



We're In This Scene Together

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WE'RE IN THIS SCENE TOGETHER

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As both an actor and a therapist, the author of this article describes his personal connection to Atlas/Aron's concept of dramatic dialogue in the therapeutic situation, and emphasizes his own conception of psychotherapy as a performing art in itself—one in which our reflections on our idiomatic process are more crucial than the technical actions we enact. Two pairs of vignettes help to illustrate his points, each including a significant learning moment for him as an actor, and a corresponding revelation as a clinician. These narratives illustrate how the author's use of self serves a "generative and prospective function" for him as a performing artist—in and out of session, on and off stage.

Keywords: performing arts, acting, therapy, empathy, use of self.

"Mark!" the director calls out to me. "Don't just watch them. Browse the shelves, open a book. You're on stage, too!" At these words, I awaken to realize that I am not only observing the scene between Harold Hill and Marion—the—librarian, I am also IN it. I am rehearsing a production of *The Music Man*—a nine-year old child member of the ensemble.

In my mind, I was invisible, passively witnessing a cocky salesman pursue a shy librarian. But from the director's perspective, I was contributing to that story, stealing focus as the daydreaming boy on "the library" floor, enraptured by the budding romance between the leads. Not that anything is necessarily wrong with that version of the scene. With more time to collaborate, we may have even discovered we'd like to tell the story that way after all. But years after that childhood performance, I now realize that whatever I do or do not do, I am an active agent in a play we create together—even when I just sit and listen.

*

With their concept of *dramatic dialog*, Galit Atlas and Lewis Aron invite all therapists to participate on the psychoanalytic stage (Atlas & Aron, 2017; Grotstein, 2009) much like the theater director awakened me to my part in the play. They encourage us to transcend prescriptive roles of reader and writer, actor and audience, therapist and client, and to join them in a collaborative system, a theatrical play, a dance party (Atlas & Aron, 2017). We are summoned to explore and expand the possibilities of who we can be, how we can relate to one another, and the meanings we

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can make of these encounters—or “scenes” (Ringstrom, 2014). Most of all, they rouse us to observe our unique contributions to the dramatic events we enact with our clients, even when we think we are doing nothing at all.

I connect intuitively and personally to Atlas/Aron’s theatrical metaphors for the psychotherapeutic exchange, having been an actor for many years—a vocation for which I have continuously learned to use my *self* as my primary instrument, much as I do as a therapist. In fact, similar to the concept of *dramatic dialogue*, I have come to view psychotherapy as a performing art (O’Connell, 2019) in itself—one in which our “thinking about” our idiomatic (Bollas, 1989) process is more crucial than the technical actions we enact (Atlas & Aron, 2017).

Acting primed me to use my *self*—as a performer, a clinician, and a relational being on the world stage—beginning with my revelation in *The Music Man*, when I first bit the forbidden fruit (if you will) and realized I am always “naked”/“on stage,” whether or not I am aware of it. Similar to my discoveries as an actor, as a therapist I find it far more productive than not to be aware of my unique presence and its influence on my “scene partners” (O’Connell, 2019). When I own that I am in the spotlight, with vulnerability and humility—as opposed to hiding under the illusory cloak of omniscient anonymity—I am not only equipped to take responsibility for the story to which I contribute by default, but I am also free to collaborate, discover, improvise (Ringstrom, 2014), and dramatically rehearse (Atlas & Aron, 2017) multiple possibilities for how that story can be told. From this perspective I can look to both the trailing edge of a character or scene (that which is already known and/or taken for granted) and to its leading edge (the potential which is yet to bloom). To access this transformative possibility in therapy, art, and life, I have learned not only to rely on my capacity to observe my scene partners and my given circumstances, but also to acknowledge my unique presence and make use of it.

Below are two pairs of vignettes, each including a significant learning moment for me as an actor, and a corresponding revelation as a clinician. These dramatic/therapeutic “tales” illustrate how my use of *self* serves a “generative and prospective function” (Atlas & Aron, 2017) for me as an actor, as it similarly does as a therapist—whether or not the role I am asked to play is like “Me.”

Not Me; The Bully

For actors, some roles are like challenging therapy clients: they make us feel lousy about ourselves and inadequate. We reflexively believe we need to be “someone else” to accommodate them—someone we think we can’t or don’t want to be; a “not me,” experience (Bromberg, 1996). Such ego dystonic feelings frequently came up for me as a young actor whenever I was tasked to play a bully, or even just an “everyday dude” whose presentation was expected to be palpably “masculine” and/or “tough.” As a gay man whose gender

presentation tends to be nonconforming, the demand to generate typical “guy” qualities has always triggered a combination of shame, weakness, and self-hatred in me. I felt all of the above when I auditioned for the small role of a high-school prankster in a movie called, *Outside Providence*, during my first week of graduate acting training.

My classmates had already pigeonholed me as the “musical theater boy,” based solely on my arguably effeminate mannerisms: “You tap dance, right?” (Of note: I neither sing nor dance with any proficiency; my childhood turn in *The Music Man* proved to be both my musical debut and swan song). Despite being perceived as “light-in-the loafers,” I was determined to play the “prep school bully”—the one role in the film that was open to me as a man who could physically pass for a teen.

Rookie actors and therapists are similar in that we work too hard to be legitimized as bona fide professionals, even if that means contorting ourselves unnaturally to meet the perceived demands of a job. For therapists this can mean flogging ourselves for not soothing even the most inconsolable of clients, and deploying impersonal, by-the-book interventions in order to compensate for our “deficiencies.” For actors this can mean making exaggerated choices to mask our vulnerabilities with technical skill, which counterintuitively keeps us at a distance from our selves, and therefore disconnected from our characters, scene partners, and audiences. Having exhibited this insecurity at previous auditions, I entered the school gymnasium where the casting for *Outside Providence* took place, anticipating failure. Due to my lack of identification with the “bully,” and my relative lack of professional experience, I expected to either embarrass myself with a caricaturish impersonation, or expose myself as the inadequate, not-at-all-bully-like “queen” I had been cast as in life.

My insecurities were heightened by the fact that I was sitting in a crowded gym, waiting to be judged. Suddenly I was flooded with memories of being teased and harassed in high school. I watched hip young actors check in, announcing their membership in the Screen Actors Guild (“SAG”), the union for on-camera performers—a milestone I had not yet achieved. It was as if these “popular kids” were taunting me as they sauntered by. I was instantly transported back to my awkward adolescent body, feeling doubtful and defective. Little did I know that this internal distress was a “prequel” for the audition to come, as Atlas and Aron might say: a drama that had already lived inside of me before I entered the casting room.

When the audition began, I surprised myself. I did not rise above my vulnerability with technique, nor did I shrink lazily into what acting teacher Richard Hornby would call my “everyday self”—the small range of keys on my instrument that I tend to play (O'Connell, 2019; Hornby, 1992). Instead, I thought of a specific bully from my childhood. And as his evocative idiosyncrasies inhabited my whole being, I imagined that the self-hatred consuming me was similar to how he must have felt when he chose to belittle me. With this spontaneous flicker of inspiration as my guide, I

playfully turned the terrible sense of inadequacy that was plaguing me onto the casting director. I wasn't the "loser"—*he* was.

With that subtle yet pivotal internal adjustment, my feet rooted into the floor. I felt an exhilarating rush of boldness as I simply took up space with my body and voice without apology. I stared at the casting director the way I remembered the bully staring at me, and spoke the lines with cocky self—assurance. It was "as if" I was some combination of my high school bully and (my perception of) the SAG actors in the waiting area. Playing with these "waking dream thoughts" (Atlas & Aron, 2017) and images, in the moment, made me feel powerful, masculine, transformed, and yet entirely myself.

In Richard Hornby's terms, I had accessed a part of my "total self" (Hornby, 1992)—keys on my instrument that I rarely play, but which exist within me nonetheless (O'Connell, 2019). Psychoanalyst Philip Bromberg might add that I tapped into one of my less familiar self—states (Bromberg, 1996). And in the language of Atlas/Aron's *dramatic dialog*, we could say that through provocative, improvisational play, I had broken through my own sealed-off defensiveness, and consequently found a way to make contact with the internal, inaccessible self within a character who had eluded me. As I surrendered to (Ghent, 1990) my inner bully, I realized that the particular relish I took in pushing my insecurities out of me and into (Corbett, 2016) my scene partner (the casting director), allowed me to embody the character in a technically clear and recognizable form. But more significantly, I was able to color the character with genuine, rich, and complex nuances that could only exist through my generative use of subjectivity. Incidentally, I got the part.

Naomi

Naomi did not like my quiet, curious approach to our first few therapy sessions, and though she never said this, I discerned it from her withering gaze. *She must want a talkier, more confident therapist than me*, I thought. I felt too inexplicably afraid to address this with her directly, so instead I reflexively overcompensated for my "deficiencies" with big, accommodating gestures. I responded to her with superfluous advice and forced jokes, to fill the silences and prove I was a worthy scene partner. It worked in a way; she seemed more approving of me. But in turn, *my* anxiety increased. How long could I maintain this superficial performance of the robust therapist I thought she wanted? My performative contortions gave Naomi temporary comfort, but they also foreclosed opportunities for less curated versions of *her/me/us* to emerge. We were both too afraid to explore vulnerability and discomfort in the rehearsal room—hers or mine. *What makes us both feel we're not enough for each other?* I wondered.

Through years of rehearsal with Naomi—trying, failing, and reflecting on our scene work (Ringstrom, 2014)—I came to realize what intimidated me about

sharing the stage with her. She had been trying to cast me in a role that, like the bully character, felt entirely against my “type”/“not me.” This part was typically occupied by the narcissistic, success-obsessed, leading men in her psyche—including her father, her boyfriend, and her professional mentor—all of whom made *her* feel *she* was not enough. By directing me (implicitly) to embody the qualities of these figures—and to deviate far from my *everyday self*—she induced similar feelings of inadequacy in me. From Naomi’s perspective, if I could effectively pull off playing an omniscient, all—powerful therapist, she could finally be validated by a man with authority, which she believed would vindicate her self—worth. But the more aware I became of this character for which she was holding auditions, the more I believed I did not have “the goods” to play him. Even when I gave my best effort to bring *him* to life, she responded no differently than she did to all of my other attempted interventions [*e.g.*, mirroring, joining, admitting my own shortcomings, narrating, interpreting, challenging, coaching, listening quietly, or even just showing up to each new scene without “memory or desire.” (Bion, 1970)] No matter what I tried, she would always say, “No one can help me.” As scene partners we remained frozen in the spotlight. Yet somehow, she got back on stage each week, and stared at me with panic and hope, as if *this time* I might crack the code.

One day, as I anticipated and dreaded my session with Naomi, a new emotion emerged. Or more accurately, an emotion that was lurking inside of me all along came more clearly into focus: hate. Like a background actor who is awakened to his presence (and corresponding impact) onstage, my feelings of hate entered the light. I hated that Naomi would not let me be “me.” I hated that no matter what I tried, I wasn’t enough for her. And I hated the fact that I felt hate (“not me!”). Liberating as it was to admit this to myself, it did not seem useful for this treatment. Naomi already hated herself and believed everyone else hated her too; she did not need to feel hated by yet another person, especially not her therapist. I had no idea how or if these musings would be productive in our work, but they did serve as a prequel for the drama that followed.

Naomi entered our “rehearsal room” with familiar feelings of hopelessness, having just been denied a much—coveted job. After dropping this news, she retreated into punishing silence. I tried to “stay in the feelings,” as my acting mentors say, and allowed myself to feel the chill of failure, hers and mine, tingle up my legs. We had been here before: her presenting a problem; me collapsing in failure, not knowing how to fix it. But this time I had a new surge of energy in the form of hate. Having nothing left to lose, I took a risk: “I know this sounds crazy,” I said spontaneously and playfully, “but I keep hearing in my head, ‘You can’t give her what she needs!’ I feel like you ... *hate* me. But don’t know how to express it? ... ” I relished saying the word *hate*, inviting her to participate in the pleasure of dramatizing provocative feelings. I felt more grounded, awake, and

alive in her presence than ever before—a combination of the assertive dominant male she wanted me to be, and a spirited, compassionate scene partner. I continued, “You hate me because I can’t give you the job you want. But you don’t say that, because you know it sounds irrational. So you stay silent and give the hatred to me.” I said all of this not from on high, or with blame, but with a sense of wonder, trying out a fun new way for us to play together (Winnicott, 1971) with more mental and emotional freedom than we had before.

She shrugged, “Well ... Sure. But I don’t know what to do with that. I can’t go around telling people I hate them for not giving me what I want.”

“Maybe not. But at least we can talk about it. How much you hate me ... ” We both smiled. The energy between us opened up.

Like the movie audition, this job required me to tap into unwanted feelings, and to express them through dramatic action. My provocative improvisation allowed me to bust through the block between my *everyday self* (“me”) and an ego dystonic part of my *total self* (“not me”), and to invite Naomi to participate in kind. As our scene—work continued, we discovered further opportunities to not only stand but also *play* in the spaces (Bromberg, 1996; O’Connell, 2014) between our conflicting realities.

“Me”: The Lover

The roles to which we gravitate, as performers and clinicians, that are congruent with our ego syntonic sense of “me” can be just as tricky to play as the ones outside of our familiar range. As crucial as it is for actors to experience oneness with their characters in order to perform authentically, openly, and vividly, not unlike the relationship between therapist and client, there must also be room for differentiation (Benjamin, 2018). Otherwise we may force the character/client to submit (Ghent, 1990) entirely to us, or vice versa—much like I feared I would have to renounce my *self* (Ogden, 2015) in order to play the bully in the movie or to embody Naomi’s ideal therapist. That being said, as long as we allow for third space (Benjamin, 2018) to exist between ourselves and our characters/clients—*i.e.*, the capacity to both merge and be separate, as we reflect on our evolving relationship—we can utilize the great benefits of being “at—one” (Bion, 1970) with them.

Our presence alone may give us ineffable access to the internal experience of characters/clients with whom we feel an intuitive connection, without “conscious planning, feigning or manipulation,” (Atlas & Aron, 2017). After all, dramatic action “doesn’t have to manifest with fireworks.” (Molino, 1996), in acting or in therapy. Or as my acting mentor, Brian McEleney says, “*You* are enough. Don’t work too hard to interpret the text. Just say it.”

I for one feel intuitively at one with roles that allow me to express love. I love love: I love being in love; hugging, holding, and making people feel seen and heard. Not surprisingly, it was my acting career dream to play Shakespeare's Romeo: the male character most driven by love in the theatrical canon. This wish came true for me shortly after drama school, when I was cast in a production of *Romeo & Juliet*.

The first read through with the cast was like my own private heaven. But I was quickly reminded that theater, like therapy, is not solipsistic but shared. As much as I felt inextricably melded with Romeo, the director wanted to see less "everyday -Mark" in my performance, and more of a character with whom everyone in the room could relate.

Of course, the way he told me this—in front of the whole company—was abrupt, humiliating, and arguably remiss: "Can you 'butch' him up a bit? ... " Naturally I was discouraged by the popping of my narcissistic bubble. (Actors and therapists have in common the wish to "get it right" the first time, and more specifically, we can feel deeply ashamed when called out for intruding upon our character or client with too much of our own subjectivity). But as I took time to reflect on the dramatic dialog that transpired between the director and myself—namely his suggestion that I was not good enough for my dream role, and my determination to prove him wrong—I found a way to use this experience in my performance.

The angry fire in my belly, in reaction to the director's brusque comment, was all I needed to bring Romeo to life. Unlike the movie audition described above—which required an imaginative choice to jolt me into oneness with the character—in this case the only adjustment I had to make was to allow my present circumstances to impact me. *I* was enough for Romeo; I didn't need to "butch him up." I just needed to stop taking my emotional connection with him for granted—to not "get him," too casually or hastily. *His* experience of love, though very much in my range, was more complex than my narrower, presumptuous approach to the first reading. I ultimately joined Romeo in his heightened emotional circumstances by simply allowing myself to be affected by my collaborators. As a result, Romeo became a fiercely passionate, fully—committed, yet vulnerable version of me.

It is worth taking a moment to consider the misguidedness of the director's comment. Certainly if I had just submitted to his direction to "butch—it—up," I might have contorted myself in superficial ways that would have worked against being genuinely at—one with Romeo. Often times, directors—like therapy clients—don't have the language to explain exactly what they want from us, and their feedback can seem obtuse and counter to their purpose. But that doesn't mean they don't accurately sense something isn't working in our performance. At these times, it is our job—as actors or clinicians—to reflect on the

various possibilities for the misattunement between us, and to find a way to make our collaboration more harmonious. Again, as Atlas/Aron say of clinical work, it's the process of reflection and the ways we think about our work that are more important than the technical actions we ultimately enact—whether those actions are big or small, quiet or loud, “butch” or “femme.”

Eventually as an actor I got to explore oneness with characters that were even closer to “me” than Romeo: namely, gay men. And through each of these roles I found the freedom to embody a spectrum of expressions — feminine, masculine, loving, bullying — although I must note that I had to create/commission/produce most of these opportunities myself, with a theater company I co-founded to expand concepts of identity. As with all minorities, roles for gay men and women are extremely scarce in professional entertainment. And, adding insult to injury, most queer parts that do exist are given to cis, gender-conforming, straight actors (O'Connell, 2012). While ideally acting can be a cathartic opportunity for every performer to explore the multiplicity of lives we all have the potential to live, like psychotherapy, at the core acting is in service of truth—truth in imaginary circumstances, but truth nonetheless. So when only some performers and audiences get to have their truth embodied by characters on stage and screen, and others do not, significant opportunities for identification and affirmation of one's self—worth are denied to many many people.

The same dilemma exists for clients who struggle to find therapists with whom they share a marginalized identity—a relationship that could allow them to begin the psychotherapy process with intuitive oneness and a relaxing sense of trust. (Winnicott, 1971). (As psychoanalyst Eric Sherman has pointed out, unlike queer and other marginalized people, cis, straight, white, clients are not burdened with the demand to explore their “otherness” as a prerequisite for treatment (Sherman, 2005), regardless of their therapist's identity and/or orientation).

With these considerations in mind, I join Atlas and Aron in their call for a oneness in psychotherapy that utilizes generative subjectivity, and a passionate use of mind, body and soul (Atlas & Aron, 2017). But I also add to this summons a demand for more opportunities for clients to find a literal oneness with their therapists in terms of identities, orientations, beliefs, and expressiveness. Just as diversity and inclusion of minority actors on screen and stage has been made a priority by many advocates, in order to expand the possibilities each one of us can imagine for ourselves, so too must we increase the visibility and accessibility of a spectrum of psychotherapists of various races, ethnicities, sexual orientations, gender identities and expressions. This way we offer myriad and diverse clients the chance to begin therapy with an instinctive affirmation of their very existence (O'Connell, 2014). Differentiation will inevitably find its way into our

consulting rooms, as it always does, even between the most kindred of people. But every client, actor, audience, and storyteller deserves the opportunity to enter each scene, emboldened by the transformative potential of simply *being*—the possibility to be seen, accepted, and invited to participate, without *doing* anything at all.

Mia

I *knew* I was the right therapist for Mia. She was an actor who identified as queer; I felt as if the part of her therapist had been written for me. And then we met ...

Mia entered our scenes like a glamorous leading lady, in contrast to my experiences as a background performer. At seventeen she had booked more professional acting jobs than I had at the age of thirty-seven, and she had won a competitive scholarship to pursue training at a prestigious conservatory. As for her sexual orientation, she was pansexual—a term that was not used when I came out as gay back in the early 90's—which means her sexual attractions were not bound by categories of biological sex, gender, or gender identity. She also possessed an awesome wit, charm, and laugh-out-loud sense of humor. “Why did I think we were a perfect match?” I wondered. I felt flimsy and dull in her presence. Like the director who told me to “butch it up,” my inner critic demanded that I keep up with this scene partner.

Mia wanted to talk about severe emotional conflicts she had with her parents, who were wealthy socialites, and refused to acknowledge her sexuality. She had brought the topic up with them on many occasions, but each time they acted surprised: “Um ... ok ... is this, a ‘phase?’” they would ask. Gaslighted, degraded, and defeated, Mia acted out: skipping school, staying out past her curfew, popping prescription pills. But she knew these behaviors were a dead-end solution, which is why she sought therapy.

It wasn't as easy to access Mia as I expected it to be. She dismissed my eager attempts to help her express her feelings or make safer choices with a roll of her eyes, emphasizing my boring out—of—touchness. Chagrined at having tried performative choices that failed, I resigned myself to getting out of Mia's way and just listening. Each week I grew increasingly impressed by her combination of narrative skill, exuberant energy, and emotional intelligence. It was easy to be carried along by Mia's storytelling. She reflected so intricately and eloquently on her relational struggles and attempts to manage them, that I wouldn't dare intrude upon our scenes with my clunky, far less interesting personality. As she continued to entertain me, I felt more and more like an incompetent performer: “There must be a therapist out there who can match Mia's shiny qualities, and actually help her,” I thought. I was waiting for her to unmask me as a fraud

—a hack with no revelatory interpretations, no brilliant interventions, just an endless interest in her story and the way she told it.

And then a pivotal event took place. As Mia dramatized a recent debacle between her mother and herself, perfectly impersonating her mother's pretentious, faux—British accent, I spontaneously laughed. Mia's chilly look of shock in response sent a shudder down my spine: "You're not supposed to laugh," she said admonishingly. *Oh no!* Not only had I failed to bring any useful therapeutic performance to our rehearsal room thus far, the one action I did make was remiss.

Humiliating as it is to make an unequivocal mistake in the spotlight, it can also be liberating, because at these times we have nowhere to run but the present. From my inescapable position of guilt, shame, and empathy, I looked at Mia, and openly offered what was on my mind: "I'm so sorry. You're right. You shared raw feelings with me, and I effectively minimized them. Just like your parents do." She received my apology, and as our emotional connection seemed to deepen, I became aware of an opportunity to talk about the dramatic exchange between us, in a meta way: "I do have to say though—and I don't mean to justify my laughter—but, you are an extremely skilled entertainer ... "

"I know," she replied frankly. "My mother likes me that way. She doesn't want me to be a 'Debbie Downer.'" Mia explained that, to her mother, being a "downer" included getting sick, suffering injuries, and being vulnerable in any way. With this context in mind, I better understood Mia's parents' refusal or inability to engage with her sexual orientation: perhaps it deviated too far from the social norm for their taste, and therefore made their child vulnerable to animosity, which was too much for them to handle as her caregivers; they needed her to be an invincible star.

As I reflected on this further over the next few weeks, I began to appreciate how my tendency to fade beneath Mia's sheen had actually enhanced our collaborative storytelling, rather than dulling it down. Through our ad-libbed scenes—including my inadvertent empathic failure—we ultimately managed to recognize and acknowledge (Benjamin, 2018) the polished charisma Mia had developed throughout her life to shield vulnerable versions of herself. I was hardly doing *nothing* by surrendering the spotlight to her every week; without seeking to, I had taken on the role of a non—judgmental, welcoming, rehearsal partner—a character we dreamed up together. She could rely on me to listen to her compassionately, while she gradually began to imagine living in another person's presence without the burden of her sparkly shield. She trusted me to hold the rejected parts of her, and to be strong enough not to submit to the lustrous, audience—pleasing defenses she had built in reaction to her parents' criticisms. (I broke this implicit contract, of course, when I laughed).

I began to appreciate the potential healing power of simply sitting opposite Mia, and being her quiet, curious, “boring” therapist. It was my job to let her exist, and to be interested in her *total self*, without stealing the scene or imposing audience expectations on her performance—like her parents always had. I imagined that she had cast me through the trailing edge of her transference, as the “weak” and “dull” part of herself. And that within the leading edge of her transference lived the hope that I might embody a character with the capacity to survive her/my underlying feelings of inadequacy and doubt. Perhaps she wished I would model a way for her to reclaim her vulnerable emotions without sacrificing her resiliency, self—esteem, or significant relationships. Maybe I had been helping her unwittingly, all along, by simply being in the room with her—imperfections and all.

I received further confirmation that my presence alone was enough for Mia, when I shared the above reflections with her. She responded efficiently and evocatively, by miming a gag reflex. She did not want, or need, a constant narrative summary of our dramatic dialogs: in many cases our enactments themselves were generative and curative enough (Atlas & Aron, 2017; Eagle, 1993). As I learned from many a mentor, when it comes to storytelling it is often more effective to *show* than to *tell*.

I continued to follow the natural flow of our dynamic, and looked for opportunities to make meaning of it—especially the nuanced moments when we would *do* without *doing*. Mia began to observe and comment on our subtle relational events as well. For instance, as we discussed a family session attended by Mia and her parents—an attempt to increase empathic communication between them—she said to me, “I don’t think anyone will ever get through to them, but thank you for trying. I could tell you were trying. I feel like you ... *love* me.”

“I do,” I said without hesitation.

Had I given myself time to consider this response, I likely would not have answered as honestly, effortlessly, or boldly. I would have operated from my head instead of my heart. I would have focused on “technique” and the “clinical benefits” of my “intervention,” rather than my organic intention to connect emotionally with Mia. I would have doubted the generative power of my undulterated, vulnerable, yet grounded feelings in that moment.

Mia did not flinch or mime a gag reflex, but instead she received my simple, confident, emotionally naked dramatic action with a genuine nuance of a smile.

From this point on, Mia was a consistently more accessible scene partner. She even occasionally made room “onstage” for me too, allowing me to share clunky insights and even crack a few cheesy jokes—some of which actually caused her to literally laugh—out—loud. In our last session, before she left for drama school, she thanked me for “really seeing” her, and told me why she

chose me in the first place: “My mom had given me a list of referrals,” she said, “and I checked them out online. I saw that you were an actor and that you were married to a man, and ... I just *knew* you were the right therapist for me.”

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