Perspectives and Imperatives

ON EDUCATION AND PSYCHOTHERAPY:
A RESPONSE TO SCHUBERT'S
"CURRICULUM INSPIRED BY SCROOGE,
OR 'A CURRICULUM CAROL' "

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This article is the product of two incidents, separated by several years, that came together serendipitously in my mind on a bright, clear spring day. The first incident (on reflection really more a group of incidents) occurred a few years ago in my "past life" as a psychotherapist. I left that field to pursue a doctoral degree in educational psychology and became entirely immersed in my new-found world.

One of the main reasons I left psychotherapy was a growing dissatisfaction with "traditional" forms of therapy, which I had come to see as sterile and largely ineffective. In reevaluating my own admittedly small percentage of success with various client populations, I realized that my most successful (and enjoyable) cases had linked my role as therapist with a concurrent role as educator. This interaction gave me cause to take a time-out from my professional activities and to think about just what may have led to, or at least influenced, my therapeutic success in various seemingly unrelated cases and problem scenarios. This self-searching consistently turned up the role of therapist as educator, and this incident has taken me to the path I am on now.

The second incident was my recent reading of "Curriculum Inspired by Scrooge, or 'A Curriculum Carol,' " by William H. Schubert. In much the same way the weary and footsore hitchhiker is heartily gladdened by the fortuitous offer of a ride, I was struck with the potency of Schubert's analogy

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and his use of Dickens's "A Christmas Carol" as a vehicle for both exploring his own experiences as an educator and as a viable model for developing meaningful curriculum. I intend to use the same vehicle to point out the parallels I see between education and psychotherapy and to draw from Schubert's nine themes to illustrate them.

**THEME 1: CONVERSION**

My response to the term *conversion* stems from its Jungian (as opposed to Freudian) meaning and its relation to a deep spiritual experience that translates itself psychologically into a better understanding of self and one's place in the scheme of things generally. In a letter to Jung, Bill W. (one of the founders of Alcoholics Anonymous) related the case of Roland H., who was a patient of Jung's. Jung told his patient that he could see no analytic or standardized therapeutic approach to Roland's chronic self-destructive drinking. Jung maintained that only a conversion experience (as he termed it) would bring Roland to a psychological turning point. As a matter of historical record, something of this sort did indeed happen for Roland, and Bill's letter to Jung acknowledged Jung's contribution to both Roland's recovery and to the AA organization.

My previous association with the field of addictions treatment has shown me the effect of these conversion experiences, and I have witnessed some instances of this phenomenon. Schubert's statement brought to mind several occasions when, using Gestalt and psychodrama-oriented interventions, I brought about a similar level of awareness in my clients:

I saw this [conversion] clearly as the director of "A Christmas Carol" on some seven occasions with sixth grade classes over the course of several years. In that experience I not only saw Dickens's characters on stage, but a kind of symbolic image of my students being converted.

I would categorize their internal awakening as a conversion experience.

Schubert states:

Curriculum, then, for me, is a design of events that brings about conversion.

However, I would say:

*Psychotherapy is a design of events that the therapist develops to bring about conversion.*

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5 Ibid.
Although we are talking about two different modalities of interpersonal interaction, professional orientation, and set of expectations, I believe the phenomena are virtually identical.

I leave myself open to discuss the relationship between psychotherapy and education. To fully address that aspect is beyond the scope of my article, but I consider it a start in this direction. From my own clinical and educational experiences, I believe effective therapy is educational. Conversely, I have found that effective education can be therapeutic.

Without going into a long discourse on the comparative definitions of the terms psychotherapy and education, my position is, no doubt, weakened from some points of view. On the other hand, I believe both fields suffer from the same affliction of overdefinition and rampant terminology, which has served no greater purpose than to keep them apart from each other and from meaningful discourse with other fields. My point here is that I have seen parallels in my practice of therapy to those Schubert describes in his educational experience.

THEME 2: PERSONAL HISTORY

Schubert states:

The pervasive conversion of Scrooge occurred because his teachers (the spirits) were able to tailor curriculum (influential experiences) to his autobiography.6

A clearer definition (but for the terminology) of the ideal course of psychotherapy I have seldom encountered. That I should find it in a book on educational inquiry is, to me, astounding. However, I would say:

Scrooge's pervasive conversion (symptom resolution) occurred because his therapist was able to tailor the treatment plan (series of therapeutic interventions) to the information provided in the psychosocial assessment (which tends to be largely autobiographical).

But for a change in terminology and a slight difference in orientation, our two statements are identical.

I find myself in complete agreement with another one of Schubert's statements:

The work of curriculum and teaching was not merely to make curriculum relevant, to fit the prespecified to the student, rather, it was to enable the student to re-vision the personal past, present, and possible futures as a prelude to reconstruction.7

Now, we can directly relate the treatment plan in therapy to the educational model because it is the curriculum (or lesson plans) for the client

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6Ibid., p. 286
7Ibid., p. 287.
in the course of treatment. A slight rewording along these lines would result in the following:

_The work of treatment planning and therapy was not merely to make therapeutic interventions relevant, to fit the pre-specified theoretical therapeutic framework to the client, rather, it was to enable the client to re-vision the personal past, present, and possible futures as a prelude to reconstruction (recovery, symptom reduction, insight, etc.)._

Again, the parallel between experience and practice in education and psychotherapy jumped out at me. In my experience, I believe most clinicians would accept my statement (reworded) because it appeals to diverse theoretical orientations. More important, barring terminology, the work plans of therapists and educators do not appear radically different at this formative level. Perhaps the distinction occurs in the application phase, although I would argue against this distinction as the only difference between the two.

Perhaps the best argument I can make now for a fundamental difference between education and psychotherapy would be in a rather narrow-focused reading of the goals of each: In education, teachers help students learn about _things_; in psychotherapy, therapists help clients learn about themselves. No doubt many professionals on both sides would reject this simplistic dichotomy of the external versus internal focus out of hand. Presumably, those actively engaged in educational reform would. At any rate, it seems as good a place to start as any. I cannot settle the argument in these pages. It is, I think, enough just to bring it up.

THEME 3: MORAL DIRECTION

This area of morality remains a perennial sticky wicket for psychotherapy. In much the same way that children in this culture are mandated to attend school, many client populations are mandated to therapy. By this comparison, I do not mean to equate resistant or uninvolved children with deviant or criminal adults, but rather to point out a common dilemma for educators and psychotherapists: the societal expectation of acting as both an agent of change and an agent of societal norms. In our pluralistic and culturally diverse culture, exploring matters moral becomes increasingly more a burden and liability rather than a responsibility for both educators and therapists.

Indeed, if recent trends are any indication, exploring morality may one day be the media's sole purview. I find something unsettling about these topics having Phil Donahue, Oprah Winfrey, Geraldo Rivera, and the like as their preeminent spokespersons. On the other hand, how can the lessons of desegregation and the Scopes case fail to influence educators, while psychotherapists continue to debate issues of nonjudgmentalism, nonpartisanship, and unconditional positive regard?

Schubert notes that, like Rousseau and Dewey, he believes human nature has an "embryonic," basic goodness. Rogers, from the field of applied
psychology, and most of the humanistic schools, would agree with this view. However, while philosophers and theorists can cogitate on and argue through the finer points of morality and ethics, the educational and therapeutic practitioners must (admittedly by choice) deal with the practical manifestations of these abstract qualities.

In talking with educators and other psychotherapists, I have gotten the sense that a distinct but, of necessity, elusive underground practices "moral education" or "values-clarification therapy" on the sly. In other words, it's slipped in between the cracks of the curriculum or the treatment plan and takes place behind closed doors (classrooms or clinic offices). Sometimes this practice goes on without the client or student even being aware of it, and most certainly the wisest decision for most administrators in either setting is to adopt Lord Nelson's classic strategy of putting the blind eye to the telescope.

In my clinical experience, I have had diverse caseloads, and along with relatively "normal" people, I have had to do with addicts, sex offenders, child molesters, and various other people who fall under the societal categories of criminal or deviant. These people were referred to me either as an option for them rather than incarceration or for some form of "corrective" therapy to ensure that further incidents do not occur.

These situations have often placed me at an extreme disadvantage in developing rapport with clients who see me as just one more incarnation of the judge, parole officer, or some other authority figure. Thus, we begin with hostility, resentment, anxiety, and an almost complete lack of trust. On the other hand, I am placed in the position of having to "correct" these clients' value systems, which sets me up as the moral standard that they must measure up against. I am the gatekeeper of these clients' freedom to return to society unmonitored and uncensored. Adopting an elitist position is easy in these cases. If practitioners rely on the censor morum of the semi-literate class (newspapers), then taking on an "anything goes" approach is valid. In most cases, however, practitioners are held professionally accountable, to varying degrees, for the future actions of their clients. This reality argues against a laissez-faire approach; it is basically Scylla and Charybdis revisited.

Not having been a professional educator, I cannot speak for this population, but I can imagine much the same kinds of dilemmas surrounding the subject of morality. Indeed, the minds of children, we are told, are more plastic and susceptible to the words of respected authority, which places a different sort of burden on teachers. I have taught adults at a community college who can take or leave what I say and whose impressionable days seem well behind them. Educators of children and adolescents do not teach.

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under the same conditions. I cannot resolve this problem, although I note the similarities between the educational and therapeutic communities. Perhaps one day practitioners from both sides will come together and try to resolve the issue.

THEME 4: UNRELENTING CONFIDENCE

Schubert states:

My confidence, thus, is that if given genuine opportunity to ask this question [What is worthwhile experience?] about their own lives, learners will move toward a kind of growth that pursues such questions as: How does what I experience contribute to the quality of life I might lead? What kind of life do I want to live? How can I create it? How does this life influence others? How can I contribute to a better society and to the world?

I, and probably most psychotherapy practitioners, would be hard-pressed to find a better example of the questions and goals that form the foundation of successful therapy. Again, coming across this comment in an educational book leads me to suspect that education and therapy share more similarities than differences. Perhaps a slight modification for therapeutic purposes would change Schubert's question—"What is worthwhile experience?"—to Have my life experiences been worthwhile so far, which is which, and why or why not? Still, the original question would be a good starting place for a meaningful therapeutic experience, and I have used variants of this question in my own sessions.

Schubert also sums up the therapist's ideal position (although he comes at it from the teacher's viewpoint):

The assumption of basic human goodness, intuitive and axiomatic though it may be, allows me to share authority with students as I actively respond to the basic curriculum question (What is worthwhile experience?).

Rogerian, humanistic, and existential therapeutic schools completely agree with this orientation, which allows therapists to share authority with their clients because they believe them capable (at least at some level) of handling the authority. Also, shared authority engages clients in the therapy process by making clear to them their need to accept some responsibility for their treatment and the direction of their own personal growth. Perhaps even more important, shared authority respects a client's decision not to grow. I am not familiar with a case where a student's decision not to learn was met with similar acceptance or understanding.


10Ibid., p. 288.

With no investment on clients' part, therapy goes the same way of education with unmotivated or disinterested students. No learning and no appreciation for the need for challenge or change. By the same token, a teacher's lack of confidence in a student's ability to make rational choices produces much the same effect as the therapist's mistrust of a client's basic desire for health: no change, no growth, and little more than passive dependence on the authority to set the pace, interpret meaning, and decide when the experience ends.

THEME 5: INTEGRATION

I have held a Gestaltist notion to be true and therefore operated from it in my practice of psychotherapy. If we separate the figure from the ground, we are studying a part of the whole that does not truly represent the whole. As far back as I can remember of my own educational experiences, I have never really understood the study of specific subjects apart from (or to the exclusion of) others. The various classes I passed through and the subjects I studied become more and more of a blur with each passing year.

My graduate training in psychology was a poignant example. I know that I sat through hours and hours of theory courses (beginning, basic, advanced, etc.), and I have the transcripts to prove it. But to go over those old textbooks today would be the height of boredom—not because I believe that I know it all now, but because I have developed an integrated approach to understanding psychology that I have formed into a system of practical application. Now, I don't know that I could have reached this point by studying the subject some other way, but I do believe that many connections I have made between theories to form my gestalt of psychology could have come quicker with more comparative and integrative instruction.

Schubert states:

The conversion of Scrooge joined education and life, and it integrated curricular areas as they spoke to his emerging sense of meaning and direction.12

From the standpoint of psychotherapy, this statement echoes the goals of most forms of treatment. Recovering addicts, schizophrenics, or sex offenders will, if treatment succeeds, join their life experiences with the therapeutic interventions and information gained in treatment into an integrated plan for life based on experience and insight. From this integration will emerge a sense of meaning and direction. Separate elements are restructured (in the Gestalt sense), and new relationships are seen between the parts that make up a new whole. I cannot help but think that a powerful and efficacious

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system would result if education and psychotherapy integrated their respective experiences and reorganized around the core issue of personal growth and change.

THEME 6: DRAMA AND STORY

Erickson and Moreno have worked at the cutting edge of psycho-therapeutic technique, the former using stories and the latter incorporating theatrical and dramatic themes in therapy. As Schubert related his experiences with developing and directing his students in productions of "A Christmas Carol," I was irresistibly drawn to memories of my experiences with the techniques of Erickson and Moreno. Schubert’s awareness of the effect of story and drama on his students indicates that the same phenomenon occurs in education and therapy.

Schubert’s criticism of standard school curriculums could apply to standard therapy as well:

It took me some time to realize that their [the students'] deep involvement in enacting the story symbolized neglected forms that curriculum and teaching could take. . . . Ironically, play, story, and acting have little place in most school activities. In fact, educators seem to want to overcome these great motivators in silly efforts to move children toward the dreary pseudo efficiency of adulthood.

A child who never learns how to play will develop into an adult who doesn’t play. Therapeutic interventions and directives to recreate will not affect someone who sees no value in play, even if the alternative is depression, emptiness, and a lack of fulfillment in life. From my clinical experience, I would say that our society trains most of our clinically depressed populations, and the best training program is the school. How many teachers of primary grades have railed at their students’ desire for participant activities by saying: "I'm not here to entertain you! You’re here to learn!" Do they mean: "I’m here to bore you. Important things are boring"?

Many people avoid therapy because they do not want to be lectured to or judged. Where might they learn to equate learning about things and about themselves with such descriptors? As far as I know, there are no grades for therapy. In fact, I don’t know what a “good” client is. I might have, some time ago, but experience has taught me otherwise. However, a “good” student gets A's and perhaps the occasional B. How would we grade a student’s

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reaction to a story or idiosyncratic performance of a dramatic role? I suppose the teacher could take on the role of drama critic, but that rather defeats the purpose. It certainly does in therapy settings.

THEME 7: COMMON KNOWLEDGE

The theme of common knowledge runs through virtually every psychotherapeutic paradigm. Jung’s concepts of anima and animus and archetypes are the best examples. Both Adler and Fromm stress aspects of “social interest.” Erickson’s conflict-resolution stages—industry versus inferiority, identity versus identity confusion, intimacy versus isolation, and generativity versus stagnation—imply direct and indirect commonalities between everyone’s life experiences.

Schubert’s emphasis on tapping this dimension in educational settings follows the same vein:

Seeing the power of involvement brought by this common cultural experience [students’ familiarity with “A Christmas Carol”] led me to ask how I might tap other dimensions of the common experience, the common knowledge of my students, to build learning experiences.

This point of view finds its way directly into group psychotherapy techniques from many different schools. The basic premise behind group therapy is sharing common experience and being accepted by others in spite of or, in some cases because of, one’s experiences notwithstanding their problematic, dysfunctional, or deviant aspects.

What Schubert reports he became aware of with his students is nothing less than the cathartic effect of the group process as expressed in sharing common experience and cultural knowledge. Anthropologically, this catharsis could relate to various ritual behaviors and ceremonies common in cultures throughout the world. The similarities in our culture between the rituals of education and therapy struck me.

Clearly, I am arguing for a reevaluation of psychotherapy and education based on my comparison of Schubert’s experiences and my own in our respective fields. The fact that I can entertain such a notion, and that I have found support in Schubert’s experience, argues for some validity to my supposition that education and psychotherapy are linked at a common experiential level, both for the practitioners and for the recipients. Perhaps

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this deep and subtle link has made the two so difficult to unravel and has so far required a plethora of artificial terminologies to keep them apart.

As I continue my attempts to break through the sophistry to get at the common experiences, however, the terminology becomes increasingly ineffective as a barrier between education and therapy. Perhaps an educator may share my therapist's point of view, providing that my argument makes sense so far.

THEME 8: OUTSIDE CURRICULUMS

The accepted axiom for some time, the holistic approach in humanistic psychotherapies, is the fundamental framework of systems-oriented therapy models. Treating “identified patients” in isolation from the many causative and contributing factors relating to their dysfunction led to massive attempts at institutionalization. Indeed, up to recent times, many professionals and laypersons have perceived this isolation as the most effective (or only) treatment mode. However, the institutional paradigm has not withstood the test of time and has not proven itself viable at the level of efficacy or financial viability—thus, the current trend toward de-institutionalization. The clients’ “curriculum” of treatment has been, of necessity, broadened.

Schubert notes:

Just as Scrooge’s conversion was not limited to a separate academic exercise, I concluded that meaningful alteration of perspective in my students must take into account the broad context of educative sources in their lives. The spirits led Scrooge to reconsider the curricula of his family, home, vocation, avocation, friendships, school, nonschool organizations, and cultural values. Each of these influenced his sense of purpose, his image of possibility. The spirits, as curriculum makers, had to know Scrooge as a whole person in order to help him transform.

I contend that Scrooge was de-institutionalized. He was removed from the treadmill of his existence and exposed (or reexposed) to new or forgotten experiences. Thrust into a new world of possibilities, he did what most people would do. Resist. After all, human beings may be rational animals, but we are also creatures of habit, even when those habits are counterproductive. Therapists are much like teachers: When faced with some relapse or failure of their respective charges, both are given to cry out, Why don’t they learn? Perhaps we should ask a more important question: Why should they learn?

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If we can agree that doing the same old thing keeps getting the same old results, we should not be surprised that clients who are isolated from spouses, family, and friends do not develop appropriate social and relationship skills. In the same way, students who are isolated from real-world examples of the subjects they are expected to study tend to have problems applying their "book learning" when they get jobs. And so employers often retort, "What did they teach you in school, anyway?" Institutionalized psychiatric clients get the same sort of rebuke when they are released. The general consensus is that the therapy was unsuccessful. I would argue that, in most such cases, the therapy was very successful. Unfortunately, therapy, like Skinner's box, doesn't stick when the subject is out of the box. In fact, we could argue that the therapy was probably designed to keep the client in the box.

Treating the whole person and educating the whole person, I believe, are really two faces of the same coin. As latter-day psychoanalysts have discovered (much to their chagrin), knowledge is not the cure. Knowing the why of something rarely translates into the how and what of everyday life. Since everyday life is not compartmentalized, it seems strange that learning is supposed to take place only in school and that therapeutic interactions are restricted to the therapist's office for an hour or so.

THEME 9: THE THEORY WITHIN

Schubert states:

I have come to think the great job of all persons is to continuously refine and reconstruct the "theory" . . . that guides their lives. With this assumption, I conclude that it is, in turn, the job of those who develop curriculum and those who teach to make the reconstruction of personal theory possible.20

I have always understood that the job of psychotherapy is to help clients bring out and share what they know from within. Psychotherapy does not generally succeed unless therapists believe that their clients have, somewhere inside, some worthwhile, valuable, and healthy knowledge or "theory" that can help them change.

Schubert's statement reminds me of Ellis, the researcher-practitioner who developed rational-emotive therapy. Ellis believed that people could think rationally, but that most of their lifestyle problems stemmed from irrational thinking and irrational belief systems.21 His method was to help his clients see and then challenge these irrational beliefs. The therapeutic technique stresses the need for clients and therapists to constantly reevaluate themselves; therefore, both continue to grow through the challenge.

20Ibid.

Reconstructing our personal theory is so essentially basic a concept to virtually all forms of psychotherapy that I am not surprised to find it at the end of Schubert’s list. It is the cornerstone, without it, the other eight themes would falter and crumble. At first glance, the concept of a personal theory seemed out of place in an educational context. I was immediately drawn to alternative terms such as ego ideal, scripts, or idiosyncratic belief system. At this point, I reread what I had previously written and caught myself doing the very thing that had bothered me enough to write this article in the first place using terminology to separate education from therapy rather than looking past the terms to the underlying concepts.

Of course, someone without a personal theory or some internal organizational system to make sense of experiences would have no way to benefit from experiences, educational or therapeutic. Scrooge, for all his various symptomatology, had at least an empiricist-logical-positivist orientation consistent with his time period. It really doesn’t matter what we call the phenomenon of growth (psychological, educational, spiritual, etc.), because labels don’t stop the process from happening.

While writing this article, I realized that our myriad attempts to track down the source of understanding waste tremendous time and effort. In consistently and dogmatically insisting that a process cannot be unless we can name it, catalogue it, and statistically analyze it, we often miss the point that it has happened in spite of rather than because of research.

CONCLUSION

As I began this article, I had conflicting ideas about how I could follow the single theme of the education-psychotherapy interface through Schubert’s nine themes. He states in his conclusion:

The undergirding purpose of curriculum and teaching is to convert students (and teachers for that matter) to new perspectives.\(^{22}\)

At the beginning of this article, I thought that the similarities between this approach to education and the avowed principles of most schools of psychotherapy were many, and now, at the end, they seem to me legion.

The interchangeability of terms has impressed me the most while thinking through Schubert’s presentation of the educational process and my own professional experiences in therapy. Throughout, I have suggested replacing teacher with therapist, curriculum with treatment plan, education with therapy, and student with client. In either case, conversion and

conversion experience seem the same to me, and the above quotation reads perfectly well in both scenarios.

At this writing, I am certain that many detractors could argue the admittedly tenuous connection I have made. The tenacity of professional territorialism is notorious in all fields, and I have no doubt that some educators will have difficulty seeing their work as therapeutic. Likewise, I am certain that many psychotherapists will wince at the suggestion that they are more successful as unintentional educators than as intentional adherents to a psycho-therapeutic model.

I do not advocate the position that these respective fields are completely interchangeable. Apart from matters of terminology, a larger question of intent remains. I do suggest, however, that Schubert has opened an interesting and valuable avenue for professionals from both fields to explore. I find his point of view more than progressive; it is unifying. And I hope that others will find it so.

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This collection of 13 research reports and summaries forms the 1990 Yearbook of the Politics of Education Association.


This book discusses how educators can ensure that special education students gain full access to the National Curriculum in Great Britain. The book explains the National Curriculum and discusses responses in various subjects in practical terms, stating implications both for special students and for teacher education.


This book details projects the English Program of the British National Curriculum as they were developed in a Northants school and its contributing schools. An appendix gives attainment targets for levels 1 to 5 in English.