He grew up in the midst of a poor, black neighborhood. Life on the streets was often perilous. Indoor reading was a refuge and, twice a week, he made the hazardous bicycle trek to the central library to stock up on supplies.

Yalom’s parents had virtually no secular education and were entirely consumed in the struggle for economic survival. His direction mostly came from within: book choices were capricious, directed in part by the library architecture. He spent an entire year going through a bookcase from A (John Adams) to Z (Zoroaster). But he found himself increasingly seeking refuge in fiction, an alternate, more satisfying world, a source of inspiration and wisdom. Sometime early in life he developed the notion—one which he has never relinquished—that writing a novel is the very finest thing a person can do. To the ghetto mentality of the neighborhood, career choices for young men were limited or perceived as limited. Medical school seemed closer to Tolstoy and Dostoevsky, and he entered medical training already having decided to go into psychiatry.

Following his studies at George Washington University, Boston University, School of Medicine, Yalom trained at Mount Sinai Hospital, New York, as an intern and finally in psychiatry at the famed Phipps Clinic at the Johns Hopkins Hospital in Baltimore, Maryland. After serving in the Armed Forces in Hawaii from 1960–1962, he joined the Department of Psychiatry at the Stanford University School of Medicine, progres-
Psychiatry proved to Yalom (and proves to this day) to be endlessly intriguing. He approaches all of his patients with a sense of wonderment at the story that will unfold. A strong underlying theme is his belief that a different therapy must be constructed for each patient because each has a unique story. This theme brings Yalom’s existential approach into close proximity to Adlerian Individual psychology, contextual differences notwithstanding. As the years passed, this attitude moved Yalom farther and farther from the center of professional psychiatry, which is now in the USA so fiercely driven by economic forces in precisely opposite directions—namely accurate de-individualizing (symptom-based) diagnosis and uniform, protocol-driven, brief therapy and/or medications for all. However, his body of work inspires those of us who know that such a group based, generic approach is certainly applicable to some, but not all problems we encounter in psychiatry.

Moving from psychiatry/psychotherapy to non-fiction to fiction: The birth of the teaching novel

After generating many important contributions to professional psychiatric research, Yalom wrote several textbooks which have become standards in the field to this day. His first book, *The Theory and Practice of Group Psychotherapy*, first published in 1970, has been widely used (seven hundred thousand copies) for training therapists (Yalom 1970). It has been translated into twelve languages and is now in its fifth edition. The book is in the strong academic tradition, based mostly on the best available empirical evidence. However, it owes some of its success to story-telling—to a stream of brief human vignettes running throughout the text, which contribute to its accessibility and usefulness as a teaching tool.

The first book to approach psychotherapy from a new perspective, while employing more explicitly narrative methods, was the close collaboration with a writer/patient: *Every Day Gets a Little Closer* (Yalom 1974). The book portrays the developing therapeutic relationship from the patient and Yalom’s perspective. It is based on their respective summaries of sessions. It serves as an excellent example of Yalom’s courageous exposition of his internal struggles and musings, as he navigates the complex problems of this young writer who had failed many other treatments. This theme is to re-appear in stronger and stronger form throughout his non-fiction and fiction: the inner life of the therapist is laid bare, in ways that hitherto were simply not done. It is through this courageous expose that Yalom becomes most effective as a teacher and promoter of the art and science of psychiatric treatment.

In 1980, he completed another textbook which became a standard in the field—*Existential Psychotherapy*, followed by *Inpatient Group Psychotherapy*, a guide to leading groups in the inpatient psychiatric ward, in 1983 (Yalom 1980, Yalom 1983). The following decades to the present day see an increasingly intense focus on literary ways of portraying psychiatric healing. While Yalom never completely abandons the me-

He wrote three novels which take up central themes in psychotherapy, inventing a new genre, the teaching novel. In *When Nietzsche Wept*, Yalom produces a dramatic fictional account of the invention of psychotherapy, placed into an encounter between Friedrich Nietzsche and Josef Breuer, with Sigmund Freud appearing as a young doctor in the background (Yalom 1993). In the powerful interpersonal force field of these three great free thinkers, they assemble what is to become the essential underpinnings of depth analytic technique, while even foreshadowing existential therapy as practiced by Yalom. In *Lying on the Couch*, he explores the various aspects of transference, countertransference and the use of self-disclosure in a tightly narrated tale, which briskly moves the reader through three intertwined lives of three psychotherapists (Yalom 1997). In *The Schopenhauer Cure*, Yalom provides a detailed account of group psychotherapy technique and functioning, almost in the form of a movie script, while re-creating the character of Arthur Schopenhauer in the form of one of the group participants (Yalom 2005). The book moves back and forth between the lives of the patients in the group, Schopenhauer’s teachings and biography. Schopenhauer gets well deserved credit for setting the stage for Nietzsche’s revolutionary teachings regarding Religion, Death, Personal Freedom, Personal Choices, Meaning and Purpose. Yalom also is able to show how Schopenhauer’s teaching permeates Sigmund Freud’s thinking, a fact that Freud himself never openly or comfortably acknowledged (Ellenberger 1970). With each of these novels, Yalom manages to move swiftly and masterfully between clinical practice, philosophy and thrilling narrative, describing the exciting entwinement of his characters. In these books, he is not only master clinician, but outstanding writer and teacher, a status that very few other physician/writers have attained.

In February of 2012, Yalom is publishing his fourth novel, *The Spinoza Problem* (Yalom 2012). He is addressing a very fundamental question: Can reason exert its force for good? Weaving together the life and work of the philosopher who stood at the threshold of The Enlightenment and freethinking, and the apocalypse of the Third Reich, he struggles with the clash of humanistic enlightenment and the dark entropy of fascistic thought and practices. As usual, he manages to educate and uplift, even when he discusses some of the darkest moments in recent history.

**The Yalom Legacy**

In a traditional academic sense, Yalom has received several awards and honors worth mentioning.

In 2002, he received the Oscar Pfister Award for contributions to Religion and Psychiatry by the The American Psychiatric Association. In 1993, his novel *When Nietzsche Wept* received the Commonwealth Club Gold Medal Award for the best novel in 1992. The same book also was chosen by the Mayor of Vienna, Austria, as
Book of the Year for distribution to the general public in 2009. In 1988 he received a Fellowship Award by the Rockefeller Foundation, Bellagio, Italy. And in 1977, he was called upon to be a Fellow in Stanford’s prestigious Center for Advanced Study in the Behavioral Sciences, Palo Alto, California.

Another measure of Yalom’s importance is the commercial success of his writings. Yalom’s books generally enjoy a broadly based general audience and unprecedented financial success for psychiatric writings. Many of his books have been best sellers to a general audience and have been reviewed often – both favorably and unfavorably – on their literary merit. They have been widely translated – each into about fifteen to twenty languages – and have had considerable distribution abroad. When Nietzsche Wept, for example, was on the top of the Israeli best seller list for over four years. Considering the essentially private nature of the psychiatric enterprise and the widespread misconceptions about psychiatric practices, such commercial success is surprising. Such economic success also calls for a more detailed assessment of Yalom’s appeal to layman readers, from a creative writing perspective as well as from the vantage point of the mental health professions.

Irvin Yalom the psychiatrist and psychotherapist

Yalom's most important clinical achievements are captured in his two textbooks, which have become the standard in the field: dynamically based group therapy and individual psychotherapy based on existential principles. He goes beyond the established data and wisdom in that he provides unprecedented access to the inner world of the patient and the therapist. His fictional and non-fictional writings are replete with his own or his characters’ thinking about how to strategically approach a clinical problem and the frustrations and triumphs engendered by a particular approach. But he also dares to expose his likes and dislikes, sometimes in the most passionate form. His countertransference becomes a navigational map for psychotherapy. His courage in laying bare his soul in the service of treatment and teaching is unparalleled in the professional and creative literature. Through his example he invites the reader and student to join in a specific enterprise: let your passions show you the way, then tame them with reason, turning them into tools, while applying their insights gently in the context of a healing relationship.

Another hallmark of his approach is the repeated questioning of the technical aspects of his interventions and the reliance on the real aspects of the therapeutic relationship to provide an emotional gyroscope, a safe base to effect change. One enters difficult territory here, as excessive self-disclosure can lead to therapeutic failure much in the way that the insistence on technical cleverness and emotional distance can. But this is a risk of the profession which needs to be studied and handled, not ignored and argued away. It is a risk one has to take with eyes open, just like a surgeon is willing to risk infection by operating on an HIV positive patient. And Yalom teaches by example.

Yalom’s therapeutic stance in many ways reminds one of Jerome Frank’s as pro-
posed in his landmark publication *Persuasion and Healing*, in which he describes the essential ingredients of effective therapy across therapeutic schools: non-possessive warmth, preservation of professional boundaries and empathetic accuracy (Frank 1961). It is no coincidence that Yalom was trained at Johns Hopkins, where Frank taught for many years. In fact, Yalom and Frank became very good friends, and Frank’s thinking is one of the bloodlines which enlivens Yalom’s theory and practice. His theory and prescriptions informing his method of healing a patient’s mind full of demoralized meaning also links his oeuvre across the Atlantic to Austria’s Victor Frankl, who has a special position in the world of individual psychology (Frankl 1997).

These same elements, when subjected to systematic study and rigorous prospective follow up, have stood the test of time, as Lester Luborsky’s seminal studies show (Luborsky 2006). Shedler has most recently pointed out in a most impressive meta-analysis of hundreds of studies that these elements continue to make dynamic psychotherapy the most potent intervention in psychiatry today (Shedler 2010). Furthermore, these type of ingredients also are the effective ingredients of behaviorally based interventions, a fact that is rarely acknowledged, as many of the proponents of new treatments severely criticize Freud’s original conceptualizations, while using the very concepts central to his theories and practice (Shedler 2010).

Yalom’s special brand of fearless, fast paced and active pursuit of patient’s problems is evident throughout the fictionalized case histories, as first captured in *A Twice Told Therapy* and in the collection of cases *Love’s executioner* (Yalom 1974, Yalom 1989). Guided by passion, he is in the tradition of St. Augustine’s *Confessions* while other guideposts in time tie him firmly to the Enlightenment and Existentialism.

With his professional writings, Yalom continues to inspire and attract young generations of professionals. He invites critical thought, and he insists on individualizing treatment which is matched to the complexity of problems for each single patient. He continues to do so in the temporal context of an unprecedented economic push to practice expedient and curtailed therapies. While it is obviously true that not all clinical situations require Yalom’s sophisticated and intensive approach, it also should be acknowledged that many failures of short term, behaviorally based and psychopharmacological interventions are healed by the in depth approach. The task, he reminds us through his teaching, is to retain the skill set in a select body of practitioners and researchers.

It is also clear that becoming a psychologist or psychiatrist no longer means that the practitioner is able to perform depth analytic types of interventions. In fact, many people in the mental health field are not capable of being taught these methods. The Germanic countries (Austria, Germany and Switzerland) have long acknowledged this fact formally and have insisted that psychotherapeutic competence be taught and tested in a separate track, leading to special additional licensure. Unfortunately, the Anglo-American countries have yet to establish a similar system which does much to preserve intellectual honesty vis-a-vis the profession and the public. Such changes also should come as no surprises: as medical specialties mature, there is the need for sub-specialization. Yalom’s work powerfully shows the need for sub-specialization in the mental health disciplines.
Irvin Yalom the writer

Yalom has repeatedly emphasized the he is a doctor and a writer: he has a dual identity, each one nurturing and in turn being nurtured by the other. Much like his therapy, his writing is based on a strong narrative and plot which moves along briskly and transports the reader immediately into the inner worlds of patients and therapist or character alike. Engrossed as one becomes so rapidly with what is unfolding in the initial pages of his teaching novels, one tends to forget the fact that there are few, if any, descriptions of setting, time and context. The center stage is taken by the conflicts and conundrums of the character. Yalom manages to make the encounter of two people in a comfortable consulting room as exciting as a car chase in the movie Bullitt in San Francisco.

Another hallmark of his creative writing is the strong link to History and Philosophy. It is here, in the Enlightenment and the proponents of the third grand liberating revolution of humans that we find other guideposts in time which lead to Yalom's psychotherapy practices and writings. Spinoza, Schopenhauer and Nietzsche in particular, are explicitly fictionalized, and their work expertly discussed in the context of his books character’s lives. These are also the very thinkers who have had a strong influence on Sigmund Freud, although he, unlike Yalom, was much less likely to acknowledge their influence (Ellenberger 1970). Yalom's agenda is clear: as an agnostic freethinker, he offers a message of freedom and terror: there is no god, no life thereafter. Your life is all you have and it is yours to shape and control by the choices you make. As you make your choices, explicitly or implicitly, you define yourself. As you define yourself, parts of you die. While this realization is immensely liberating, it also is terrifying: What if I lose all my moral compass? Make poor choices? Waste my life? What is in the thereafter? What if I cannot see any meaning in my existence?

Through this thicket of panicked responses, Yalom's voice comes through loud and clear. To be human is to be complex, to struggle and suffer, but to face these problems squarely, without smoke and mirrors, while seeking solace in the other. Each one of us is encouraged to find our own brand of solution to our existence. We can have therapists help us in finding this solution, but in the end, the solution has to come from within. This message is delivered with humor, warmth, compassion and the personal acknowledgement, that even as accomplished an intellectual, psychiatrist and writer as Yalom is, he is not immune to the terror of human existence (Yalom 2008).

It is with great pride that we celebrate Irvin David Yalom as a member of our profession, a psychiatrist, a psychotherapist, pioneering teacher, novelist and – most of all – a Mensch.

References


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»Thank you very much Dr. Steiner for those warm words. It’s true that I’ve had a dual identity for the last four decades as both a psychiatrist and writer. I’m a doctor and a writer: each identity nurturing and in turn being nurtured by the other. Sometimes when in the writing doldrums, I’ll moan to my wife »if only I had chosen a different path – oh that that endless stretch of time spent in anatomy dissecting labs, or in pathology or biochemistry, if only I had used that time to take courses in learning to be a real writer, if only I had attended a writing program like Iowa or Stanford and taken instruction in the use of metaphors, dramatization, reliability and distance of the narrator, plot structure …« and, about at that she gently interrupts and reminds me – »if you hadn’t become a doctor maybe you wouldn’t have quite as much to write about.«

And of course she is right – we doctors have a unique set of experiences and responsibilities that fuel our writing – we often face life or death decisions, and have a privileged backstage view of the human condition that few in other fields ever encounter.

In my field of psychiatry I encounter on a daily basis individuals who reveal vital thoughts of their life, who share so much and so deeply – sharing guilt for acts committed long ago or shame for paths not take. Often they honor me with secrets never before revealed. Sometimes these secrets sadden me and prompt me to take excursions into my own fugitive and remote parts. Sometimes these secrets scald me and I go home, embrace my wife, and count my blessings. And sometimes, fairly often, I pick up my pad and pen and start to write.
I’ve always considered my writing as part of my function as a teacher and that my novels have all been teaching novels aimed at an audience of young therapists. That remains true of my most recent novel, *The Spinoza Problem*. At this point it’s hard to reconstruct my impetus to write a novel of ideas about Spinoza. I know that he has long intrigued me, and for years I’ve wanted to write about this valiant seventeenth-century thinker, so alone in the world—without a family, without a community—who authored books that truly changed the world. He anticipated secularization, the liberal democratic political state, and the rise of natural science, and he paved the way for the Enlightenment. The fact that he was excommunicated by the Jews at the age of twenty-four and censored for the rest of his life by the Christians had always fascinated me, perhaps because of my own iconoclastic proclivities.

I believe that Spinoza, like Nietzsche and Schopenhauer, on whose lives and philosophy I have based two earlier novels, wrote much that is highly relevant to my field of psychiatry and psychotherapy—for example, that ideas, thoughts, and feelings are caused by previous experiences, that passions may be studied dispassionately, that understanding leads to transcendence—and I wished to celebrate his contributions through a novel of ideas.

But how to write a novel about a man who lived such a contemplative life marked by so few striking external events? He was extraordinarily private, and he kept his own person invisible in his writing. I had none of the material that ordinarily lends itself to narrative—no family dramas, no love affairs, jealousies, curious anecdotes, feuds, spats, or reunions. He had a large correspondence, but after his death his colleagues followed his instructions and removed almost all personal comments from his letters. No, not much external drama in his life: most scholars regard Spinoza as a placid and gentle soul—some compare his life to that of Christian saints, some even to Jesus.

So I resolved to write a novel about his inner life. That was where my personal expertise might help in telling Spinoza’s story. After all, he was a human being and therefore must have struggled with the same basic human conflicts that troubled me and the many patients I’ve worked with over the decades. He must have had a strong emotional response to being excommunicated, at the age of twenty-four, by the Jewish community in Amsterdam—an irreversible edict that ordered every Jew, including his own family, to shun him forever. No Jew would ever again speak to him, have commerce with him, read his words, or come within fifteen feet of his physical presence. And of course no one lives without an inner life of fantasies, dreams, passions, and a yearning for love. About a fourth of Spinoza’s major work, *Ethics*, is devoted to »overcoming the bondage of the passions.« As a psychiatrist, I felt convinced that he could not have written this section unless he had experienced a conscious struggle with his own passions.
Next projects and the future

At this stage in my life, I know for certain my next project will not be another novel. The benign memory loss one encounters at the age of eighty makes a novel difficult because the format requires that one keeps in mind too many things. I have a long computer file entitled »ideas for stories« and as soon as I recover fully from »The Spinoza Problem« I’ll start to write down some stories that have been forming in my mind about incidents that have occurred in therapy sessions over the past few years. There is a screen play written about the novel, Lying on the Couch. Anthony Hopkins has expressed a wish to play the role of the elderly psychiatrist in the first chapter. The screenwriter and produces are in the stage of raising money and I’d say the odds of a film are 50 – 50.

I am delighted to be involved with Dr Steiner’s Pegasus Physicians at Stanford group which gives me the opportunity to mentor young physician-writers and to workshop my own pieces in statu nascendi. The group has grown appreciably over the past 3 years, our readings in the Cantor Art Center on Campus have attracted much public attention and have spurned our members into many promising projects. Our groups are a much needed base to strengthen the connection between the arts, humanities and medicine. Medicine and the Humanities, doctors and patients stand to benefit from the combination of the flying horse and the staff of Aesculapius.