

Werner Gross

As One Lives, So One Dies

On the Life and Death
of Great Psychotherapists



Springer

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Preface: Prologue

The living close the eyes of the dead. The dead open the eyes of the living. (Slavic Proverb)

“Practice dying,” Plato is said to have stated on his deathbed when a friend asked him to summarize his life’s work in one sentence.

Until the present day, philosophers have dealt with death and dying in their works. Some even believe that philosophizing means nothing more than learning to die. Despite the countless scientific findings—death remains a mystery and a taboo. We will all not escape it and will experience it at some point. And whether scientific “head knowledge” helps and provides security for the preparation for these last conscious moments is at least questionable. A religious cynic once said: “Keep bread away from mice—and scientists from the soul.”

But no matter how many medical insights we gather about our last seconds or minutes, no matter how many “near-death experiences” we document, research, read and discuss—the uncertainty will probably remain in the future. Some may have stood on the threshold and looked into the dark abyss (or into the dazzling light). They may have also jumped or fallen—but no one who was truly dead has returned. We know at best the first stages of dying—not death.

However, many people do not want to accept this. Especially when they fall into emotional crises or emotional turbulence, there is an (apparent) inherent tendency in humans to want to psychologically explain and understand this mystery. Because dealing with death and dying is part of the canon of great philosophical fundamental questions:

- Who am I?
- Where do I come from?
- Where am I going?
- How will I die?
- What is the purpose of my life?
- What am I supposed to do here? What is my task?
- What do I want to do with my life?
- What is important to me in life?

These are rather **philosophical** (or religious) questions. The **psychology** rather asks:

Why, how, and through what have I become the way I am? What of it can be changed? Am I truly “the architect of my own fortune” or just the executor of the genes inherent in me—or of the fate assigned to me? And with what must I (like it or not) live?

After all, this involves questions of personality structure (formerly called character), satisfaction, and happiness:

Have I just grown old or have I understood something? Have I just cunningly made my way through life? Or have I also become a bit wise in life? Do you have to understand life—or is it enough to find your way in it?

Above all, psychotherapy as a medical treatment often expands on these questions. After all, many psychotherapy patients ask themselves: Why have I become mentally or physically ill? Am I responsible for what I have done with my life so far (according to the motto: “it’s my own fault”)? Or am I simply a victim of genetic, familial, or societal circumstances? Which crises have I not adequately coped with? Or have I simply strayed too far from my predetermined path and ended up in a dead end in the thicket of unpredictable life with its confusions and complications, from which I can no longer find my way out without the help of psychotherapy (or off-the-shelf meaning systems, such as those offered by religions)?

Essentially, these questions have to do with the fact that we as humans are highly malleable by what happens to us over the course of our lives—unfortunately, also deformable.

Unlike other living beings on this planet, we humans are ultimately “physiological preterm births”, who are thrown into this world much more unfinished and vulnerable. A dog, a cat, a horse naturally also need the protection, care, and food of their parents and their environment after birth—but they are able to move away from their parents and explore the world shortly after birth.

We humans are much more unfinished and dependent on a benevolent direct environment—namely: mother, father, family. We need a “social womb” that protects us and shapes us, molds us and allows us to mature. This environment can be positive by promoting the abilities inherent in us and helping to develop them, but we are also much more drastically **mis**-shaped by upbringing and dramatic life events. And of course, this does not only apply to early childhood, but this fundamental vulnerability accompanies us throughout our lives—even if we do not like to acknowledge it.

How we deal with the challenges of life (learn), that determines our mental strength or weakness. (On the other hand, perhaps the development of our brain has exactly to do with this sensitivity and vulnerability, because our brain is a lifelong construction site that never gets finished—but that’s a completely different topic ...)

Because—the more severe the everyday downfalls, the injuries and deformations that life imposes and inflicts on us (or that we ourselves—e.g. through wrong decisions—produce), the closer we get to seeking support. In today’s times, this is usually psychotherapy. What used to be priests, shamans, medicine men or gurus in other cultures, are (at least in our cultural circle) nowadays psychologists and psychotherapists. This relatively young profession is therefore attributed all sorts of—more or less magical—abilities by the general population. They are supposed to help us understand these everyday downfalls, process them, pull us out of this swamp of everyday life and get us fit again for the struggle of life—especially in these uncertain times after a pandemic.

In this context, there are a multitude of psychotherapeutic schools that have developed very different paths and strategies to help us understand who we are, how we got into this situation—and how we can get out again.

These psychotherapy schools usually trace back to a founding figure—sometimes even to several. However, psychologists and psychotherapists often know little about the lives of the founders of the psychotherapy schools, whose methods they work with. Many do not even know how these founders lived, what trials and tribulations they went through in their lives, what crises they experienced and how they overcame them. What lifestyle ultimately emerged from this—and what does this lifestyle have to do with the psychotherapy method and the theory they developed? Are there striking events and experiences—and do these find their reflection in the development of the psychotherapy method (e.g., Freud, his throat cancer, and the postulation of the “Destrudo”, death drive, as a counterpoint to the

life energy “Libido”)? And finally, how did they die? Is there a connection between lifestyle, style of dying, and psychotherapy method?

For without a doubt, there are a number of psychotherapists, doctors, and psychologists who have left their distinctive mark on psychotherapy—this healing method that is still quite young compared to other medical faculties. In a very special way, these are of course the founders of psychotherapy schools: Sigmund Freud (psychoanalysis), Alfred Adler (individual psychology) or Carl Gustav Jung (analytical psychology). But also the thoughts of Jacob L. Moreno, the founder of psychodrama, Fritz Perls (Gestalt therapy), Wilhelm Reich (body psychotherapeutic methods), Karlfried Graf Dürckheim (initiatic therapy) and Nossrat Peseschkian (positive psychotherapy) still leave their traces in the psychotherapeutic and psychological cosmos today. As great as their ideas were—the great psychologists also died humanly in their time. After all: No one escapes life alive.

No question: There are lifestyles, that is, the individual way in which someone designs their life—more or less consciously. No one will doubt that this **lifestyle**—at least in part—can be influenced willingly. Certainly, this lifestyle is not consistently the same, it is related to a person’s personality structure and can vary from life phase to life phase—also depending on what has happened to the individual person in life (“life events”) and how they have learned to deal with it. However—the basic patterns often remain.

But is there also something like a **style of dying**, that is, the predetermined way in which someone dies? And: Can it be deliberately influenced or are we more or less at the mercy of this process? And is there a connection between lifestyle and style of dying? Does the lifestyle have an influence on how someone dies? Or is it the result of a certain lifestyle, for which one essentially gets the bill?

I have been dealing with these questions repeatedly since the mid-1980s. And it all started quite unspectacularly. I remember it very clearly, even though it’s been quite a while: It was on an unusually hot Sunday for May. We were lying on a meadow near a small village in the Hessian Vogelsberg. The bees were buzzing, the butterflies were fluttering, the brook was babbling idyllically. It was almost windless, only a few cirrus clouds were quietly evaporating in the sky and the sun was burning. We had just had a small picnic, were relaxing, reading and dozing off, when my partner said: “You have a strangely irregular mole on your back. A doctor should take a look at it.”

At first, I didn’t think much of it, especially since my partner often reacted hypersensitively to all sorts of minor changes and tended to take minor ailments overly seriously.

But something inside me wouldn't let me rest. So, a few days later, I really went to my dermatologist. When he shook his head thoughtfully and said, "This really doesn't look good. We need to send this in," I was stunned. In that week, until the results of the examination came from the lab, my inner carousel started to spin. At night, I woke up drenched in sweat and startled from crazy dreams, with all sorts of absurd disease progressions, surgeries, and funerals.

Illness and death suddenly became something that was not only associated with other people—especially patients—but also with myself. My own somnambulistic certainty and the feeling of invulnerability were lost. Not only had the professional everyday life become leaden, but private life was also tough, laborious, and I constantly felt slightly dizzy. I had the feeling that a boomerang had hit me in the back of the head and I had a mild concussion. It was like a rendezvous with my fate.

During this time, I had already completed my training as a psychotherapist some years ago. And of course, illness, dying, and death had also been topics in my self-experience and self-analysis, but suddenly they took on a whole new intensity and seriousness. It was as if I had learned many theoretical concepts about swimming and had extensively practiced dry swimming—but suddenly, through this experience, I was pushed into the water and now had to see how I could get my head above the waterline again without losing sight of my goal and continue swimming swiftly.

I had just opened a small private practice in Frankfurt, but I was also still working as a journalist and publicist. And I was particularly interested in the topic of what the real differences are between the various schools of psychotherapy—not only in terms of the methods and techniques they use, but also the theoretical foundations on which they are based—so: philosophy, image of humanity, concept of illness, therapy goals, etc.

So I inevitably came to the people who founded the psychotherapy schools. What kind of people were they? How did they come to develop their method? What confusions and complications did they go through in their lives? How did they overcome these? What of this has found its reflection in the psychotherapy methods?

And I had a special connection to each of the individuals and their methods presented in this book.

Thus, as a psychologist and psychotherapist, I have dealt with the life and death of great psychotherapists, perhaps with the (more or less conscious) question: What can I learn from this for myself and my life, but also for my profession?

So, I have studied the life and death of Freud, Jung, Adler, and other psychotherapists, and where possible, conducted interviews—with the founders of psychotherapy schools (if they were still alive), with their children, and with close female and male students who have personally worked with them.

And that's where my second profession as a journalist and publicist came to my aid. During this time, I—in addition to publishing books—primarily worked for various public broadcasting stations (Hessischer Rundfunk, Südwestfunk, WDR, Deutsche Welle, Radio Bremen ...) and mainly prepared and produced psychological topics for cultural and scientific programs. In this way, I was able to win over several editorial teams for the topic of death and dying of the great psychotherapists and thus also conduct interviews with:

- Karlfried Graf Dürckheim (initiatric therapy) in Todtmoos/Rütte.
- Alexandra and Kurt Adler (the two children of Alfred Adler), who practiced in New York.
- Marie Louise von Franz, a direct student of C. G. Jung, in Kuesnacht on Lake Zurich.
- Hamid Peseschkian, the son of Nossrat Peseschkian, who founded positive psychotherapy, was available for a conversation. (I myself had almost 10 years of contact with Nossrat Peseschkian, which ultimately persuaded me—after all my various trainings—to also complete the training as a positive psychotherapist, so that I have now become an international master trainer of positive psychotherapy.)
- In addition to my training in depth psychology and psychoanalysis, I am also a psychodramatist, and naturally, I wanted to get to know Jacob L. Moreno better. To do this, Gretel Leutz, a direct student of Jacob L. Moreno and head of the Moreno Institute Überlingen, was willing to be interviewed.
- And since I had a lot of Gestalt therapeutic self-therapy and self-experience behind me, I was naturally also interested in the life of Fritz Perls.
- In addition, I am also a body psychotherapist myself and Wilhelm Reich is considered the forefather of all depth psychologically based body psychotherapeutic methods. Therefore, it was clear that I would also engage with his life.

In the confrontation with the life stories and the method of various psychotherapists and the way they lived and died, the question always arose: What of this have I incorporated into my psychotherapeutic work—and what has remained distant to me? Which methods suit me—and which do not?

But there was something else: I wanted to find out if there is not only a connection between lifestyle and style of dying, but also whether the development of the psychotherapy method is somehow linked to it ...

Thus, the aim of this book is to convey knowledge about the life and death of great psychotherapists—and what it has to do with the development of their psychotherapy method.

And is the implicit thesis correct that there is a connection between personal lifestyle, the style of dying, and the development of the respective psychotherapy method?

Quite apart from that, the general engagement with the topic of life, death, and dying is something that interests most of us—regardless of any psychotherapists—or at least should interest us). There are one or two thoughts on these general questions in the respective transition chapters (“Interlude”). Even though we like to suppress it, the hidden question emerges: What will it be like for me? How will I probably die?

I enjoy reading what you think about it. Write to me: eMail: pfo-mail@t-online.de

Gelnhausen, in Autumn/Winter 2021

Werner Gross

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