



## The Examined Life

### Reading Guide

#### Book description

As a psychoanalyst, Stephen Grosz has spent over twenty-five years listening to the stories that people tell him about themselves and using them to uncover the hidden feelings behind often baffling behaviour. *The Examined Life* takes over 50,000 hours of conversation between analyst and patient and distils it into a handful of incisive and revealing case studies.

Alongside studying the patients, their stories and problems, and in some cases their resolutions, *The Examined Life* unveils the role of the analyst, and studies how the lessons learned in the consulting room can also be revealing of the analyst himself. It is an unflinching portrait of the intense relationship between analyst and patient. The case studies range from the very young to the very old, from the sick to the healthy, from the everyday to the extreme.

In essence, many of these stories are about our everyday lives, the small struggles that can seem huge, and, most importantly, our relationships with others. Stephen Grosz tells us that we all make stories to make sense of our lives. But it is not enough to tell tales. There must be someone to listen.

## Author biography



**Stephen Grosz** was born in Indiana and educated at Berkeley, University of California and at Balliol College, University of Oxford. For the past twenty-five years he has worked as a psychoanalyst. He also teaches clinical technique at the Institute of Psychoanalysis and psychoanalytic theory at University College London. His stories have appeared in the *Financial Times Weekend Magazine* and *Granta*. *The Examined Life* is his first book.

## Critical reception of *The Examined Life*

'*The Examined Life*...shares the best literary qualities of Freud's most persuasive work. It is...an insightful and beautifully written book...a series of slim, piercing chapters that read like a combination of Chekhov and Oliver Sacks. [A] deeply affecting book.' Michiko Kakutani, *New York Times*

'Engaging, frank, and with many penetrating insights. His short, succinct chapters have both the tension and the satisfaction of miniature detective or mystery stories.' Michael Holroyd, *Spectator*

'A fine and moving book... The tact, patience and understatement, which are particular components of Grosz's wisdom, remind the reader that this writer's insights and empathy result from thousands of hours with patients. This book is not polemical literature...nor is it an academic work or a popular self-help book. It is a true literary work and a very modern one.' *Jewish Chronicle*

'This beautifully written collection of stories...will cut close to the bone...from loneliness and change to loss and lies, we discover personal histories of damage understood but not always healed. These compressed analyses are filled with... empathy and are described accessibly.' Dinah Loon, *Nature*

## Reviews/Interviews

The psychoanalyst's tale: why we need to tell stories to relive our sorrows by Jon Henley (*Guardian*): <http://www.theguardian.com/books/2013/jan/07/stephen-grosz-psychoanalyst>

'Psychoanalysis as Literature' by Lucy Scholes (*The Daily Beast*): <http://www.thedailybeast.com/articles/2013/06/05/psychoanalysis-as-literature-stephen-grosz-s-the-examined-life.html>

'The Stories We Tell Ourselves' by Mandy van Deven (*In The Fray*): <http://inthe fray.org/2013/09/stories-tell-ourselves/>

## General discussion

- The book is subtitled 'How We Lose And Find Ourselves'. What is meant by 'losing ourselves'? What is meant by 'finding ourselves'? Do you think that any (or perhaps all) of the case studies necessitate 'losing' oneself before being able to 'find' oneself? Start by considering 'The bigger the front'.
- Stephen Grosz describes different methods that people employ to create intimacy with other people – laughter, ('On Laughter'), lying ('On Secrets'), silence ('Through Silence') and sharing memories ('Going Back'), amongst many others. To what extent do you think therapy focuses on creating relationships with other people? Start by considering 'On Not Being in a Couple'.
- A lot of the case studies are built around memories from people's pasts that are contributing towards their present situation – why do you think this is? Stephen Grosz tells us on page 114 that 'change can only take place in the here and now. This is important because trying to change the past can leave us feeling helpless, depressed' but on the same page says that 'sometimes we change most when we repair our relation to the lost, the forgotten the dead.' Do you think that the two statements are contradictory? Why/why not? Consider the following passages:  
p150 'Graham's long detours into the past were a haven from the present. Over and over, without knowing it, he was refusing to let the present matter.'  
p157 '...the past is alive in the present. But the future is alive in the present too... The future is a fantasy that shapes our present.'
- Grosz frequently references the silences that fall between himself and a patient, either a mutual silence, or in some instances the patient tries to fill this silence. 'There are silences that are anxious...there are uncomfortable silences...Anthony's silences were wholly different.' What do you think the importance of silence in analysis is? And what is the importance of silence in everyday life?

## In-depth discussion

### Beginnings

In 'A Safe House' the case study ends with the patient disclosing that his house in France was entirely fictional. Was this a surprise to you or did you suspect this throughout the case study? Why do you think this patient created this imaginary house? This is the only case study where the patient isn't given a pseudonym, do you think this is significant? Why/why not?

Stephen Grosz states that 'I believe that all of us try to make sense of our lives by telling our stories'. Do you agree? Do you think the idea of 'telling our story' necessarily means that there is an element of fiction involved?

### Telling lies

In these case studies the patients vary between lying to themselves and lying to others. Do you think the one always includes the other? Why/why not?

'On Not Being in a Couple' is a very subtle and complicated view of lying – who do you think is being lied to in this situation and why?

## Loving

'On Hate'. Why do you think this case study is included in the section titled 'Loving'? Several of the emotions faced in this section (hate, envy, indifference) seem on the face of it to have little to do with 'loving'. Why do you think they are included here? Grosz describes lovesickness as 'a way of thinking about the world that is not altogether dissimilar to paranoia'. Compare the short case studies in 'How Lovesickness Keeps Us From Love' with those in 'How Paranoia Can Relieve Suffering and Prevent a Catastrophe'. How are they similar? And how are they different?

## Changing

"Success has ruined many a man," Benjamin Franklin once said. This is true enough, but what Franklin didn't mention is that we often work the ruin upon ourselves.' Which story in this section do you think most bears this out? Why?

A patient tells Stephen Grosz 'I want to change, but not if it means changing.' Both Jennifer, in 'On Mourning The Future' and Stephen's father, in 'Going Back', attempt to ignore change but in very different ways. Discuss the difference between ignoring change in one's past and in one's future. Do they come from the same fear or are they different?

'On Being a Patient'. 'All of our thinking about other people's desires is assumption'. Does this also reflect on the analyst's relationship to the patient? 'A nightmare is the patient who doesn't tell you what's on his mind.' Tom asks Stephen 'isn't it impossible not to take things personally?'

## Leaving

'Through silence'. Anthony tells Stephen that he 'found realism, no matter how painful, was almost always more reassuring than reassurance'. Do you think this is true of most of the case studies in this book? Do people tend to go to analysis for reassurance, or for reality?

'On Closure'. Grosz puts forwards the idea that 'closure is an extraordinarily compelling fantasy of mourning'. If he is not offering his patients closure from their situations, what is he offering? Consider especially the cases 'On Bearing Death', 'Going Back' and 'Why We Lurch From Crisis To Crisis'.

## Suggested further reading

A full reading list can be found at the back of the book under 'Sources and Notes'. Below is a short list of central texts.

Books mentioned in the text:

*A Christmas Carol*, Charles Dickens

*Bartleby, the Scrivener*, Herman Melville

*A Grief Observed*, C. S. Lewis

And associated texts:

*A General Introduction to Psychoanalysis*, Sigmund Freud (distilled from a series of lectures given by Freud)

*The Interpretation of Dreams*, Sigmund Freud

*Far from the Tree: A Dozen Kinds of Love*, Andrew Solomon



'I have never known any distress that an hour's reading did not relieve'  
**Charles de Montesquieu**

January

*The Examined Life*, Stephen Grosz

February

*Why Be Happy When You Could Be Normal?*

Jeanette Winterson

March

*Far from the Tree*, Andrew Solomon

April

*Nature Cure*, Richard Mabey

May

*How to Live*, Sarah Bakewell

June

*Teach Us to Sit Still*, Tim Parks

July

*Heartbreak Hotel*, Deborah Moggach

August

*Waterlog*, Roger Deakin

September

*Nothing to be Frightened of*, Julian Barnes

October

*Stoner*, John Williams

November

*Human Traces*, Sebastian Faulks

December

*The Hare with Amber Eyes*, Edmund de Waal

**Twelve Reasons to Feel Better**

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