

SHARING Secrets

We all long to be heard, but how good are we at listening?

by Jon Wilson

“YOU HAVE TO READ THIS,” said Sarah as she handed me a manuscript. “This woman needs help and hope.” Entitled “The Mysterious Illness,” the piece began with these words: “Is there any hope for those of us who suffer from this illness? Are women as murderous as some men are? To be a woman with the urge to kill is a struggle.”

I kept reading. The study of violence and violation has become familiar terrain for me during the past few years. The manuscript, written by a thirty-something woman named Vickie, shared a painful secret: Vickie wanted the readers of *Hope* to know that she had grown increasingly obsessed during her teenage years with the idea of killing, and she had found no relief from her obsession as an adult. She’d decided to try going public with her secret. She wanted readers to understand that there are female serial killers out there—or at least women with intense obsessions to kill. She described her urges and wrote of how it took her two decades to find the courage to arrange to see a psychiatrist for help. But on the day of her appointment, being completely unable to speak aloud the things she felt, she could only hand the psychiatrist a note describing her unceasing fantasies of killing strangers, and people close to her. Nervously, she awaited his response, which came in a few seconds but left her even more lost. Looking up at her, he said, “I don’t know how to treat this.”

“I felt like a rabid animal about to go mad,” Vickie later wrote. “After all, it had only taken me twenty years to make the appointment.” Rejected and ashamed, she left the office. “By the time I arrived home,” she continued, “I was furious. I felt like a fool for sharing all my intimate thoughts with him, and having him just slam the door in my face. I began to try to figure out how I could make him feel as bad as I did. So I gave myself seventy-two hours to go and kill [a person close to me], and

someone at random. And have him held responsible for the murders. I decided on three days because it wasn’t too soon after the appointment, nor was it too late. I didn’t go through with it because I ran out of the allotted time I had given myself.” It had been eight months since that appointment when she decided to write the article for *Hope*, which she’d found at her local library. I was struck by the unusual candor and directness of Vickie’s writing, and more than anything, I heard what I took to be a cry for help.

I wrote Vickie immediately, saying that, while her piece wouldn’t work for us as it was, perhaps if I could ask her questions, we could create something more publishable, if not in *Hope*, then maybe somewhere else. I knew I could learn from her. I’ve been working for a few years with victims of severely violent crimes and other violations who want to talk directly with their offenders about what happened, and I’ve been working with violent offenders, themselves. Making it safe enough for them to give voice to the feelings about their intensely difficult experiences requires a kind of deep and real listening that is too often minimized and misunderstood and is increasingly rare in our culture. After all, how often do any of us feel truly heard—as in seen and understood—even by close friends and family? Feeling safe enough to be heard is such a fundamental need that the very heart of family, of community—even of society—hinges on it. Indeed, much of what is wrong in our world is arguably rooted in our general inability to make safe enough places for the truths of those who are different from us. And we’re not just talking politics. I suspect just about every dysfunction in human relationships arises from some flaw in our ability to listen or to feel safely heard. And the art of conversation, which is really the art of connection, works better for me when the art is in the listen-

ing, rather than the talking.

I learned early on to be a good listener. My siblings and I were raised in a house where our emotional survival depended largely on our ability to listen carefully for the cues that preceded the sometimes violent unpredictability of our parents, whose own emotional needs left them ill-equipped to meet our needs. There were plenty of times when we were terrified of their behaviors, and as for feeling “heard” by them, it was an ideal none of us expected. When I finally realized that we hadn’t actually deserved such treatment, I was angry and resentful for years. But now I find myself actually grateful to my parents for their tragic, wounded lives, and even for the wounds they unintentionally inflicted upon me. The “gift” of their inability to hear is my love of listening to those who need to be heard in deeper ways. Because it was so hard for me to feel heard growing up, being heard today is critical, but it is equally critical to be able to make safe places for others to be heard.

This is perhaps how publishing magazines, where the telling of stories is at the heart of the mission, became my work. It’s certainly why I felt so comfortable when I began working intimately with victims of violent crime—who often feel so trapped in their terrible stories and who struggle in them for years and years—and with those violent offenders, whose own stories must also be heard if we are ever to change what enables them to choose brutality and violation. That work is all about the power of receiving and holding stories of excruciating and profound pain, grief, agony, and shame. Listening on that level, in fact, is probably my real calling, and I’m lucky to have found such a way to be of use. To listen to another in such intimate ways is to know some of the deepest kinds of trust and connection, and my love of this work affirms the gifts and blessings of my own early wounds.

Ironically, and best of all, I’ve learned that real listening does not require that we come up with answers. Listening itself is the answer. Since the answers that mean the most to us are the ones we come up with ourselves, what we really



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need are listeners who can simply hold what we have to say while we get our distractions out of the way long enough to discover what we already know.

So despite the dark and lethal context of Vickie's writing, I felt I was on very familiar ground. Growing up, I often had the feeling that the psychiatrists and psychologists who treated my mother and my father didn't really know what they were doing. I know how presumptuous this sounds. I'm neither a psychologist nor a psychiatrist, and I may have no business making such an audacious statement, but I felt it at the time and I feel it even more so almost fifty years later. I lived with these people, and while I couldn't have diagnosed a disorder if it acted itself out with cue cards, I am convinced that the root of the problems my mother was struggling with during her decades of treatment for schizophrenia was her absolute inability to be heard. And while her story is much too long to go into here, I've come to believe that she had no choice but to "go crazy" because she had nowhere else to go. As for my father, I believe it's what made alcohol his relationship of choice.

When I read Vickie's manuscript, it was clear that she had never really found a way to be heard, and I wanted to listen. I told her it would require that she be as candid as she had been in her article, and that she trust me with her answers—no easy feat for a woman with too little trust of the world. But she was willing, and our correspondence began.

I mentioned it to a couple of friends who, of course, thought I was crazy. Why, they asked, would I engage in a dialogue with someone who claimed to want to kill people? My response was simple: I believed that Vickie simply needed to be heard, and that I wanted to listen to her. Of course, I had no true idea of whether she was a danger, or to whom, so I began by asking her about that, and whether the person she most obsessed over had any idea of what Vickie wanted to do. I didn't want to ignore the risks, and I presumed that the psychiatrist she had seen worked under a mandate to report any potential danger, but the only thing I knew to do was to ask her directly. She had, after all, been quite specific in her essay, so she wasn't trying to be elusive. She replied that the person knew of her

wishes because she had declared that intention on numerous occasions. She added that her motive for writing and corresponding was a little like being a kleptomaniac and calling the department store to announce that she was coming in. "If I told the world," she said, "I would be able to control my urges." I felt more confident than ever about just listening to her.

During the next several weeks, we cor-



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responded about her experiences growing up and her feelings of wanting to kill. My questions invited the boldest kind of candor: I wanted her to tell me exactly what kind of images she conjured when she thought about harming people, and I wanted her to describe them in detail. I found her answers to be not only direct and unambiguous about her obsessions, but also full of heart and intelligence—about her challenging family life growing up, about society, and about love. My sense of her need to feel heard grew deeper with each letter. She lived on pub-

lic assistance because she couldn't work around others for long. She knew she had an illness, she said, but she didn't know what it was, and she wasn't ready to believe that there was a person or a medication that could help her. Yet, as the weeks passed, and our letters went back and forth, she seemed to feel increasingly relieved. It even began to appear as if the more she revealed, the less compelled she was to express her feelings through actions. I repeat: I know I'm not a psychologist or psychiatrist. But the fact is that her demeanor was changing, and her feelings seemed to range wider as she gave full voice to her obsessions. The image I had was that by speaking them out she was making more room for the more subtle and complex aspects of herself.

Our correspondence progressed this way for about a month, when a letter arrived saying, "I have been feeling a little depressed lately, and it makes me ask questions like, is life worth living or not, and it causes me to move slow, and I don't like that feeling. So I made an appointment at [a community mental health services office] with a clinician by the name of Alan. He seems like a nice man." I was not only relieved but overjoyed. And all the more so when it became clear that Alan was an attentive and compassionate listener. In relatively short order, he teamed up with a psychiatrist, who was then able to prescribe effective medications for her.

Our correspondence slowed again and then, one day about a month or so later, Vickie wrote to me with almost unrecognizable enthusiasm. The effects of the medication had changed everything, she said, and those unrelenting obsessions had seemed to disappear completely. She'd even been to visit one of the people she had so much wanted to hurt and found that all the old urges were gone. After more than two decades of suffering, she was feeling alive again, and her view of the future was suddenly hopeful. When we'd begun corresponding, Vickie could hardly bear to leave her apartment, fearing that everyone would know about her obsessions. When she was out, she wouldn't talk to anyone—even very friendly people who tried to reach out to her—for the same reasons. But with sensitive treatment and the right

medications, she was now describing very different feelings. “Actually, since I have been taking the medication, I have been more talkative to the neighbors,” she wrote in one letter. “I feel like I never had a problem. I feel so different, sometimes I find myself leaving home hoping to find someone to talk to. I can’t just call up someone because I don’t have friends, but I’m hoping to meet some, maybe even a boyfriend, which is something that I truly wanted to stay away from. I always thought that if I had a boyfriend, if he came over to spend the night or something, I would try to kill him. I wanted to kill someone so badly that I often thought of having sex with a guy and making it seem as though he raped me, just to kill him. It all seems so crazy now. When I first started to see Alan he told me that I was delusional. I never could understand that until now. Because of the medication I don’t have the urge to kill anyone anymore. I’m even thinking about moving to a bigger city. I live in a small town and I am ready to leave because there aren’t many people to talk to.”

YOU MIGHT ASK if this is a story about psychology or psychopharmacology. It is both, but it is much more a story about how a young woman came to feel safe enough with her own terrifying truths to dare to try again to be heard by a professional so she could get the help she needed. When I wrote to her recently to

ask how she saw what had happened and how she felt about it, she replied in this way: “Your listening to me helped me to decide to seek help again. I figured if you were willing to listen to me that I should at least [try]. I believe that I did it mainly so that you wouldn’t be wasting your time with me. [The first psychiatrist] was a bad experience for me. I knew that I would seek help again, but if not for your listening it would not have been so soon. Your listening to me has made a tremendous difference in my life. I have learned something from this experience, and that is listening is as powerful as the power of prayer, and I want to thank you very much for allowing me to see that, and for listening.”

For me, the most powerful point of this story is that Vickie herself recognized what to do and when to do it, after being allowed to be completely—even dangerously—heard. All I did was listen, ask questions, and listen again. Very rarely did I make any declarations, and those were simply honest affirmations of the person I kept seeing revealed in her writings. All I really did was help enable her to hear herself. And that, it seems, is what she needed in order to make that call to the clinician. Fortunately, this one is a good listener. I have no idea what will happen next; I know only what her letters share and reveal. But I hope we’ll hear more from Vickie, in time.

It is beyond tragic that what we really need from one another—to connect, to

share experience and understanding—is so rarely supported, encouraged, or enabled in our culture. Rather, we expect that we must quiet our feelings and press on, never showing our pain, our longing, our vulnerability, our loneliness, our darker sides. This is what “strength” looks like to many. To me it’s the way to marginalize—ourselves and others—and to create monsters.

As a friend wrote recently, “A lot of my own early acting-out behavior was sparked by my feeling unseen and unheard. I hardly think this needs saying, but this is what therapy is: We talk, they listen, we pay. But the simple act of unburdening ourselves to [any] supportive, nonjudgmental other is therapeutic. I believe all any of us really wants is to feel truly and deeply heard, seen, acknowledged, and allowed to be ourselves. What are punk rockers screaming about? What are protesters shouting about, politicians yapping about, writers pounding the keys about, artists painting about? We all send out our message in a bottle, trying to get somebody to listen.”

Maybe that’s our fundamental problem: we’re all too busy trying to be heard. Maybe, if we just practiced listening more, we’d better understand what a profound and empowering gift this simple act can be. ▲

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