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## Psychotherapy and Suffering: Above the 49th Parallel

I have lived in semi-rural, southern Oregon with my wife and two beautiful kids after returning from Vancouver, British Columbia, in the fall of 1981. I continue to windsurf, run, enjoy Betsy and the kids and wonder if there is life after supervision; if so, of what type and quality.

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We are all alike. We are all different. Working in the North, one faces contradictions of the human condition frequently. If opposites and paradoxes in people, their feelings, thoughts, and behaviors cannot always be accepted or reconciled, neither can they be denied, avoided, or overlooked.

I miss Canada. I don't miss Alaska. Despite their contiguous borders and superficial geographical similarities, there was much about the two places that was different in my experience. My spaces, borders, and times were different also: I worked at the Alaska Native Medical Center in Anchorage from 1971 to 1973 as a general medical officer and inexperienced psychotherapist. In Vancouver, British Columbia, from 1973 to 1981 I completed 4 years of psychiatric residency followed by 4 years of private practice as a somewhat more experienced psychotherapist and community mental health psychiatrist.

Alaska and its peoples' craziness were chillingly similar to mine, at that time. British Columbia was different and, eventually, so was I; its climate and people were like a warm poultice on my frostbitten soul. Opposites attracted.

### II

Frontier mental health Alaska style was a mean, rugged, and protean business. The Alaskan Natives with whom I was privileged to work were warm, generous, friendly, and appreciative. Individual psychotherapy was an exercise and an effort in two strangers trying to discover each other through the white man's medium. Group therapy was more syntonetic and helpful; the group room was often filled with long moments of rich, comfortable silence.

As the flow of oil from the North Slope lubricated already extant social change along with all its attendant anomie and rootlessness, the

Inupiat (Eskimo) and Indian groups struggled to recapture and to better redefine their ethnic, political, social, racial, and personal selves without and (occasionally) within psychotherapy.

Native villages experienced further breakup of their traditions, cohesiveness, and town structures. Alcoholics and schizophrenics, never particularly popular within the villages, were further pressured to move to Anchorage or Fairbanks where somebody, maybe, would look after them.

Considerable angry confusion and frustration abounded over who was responsible for the natives' position and dilemma in their quest for self-determination. Who was to blame for the dreadful breakdown in their social fabric? Who would be responsible for helping them rebuild their values, crafts, languages, villages, and traditions besides themselves? Consultants and myriad experts of different backgrounds from the Lower Forty-eight were eager to help with their panaceas and pat, easy answers. Was I among them?

Depression and grief appeared to be endemic in Alaska, certainly among the Natives. It was hard to tell where my depression stopped and the Natives' began. Pathological grief seemed to correlate with absent bodies at funerals to mourn over: People wandered off into the wilderness, never to be heard from again: a young Eskimo boy went through the ice in his snowmobile, his body not to return until spring thaw, if then; houses blew up and burned from defective heaters, bodies charred beyond recognition. Homicides, suicides, frostbite, death by hypothermia, explosions everywhere, often leaving no bodies to grieve over. The images persist.

Hostility, covert depression, and grief surfaced quickly and violently with alcohol. Alaska natives killed themselves. They killed each other. They killed themselves *and* each other. In the Norton Sound area, near Nome, not to attempt suicide after a relative had died similarly was considered disloyal. Six teenagers from a large extended family there died one winter in a suicide epidemic.

Alcohol was the great equalizer and the great killer. No Aleut, Athabaskan, Eskimo, Tlingit, Tsimshian, or Haida village was immune. While the natives had no corner on the icy market of alcoholism (and depression and grief) it sometimes seemed like it.

The memories of patients return. George was an Aleut fisherman with Klinefelter's Syndrome, carrying two female and one male sex chromosome. He also heard voices teasing, tormenting, and talking to him from inside his stomach, usually in the Aleut language. Tall, paunchy, and shy, he worked with us at the Medical Center in group therapy and, when the voices mostly stilled, returned to his tiny fishing village on Prince William Sound, just a reach away from the Gulf of Alaska. Six months after he returned home and without benefit of further mental health help, George got drunk one foggy night, walked out on the village

dock, pointed a loaded shotgun at his head, and blew himself into oblivion.

Twelve years later Alaska is still difficult to think, talk, feel, and write about. Feelings of heartbreak, helplessness, inexperience, transcultural loneliness plus depression and grief commingled with despair over the breakup of my chilly marriage. I couldn't tell where my pathologies stopped and Alaska's began. Worse, I couldn't even tell that I couldn't tell.

By the time I reached Vancouver, British Columbia, in the summer of 1973 I was ready for a new country, a new wife, and a warmer climate. There weren't many Eskimos in Vancouver but other native groups were there, along with lots of people from everywhere else in the world.

Canadian psychiatry was (and is) an intriguing mixture of British and American influences—more psychodynamic than the British orientation, more organic and biological than the American. British traditions of excellence, elitism, and arrogance; the medical model; and thorough, compulsive clinical description were richly wedded to underwhelming, highly practical, and down-home Canadian attitudes within clinical practice.

Slowly, I began to feel better grounded and centered, warmed by these previously strange traditions that now were so comfortable and settling.

Canadian people were as diverse and interesting as the backgrounds and countries from which they came, in all sizes, shapes, flavors, strengths, and degrees of vulnerabilities; yet their differences seemed similar. Canadian obsessive-compulsives were probably no cleaner than American ones. Their schizophrenics hallucinated no better than schizophrenics south of the border. Their psychopaths were no more or less shameless, their phobics no less ingenious than their American counterparts. Alcoholics north of the border appeared to have more in common with their American cousins than they had differences, as did Canadian depressives.

The old chestnut that psychotherapy must cost money to be appreciated and effective was roasted vigorously in British Columbia. Everybody in British Columbia could have all the psychotherapy they wanted and needed under the provincial health program without extra charge; yet patients seemed no less motivated to work in psychotherapy than those elsewhere who had to pay for part or all of their therapy.

### III

I am more intrigued, more taken by the similarities among us than by the differences. We are all alike, it seems, but our scripts play out differently. Countries differ, systems differ, people differ in the ways they cope with the frustrations and conflicts of environment, politics, family, marriage, and intrapsychic processes. While acting-out styles may

differ, underneath we are quite often vulnerable, brave, and very resourceful. Canada and Alaska both reminded me of this, Canada (or was it only British Columbia—or Vancouver?) more so.

The following poem was written by a bitterly brave, success-conflicted, angry, and lonely manic-depressive British-Canadian photographer with whom I worked for 18 months in psychotherapy. She died in early fall, 1984, probably by her own hands, 3 months after defaulting on the first exhibit of her photography that captured far-away industrial objects in an intriguing telescopic fashion. She never forgot, nor forgave me, for sharing some of my own tears with her one day in therapy. She would have enjoyed seeing her poem printed in *VOICES*. It sounds more manic-depressive, and more human than it does Canadian—or American—or American Eskimo. Do you agree? What do you think?

#### THE TRAFFIC LIGHTS OF LIFE

The traffic lights of life  
are constantly changing:  
red for rage, revenge, and hate;  
amber: hold judgment,  
wait and see—perhaps  
the sweet serenity of green  
will soon appear.  
Suddenly, red  
rudely intrudes again  
with rancor, malice  
and frustration.

I cannot change the lights  
without the Master Key,  
and even that gets lost at times.  
Perhaps I should sit and wait  
for green serene—  
the pause of amber—  
before red excitement!

Problems arise  
for the color blind,  
seeing red for green,  
confusion in amber—  
and for those who hope  
the lights of life  
will change  
with pre-programmed synchronicity!

M. H.