



Write On! A Clinical Writing Workshop for Psychoanalysts and Psychotherapists

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ABSTRACT

This writing workshop is designed for new and experienced clinical writers. In it, I analyze thirteen writing samples (many from this issue) to appreciate the writer's craft. I discuss several writing terms and show how the samples illustrate them. You will also find twenty writing exercises and encouragement to find your own voice as a writer.

KEYWORDS

Clinical Writing; writing exercises; evocative language; immediate scene; lyric narrative; narrative summary

Whether you are a confident, avoidant, or hesitant writer, I invite you to dip into this workshop from time to time and play. Although it is extensive, it's not a marathon you need to finish in one run. You might want to survey the track first and skip ahead to see how I analyze writing samples to appreciate the writer's craft. When you are ready to exercise your writing legs, so to speak, find an exercise to try. All of them are designed to help you get started. Some invite you to stretch. The first ones can be dashed off in little time, encouraging you to write spontaneously to "court surprise" (Stern, 1997). You will find exercises that are like those the first six authors in this issue used to begin their essays in my writing groups. Even longer papers get started this way.

Here are a few more tips: When you are ready to write, take a few moments to visualize the situation or person you want to write about. Let the feel of the experience of being with another and yourself come to mind *and into your body* and write from that embodied state. Use all your senses. Remember the atmosphere in the room, the tone of your patient's voice, the tension (or lack of it) in your body and your patient's. I will remind you to do this, because it's a key to writing in an experience-near, affectively rich way, from inside your experience rather than from a distance looking back. When doing any exercise, if your momentum carries you in another direction or farther than expected, follow your own lead and write on!

1. BRUSH STROKES

If finding time to write or something to say is a challenge, you only need a few minutes to execute these brush strokes, which can jumpstart your writing practice.

Exercise 1.1

"For a physician everything depended on horses" (Williams, 1984/1932, p. 13).

- In "Old Doc Rivers," Williams writes about a country doctor from another era. Write a sentence beginning "For an analyst (or psychotherapist) everything depends on _____."
- Like mixed nuts, don't limit yourself to one. Write a handful.

Exercise 1.2

“There’s nothing like a difficult patient to show us ourselves” (Williams, 1984/1932, p. xiii).

- Write a few lines (or more) about what a difficult moment with a patient shows you about yourself.
- Following the pattern of Williams’ sentence, complete his prompt in your own way: “There’s nothing like _____ to _____.”
- Write a paragraph to expand on the sentence you just wrote when you borrowed the structure of Williams’ sentence to make our own.

Exercise 1.3

“The question seemed to grab me, and not let go. Even after she left, it lingered.

‘Is she gonna be ok, Darren?’

I asked myself the same question. *Yes or no? Which is it, Doc?*” (Darren Haber, p. 144, this issue)

In the opening lines of Haber’s paper “The Doorknob Dilemma,” his patient puts him on the spot at the end of the hour. His unspoken response appears in italics.

- Write down a doorknob comment your patient makes, indicate your inner response in italics, and include what you said to your patient, if anything, at that point.
- Haber’s opening lines create an intriguing beginning. Who is in trouble? Why is the questioner pressing Haber for an answer? What will he think or say in response? How will the story come out? To find out, we must read on, which is one reason these lines are so effective. They create a *motive* (Naiburg, 2015, pp. 155–160), the impetus that pulls readers into the story to see how a mystery or problem gets solved, how a dilemma gets understood, a gap in knowledge gets filled.
- Look at the writing you just did about a doorknob comment and your response. Did you leave something up in the air to stimulate your readers’ curiosity, to create suspense, to indicate a problem or dilemma? If not, try doing that.
- Haber’s opening lines also give us access to his thoughts. What we don’t know yet but will soon discover is that the words in italics come from “the author’s ‘inner Bogart’ voice, a cynical wise-guy persona confirming the author’s sometimes pessimistic perspective, clouding his usual relationally empathic sensibility” (Haber, paper’s abstract, p. 144, this issue). If you want to let an inner figure out in your writing to present another perspective, go for it. Who would you hear from? A mentor, member of the therapy police, optimist, cynic, know-it-all . . . ? Maybe more than one?

Exercise 1.4

“Memory dissolved like stick figures in the sand” (John Rosario, p.131, this issue).

“I was a bird without a nest” (John Rosario, p. 131, this issue).

“Home is a place you can’t go back to: it isn’t there anymore” (Elvin Semrad, 2003/1980, p. 55).

- What feelings do these three brush strokes evoke in you?
- Write a sentence like one of these, using an image to express an idea or an aphorism to concentrate meaning in a few words.
- Write a paragraph of reflections or associations to the sentence(s) you just drafted or to those Rosario and Semrad wrote. Write from your own perspective or that of a patient.

Exercise 1.5

“People are only ever as mad (unintelligible) as other people are deaf (unable, or unwilling, to listen)”(Phillips, 1995, p. 34).

Following the pattern of Phillips’ sentence, complete this prompt: “People are only ever as _____ as other people are _____.”

- Write a paragraph that might lead up to or follow Phillips’ aphorism or your own.

Exercise 1.6

“Eros as daimon is the driving force of relational longing that brings us alive to embrace the world of the ‘other’” (Marcia Dobson, p. 188, this issue).

• Let a moment in which the absence or presence of relational longing in your life, a patient’s life, and/or your clinical work comes to mind. Sit with the feelings that emerge, let the feelings come into your body, embody how you feel. Then from that embodied state, write what you feel. As Seamus Heaney (2002) says when talking about “finding voice,” “get your own feeling into your own words and . . . [let] your words have the feel of you about them” (p. 17).

Exercise 1.7

“As an analyst, I suffer from speech daily: its surfeit, endless banality, repetition, familiar circuits, the rutted narratives of the ego” (Annie G. Rogers, p. 163, this issue).

- Think of a patient whose stories fit Rogers’ depiction of “daily speech” and “the rutted narratives of the ego.”
- Write up an interaction between you and your patient when caught in “familiar circuits.” Use dialogue and also let your readers into your thoughts about how you and/or your patient are stuck in repetitive patterns that mark the absence of what Barbara Pizer (pp. 154–162, this issue) calls “Body Words.” Were you able to “cut” into the repetitions to create space for something new, as Rogers does with her patient (this issue, p. 168)? Show us how that happens, almost happens, or doesn’t happen.

Exercise 1.8

“I revisit my analysand’s speech, but my aim is not to explicate her ideas, but to adumbrate her words with unheard resonances. I write as snow drifts, meandering through my notes to discover how *this singular voice* sieved down through that vast sky of words day after day, and landed in the field of my waiting silence” (Annie G. Rogers, p. 167, this issue).

- Thinking and feeling into a recent clinical session, write clinical notes as you imagine Rogers does, letting words and lines drift down through associations and reflections, landing softly, tentatively perhaps, without trying to make a paragraph cohere.

2. SKETCHES

Like the brush strokes you have just been playing with, the writers’ sketches that follow suggest more than they say.

Exercise 2.1

“Nikki, a first and final meeting. I am struck by how small and delicate and fragile he seems. So much littler than I had imagined” (Karen A. Martin, p. 134, this issue).

- What do you notice about the words Martin has chosen to describe this ten-year-old? What does her voice convey to you? How do you imagine her responding to Nikki?
- Think of a patient (of any age) you feel tender toward and describe something about your patient in a way that expresses your tenderness, perhaps without naming your feelings.

Exercise 2.2

“He is looking more like Einstein every time we meet, white hair into his collar and a full-blown mustache. He is pleased that I notice” (Patricia Honea-Fleming, p. 140, this issue).

- Here’s a different patient, portrait, and voice on the page. What does Honea-Fleming’s description tell us about her patient and herself?
- Bring another of your patients to mind. Take a moment to tune into and embody your attitude toward this patient, your feelings for him, her, or them. Then sketch a brief portrait of this patient from that embodied state, writing from the inside out, from what you feel.

Exercise 2.3

“She is twenty when I first meet her. Physically fit, boyish, brash, bright, irreverent as hell. Tough. Gay and closeted. Troubled and untouchable. Drinking, drugging, and staying hidden are working well enough for her. She is not drawn to looking within. Twenty-year-old Anne and I meet weekly for a year or more nearly forty years ago now. Not much work gets done. Thirty some years later I hear from her for the very first time since she drifted away. I retrieve a voicemail message. “This is Anne Smith. Are you still in business?” (Karen A. Martin, p. 135, this issue).

- What does the music of Martin’s prose convey about Anne? A series of five short descriptions make up the paragraph’s second sentence, which is verb free. “Tough” is singled out to stand by itself. Two pairs of phrases follow: “Gay and closeted. Troubled and untouchable.” A series of three (“drinking, drugging, and staying hidden”) begin the next sentence before all these descriptive bursts settle on an inevitable conclusion: “She was not drawn to looking within.”
- Let a patient come to mind along with the affects and energy you associate with your patient.
- After giving yourself a few minutes to attune to those affects and energy, describe your patient, letting the music of your prose *enact* that energy as Martin’s does. (See Naiburg, 2015, pp. 57–73, on the *enactive mode*).
- Here’s a key to trying this experiment (and others in this workshop): Don’t think too hard about what you’re doing. Write from an embodied state without making a conscious effort to write *in a certain way*. I trust you to take in my suggestions and let them function outside of awareness. Time and again I see how writers are influenced by the writing examples we discuss without consciously making an effort to write under their influence.

3. FOLLOW THE AFFECT

Just before I was to meet with my very first patient ever, my supervisor at a college counseling center where I was interning knocked on my door, stuck her head in, and said, “follow the affect.” The next authors do that in their writing.

Exercise 3.1

“I am told that I am a good therapist. But there are days I don’t believe a word of it. All the trying, all the refinement of skills, the determination to know thy self and other feels watered down, and blotted out. Instead I am left with vagueness. And yet there is something that bears sharp lines. Almost black and yet not so, there is some color however darkened in the despondency of days like this.

Sitting in the therapist’s chair, listening to my client, there is a sense of loss”(James Parrin, p. 125, this issue).

Parrin uses journal writing to locate and name what he is feeling both in and out of a session. Here he traces his process of discovery as it travels across words. Notice how each sentence moves his exploration forward, one phrase at a time. His third sentence is written in what I (2015) call an *iterative* style (p. 53). One word or phrase won’t do. Meaning builds with each successive phrase—“all the trying, all the refinement of skills, the determination to . . .”—and continues with a pair of verb phrases: “watered down, and blotted out.” But something is still vague. “And yet there is something that bears sharp lines.” Parrin has an artist’s eye. He respects what is not exact or clear: “almost black and yet not so,” “some color.” He gets closer as he approaches the evocative “despondency of days like this.” Now he can name what he feels: “listening to my client, there is a sense of loss.”

- Let a moment come to mind when you sensed something whose meaning was not yet clear.
- Focus on that experience of not knowing, almost knowing, body knowing, or learning by wandering off.
- When you are ready to write, let your sentences take you and your readers on a journey of discovery that moves toward meaning, as Parrin’s sentences do.

Exercise 3.2

“Doreen goes on with some diatribe about an underling at work, and we are both disappearing. ‘Helpless’ does not quite fit what I am feeling. Tears and outrage, hers and mine, mixed with what? I dig my fingernails into the palm of my hand to stay awake. I wonder which one of us is telling the other that we’re done. I am feeling clumsy . . . ungainly. And I am struck by the sight of my shoes—from the vantage point of my chair—glaringly inappropriate for a therapist at work” (Barbara Pizer, p. 157, this issue).

If this moment were filmed, what would we witness? Doreen’s diatribe, what her analyst is doing with her hands, body language that might or might not suggest they “are both disappearing,” Pizer’s glance at her shoes. What is most important can’t be seen. We have to rely on the analyst/narrator to let us into her inner world, full of feeling, confusions, questions, and the puzzling impact of those shoes. Pizer has not yet arrived at an understanding of what has been building. Just the opposite. We are left with the same uncertainty she experiences in the moment. She brings us into the analysis as it unfolds. We don’t get a retrospective view. Experiencing precedes understanding as it does in life, in analysis, and the kind of writing I (2015) call a *lyric narrative* (pp. 75–93).

- Take a few minutes to recall a particularly charged clinical moment in which little filmable action takes place but an awful lot is going on in your internal experience. Shouldn’t be hard to find. Right? Even better, pick one of those moments when you, like Pizer, are not sure whose feelings are whose, what you are actually feeling, or why that errant thought (about something as mundane as shoes) just crossed your mind.
- Now from your immersion in those intensities, write about what you see, feel, doubt, question, etc., as your experience with that patient unfolds. As the writer/narrator, don’t tidy the experience up. Leave some loose ends; don’t settle on meaning. Leave your readers as up in the air as you are.

- Write in the present tense. That will make all the difference in creating a sense of immediacy. Pizer (2005) taught me that trick. She does it “to locate the reader more fully in the ‘present’ moment of each clinical event no matter when it occurred . . . [and] to invite the reader . . . to surrender to experience” (p. 60) without knowing its outcome.

Exercise 3.3

“She now speaks in a dry tone of the traumatic effect on her when the brother’s sexual activities with her suddenly stop. There is no talking about it; he just suddenly stops coming to her room. Ever. She is about twelve, he nineteen when it all ends at his say-so. She seeks him out, crying outside his bedroom door, begging him to return to her once again.

But wait! I think. Wait! I am aware of being stopped inside as I now struggle to tune in to what she is saying. Was she not happy when the exploitation stopped? You mean she actually missed it? It is a moment of clinical crisis, as I work very hard and fast to follow her here.

How relieved I was when my mother left my father, when this person who had cast a shadow over my life was gone. I’d never told her what he did, but when she’d gotten rid of him, I felt saved, I was free. Why does Ruth not feel free when her brother decides she is too old for him to continue his sexual molestation? I am reaching for Ruth now through a deep fog, barely conscious or perhaps completely unconscious of the fact that the effort to find her is also the effort to find myself” (Jean Walbridge, pp. 127-128, this issue).

Both Walbridge and her patient Ruth have experienced childhood sexual abuse, but in the moment described above, Walbridge loses her equilibrium when Ruth continues her story. Walbridge can’t understand why Ruth would “not feel free” when her brother stops exploiting her. In this session she can’t join Ruth in her experience, can’t be where her patient needs her to be. Now what? We’re left up in the air as Walbridge is. While she hints at what is to come—her effort to find Ruth is an effort to find herself—she doesn’t give the whole story away. So we read on.

- Think of a clinical moment in which you become emotionally discombobulated. Let your body remember what that experience feels like with a particular patient. You know the drill: Write about that moment from that embodied state. In your writing, follow the affect as it emerges (or doesn’t), giving your readers ample access to your inner experience as it builds. If you are inclined, write what you later discover about yourself that moves the treatment forward.

4. LANDSCAPES OF EMOTION

Without naming their emotional states, the authors below convey them nevertheless. As writers, what can we learn from their examples?

Exercise 4.1

“The snow begins to fall and it falls as if no one can stop it. It covers the back fence. It flings itself outward, like a lost thing, it covers the whole world, erasing time and memory in its great silence” (Rogers, 1995, p. 94).

Evocative language is rich in sensory data and resonant imagery. It thrives on connotations and associations. To evoke is to call forth, to summon. Writers in the *evocative mode* (Naiburg, 2015, pp. 45–55) use language to conjure an experience, evoking it by invitation and suggestion.

- If the scene Rogers describes stands in for an emotional state, what is that state?
- What is it about her description that evokes that emotion in you?
- Describe something in nature, as Rogers does, to evoke an emotion or self-state.

Exercise 4.2

“It is Sunday, June 27, 2010, just past dawn. At home, everyone is asleep, including our youngest son, John, who is visiting for the weekend. My boat scrapes on the public ramp. I dig my paddle into the pebbles in the shallow water, and push off.

Past a wooden dock jutting out into the creek and littered with parts of seashells, strafed by gulls. Smashed china on gray boards. Past the skeleton of a fish bobbing in the suds near a tuft of sea grass, thick as a sheep’s head. Past the orange buoy and the wet brown sand. A neap tide settles like a defeat. The sky is a blue stripe, squeezed between two wide layers of white clouds. Over the canal it turns gunmetal gray. Elegies of water. Could rain” (Roger Rosenblatt, 2012, p. 2–3).

Rosenblatt’s visual descriptions are rich and evocative, full of sensory detail and color, suggesting a carefully noticing mind and demonstrating the power of imagery to convey feelings. Notice too how details build to the eloquent simplicity and poignancy of “Elegies of water. Could rain.”

- What self-state is Rosenblatt in? How can you tell from his descriptions? What words and objects offer clues?
- In one of his exercises, Gardner (1991/1983) suggests that writers “Describe a barn as seen by a man whose son has just been killed in a war. Do not mention the son, or war, or death. Do not mention the man who does the seeing” (p. 37). As Gardner suggests, description is always written from a particular point of view.
- Imagine a difficult or moving moment in your life or clinical work and let yourself embody your feelings about it. Conjure this moment with all your senses. Register the tone of voice, body language, and vitality affects (Stern, 2010) of the person or persons you have in mind, the atmosphere of the setting, “the music of what happens” (Heaney, 1998, p. 173).
- While in this embodied state, describe an object or a setting to convey how you feel. Don’t mention the person(s) you have in mind. Like Gardner’s exercise, let your descriptive writing convey what you feel without naming your feelings.

Exercise 4.3

“The landscape of my childhood was littered with the tattered stubs of cross-country bus tickets, desperate phone calls, and faded maps creased by fingers of longing and regret. Before I was six, I had lived in as many places and moved at least twice as many times, a pattern that continued until I left home for good. From my birthplace in Nebraska to the arid landscape of Tucson, to the lurching tenements of the Bronx and the sullen, impertinent heat of Dallas, then onward to Southern Ontario, soon abandoned for the oppressive heat of Phoenix, and ultimately back to Tucson again, life was a series of false starts, abrupt departures, and agonizing setbacks. My mother and I were forever pulling up stakes and starting from scratch, each destination as temporary as a Potemkin village, every false front a betrayal lying in wait”(John Rosario, pp. 130–131, this issue).

This evocative passage demonstrates the power of Rosario’s masterful use of an extended metaphor. The evocative objects mentioned in his first sentence are used to express the emotions that litter the

landscape of his childhood. That landscape is then identified in the much longer second sentence that spills out seven geographies pointing toward the series that sums up their meaning: the “false starts, abrupt departures, and agonizing setbacks.” The last sentence continues to mine the metaphor with which he began, now with the image of “each destination as temporary as a Potemkin village,” with its false fronts that propagate a lie.

Listing many of the evocative objects of this passage is another way of appreciating their cumulative effect. Here’s a selection: “tattered stubs,” “faded maps, “fingers of longing and regret,” “arid landscape,” “lurching tenements,” “sullen, impertinent heat.”

- Make a list of evocative objects (real or imagined) from your childhood or your patient’s. Imagined objects work, because the truth of what I will ask you to create is an emotional truth.

- Using as many or as few of these objects as you want, write a paragraph or two to evoke the emotional landscape of that childhood. (For examples and discussions of evocative objects, see Bollas, 2009; Naiburg, 2015, pp. 45–55; Turkle, 2007).

5. NARRATIVE SUMMARIES

Narrative summaries—condensed stories of what has happened—are the workhorses of clinical writing. We use them to cover and compress a sweep of history, the course of treatment, a set of themes, relational patterns. Narrative summaries are also needed to set the context for an *immediate scene* in which you make a clinical moment come alive as if it were being filmed (see exercise 3.2 above, section 7 below, and Naiburg, 2015, pp. 3–5, 15–19, 81–84). A key difference between what the audience sees in a film and what your readers see in their mind’s eye when reading your immediate scene is that in your writing you can give your readers access to your subjective experience. When you show your readers what’s happening between you and your patient and also let them in on your internal experience, they can participate in the creation of the meaning of what happens, question your interpretations, formulate their own. Narrative summaries rarely admit alternative readings, because readers are dependent on the narrator’s say-so. That’s all they have to go on (Naiburg, 2015, pp. 21, 32–35, 120–128).

Exercise 5.1

Throughout his paper Jeffrey Stern (this issue) makes effective use of well written narrative summaries to provide a history of his work with Tad. The following summary sets up the immediate context for the immediate scene at the heart of his paper.

“Elaine said that if Tad wouldn’t get a job, she was going to kick him out, sell their house, and move in with her parents. They’d take care of Sky while Elaine went to graduate school, and Tad could go to hell. I imagined if this happened, he’d move into his parents’ basement, as if he were Bartleby in prison. He began having panic attacks and thinking of suicide. The only catch was that he didn’t want to hurt Sky, although it was hard to think she wouldn’t be better off without him. He hated himself. But he was also furious with Elaine. Their lives were working; why was she moving the goalposts?” (Jeffrey Stern, p. 173, this issue).

We not only get a sense of what precipitates Tad’s crisis but also the emotions and high stakes involved. In the hands of this storyteller, we are privy to three different perspectives: Tad’s, his wife’s, and his analyst’s. Nice work! Can you feel the tension building in Stern’s paragraph? Of course, we want to know what happens next.

In the next example, Brenda Solomon skillfully uses narrative summary in one paragraph to set up a short immediate scene in the next, but she doesn’t keep us in suspense. Hers is a retrospective view. Yet with the addition of dialogue and the use of the present tense in describing what happened long

ago, she creates an immediate scene of her first phone contact with her patient, who is the last one she sees before she retires.

“Zoe is my last patient session of my career. After so many years and now while writing about retirement, I still chuckle about our first phone contact. It telegraphed my vulnerabilities that Zoe came to know too well. Explaining that she was referred to me because I am an ‘ethics expert,’ I did not recognize her sarcasm. Being seen as an expert immediately pricked my confidence. I am not an ethics philosopher, only a MD/analyst thrown into that field of ethics because no other women were available in the 1970s.

Hoping to prove I am worthy as we plan our first meeting, I begin to explain my complicated parking situation as Zoe interrupts: “I can figure that out myself.” Next she asks about my fee. Loudly, she exclaims, “Shit, that’s a lot of money!” I laugh and agree.

Throughout our many years together, we reflect on that initial call. It captures my enjoyment of her irreverent humor as well as her labeling me an indulgent Jewish mother who underestimates her ability to find parking.

Zoe comes to know the authentic me, who in fact occasionally becomes that gratifying mother” (Brenda Solomon, p. 184, this issue).

Before Solomon tells us about her last session with Zoe, she tells a funny yet poignant story about their first contact. She starts with a summary of the call’s import: “It telegraphed my vulnerabilities that Zoe came to know too well.” Then we get the *backstory* and learn about the referral, Zoe’s sarcasm, how Solomon’s confidence drops, her stepping up when analysts were needed in the field of ethics. In the next paragraph, Solomon shifts into the present tense in a couple of sentences that bring that call to life, creating a brief immediate scene. Then she deftly moves back into the retrospective narrative summary, highlighting the joy she takes in Zoe’s humor, the role she is caught playing, and how Zoe “comes to know the authentic me.” Solomon’s excerpt is an example of a narrative summary that comes to life by including an immediate scene.

- Think of a patient you would like to write about and a clinical moment you could present as an immediate scene.

- In this exercise, think of the history or backstory you need to set a context for that immediate scene. Now write a narrative summary, as Stern and Solomon do, to set that immediate context for a scene that will follow.

6. INTRODUCTIONS AND MOTIVES

Your paper’s *introduction* sets up a crucial point of contact with your readers, entices them to continue reading, and lays out an implicit contract about what you will deliver. To set your introduction and your paper in motion, articulate a *motive* (Naiburg, 2015, pp. 155–160), that is, a purpose that draws your readers in, creates momentum, establishes your readers’ need to learn from you. Your motive could be a clinical problem you need to solve, a gap in knowledge that needs to be filled, a paradox that needs to be understood—something that commands attention, has prompted yours, and can prompt your readers’ attention. Readers of mysteries want to know *who did it* and *why*. Posing those questions establish a motive in the sense that I’m describing. If you are writing about an impasse in therapy, what are you and your readers likely to be interested in? Probably how you got there, whether you’ll get out of it, and how. Notice how the following author sets up his paper’s motive in his introduction.

“Dante’s *Divina Comedia* opens with the poet discovering midway through his life that he has lost his true path in a dark wood. He is joined by the poet Virgil, who tells him that to gain the lofty place he is seeking, he must first descend. Virgil will lead him. When psychoanalysts get lost, we usually seek more prosaic guidance in the form of consultations with our own analysts, teachers, or peers. I discovered I had lost the true path in my work with Tad both because he

wasn't progressing as we'd hoped in a particular area and because an association he had to a dream all but spelled it out. I didn't seek consultation, because from time to time over the course of Tad's treatment, I'd had it and because it was clear that I had to find what he needed by way of a descent into myself. So I began a self-analysis by writing free associatively. I thought if there was a Virgil to be found in my unconscious who would show me how to get things back on track with Tad, this might be the way to find him" (Jeffrey Stern, p. 171, this issue).

Stern begins the first paragraph of his paper with an elegantly simple, narrative summary of Dante's *Divina Comedia*. This three-sentence narrative follows the classic Aristotelian form (beginning, middle, end). It also provides the central metaphor for what follows: the story of Stern's "descent into himself" when he loses his way with Tad and his turning to self-analysis through "writing free associatively." Did you notice how Stern embeds his motive in his introduction? It appears first in a more general statement about how psychotherapists seek consultation when they get lost. Getting lost is the problem that necessitates understanding and finding a way out. More specifically, Stern has lost "the true path in my work with Tad" and turns to writing to find his/their way again.

What do you expect Stern to tell us if he is to fulfill the promise of his introduction? I expect a story that covers the periods before, during, and after his work with Tad runs aground. I also expect him to understand, at least in retrospect, what contributes to his losing and then refinding his way. Because he uses free-associative writing to supervise himself, I expect to learn something about how that works too. But, and this is a big but, my expectations are premised on a positive outcome, which is tellingly not promised, only implied. When Stern leaves us in suspense as to whether he finds his Virgil to lead him out of his quandary with Tad, we are pulled into his story.

Stern's introduction suggests a few more things as well. By enlisting Dante's story as metaphor, he also demonstrates his use of literature as a rich associative field of resonance and meaning. Will literature continue to serve Stern's in his self-analysis? I think Stern's introductory paragraph heralds his paper as a well-told, self-reflective story that draws on literary associations. That richness appeals to me. I like introductions that are harbingers of things to come without giving too much away and exceed Sgt. Joe Friday's standard of "just the facts, ma'am."

Exercise 6.1

- Take a few moments to read several introductions to different papers. Which ones grab your attention? How do they do that? After reading the introduction, do you want to read the paper? Why? What do you expect the paper to cover?
- Think of a patient you want to write about. What's your motive for writing? Describe the problem you want to solve, the gap that needs to be filled, a paradox that needs to be understood, the mystery that needs to be solved, etc.
- Based on an understanding of motive and the introductions you like that could serve as models, draft a brief introduction for a paper or presentation (See also Naiburg, 2015, pp. 145–163).

7. IMMEDIATE SCENES

I think of *immediate scenes* as the stars of narrative writing in clinical prose. Unfortunately, they are not as widely used as they could be. You've gotten a glimpse of the form of narrative writing I call the *lyric narrative* (Naiburg, 2015, pp. 75–93) in Barbara Pizer's example above (Exercise 3.2). Pizer's scene captures the uncertainty of the present moment as it unfolds. It doesn't rely on retrospection to sculpt the meaning of immediate experience. Another immediate scene follows.

Exercise 7.1

“The way he could get himself worked up into a rageful fever stayed with me, fingers tensely pointed, shaking in front of him: ‘What is the point of this? I’ve been doing this for more than forty years. And what has it done for me??’ He launched into the familiar litany of accusations against previous analysts—murderers, cheats, sexual exploiters, fascistic sadists, self-interested frauds. Exasperated, I interrupted: ‘What alternative is there?’ Without my realizing it, a fantasy had underwritten the question: He would say ‘I could leave here and just live a happy life.’ Then he could retire from therapy, and I would be free of this. I was unprepared for his retort.

He spat, ‘Make a bomb like those people in Brussels and blow up the world because NO ONE UNDERSTANDS ME!’

There it was. Silence and a muffled attempt to find my bearings—like tinnitus after a detonation. The rest of the session emerged from the fragmented rubble of this man’s rage, my terror. Or, afterward, was it his terror and my rage? It took all I had to stay with him. I needed a helmet, maybe a flare. Where was the nearest shelter? He was a little calmer. There was a minute left”(Julina R. Kanarian, p. 138, this issue).

It is easy to see we are in the hands of a skilled storyteller. Although Julina R. Kanarian warns us in the first sentence of this excerpt that her patient has worked himself into a rage that she can’t forget but obviously survived, we still experience this drama as if it is happening right before our eyes. Amazingly, this writer creates this effect while telling her story retrospectively, often using the past tense. How does she do that?

Action and emotion, dialogue and inner monologue are intertwined, and Kanarian’s internal experience is often expressed in terms of action (as Aristotle advised). Strong words and images create strong effects: “rageful fever,” “fingers tensely pointed,” “shaking in front of him.” “He launched.” “He spat.” And that litany of familiar accusations. Her patient’s words sting like pepper spray. Kanarian confirms the history of her patient’s hostility with this narrative summary: “He launched into the familiar litany of accusations against previous analysts—murders, cheats, sexual exploiters, fascistic sadists, self-interested frauds.”

After the scene’s climax, Kanarian describes the atmosphere, her internal state, her impulse to run for cover: “Silence and a muffled attempt to find my bearings—like tinnitus after a detonation.” In the “fragmented rubble,” whose feelings are whose? “This man’s rage, my terror . . . or was it his terror and my rage?” We learn how Kanarian feels by hearing what she needs, where she might go: “I needed a helmet, maybe a flare. Where was the nearest shelter?” A short, staccato sentence—“There was a minute left.”—ends this passage, containing the emotional turmoil within the structure of time. Two other short sentences—“I was unprepared for his retort.” “There it was.”—are artfully positioned to punctuate the chaos. Kanarian’s reflections and self-analysis are woven in without slowing the narrative’s pace or adding certainty when little can be claimed.

Prose (2006) suggests that when writers read good writing “carnivorously,” it is not “for what can be ingested, stolen, or borrowed, but rather for what can be admired, absorbed, and learned” (p. 31). In the exercise below take what you learn from Kanarian’s example (just above) and Pizer’s (exercise 3.2 above) to write an immediate scene, moving between what is happening between you and your patient and what is happening in your internal experience. I’ll guide you.

- Let a scene of intense engagement with a patient come to mind.
- Take a few minutes to recreate the memory of that experience in all its rich emotional complexity and let the feel of it reenter your body.
- Writing from that embodied state, give your readers as rich a sense of what it is like for you to be in relationship with your patient *and yourself* in this charged clinical moment.
- If you use the present rather than the past tense, it will be easier to create a sense of immediacy.

END NOTE

I think of writing as a relational process regardless of whether you share what you write with another or imagine doing so, because writing engenders a deeper relation with yourself and your subject. As all the writers in this issue demonstrate, and as I trust you find in your writing practice, what you discover can change you and the fields in which you participate, creating multiple ripple effects.

Notes on contributor

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