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Dmitri Shalin Interview with Jordan Scher about Erving Goffman entitled "Erving Disavowed Psychiatric Functioning at St. Elizabeth's, and I Explored Role-Playing and the Presentation of Self in Schizophrenia"

Jordan Scher

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Remembering Erving Goffman

Jordan Scher: Erving Disavowed Psychiatric Functioning at St. Elizabeth's, and I Explored Role-Playing and the Presentation of Self in Schizophrenia

This interview with Jordan Scher, M.D., Ph.D., Honorary Member of Vienna Psychiatric Society, was recorded over the phone on March 17, 2009. Dmitri Shalin transcribed the interview, after which Dr. Scher edited the transcript, added a historical note on N.I.M.H., and approved posting the present text in the Erving Goffman Archives. Breaks in the conversation flow are indicated by ellipses. Supplementary information and additional materials inserted during the editing process appear in square brackets. Undecipherable words and unclear passages are identified in the text as "[?]".

[Posted 07-19-09]

Scher: Hi.

Shalin: Greetings, Jordan. How are you?

Scher: OK. I am sorry I had to delay by taking a brief call.

Shalin: Let me ask if you mind me recording our conversation. You can edit the transcript afterwards as you see fit.

Scher: That's all right.

Shalin: That would be great.

Scher: I am ready to be on tape.

Shalin: I understand that you were able to look over some of the materials I sent you.

Scher: I read them all. However, first of all, I went through your paper, which impressed me. You have a style of writing that reminds me of the way I used to write.

Shalin: Thank you for the complement!

Scher: [Laughing] I guess that is a sort of a complement. I used to think I wrote pretty well myself. The idea of introducing your paper with reprinting quotations from some obscure places – it takes people aback. I used to do the same thing.

Shalin: Jordan, I want to mention a few themes of particular interest to me, and then you can take the conversation wherever you want. Perhaps we can start with your first meeting Erving, as far as your memory takes you, and that applies to Goffman's scholarship. Then we can focus on how your relationship evolved, your impression of Erving as a human being, the way your intellectual interests overlapped and diverged.

Scher: Well, first of all, I should probably introduce you to my own background.

Shalin: Please do, starting with where you were born.

Scher: [Laughing] In the very ancient city of Baltimore, Maryland. A long time ago, in 1924.

Shalin: So you are two years younger than Erving.

Scher: Really? I guess that's correct. I thought we were about the same age. . . . Somehow I survived and he didn't. Up to this point, anyway. Let me go back a little bit in terms of my background. Initially, I was hardly a student. I flunked the first seven grades. What they gave me – I don't know if they still do that – was called "social passing." I spent two years in the kindergarten because my mother wanted to play bridge in the afternoons. That oriented me to having no interest in school whatever. So I was quite a problem for first six or seven years of my so-called schooling. I learned absolutely nothing, related to nobody or anything – classes, teachers. I was on my own until the eighth grade when I was sent down to the principal's office, one of my many trips to principal's offices from elementary school on. I ran into the very principle to whom I told the details of what got me to visit him. He was someone to whom I could tell my sad tale, and I began to tear up. He told me in a few words, "magic words," which I've always been impressed with from a psychiatric

standpoint. Sometime words, two or three words seemingly off the wall, can have magical consequences. He said, "You are not that kind of boy." Why did he say it, I had no idea, because I was a very difficult boy. But after those remarks I decided for some reasons, and God knows what that reason was, to change my modus operandi. In the eighth grade I got all "A's." My changed behavior [was evident] in junior high school – it's middle school nowadays.

My transformation shocked and astounded the principal and vice-principal so much that they sent me early to high school in the ninth grade instead of waiting for the tenth, and into a special class, an advanced precollege program, which was like certain private schools in America. I had an intensive classical education [with] five or six languages, mathematics through calculus, etc. So I survived that. . . . That was 1943, and the war had started and called upon me. I volunteered, or was drafted, and I took a test at that point, and apparently qualified for a premed program under the auspices of the Navy, not where the danger was, the action was. . . . I got out of high school in 1943, before I entered the Navy, in the middle of the war, if you recall. I was sent to Wesleyan University in Connecticut. Anyway, they had a standard course because of the war. The point was not to give us any particular advantage, but to provide doctors for after the war. That's why we were sent to premed, and then to the medical school. Since I had so much extra stuff in high school, which I told them about, the administrators were impressed and allowed me to make my own program. I asked them, "Could I take whatever I wanted?" So I took two or three times the amount of material that others were taking and finished four years of college in a year and a half. I was just taking whatever I wanted, and I was surprised that in the end, I had accumulated enough credits to graduate. But they wouldn't give me my degree until after the first year of medical school.

Anyway, I went to medical school. They wanted me to go to Harvard, but my father wanted me to go to the University of Maryland, since I was from Baltimore. That's a long story. My father, a self-educated pharmacist, had been accepted to Maryland Med School, but lacked the money. He never got there. He expected through the marriage to my mother that her father would

probably pay his way, but it didn't work out that way. So he became a pharmacist. Honoring my father, I went to the University of Maryland, finished there, and interned in a Naval Hospital in Boston, when they called me for the Korean War. . . .

Shalin: When did you graduated from the medical school?

Scher: Oh, I think it was about 1949. Then for almost a year, after internship in the Navy, I went to the Cleveland clinic, which is like Mao Clinic. I did research there on hypertension and other things. While there, I was drafted back into military. I was sent to the Philadelphia Naval Hospital for a while, did some papers there. Not like Goffman in any ways, I was socially stupid. I didn't put the Head of the Department's name on the papers [**laughing**], and he rewarded me by sending me to sea, and I was a physician to four destroyers for a year during the Korean War.

Shalin: Was it is your conjecture about the reason you were sent to sea in the Korean War, or did you know something about the decision making process?

Scher: I was told that I had impolitically insulted the Medical Department Head. Somebody did put his name on the paper who had nothing to do with that, but he was a friend of mine. I couldn't figure out what I did wrong, since I was prone to a certain kind of social stupidity. He told me, "Don't you know what you did wrong? You didn't put the professor's name on the paper. You had to put his name on the paper." Otherwise, I wouldn't have known about the problem. Anyway, I worked for a year on the destroyer. It was sort of interesting. I really didn't regret it. Then I finally got out of the military.

Shalin: When was it?

Scher: '53.

Shalin: That's the year Goffman got his Ph.D.

Scher: Yes. After that, I didn't quite know what I was going to do. I went back to Maryland, and ended up in Washington at

Bethesda Navy Hospital. Briskly, I went to visit a friend at Maryland Medical School, which had just set up a New Psychiatric Department in Maryland. Professor Feinsinger had been imported from Harvard. They built a whole building for him, and I decided, "Well, here we have something nice and new – psychiatry. I might as well be a psychiatrist and solve problems of mental illness." So I became a psychiatric resident at that point. I was there for a year and a half. One of my patients was an Englishman, an English scientist, who had a small problem – schizophrenia and many aspects of it. At that point I was trying to find a cure for schizophrenia; that was my goal. And so, they dumped a lot of schizophrenics on me, which didn't bother me. I enjoyed it, it was fascinating – the language of schizophrenia, many aspect of it.

Anyway, before his breakdown, the Englishman must have had a significant job. Remember that I was only in my second year of residency. The Head of Walter Reed Army Hospital Department of Psychiatry was to accompany the patient back home to England. He was going to England anyway, and the patient had to get back home. Professor David McKay Rioch came to visit me a couple of week after he returned from England. He was apparently very impressed with my care of the patient. Why I don't know, because we knew nothing about schizophrenia as well as most things. I can't imagine my being such a miraculous therapist, but he apparently thought I was. Dr. Rich asked me if I would like to go to work at N.I.M.H. I said "yes." So he hand-carried me to Bethesda, to the newly formed National Institute of Mental Health. He convinced them to put me on as a psychiatric researcher, even though I was only a second year resident. At Bethesda I initiated a research program on schizophrenia. They also accredited me with the rest of my residency.

Freudianism was at its summit in the psychiatric world at that time, and everybody at N.I.M.H. was a psychoanalyst, while I was anti-Freudian. I thought Freud was a bunch of crap.

Shalin: You were a head of your time.

Scher: To say the least [**laughing**]. Ahead of my time! But that didn't sit well with the powers at N.I.M.H. At that point, by the way,

I first heard the name Erving Goffman, the subject of our discussion. He was also at N.I.M.H. Erving was very much a person unto himself; he associated very little with anyone there. At that point he was beginning to do his work on *Asylums* at St. Elizabeth's.

Shalin: Would you be able to pinpoint the time when you encountered Erving?

Scher: When I arrived at NIMH, he was just beginning his study of St. Elizabeth. I got to Bethesda around 1954.

Shalin: And Erving was already there.

Scher: Yes, he was there. Because of their Freudian orientation and my disapprobation of the dominant view I came to loggerheads with the administration. This was just before the introduction of drugs into psychiatric treatment for schizophrenia, etc. This was a tremendous weight dropped on N.I.M.H., since the thought that psychoanalysis was the last best hope for the world. And here I was challenging them on a minute by minute basis, as well.

Shalin: You were a troublemaker.

Scher: To say the least, which was an old bad habit [laughing]. Anyway, I developed sort of a bizarre relationship with Erving. I think he saw me as a potential competitor, because he knew I didn't fit at Bethesda. As a matter of fact, I felt that he might have gotten the idea for his book *Stigma* from what happened to me at Bethesda.

Shalin: Interesting!

Scher: I was fighting with the powers, and not necessarily losing in my critique of Freud and his program. Erving also had no respect for psychiatrists, and for good reason, on the basis of the fact that they were indulging in the Freudian mythology, I guess. That's what I would say drew us together, at least formed the basis for our interaction. He was working on the disavowal of psychiatric

functioning in situations like St. Elizabeth's, and I was working on the concept of role playing and the presentation of self in schizophrenia. Goffman was keeping to himself because he was writing it, and he didn't want to share his views. He had no particular interest in convincing anyone at N.I.M.H. about anything. He was doing his own thing. And I was doing my own thing. I am afraid I enjoyed baiting the powers that were, which didn't particularly endear me to them. As a result, we got into various contretemps. They finally asked me to leave. They couldn't fire me without cause; so I could have stayed there forever, but I decided that I didn't want to stay. I really had no reason to stay. I didn't speak their language, I didn't share their thoughts; there was no point in being there, so I did leave. As an aside, my war with N.I.M.H. ended up in articles favorable to me in the *New York Times*, *The Wall Street Journal*, etc. However, the N.I.M.H. administration managed to vilify me with an editorial in *Time Magazine*.

Shalin: When approximately?

Scher: That was in 1957, I think, something like that. Erving and I, and his wife, met in passing a bit. I think he knew that he and I were coming from different perspectives but examining very much the same things – the deceptive presentation of self and its various manifestations. He wrote books about it, I wrote articles about it, and that's why when I met him 20 years later, shortly before he died, I guess, he said he had "expected to hear more of me." I didn't have the kind of ambition he did in the same way. It was satisfactory for me to think things through in a certain way, as it was more satisfactory for him to put them on paper for exposure to the wider world. So this is pretty much what went on with us. It was minimal but it was meaningful. There was a subtle but real understanding that we were speaking the same language, but he was expressing it in a different way than I was. I also wrote extensively on the language of schizophrenia, its behavior, and reality treatment "work therapy" and inaugurated the "structured" ward concept now standard in treatment, and early efforts at developing a cognitive behavioral approach to psychotherapy.

Shalin: Do you have any recollection – and I know so much time has elapsed – how the two of you first met, and what impression Erving left on you? His physical appearance, demeanor . . .

Scher: Well, I am sort of tall, I am 6'2. He was sort of small, about 5 foot or something. I don't know what he was.

Shalin: 5 foot?

Scher: Maybe 5'2, I don't know. But he was very short, compared to me at any rate. Other than that, we passed in the hall, we occasionally had conversations, relatively briefly. He didn't give much away. He kept most of what he thought to himself or to his books. I was pretty much quite the opposite, outspoken. Although he knew we shared pretty much the same concepts, we handled them differently in public situations.

Shalin: You felt you were more open to intellectual exchange than he was.

Scher: Right. Maybe too much so for many at N.I.M.H.

Shalin: He didn't feel compelled to share his ideas.

Scher: Not in the slightest.

Shalin: Did you see Erving in any social situations, outside the office?

Scher: Sort of. We had coffee occasionally, or things like that, but nothing very intensive. He had an acolyte whom I mention in the letter [to the editor] that you have seen, in my remarks regarding the biography of Erving. By the way, they cut off the last paragraph of my letter.

Shalin: I am trying to remember – who was it?

Scher: The acolyte was Stewart Perry. . . . Perry and his wife were invited [by Goffman] for dinner, and I was invited for after dinner. It was a clear-cut insult intended as such, because Goffman

liked to insult and see how the person would react to the sting that he was injecting.

Shalin: What was the purpose of Erving's putdown – was it an experiment of some sort?

Scher: Yes, always, I believe.

Shalin: Maybe it wasn't intended as an insult so much as a kind of trust-breaching experiment.

Scher: Perhaps. Much of his behavior was of the order of trying to see what effect he might have on the people. The after-dinner invitation was his jab at me, so I politely declined the kindness of his invitation.

Shalin: And his intended meaning was, "Hey, I have this dinner party for close friends, but you can come over after dinner, if you like."

Scher: We would be talking about having dinner sometime, and next thing I would hear was that Perry and his wife, who was also a social worker . . . Perry was nothing, by the way – a bright young fellow, no degree. His role at NIMH was dependent on his wife's being a sociologist there. Somehow he got a job and was my officemate. . . . So I knew what was going on socially, so far as they were concerned.

Then there was a crisis in each of the other two units, and I was drafted as "emergency administrator," since my unit was functioning well, to try to put things right

Shalin: Sorry I interrupt you, Jordan – what was the name of the unit you were working for?

Scher: We had three units. Mine was on the second floor. There were other units on the third floor. Then simultaneously or almost simultaneously, I don't remember, both of them blew up. The administrators, the psychiatrists in charge, lost control in each of those units. My unit was functioning nicely and quietly despite the

diagnoses of people there. We had real schizophrenics there, by the way, and I am not sure that some of the patients in the other two units which were also supposed to be studying schizophrenics were actually schizophrenics. I didn't feel that the people who were doing the diagnosis there were really capable of adequate recognition of schizophrenia. But perhaps that was only my megalomania.

Shalin: An exhibit of one.

Scher: Yes [**laughing**], I did not believe they were as informed as they should have been, even though they were very much my senior. Anyway, the two units blew up.

Shalin: Could you explain what do you mean by "blew up"?

Scher: In one case, the administrator named Charlie Savage, who worked in the office right above me and was a psychiatrist, had a patient who had been there for two years. He had his car parked outside, he had a name-plate engraved on his door, and he walked out of the unit that was supposed to have been locked, whenever he wanted to. In my view, he was really running the unit, not Savage, which upset the nurses there very much.

Shalin: The schizophrenic patient ran the unit?

Scher: Yes, I felt so, and I also did not believe that he was a schizophrenic. He was, I thought, really a character disorder, a sociopath. They called me and asked me if I would be a temporary administrator to bring order to that and the other unit. The nurses were in a tizzy, they felt that nobody was in charge and somebody had to be in charge. Certainly Savage wasn't. There were some schizophrenics in that unit, but that patient was strictly in charge, coming and going as he pleased, and all the rest of it. So I was appointed an administrator of this unit on a temporary basis.

Shalin: There were three units. And you were running one of them.

Scher: I was still running my own unit, but worked with the nurses of that other units to reassure them that the world wasn't coming to an end. I was trying to work with the psychiatrists with more sensitivity to their feelings of knowledgeability and superiority in running those units. I was also working with the patient population as a whole. There were only seven or eight patients in each unit. I had meetings with the patient, trouble-making patient. I told him that he was no longer to be in charge of the unit, that the unit would be run by a psychiatrist, whoever he may be. [I told him] he could be a patient, although I told him I didn't believe he was a schizophrenic (I am sure he wasn't), and that he was to be a patient, not an administrator, not an independent character of whatever sort which he tried to be.

Shalin: What happened after that?

Scher: He was still in a rebellious mood. I told him that I was going to put him in a quiet room – we had quiet rooms in those days [that] were locked and provided seclusion – and I did that. I told him I would see him once or twice a day, which I did. He was there for about two weeks to ten days. Then his brother came – every patient at N.I.M.H. was voluntary – and his brother had him released, since they had a prearrangement that if he was incommunicado for two weeks, the brother was to come and liberate him. I told the patient, "You leave the hospital now, you do not come back." So he left. But three months later he came to the hospital, not as a patient, just visiting, and he asked to see me. And I saw him. I was no longer the administrator of the unit, after I sort of organized it into a functional unit. He said, "I want to thank you very much – you did me a great favor." I asked, "What was that?" He said, "You threw me out, in effect." I said, "Oh!" He said, "Since I left hospital, I was functioning at a much higher level, and I just want to thank you for your intrusion, or interference. I have a job, an apartment, and a girlfriend; so thank you, I guess was just what I needed, some discipline."

Shalin: And he was credible, you could take him at his word?

Scher: Yes, I had other evidence. . . . The point was that he didn't belong there in the first place. The psychiatrists just didn't seem to

know what the schizophrenic was [**laughing**]. At least that was my evaluation

Shalin: People still argue about schizophrenia. It is an umbrella term for several conditions, some experts say.

Scher: But there are certain features that are real – language distortions, behavioral distortions, judgmental distortions, and things like that. In my view, anyway, it is possible to identify a schizophrenic. I suspect strongly it's an organic brain condition, sort of like the pacemaker that determines the rate at which the heart beats. It is not anything known physiologically at this point, but I think there is some kind of an overall organization of the brain that functions that way. We know that the right and left brain hemispheres have their different functions. We know very little about the brain, the way dreams relate to waking thoughts, cognitive and other differentiations. I recently read a fascinating article, averring that there is an executive function in either the right or left cingulate gyrus, which can be cognitively determined by MRI and other methods.

Shalin: That brings us to the question of Erving's view of mental illness. If you recall, in *Asylums* Erving placed the term "mental illness" in quotes.

Scher: Right. Remember he was into masks and presentations, etc. He was a sociologist. He didn't have a close order perspective as does a psychiatrist who dealt with real schizophrenics. As a participant observer he was at a remove from that kind of observation and participation.

Shalin: What you are saying is that he was a sociologist, not a psychiatrist.

Scher: Right.

Shalin: Does it mean that your views of mental illness at the time differed from Goffman's?

Scher: Yes. I would say his view was much shallower. He put “mental illness” into the context of a sociological orientation and not in the context of a true physiological and medical orientation, which a real schizophrenic calls for.

Shalin: So you assume there to be an organic dimension to certain mental illnesses like schizophrenia, whereas Erving stressed the social construction of the mental illness symptoms.

Scher: We were both anti-psychiatrist, but he was less informed and rather at a distance in his position. Not that this reflected on his intelligence or his ability to observe. It reflected only on his perspective, the points of views from which he was coming.

Shalin: Do I understand it right that your anti-psychiatry position reflected your anti-Freudian orientation?

Scher: Right.

Shalin: In which other way did your position qualify as anti-psychiatry?

Scher: What I was really developing at that time was an existential orientation. I was very deeply immersed in conceptualizing human behavior and human interaction within the context of “being and becoming,” the whole realm of existential kind of thinking. That’s where I departed from, and I guess still depart from, the psychiatric lore. I began studying on my own and with my patients the nature of human communication. This was the perspective with which I began to burrow into what was really going on in human interaction and communication. I founded *The Journal of Existential Psychiatry* later, which I edited for about 10 years.

Shalin: You must have been familiar with Sartre, Heidegger and other thinkers of this ilk.

Scher: These and a number of other Europeans belong in this context.

Shalin: Any European in particular impressed you?

Scher: Oh, they were coming from another perspective. Europe has a much more philosophical bent of mind, so even though we were all, quote, "existential," we were quite far in our position. Mine was in terms of seeing human interaction within a purely interactional way of thinking; theirs was from a philosophic way of thinking. In Europe there was Jaspers and some of the others, people with whom I communicated. But mostly, we were in different worlds of thought, even though we were touching on the same realm of thought. I believe that the mind operates, determined by both interaction and physiochemistry.

Shalin: Your medical background probably grounded your thinking differently than Erving's sociological agenda.

Scher: Very much so.

Shalin: The question is how the individual is transformed by culture and what limits the traits acquired in the course of evolution may impose on social engineering.

Scher: Yes. I think that is all true. I was involved with the individual [first and foremost]. My concern was with the nature of human communication, the nature of therapy, multiple realities, etc., etc. The kind of therapy that I invented and studied for myself has now come much to the fore.

Shalin: How would you describe your therapeutic approach?

Scher: They now call it cognitive-behavioral communication, that's the current word for it. What I was doing was describing what exactly was going on with the person, using these words to describe or represent the facts, the particular acts of behavior, and how that response affected the behavior of the individual with whom the communication was carried on. This was a much more pragmatic than philosophic kind of programming.

Shalin: Jordan, I understand that you knew Erving's wife, Schuyler.

Scher: Yes. Not that well, but I had met her and knew her a little bit.

Shalin: What impression she left on you?

Scher: I think she had met Erving at the University of Chicago where she was also a graduate student. I think Erving's total absorption with Erving left her out. She had tried [to commit] suicide, and that, by the way, was the last paragraph of my letter to the editor that was cut out.

Shalin: She tried to commit suicide at Bethesda?

Scher: Yes. Yes. It happened at home.

Shalin: I think she saw a psychiatrist at the time.

Scher: Yes, and Erving was not very happy with that. I don't doubt that. He probably was a psychoanalyst who was trying to teach her to be a Freudian. . . . "Don't give me your f---ing theories that make no sense!" [**laughing**]. I can understand why Erving may have been dissatisfied with the psychiatrist, and I understand why his wife might have been dissatisfied with Erving who was in his own world, reinventing sociology in the fashion that he was doing . . . even though he was not completely *de novo*. He was preceded by Huizinga, Simmel, and some others.*

Shalin: Preceded by whom?

Scher: George Simmel, one of the earliest sociologists, who, in the 1880s to 1890s, recognized the instability of the group which [tends to] break down. And Johan Huizinga.

Shalin: Oh, Huizinga, the historian!

Scher: No, he was a kind of philosopher. He wrote *Homo Ludens* – man the player, actor or performer – an idea very close to Erving's.

Shalin: Right, he wrote about life as an ongoing game, series of games people play.

Scher: Right, right. He was a very very interesting man, and I think Erving was a secret acolyte of Huizinga. His original book was written in 1938, then was republished around 1950.

Shalin: So the concept of *homo ludenes*, you feel, must have influenced Goffman.

Scher: Man the player. I felt that a great deal of what evolved into Erving's own work was derived very much from the same orientation as *Homo Ludens*.

Shalin: I never thought of it before, but go ahead.

Scher: I don't know what other people's orientation is [laughing]. Anyway, I didn't feel that Erving was such an original as most people thought for the simple reason that I was more familiar with some of his predecessors, precedential icons of one kind or another. That doesn't take away from what he contributed, just provides a background. He didn't begin from scratch.

Shalin: Jordan, do you have any recollections of how you found about Schuyler's attempt to commit suicide [during the period when Erving worked at N.I.M.H.]?

Scher: I think that he told me. I would always ask, "How is your wife?" I did this the last time I saw him, and he said, "She killed herself." And I said, "Oh, she finally got away from you, hah!?" He didn't respond. The great part of her problem was that she felt that she had the right to her world and her life, that she was not just to be a devoted, totally subservient wife to Erving. Erving was so self-absorbed, self-centered, and what not. Although she worked with him and helped him as much as she could, I think it rankled her to be not just second but maybe the third, or fifth, fiddle in his orchestra.

Shalin: Would you say that Erving expected her to be a more traditional wife?

Scher: Erving was so involved with himself that in a way he didn't quite define for himself what her role should be, except that it should be subordinate to him.

Shalin: She finished her graduate work but not her dissertation.

Scher: I think he demeaned and overwhelmed her, and tended to convince her that she shouldn't even bother. They were going to be married, she would have a housewifely role and not a professional one, which I think was a great disappointment to her, although I didn't hear this from Erving. She had intended to be an active operator in the field.

Shalin: I want to make sure I understand you, Jordan. What you offer is your interpretation, right?

Scher: Yes.

Shalin: You haven't heard anything in particular from Erving or Schuyler that would back up your view.

Scher: No, I never heard any details of her illness, or its treatment. Whatever was going through her head, she kept there. But I was trying to observe and draw my own conclusions on what was going on between them.

Shalin: But you saw them interacting.

Scher: Yes, although I wouldn't call it interacting. I would call it Erving performing and she playing the third or fifth fiddle. It wasn't anything mutual, on any kind of par. It was all devoted to Erving. She was under Erving's tutelage, or I don't know what you want to call it. His world was the only world that mattered, and there was little room in it for anyone else.

Shalin: Somebody told me that it was understood at Berkeley that Schuyler helped Erving edit his work.

Scher: Yes, she did, she did!

Shalin: You know that? Is it your impression?

Scher: Yes, she was helping along, maybe more than people were aware of, but she was helping Erving.

Shalin: The exact nature of her involvement is unclear.

Scher: Right. I think she helped with his typing his work. . . it was not an intellectual assistance. It was more functional.

Shalin: More secretarial in nature.

Scher: Yes. That is what he required of the people who were around him, those close to him. . . . I told you about my becoming a temporary administrator. Stewart Perry totally misunderstood the situation, perhaps deliberately, after he got to Harvard to get his degree. He completely distorted what went on, in effect. His thesis totally misrepresented those situations. It "immortalized" his distortion. It was published later as *The Human Nature of Science*, which pseudonymously skewered me.

Shalin: So Perry went to Harvard.

Scher: Yes. He completed his degree in sociology, or something. He put out a book in which he attacked me rather vigorously, though not by the name. I did not know about it [**laughing**]; a friend told me about it much later.

Shalin: What was Stewart Perry's position?

Scher: I don't think he . . . he had no position. He had no professional background. He barely had a college education, if that. I never saw him doing anything active (although we were officemates). When I was asked to administer these two units, he developed a theory which totally undermined the reality of what was going on, and he developed this as his thesis at Harvard [**laughing**], approved by a very well-known psychiatrist, who did not bother to check my side of the story.

Shalin: I think his wife was an editor of a psychiatry journal.

Scher: No, she was a sociologist, and she was the reason he was at the N.I.M.H., so far as I could see.

Shalin: I thought she was a psychiatrist.

Scher: I am sure not, at least not while at N.I.M.H.

Shalin: I may be wrong. So Perry was at Bethesda but not in any particular capacity.

Scher: Not in any capacity. I had the impression when I was there that the only reasons he was there was because his wife was there – also I believe she was much older than he – a marriage of convenience and opportunity to climb?

Shalin: And his wife's position was . . .

Scher: Sociologist of some sort.

Shalin: OK, I understand. And the two of you shared an office.

Scher: We shared a room. Perry was a person of no consequence, but he published several books since getting his Ph.D. Anyway, Erving saw him as a young student whom he could indoctrinate.

Shalin: Perry was younger.

Scher: He was very young, much younger. He was in his early twenties.

Shalin: Did you know Erving's son?

Scher: No, that was long after my experience with Erving. I was there in the late '50s.

Shalin: Erving stayed at Bethesda till 1958 when he took up a post at Berkeley.

Scher: Yes. And I went in a different direction.

Shalin: You said you had one more encounter with Erving not long before he died – no other interactions once you left the NIMH.

Scher: No, none whatsoever. On the last occasion we were at some meeting, I don't remember now which meeting it was. We were looking at books in one of the rooms where they have such displays. I happened to be in the room, and he happened to be in the room, [we were] on the opposite sides of the room. We recognized each other, and he began his usual demeaning routine.

Shalin: The conference might have been related to psychiatry or social psychology.

Scher: I think we were thinking along the same lines but from different perspectives. He wanted to be alone, he wanted to be a lone ranger of great ideas.

Shalin: You perceive him as an ambitious person.

Scher: Oh, extremely! But he never showed it. There was no outward sign. He was so totally absorbed with himself and his ideas.

Shalin: That's what it takes sometimes to do great work. You have to be obsessed.

Scher: I think it does. That's probably why I never wrote a major book on my theories, though I edited five books and wrote over 200 papers.

Shalin: You weren't sufficiently obsessed about work.

Scher: I guess.

[Laughter]

Shalin: I wonder if you have seen Erving's article "The Insanity of Place."

Scher: I remember seeing something like that.

Shalin: It reads like an autobiographic account, following Schuyler's suicide.

Scher: That may have been the case. I thought it was written as a kind of justification or self-defense against the common feeling that somehow his attitude or behavior had contributed to her demise.

Shalin: This is how you read this paper.

Scher: Right.

Shalin: In this paper he argues a somewhat different thesis than the one in *Asylums* where mental illness is predominantly a social construction. Here it is treated as a condition with some organic roots.

Scher: That would certainly get him off the hook, and, in my view, gives you some insight into his basic lack of understanding of mental illness, while professionally he was immersed within a sociological orientation. It is legitimate from his perspective, but it did deprive him of a more complete and balanced understanding. There is really such a thing as schizophrenia, a mental illness, and it has something to do with the way the brain operates as well as the interpersonal transactions.

Shalin: In his earlier work, *Presentation of Self*, the reality of self dissolves into the reality of masks; our body is just a neutral vehicle for communicating our role of the moment.

Scher: Yes. All of that I will not disagree with. I tend to think that this perspective is valid, but it inevitably misses the point that there is more to the story.

Shalin: That there is a body, the somatic-affective dimension to role-playing, [as well as the instrumental content and practical consequences of interaction].

Scher: Yes, exactly.

Shalin: There were a few other people at Bethesda like Melvin Kohn.

Scher: I never met him, no. I read about him in your paper, but never had a chance to meet him.

Shalin: You had not interactions with him.

Scher: No.

Shalin: There was also John Clausen.

Scher: I did know him, not that well and not that warmly, but I did know him.

Shalin: I believe that Clausen went to Berkeley, perhaps even before Erving did.

Scher: He may have, I don't know. He was more senior, older than Erving or I.

Shalin: Any impressions about John Clausen?

Scher: Not really. Our relations were rather distant. I was just aware of his existence. We had minimal personal contact.

Shalin: Any other names you recall from the Bethesda period?

Scher: I was involved with the psychiatric staff. Clausen, like Erving, was involved with the sociological perspective and staff. There was a total dissociation between the psychiatric and other division personnel. Not that there was an antagonism, it's just that people were on different tracks.

Shalin: No one was close to the kind of work you were doing.

Scher: There was one person whom you didn't mention – Nehemiah Jordan [?]. He was from the sociological end of things, and he developed a rather intense, almost a pathological, interest in my work. . . . He later went to Rand Corporation, I believe.

Shalin: He was a sociologist by training.

Scher: Yes, but he was not really part of the sociological in-group. He was on the fringe, an outsider, which is why he came to me, probably. He tried to find someone to whom he could relate. I don't know, I am only guessing.

Shalin: Now, if you look back at Erving's work . . . and I understand that you appreciate its importance . . .

Scher: Yes. I liked very much what he had to say.

Shalin: You respected his scholarship, even though you disagreed on certain things.

Scher: Absolutely. No, we didn't disagree on basic thinking, not at all. It's just that there is more to the human being, and his particular orientation had its limitations that prevented him from getting in touch with this organic side of the human being.

Shalin: I am most grateful for your recollections, Jordan, and we are almost done. Any other stories about interactions with Erving? The general mode was testy, I gather, with some picking on each other, challenging each other.

Scher: Right. It was sort of distantly friendly. We never came to blows [**laughing**]. We felt related, but uncomfortably so.

Shalin: Did you sense any political orientation in Erving?

Scher: Not that I ever saw.

Shalin: Nothing expressly political.

Scher: Not that I was aware of. I read that in some of the interviews, and that is probably true, but I was not exposed to any of it.

Shalin: What about his Jewishness?

Scher: I was intrigued by the comments on that too in the interviews I saw. He was as much Jewish as I was [**laughing**]. We were Jews not just in name only, but not in any formal or ritual way. . .

Shalin: It was more cultural.

Scher: Yes, we were cultural Jews, if anything.

Shalin: It was never thematized in any way.

Scher: No.

Shalin: And the last thing I want to ask you concerned the interfaces of Goffman's biography and theory. It is well known in literature that writers feed on their personal experience, and I feel that Erving's theories intersect with his biography, that his work is in some ways autobiographical.

Scher: Oh, yes. I do think so. In one of the interviews I saw a remark supposedly made by Erving that he was born in Canada to parents from Russia, and I don't think they spoke much English. They spoke Yiddish, the language of most Russian Jews, most European Jews, most Middle Eastern Jews of that era in his parental generation. He indicated how alienated he was, how alienating it was when he spoke Yiddish.

Shalin: Yes, Erving once told Dell Hymes that when you spoke Yiddish in Dauphin, they looked at you like you were a homosexual or something.

Scher: [**Laughing**]. It certainly set him apart. I believe that was a very big influence on his interest in masking and self-presentation, in that he seemed to always be playing a role.

Shalin: What about you? Do you feel that your interest in psychiatry and the orientation that appealed to you might have been influenced by your origins, your biography? You mentioned something about your father being unable to go to medical school.

Scher: He was a pharmacist. I don't know, I was always interested in a sort of sociological orientation, but primarily in how the human being works, what makes him function at all – physiologically, psychologically, sociologically. Those modes of interacting were always very close to the surface of my own interests.

Shalin: And that may go back to your family, the kind of person you were. . .

Scher: That is probably true. . . I never was a social person. I was always pretty much an observer, a peripheral person.

Shalin: A kind of nonparticipant observer.

Scher: Right, very much so. Most of my life, not all of it.

Shalin: Perhaps your exploration in the human psyche was a way to understand yourself.

Scher: Very much so. Very much so.

Shalin: Well, Jordan, I am grateful for your time. This is remarkable stuff. I will transcribe our conversation and send it to you, so you can edit the text. If anything else comes to mind, please feel free to augment your account. I suspect you don't have any mementos related to Erving's life, like letters, things of that sort.

Scher: I don't really.

Shalin: Anything related to Bethesda that would help get a feel of the era.

Scher: Unfortunately, I had a wife who threw my archives away [**laughing**]. . . . I am a man without a past.

Shalin: We all have pasts but those aren't always preserved for posterity.

Scher: Right.

Shalin: Are you still practicing?

Scher: Ah-h-h-h . . . my license is still in effect, I can practice, and was practicing until a couple of years ago. . . . Then I . . . I don't know, I dropped it for two or three years, then sort of thought of returning. Psychiatry has not been my main interest for many years. I've been much more interested in drug abuse, in taking people off or drugs. That's been my orientation, really, for the last 20 years. I am qualified in both, but I worked for 20-30 years in psychiatry, then 20 years in drug abuse treatment. It wasn't just a talking box operation but something where one could really alter a serious problem which was destroying the individual in a very real sense. So I became interested in how to block that. I did develop a methodology of taking people off of drugs, which is quite effective, while in Israel.

Shalin: So you combine some general [medical and pharmacological] ideas with a therapeutic strategy to deal with the drug abuse problem practically.

Thank you so much, Jordan. I am grateful that you found time for me, and I am glad this project makes sense to you.

Scher: Well, I hope I've been a little bit of help.

Shalin: More than a little. Certain things you told me I never heard before from anyone.

Scher: I suspect I was closer to Erving's goings and comings than some of your communicants from the interviews.

Shalin: Yes, some of the contributors interacted with Erving in limited settings. It is not to say that you were such a close friend of Erving's.

Scher: Right.

Shalin: But you had a chance to observe him, and you knew how to observe.

Scher: [Laughing].

Shalin: Thanks a lot.

Scher: OK, you are more than welcome.

Shalin: Bye bye

Scher: Bye now.

Shalin: Bye bye.

Scher: Bye bye.

[End of the recording]

Footnote

*When I began my psychiatric residency, as were the others, I was thrown into the immediate performance of "psychotherapy," with a minimum of "supervision." I early decided that I knew absolutely nothing about the nature of therapy. And I also suspected that the others, including the "supervisors," Freud notwithstanding, were equally swimming in the dark.

So I decided to attempt to investigate its nature *de novo*. I began by limiting my behavior to a style of minimal questioning only. "Tell me about yourself." "Tell me about your problem." "Why was that?" "What do you think about that," etc. I offered no interpretations, only brief questions. Nor did I believe I was capable of meaningful interpretations. I functioned primarily in an existential mode – the "here and now." Ultimately, I realized that my persistent "whying" was not really a form of questing, but rather a form of inducing pressure on the "patient." I called this "not why of whying."

Progressively, I developed the theory that what was happening was a kind of two phase interaction. I called these "proaction" and "resonance." "Proaction," even if only questioning, was a method of

putting pressure to change on the part of the patient. I also felt that "resonance" was essentially a kind of "going along" with the "proactive" effort at inducing an idea, change of thought, or behavior. This proaction/resonance interaction was a sort of ping-pong, a back and forth behavior between the two or more participants.

I also developed an aphorism – "one cannot proact another unless there is a resonant underlying 'going along with' the thought or the other." I felt that a "proaction/resonance" alternating interaction between the parties was the most elemental phenomenon in all human interaction, communication, and finally, effective therapy. I published these ideas in *The Journal of Existential Psychiatry*.

Somehow, I believe these concepts escaped from the journal into the rest of the world. When I returned from Israel, in 1996, after 17 years there, I found myself in the midst of the elections that year, to my amazement, I heard the politicians saying that they had a proactive program for this or that. Also I heard the politicians and commentators saying that "people," often preceded by "many," were "resonating" with this or that idea, or action.

I could hardly believe my ears, but these concepts had somehow emerged into the wider world – no credit, however, to me in this context. There were a number of other concepts that evolved out of my studies of human communication and therapy, but which have not yet spread into the public awareness. However, enough of that for now.

Addendum I

A Note on the Zeitgeist Existing at N.I.M.H. During the Time I Was There

As I mentioned before, N.I.M.H. was completely dominated not only by psychoanalytic (Freudian) philosophy, but it was obdurate to the infinitesimal intrusion of any other possible philosophy. In brief, the

theory held that schizophrenia was the result of an inflexible, emotionally frigid, rejecting mother, and somehow this early rejection on her part resulted in all of the disparate, multiplex symptoms clinically apparent.

On the face of it, the variety of schizophrenic presentations, all deriving from one characteristic behavioral dispensation, seems patently absurd and obviously unlikely. Such a thesis violates an iron rule of medical etiology, namely, if an array of symptoms (effects) occurs, each must have an identifiable cause. A mishmash – such as the variety of behaviors which syphilis may exhibit – must be sorted out and each have a definite, definable, directly identifiable basis. Such vague, amorphous so-called origins, as the bad (evil) mother theory and its so-called results, damned a whole generation of quite likely wholly innocent mothers – many of whom innocently sought the psychoanalytic coach for solace, where unhappily, they found little to none. Some in the end actually committed suicide, so deep and depressing was their sense of guilt.

But all this is aside from how this theory affected going-on at N.I.M.H. The “theoretic” concept of treatment was this: If cold, unloving maternal behavior produced schizophrenia, then an abundance, even excess of “loving” would reverse the damage. Remember that noting could be more similar to a cold-fish, inarticulate psychoanalyst, who characteristically spoke little, if at all, while the couched patient did all the talking, and then almost exclusively about his putative “traumatic childhood.” Maybe such an approach might be applicable to the so-called “normal” neurotic – a term barely professionally used today as meaningless. But even if this might be applicable to the above, it could be hardly applied to schizophrenics, who were, and are, generally immune to such normative requests, and/or conforming behavior.

As a result, in the other two units, although one psychiatrist attempted to characterize his “loving” – *permissive* approach – this was the catch-word, by saying, “if the patient wants strawberries in January, he should get strawberries in January.”

However, in point of fact, there was no general, applied theory of treatment. Instead, each therapist did exactly as the mood struck

him, so I don't know how what they did could be called psychoanalytic, permissive, or anything else. Maybe that produced the chaos.

By contrast, my approach was quite different. My theory – and remember that I was caught in the same time warp as all the rest at the time, my theory was really quite the opposite – again recall we were without the benefit of recent developments in cerebral neurological findings.

My approach was almost the opposite of the above. It was my feeling that the schizophrenic was the result of an inadequate, or insufficient, exposure to, or assimilation of, normative behavioral development, or a falling away from such a normative orientation, a desuetude. This theory, in the light of current thinking, is, of course, equally naïve.

Nonetheless, approaching the patients in line with such a concept rested in a clearer-cut approach, which seems to yield positive results. In brief, my unit was operated in what I thought of as normatively-oriented fashion. The patients were expected to arise at a relatively fixed time, dress – whether they wanted or not, eat breakfast, and other meals together, using food implements properly, help clean up, and, with the help of good-will industries, refurbish used furniture – scraping, painting, etc. They also, as a group, were released, went outside shopping, walking, to movies, etc. In other words, the theory was to “habilitate” – a word I resurrected – or “rehabilitate” them to normative behavior and thinking. I also saw each of them in individual sessions, where an essentially existential “there and now” approach was employed. We engaged also in group sessions, as well as joint group sessions with the nurse, social workers, et al. The staff and I also held separate joint meetings.

It seemed to me that this relatively [normalizing ?] attitude and approach permitted the patients to begin to, or to feel like normal people. Thus, I believed that retraining to normality permitted the schizophrenic deviants to be reassimilated to their lost, or non-existent normality.

Somehow this approach seemed to yield results with some very disturbed individuals. I called my general method a "structured" approach. This term seemed entered also into the general psychiatric field, and many psychiatric hospitals seem to have picked it up to use descriptively on their own facilities, even to this day.

I am sure I have been much too long-winded, but I present this to indicate what Erving was exposed to at N.I.M.H. proper. What he took of it, if anything, I have no idea. But I felt you should have an overall view of the situation at N.I.M.H.

Needles to say, the powers that were, adamantly deplored my approach, which they probably only peripherally understood. But to them, it, and I, were antipsychoanalytic, and had to be expunged, and expelled.

As I believe I have already noted – *The New York Times*, Wall Street Journal, etc. got wind of the N.I.M.H. brouhaha, and generally supported me. But N.I.M.H., using its influence, managed to get *Time Magazine* to run a relatively blasphemous editorial (with pictures) against me. Enough said.

In about 1954, the psychotropic drugs were first introduced with the phenothiazines. The drugs first introduced proved to be most effective in quelling the most gross symptoms of schizophrenia. This event became a glorious occasion in the treatment of the most severe mental illness worldwide. The most singular exception was N.I.M.H. Totally enamored with the Freudian point of view, the psychoanalysts in charge of N.I.M.H. completely ignored, mocked, and resisted the introduction of these then magical innovations for the next 3-5 years, until a more enlightened and open-minded administration replaced the die-hard 19th century mentality prevailing.

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