

UNIVERSAL
LIBRARY

OU_150615

UNIVERSAL
LIBRARY

OSMANIA UNIVERSITY LIBRARY

Call No. 616.8 / 241 T. Accession No. 31712

Author Law G. Stanley.

Title *Therapy through Interviews 1948*

This book should be returned on or before the date last marked below.

McGRAW-HILL SERIES IN HEALTH SCIENCE

AMOS CHRISTIE, M.D., *Consulting Editor*

Therapy Through Interview

THE RAPY

Through Interview

Stanley G. Law, M.D. MINNESOTA

PSYCHIATRIC INSTITUTE

First Edition

McGRAW-HILL BOOK COMPANY, INC.

NEW YORK TORONTO LONDON 1948

THERAPY THROUGH INTERVIEW

Copyright, 1948, by the McGraw-Hill Book Company, Inc. Printed in the United States of America. All rights reserved. This book, or parts thereof, may not be reproduced in any form without permission of the publishers.

PREFACE

THIS book was written with a desire to aid physicians who find a need for psychotherapy in their practice. It was written especially for the general practitioner, but specialists may find it useful.

Psychotherapy includes many highly specialized methods of treatment. This book deals only with interview techniques.

Gradually, during twelve years of general practice, the author came to realize the need for interviewing skill in his daily work. He directed his reading into the field of psychiatry and learned much about the diagnosis of personality disorders. Although he was able to trace historically the concepts of psychiatry from Freud to the modern writers, he was unable to find exact information on how to listen and talk to patients. He struggled to attain this skill during three and one-half years as a civilian specialist. The vague concepts of how to interview have finally begun to crystallize. He hopes to pass on to interested colleagues the result of this struggle, thereby saving them time and discouragement.

The reader need not fear that the language found here will be beyond his scope. The vocabulary does not include terminology peculiar to psychiatry. In dealing with patients, one must, for the most part, use words of one syllable. If psychiatry could not be written in everyday language, this work would never be completed.

An understanding of the psychoses has been useful to the

author in developing his philosophy and in studying and classifying personalities. The reader has studied some psychiatry in medical school, and, to refresh his memory and aid him in arriving at some estimation of the seriousness of the case with which he is dealing, he is referred to standard texts. To rewrite what has already been excellently done many times would unduly prolong this work. Moreover, it would be presumptive plagiarism.

No other field of medicine is as individualized as psychiatry. Each physician must fit his methods to his own personality. Yet certain basic principles do apply and can be used by all with only minor changes. The reader should constantly keep in mind, however, that the author's words can never be his. They reflect only a single personality.

In developing this book, imaginative liberty is taken with the usual type of medical writing. Joe, Bill, Sally, Gloria, and the rest do not exist in fact. Their stories are not case histories. The conversations reported never took place verbatim. But make no mistake about these patients. They are composites of hundreds of patients and thousands of interviews. They should seem very real to the reader as he explores the emotional motivation of the patients who live in his town. Psychiatry is still more art than science and, in teaching an art, the use of the tools of the artist is justified. Moreover, in a textbook of pathology, the lung of lobar pneumonia is described, not as a single lung from one autopsy, but as the composite picture of hundreds of lungs found in patients dying of lobar pneumonia. A text on materia medica describes the effect of a drug on a series of patients, not on just one.

By means of the presentation of imaginary cases, movement in therapy can be made more direct and rapid than would be

possible in transcribed interviews. In each case, it is probable that more lengthy and a larger number of interviews would be obtained by verbatim reports. Confusion might result, however, and therefore the method used in this book simplifies teaching. The reader must not expect his cases to move so smoothly, especially at first. As his skill increases, he will find that the occasional case will approach the movement depicted here.

As for the true-to-life qualities of these cases, emotional reactions are as predictable as are physiological or pathological ones. The laws of cause and effect are at work just as positively as in biochemistry. As a matter of fact, who is there who will dare to say that emotional reactions are not in their final analysis biochemical?

STANLEY G. LAW

MINNEAPOLIS, MINN.

July, 1948

CONTENTS

	PAGE
<i>Preface</i>	v
<i>Foreword</i>	xi
1. The Personality of the Doctor	i
2. Medicine versus Psychiatry	5
3. The Therapeutic Situation	12
4. Joe Has an Ulcer	22
5. Parents	35
6. Joe's History	42
7. Joe Enters the Second Phase of Therapy	57
8. Joe Makes Progress	65
9. Joe Ends the Second Phase	76
10. Joe Tries It Just Once More	84
11. Joe's Separation	92
12. Bill Jones, Veteran	101
13. Bill Isn't Having Any	108
14. Bill Plays Checkers	118
15. Bill and His Father Were Buddies	123
16. Bill Goes Fishing	133
17. Bill Turns the Corner	142
18. Bill Tells His Story	148
19. Sally Has Heart Trouble	156
20. Gloria Blake Becomes a Patient	166

	PAGE
21. Gloria Wants Your Help	179
22. Gloria Tries Again	190
23. Gloria Attacks	201
24. Donald Hughes Has a Fracture	211
25. Donald Tackles His Problem	224
26. Donald Seeks an Interview	231
27. The Hughes Family Feels Better	236
28. Harvey Wilcox Is a Nasty Boy	242
29. Harvey Doesn't Understand You	255
30. Mr. Wilcox Tries to Bluff It Through	267
31. Mrs. Wilcox Is Tired of Covering Up	275
32. Mrs. Wilcox Sees a Little Light	283
33. A Few Pages from Your Notebook	292
34. Exit the Wilcox Family	300
<i>Supplementary Reading</i>	306
<i>Index</i>	309

FOREWORD

IN THIS book Dr. Law presents many practical treatment guides for several of the more common psychoneurotic entities perennially encountered in medical practice. The book is not a textbook of psychiatry. The author has compiled this material on the basis of a dozen years in general practice in a typical small community before entering psychiatry. He has drawn largely on this earlier experience to create the point of view he expresses so delightfully in this book.

Dr. Law has evolved this material with the hope that it would supplement the many excellent psychiatric texts already existing that give graphic but complicated descriptions of the various psychiatric syndromes and the mechanisms that produce functional complaints. It is not an attempt to create skilled psychiatrists out of general practitioners. It is offered as a pattern of understanding and developing confidence in the treatment of the many patients with borderline neurotic patterns who seek medical guidance. No doubt there is much here that the psychiatrist may question and disagree with because of oversimplification. There have been many discussions within our psychiatric group during the preparation of the material as to what should be included or deleted. The final draft is what was felt would be the most useful material for everyday use.

In his years of practice, Dr. Law puzzled over the frequent reference to psychotherapy as a pertinent method of treatment

but was unable to find much description as to how psychotherapy was to be accomplished by the physician who had had no psychiatric training beyond that offered in the average medical-school curriculum. Much of the psychiatric literature, particularly in the psychoanalytical group, becomes so complicated that the average physician is apt to develop a strong resistance toward attempting real psychotherapy. Frequently the medical man who has been in practice for any considerable length of time and who has a liking for and a tolerant understanding of people, practices good psychotherapy unconsciously, based on experience and common-sense judgment. Often his efforts fall short of accomplishment because he has not been sufficiently well trained in psychological processes to appreciate the obvious transmutation of emotional dissatisfaction into physical complaints and is misled by the seemingly good intellectual response and insight expressed by the patient.

Time and again I have heard Dr. Law vigorously express the wish that he had had more knowledge of psychotherapeutic procedure during his years in general practice. In retrospect he was aware that he had been close to the key of the problem presented by a patient and yet missed it because he had to grope in the dark. At no place in his training had anyone given him a definite lead as to what he was seeking, although during these years he had done extensive reading of available psychiatric literature. During his period of four years in the army there was opportunity to obtain psychiatric training and later to make practical application of it to the problems that confronted him in large but isolated army posts in Canada. As a member of the psychiatric staff in the isolated community at Oak Ridge, Tennessee, during the hectic period that resulted

in the production of the atomic bomb, he had further opportunity to augment his experience and refine his technique of working with disturbed people who were still functioning and producing in their usual setting.

At heart, Stanley Law is still a practitioner of general medicine in a specialized setting and is doing an outstandingly fine job of it. He feels that what he has learned, after the years of frustration before the war, he would like to share with other practitioners confronted with the same handicaps that he himself has faced. The protest and appeals that arose from his home community when he announced that he would not return there to resume practice are an indication of the esteem and respect in which he was held. He understands people, and they respond to his efforts to help them understand themselves. It is his deep understanding of people that makes it possible for him to admit that occasionally he has to "sort of kick them in the teeth to make them give up some of their old refuges." From this point of view, the clarity and the simple, whimsical type of writing should make an appeal with useful results that a more scientific approach might miss. For this reason I feel it a privilege to be invited to introduce this book to the medical world.

ERIC KENT CLARKE, M.D.

MINNESOTA PSYCHIATRIC INSTITUTE
MINNEAPOLIS, MINN.

I

THE PERSONALITY OF THE DOCTOR

PHYSICIANS, since the birth of their profession, have practiced psychiatry on an intuitive basis. Most of their skill in the successful handling of emotional difficulties has been gained by the trial-and-error method. For the most part, there has been very little conscious effort to acquire these skills. Yet it can be stated almost categorically that, if the physician is to acquire enough patients to support him in a society of free enterprise, he must first attract and then hold patients by the impact of his personality. In fact, as far as the psychic component of the patient is concerned, the physician's personality is the therapeutic tool with which he works. All illness has its psychosomatic component. Many more cases than we have previously realized are primarily psychic. We have long recognized that it is not necessarily the pills that the doctor administers so much as the confidence engendered in him through the pills that is the determining factor in the cure.

Surely any thinking physician is well aware of the fact that a generation ago, when specific drugs were practically unknown and chemotherapy had not been born, other factors besides the "symptomatic" drugs used were at work. We now know that, as a matter of fact, the cure was often obtained

through the normal recuperative powers of the body and often in spite of the medication used. How important the additional impact of the physician's personality on that of the patient and his family really was should unfold as we pursue the subject further.

Since, in dealing with psychic components of illness, personality becomes the most potent tool—and in the purely psychic the only tool—it should follow that a thorough knowledge of this therapeutic device and the maximum of skill in its use will greatly aid the physician in his task.

Here it should be hastily pointed out that this does not imply that one can learn to act a part that will be of value in therapy, as some writers on personality would have us believe. The physician-patient relationship is too intimate—too real—for it to be possible for the physician to fool a patient for long by an insincere front. This theme will be developed somewhat more fully later, in talking about children. For the present, it may be said that people, in general, hate a sham and are usually able to penetrate it sooner or later. They are then left disturbed, frustrated, and insecure. Since this tool, personality, is unique for each individual and belongs to him alone, only he can become aware of its limitations and value and can consciously use it to its greatest purpose. You must therefore begin by asking yourself, "Just what sort of person am I?"

In the first place, since you have the interest to read this book, it may be assumed that you are interested in and aware of patients as people. It may be assumed further that you are in possession of some sort of personality, with positive attributes, which has contributed to your success to date. You are inclined to view the patient as a whole and are aware of his social, economic, and emotional environment. You see more

than the cut finger, the ailing appendix, or the consolidated right lower lobe. This, you protest, is not personality. But it is, for it implies that you are emotionally stable and mature enough to be able to rise above your preoccupation with yourself and be aware of others as fellow beings. There are physicians who, it appears, never have been and never will be capable of seeing beyond the finger they are wrapping to the man or woman behind it. Theirs is a sorry lot and one that will become increasingly pathetic as more and more physicians grasp the import and master the skills of dealing with the psychosomatic components of all disease.

What other positive attributes do you have? Have you lived long enough and fully enough to be willing to give the other person a right to his own convictions, feelings, and independence in general, or must you continually try to pour him into the mold that you have determined is right for him, because you cannot tolerate any but your own way of thinking, feeling, and acting?

Are people, because they are people, interesting to you no matter how drab they may appear on the surface? Do you have an ever-present desire in each new contact to dig skillfully and kindly a bit beneath the surface to see what makes the stranger tick? Are you satisfied that if you do scratch the surface you will always discover gold, no matter how unpromising the topsoil may be? One of the attitudes you must possess is a confidence in the ability of all people to resolve their emotional difficulties if they will and if treatment is skillful enough.

Are you a sympathetic and patient listener? Are you convinced that the time spent in listening and counseling will be profitably spent? Do you have the time?

How about your own personal life? Do you handle the emotional storms that arise in your own home, or do you flee from them and leave them unresolved to build up tension in all parties concerned? How do you handle responsibility? Do you lose too much sleep over that case of measles with beginning pneumonia, or can you sleep with a feeling of having done all within your power? Do you project your anger on your secretary because Mrs. Jones took her arthritis to competitor Smith, or are you willing to concede that Smith may succeed where you have failed and that, anyway, another Mrs. Jones will soon appear in your office? How about that surgical case that went sour? Of course you blame yourself, but have you learned something from it?

If you can answer the majority of these questions maturely, you are equipped to make intelligent use of your most valuable therapeutic tool, and the remainder of these pages will be devoted to an attempt to teach you how.

2

MEDICINE VERSUS PSYCHIATRY

HAVING properly evaluated yourself, you are about to step into the role of a psychiatrist. This will not be too difficult, but there may be a few habits of thought and attitudes that you will have to lay aside while you practice this art. To the information that physical examination can give him, the physician has added to his diagnostic armamentarium, in modern times, an ever-increasing multiplicity of laboratory and x-ray procedures. In spite of all these aids to diagnosis, from his earliest days in medical school to the time when he puts aside his last medical book or magazine, the physician is constantly reminded that careful, detailed histories are the most important diagnostic device at his command.

Except for the information gained by inspection, the history is the principal diagnostic tool available to psychiatry. Small wonder then that, since its inception, psychiatry has laid very great stress on the value of a detailed history in arriving at a comprehensive understanding of the personality. It is in this field that the greatest progress has been made in the understanding of the dynamics of personality. However, it is also in this particular that the greatest harm has been done in the realm of efficient therapy. Pertinent information is essential in the treatment of any case, but the orthodox methods

of history taking often defeat the very aims of therapy. Here, then, in acquiring therapeutic technique, it will be necessary for you to overthrow one of your most cherished attitudes and methods of approach. You may feel like closing the book at this point with the observation that the author is insane, as you have half suspected all along that all psychiatrists must necessarily be. You will have the author's sympathy, because he well remembers the violence of his reaction when this concept was first introduced to him.

The material utilized in psychotherapy is much more intimate than that of the ordinary medical history. The material used is of the soul, not of the body. Every individual, be he patient, friend, or spouse, is entitled to hold inviolate that part of himself which he chooses to make his alone. If he does bring himself to reveal, after searching, minute questioning, all the material that the orthodox psychiatric history demands, much of the purpose of therapy is defeated. The therapeutic process must continually strive to establish the self-respect and self-dependence of the patient. Having laid intimate details of his life in the hands of the physician, he is perfectly justified in relaxing into an attitude of, "Now you have the material; you make me better." This is exactly the attitude that in the patient with pneumonia you most desire and consciously strive to attain. In psychiatry you must develop exactly the opposite attitude, since the will to recover is the only constructive mechanism with which you can work. That will must come from within the patient, not from you. He takes the active role in his therapy; you, the passive, even though you may impart the additional spark, the additional bit of insight, which before coming to you he has never been able to find.

In the realm of medical diagnosis, one does not resort to

vivisection. In the realm of psychiatry, the orthodox history is a comparable procedure—just as brutal, yes, just as sadistic, and just as unnecessary. How ridiculous to extract each juicy morsel of the details of a sensitive man's sex life, when the problem to be dealt with is that his mother-in-law insists on living under the same roof with him!

When the final interview is concluded, however, if you have made brief running notes as the interviews unfold, you will find by reviewing the series that you have a wealth of pertinent historical data, perfectly adequate for the most critical diagnostic demands.

Sometimes, after the initial interviews, it seems necessary to extract more material. By this time the patient is in a position to appreciate the pertinency of the question, and the above principles do not apply. Even then your respect and consideration for the patient may be easily conveyed by a brief explanation of the reason for digging. You may say, for example, "It seems to me that the way you feel about your mother is important in helping us to understand you. Tell me, then, how old were you when you first discovered that she favored the other children?"

The matter of drugs in psychotherapy needs some consideration, and our attitude needs some modification from that usually obtained in medical thought. It was not so long ago that all prescriptions were written in Latin for the very purpose of keeping the patient in ignorance of the name, let alone the nature, of the medication used. In psychiatry, since you start with the premise that you respect the integrity of the patient in all matters, you not only take him into your confidence as to the nature of the drug being used, but also tell him as simply as possible what he can expect, both pleasant and

unpleasant. There is no particular harm in using drugs. In fact, there is no reason for not using any measure that will increase the well-being and comfort of the patient while he goes through the painful process of treatment. If you employ a sedative for insomnia, you must let him know why it is used. You must also make it very clear that you do not expect that it will be necessary for him to use it for long, since, once his emotional difficulties are relieved, he will sleep naturally. The use of sedatives is a crutch to help him over his period of disability, and he must realize that it is intended as symptomatic therapy only, that it will in no way cure him of an emotional illness. Utter frankness, then, as to name and nature of the preparation is essential. As for dosage, it will take courage and call for some fine judgment; but whenever you can reasonably do so, it is well to indicate the usual dosage and the frequency and allow him to take it as he desires. You do not place the means of suicide in the hands of a suicidal patient, of course, but, short of that, your indifference to the use the patient makes of his medication accomplishes two purposes. It shows him how relatively insignificant you consider the drug in the therapeutic process, and it indicates your respect for his good judgment and your confidence in him.

In psychotherapy, as has been indicated above, the patient takes a more active role than in other therapeutic processes. This would seem on the surface to be another respect in which psychotherapy differs from medicine. Actually, it is merely a more acute awareness of the relatively insignificant role played by the therapist. After all, in any illness the recuperative powers lie within the patient, not within the physician. Even in this era of chemotherapy, the therapeutic agents merely inhibit the microorganisms; they do not destroy them.

It still remains for the leukocytes to rid the body of the harmful foreign substance. So, too, in surgery, it would be a sorry state of affairs if, having had a gangrenous appendix removed, the patient were left with a gaping wound and had no reparative powers to mend the damage the surgeon had done. It is innate in every organism to try to be in a state of health, and chemical processes of the body are constantly at work to keep that optimum state of balance which is health.

In psychotherapy the same principles apply. It is innate in the human organism to be emotionally healthy and happy. When disease results from unfavorable environmental influence, the healing power must come from within the patient. The physician's contribution is relatively small—much smaller perhaps than in other fields—but nonetheless as important. The psychiatrist has no knife, no penicillin, at his disposal. His only tool is his feeling for the patient, which, by some very poorly understood process, stimulates the will of the patient to a greater effort at recovery than was possible for the sufferer alone. The healing force in the emotionally ill is the desire, the urge, of the patient for health. The physician assists him in mobilizing and channeling this drive.

This leads to a more detailed consideration of patient dependence. Since the effort to recover must be expended by the patient and must be consciously directed—in this respect the process differs from that of recovering from an organic illness—the patient must never be allowed to expect too much from his physician. He must be kept constantly aware of the fact that it is his life and his suffering and that it is his own effort that will produce a cure. You stand ready and willing to give all the moral support he needs to help him understand himself, to accept in him those traits of character and the

guilt he cannot accept himself, but beyond this, you are powerless. Your acceptance of him and the rights he has to function and feel as he will can be a very potent therapeutic tool, at times dramatically effective.

One further point of difference between medicine and psychiatry will bear brief scrutiny. If a patient with acute appendicitis has a spinal deformity due to an early Pott's disease, the surgeon does not in any way expect that removal of the appendix will cure the Pott's disease. Nor does the patient expect it. The patient, moreover, has probably become well adjusted to and comfortable with his deformity and so has no wish for the surgeon to treat his deformity while he is under treatment for appendicitis, even though it might lie within the surgeon's power to attempt to do something about it. The surgeon is able to project a realistic picture of the result of his therapy: a patient without an appendix and with a spinal curvature.

In psychiatry, on the other hand, a physician too often builds up in his own mind a concept of what *he* desires the patient to be as a result of the therapeutic process. He projects to the end of the therapeutic process a completely changed personality and, moreover, a personality that will meet the rigid requirements of perfection that he himself has conceived. In other words, he not only sets about removing the appendix of which the patient is complaining, but attacks the spine—and with about as much chance of success as the surgeon would have. The patient may complain of symptoms caused by guilt over rejection of a child, and the doctor discovers, incidentally, that the patient habitually takes three cocktails before dinner, about which the patient is perfectly happy. The physician is overstepping the limitations of therapy if he

attempts to cure the "alcoholism," which is not producing symptoms, desirable as this might be to the social and economic life of the patient. If there is any relationship between rejection of the child and the drinking, then, of course, it is a different matter, and the patient himself will decide what to do about it.

In other words, in the therapeutic process you must be prepared to settle for the changes the patient desires in his personality, those which will leave him symptom free and relatively happy. To insist on more is to invade a privacy where you have no business and where you are doomed to failure because of that very invasion. Many times the solution to problems brought out in therapy will seem to you undesirable and even wrong. You may have the right to point out your own feelings, but you have no right to insist on your solution. It may be difficult for a physician with definite opinions on the evils of divorce to settle with a patient who chooses this course, but if it makes the patient happy and well, the physician has no choice. Even if the result is not what the patient anticipated, the doctor must still be prepared to allow the patient the right to take this course and, if necessary, to deal with the emotional repercussions of the act. It, of course, does not follow that you will condone a criminal or antisocial act. It may be necessary at times to refer the patient to a psychiatrist or even to advise commitment. In that event, the general practitioner has been forced to step out of his therapeutic role.

3

THE THERAPEUTIC SITUATION

TO PRACTICE psychiatry, it is convenient to have seven pieces of equipment: a desk, two chairs, a notebook, a pencil or pen, a box of facial tissue, and yourself. All except the last are not absolutely essential and can be disposed of without handicapping yourself too much. Let us consider them in order.

The physical equipment of an office sometimes takes on a peculiar significance in the therapeutic situation. After the first three or four interviews, one patient developed a certain behavior pattern at the onset of the interview. First, carefully scrutinizing the chair in which she was about to sit, she moved it an infinitesimal distance to the right or left, forward or backward, apparently to be sure that it was in its proper relationship to the rest of the room. Then, sitting down, she slid forward in the chair, placed her cheek in her right hand, elbow resting on the chair arm, and went to work.

When circumstances necessitate a change of offices, in the case of a patient who has been visiting for some little time, it takes the patient and therapist part or all of an interview to settle down in the new environment. This would seem to indicate that in a therapeutic situation an emotional overtone develops that is unique and defies description. The environment takes on for the patient a significance that might be compared

to the importance of a certain pew in a particular church. It is true that this tendency to seek the same setting is likely to be a habit with all (the student usually prefers to use the same classroom seat), but in the therapeutic situation it takes on a deeper and more important symbolic meaning.

Since some time will probably be spent in the interview situation, it is common sense for both the physician and the patient to be comfortable. It is good to have a comfortable armchair for the patient or, if space permits, a choice of several comfortable chairs, but no couches or other paraphernalia of the analyst should be used. Since you must be patient, you had best be comfortable yourself. There is no reason why either you or the patient should not move about the room as desired.

Since this is not an inquisition, but therapy, it is well to arrange the lighting so that it falls not on the patient but on you. This gives him confidence in the situation and in your own courage. Since it will be profitable to watch his facial expressions, however, this cannot be carried to the point of leaving him too much in the shadow. The rest of the office accoutrement will be dictated by your taste. The ordinary consultation room will do nicely, with the addition of the comfortable chairs mentioned above.

Now, about the notebook. Some record of interviews is desirable, although not essential and certainly not desirable in all cases. Some men can trust their memories, and the main purpose of taking notes is to make the essential material of interviews a matter of record for reference. The author's own notes are brief and leave many gaps but essentially give the continuity of the progress of the case. Such notes may take the form of particularly revealing remarks in quotation marks and, for

purposes of reviewing and criticizing your own technique, sometimes an exact quotation of your own remark. At times, especially early, when much factual material is forthcoming, you may be quite busy with notes. At other times, the entire interview can be summarized in a few sentences.

Some therapists prefer not to take notes at all during the interview, but to summarize the content afterward so as to give their undivided attention to the patient. Many patients will object to the process of recording their intimate disclosures. You must deal with this, and a good technique is to offer the notebook to the patient for him to see what has been written. You can also offer to delete anything objectionable to him. It is well to discuss the whole procedure of note taking early in therapy and to have the patient understand that he has ultimate and complete control of everything that is written. The advantage in this is that it is perhaps a trifle more honest than to make notes after the interview when the patient is not present. Occasionally a patient will say, "Now don't write this down," and then it is well to respect his wishes and trust to memory. Sometimes, when something especially intimate comes to light, it might help to say, "Is it all right with you to word it this way?" putting it in the most general terms possible. When notes are transcribed by a secretary, the patient's confidence must extend to her. This will be especially true in smaller communities and may take some working out if records are to be kept.

If notes are taken during the interview, the process can be used therapeutically. Giving the patient complete control of the record establishes early in the interviews one of the goals toward which you must move: a sense of your respect for him and his feelings. This very often is a new experience for him

and does much to establish the rapport you seek. It also is such a revolutionary procedure as far as established medical practice—especially hospital practice—is concerned that it sets the psychiatric approach off in a category by itself, which is all to the good. Incidentally, many psychiatrists now believe in extending this practice to hospital patients, allowing them free access to their charts and the nurses' records. This is no plea for extending the practice beyond psychiatry, although it would be an interesting field to explore. But in psychiatry, since the will to recover must come from the patient, it would be silly to withhold any information that might help him along the road.

Perhaps a digression here is in order. Many readers may say, "Carry this attitude far enough and you will have the population infiltrated with ex-patients who fancy themselves psychiatrists. Look at all the harm they may do!" It is true that ex-patients may at times attempt to treat others as a by-product of their psychiatric experience, and it may even be conceded that this may do more harm than good. The damage is perhaps not so universal as you may think and ultimately is probably due to unskillful handling by the therapist. These persons, probably, have not been successfully treated and seek to project their emotional immaturity on others. Be that as it may, orthodox medicine is in no position to throw stones. Why do you try to limit the amount of your prescription to the particular illness you are treating? So that it will not be used by the patient's brother-in-law for supposedly identical symptoms. How many people do you know in your community who prescribe for relative, friend, or stranger on the basis of some patient medicine that supposedly helped them; or how many transmit even your advice and treatment to others for totally

unrelated ailment? On the other hand, it would seem that by giving the patients your complete confidence they may be much more likely to return the respect that you accord them. Moreover, when all is said and done, they are very unlikely to have any very profound understanding of just what has happened to them—no more than they will understand the physiology of any other therapeutic situation. At any rate, for psychiatry, giving the patient medical information is good therapy.

Many women—and an occasional man—will weep at some point in therapy as they begin to face themselves. A few may have the foresight to come prepared for this emergency. Many more fully intend not to give way to their feelings and, to prove it, more or less deliberately leave their handkerchiefs behind. Anyway, one dainty handkerchief may be entirely inadequate. Thereupon ensues a frantic searching through all the assorted paraphernalia usual to the modern woman's purse. Your own handkerchief may not bear inspection and to lend it would create an unprofessional atmosphere. You can be much more comfortable in this situation by casually pushing a box of facial tissue across the desk.

When the patient weeps, you do *not* give a reassuring pat on the back with the admonition, "There, there, don't cry." You respect the patient's rights to this emotion as well as to all others, and since he is doing a pretty good job of expressing his feelings, there is no particular need to try to help him. Certainly you do not weep with him. A comment to the effect that you appreciate how painful the experience is may be in order. For the rest, respectful silence and patient waiting is probably the best therapy. When the patient is calm again, the process may be continued or, if much time is consumed, it may

be well to terminate this particular interview. Usually the weeping will not be repeated if therapy is moving satisfactorily. The material that caused it today may be discussed with surprising calm tomorrow or next week if your attitude has been right.

Finally, *you* will be there. We have discussed earlier the sort of person you are; now shall we consider you in relation to the patient? In every therapeutic situation an emotional interchange between two people takes place. All attempts at describing it leave much to be desired. Many people, when this is first discussed, consider it a bit indecent, not at all necessary, and hardly the sort of thing for any physician to be daily subjected to, especially if the patient is young and of the opposite sex. But it is not sexual in any sense. Some authors refer to themselves as a parent substitute in this situation, which may come as close as anything to describing it. The doctor in other fields is in a particularly favorable position to grasp the meaning, since it is in the end a doctor-patient relationship, which he already so thoroughly understands, with all its implications of mutual respect and confidence. The difference between the psychiatric situation and the usual medical one is that whereas in the latter the patient submits his body to being probed, thumped, inspected, and generally examined, in the former it is his "soul" that he submits for examination and treatment. The relationship then acquires a deeper significance—but along identical lines—and is as unique in human relationships as the doctor-patient relationship has always been. The implication for respecting confidences and the patient's feelings are as great or greater. It is unforgivable to make a brutal pelvic examination; it is criminal to make a sadistic psychiatric examination.

The patient with pneumonia will do much better when his entire confidence rests with his physician, but it is absolutely essential that the patient accept the psychiatrist as his physician. Failure to accomplish this acceptance prohibits or arrests therapy, and yet, since the material used is so extremely personal and intimate, almost all patients come for treatment with considerable resistance. One of the first essentials, then, is to face this resistance and handle it. An expression of your appreciation of how difficult it is to accept help from another and a frank discussion of this problem will do much to get over this phase of therapy.

As a matter of fact, three distinct phases of this relationship run through all successful therapeutic processes. First comes the resistance of which we have just spoken. When this has been broken down, there come acceptance and willingness to allow you to help, and finally comes the process of separation that terminates treatment. Actually the separation process is implied in the beginning, since the whole thing is unnatural and cannot in any sense be permanent. As the emotional problem is resolved, the patient begins to reject the therapist. You must be on the alert for signs of all three phases, but especially for the phase of separation. It is just here that far too much therapy is unduly prolonged. It is these principles that you need to master fully and quickly, since on your handling of these three phases will depend largely your decision as to whether or not you actually have the time to do any psychotherapy in the daily grind of a busy practice.

The speed with which the first phase of the therapeutic process will be completed depends on your evaluation of your own ability to help. Nothing is transmitted faster than confidence, and since an intimacy is being born in which you can-

not possibly fool the patient by pretending to be what you are not or feeling as you do not, the more at ease you are with yourself and your skill, the sooner you will be accepted. This does not imply that in order to attain acceptance as a doctor you will ever in any way assume the too frequent attitude of the medical man: "Put your trust in me and I will make you well." The attitude will rather be: "You are quite capable of helping yourself, and you are the only one who can help you, but I stand willing and ready to give all my skill and support to you in your problem."

Once you have become acceptable, the hardest job should be over. Therapy can now move swiftly, but deeply and thoroughly, to a satisfactory conclusion. Here again it is up to you. An immature therapist revels so completely in having broken through the initial resistance that he unduly prolongs the second phase for his own self-gratification. In order to prolong the relationship he leads the patient into irrelevant by-ways—and highways—continually binding the patient to himself by emotional dependence until the poor fellow is completely confused and worse off than he was before therapy was instituted. The immature therapist fails either to see or to appreciate the early signs of separation and to take note of and keep the patient aware of them. Eventually he becomes tired of the whole business and, in attempting to extricate himself succeeds in rejecting the patient completely—a very harmful process. This takes care of the final or separation phase in an entirely negative way and leaves the patient no better or, frequently, worse off than when he came.

In a successful series, however, the separation may be handled quickly and skillfully if you are alert to the signs of improvement and keep before the patient the thought: "It

seems to me that you are better and soon will not need to come." With improvement, the positive reaction of the patient is to escape. There may be considerable ambivalence about it, but you must remember that the wish to remain is entirely negative and must be dealt with as such. The need to become independent is exactly comparable to the need of the youth as he leaves adolescence to become emotionally independent of his parents. The therapist who fails to accept this, who binds the patient to him because he cannot bear to let him go, is as much at fault as the mother who refuses to allow her child his independence and will do as much harm as the immature parent.

Frequently you will be amazed to meet a former patient on the street and be accorded only the barest recognition, or none at all, when a short time before the warmest sort of relationship existed in the office. Once you appreciate fully what has happened, you can congratulate yourself on having satisfactorily concluded the final phase of therapy. Having used you in need, the patient casts you out. This is as it should be, and he has every right to do so. In fact, he shows thereby that he recognizes the dangers involved in the dependence that developed during therapy and is to be congratulated on having attained emotional independence.

This rule may not always seem to apply. Sometimes you will have other contacts, social or casual, with the patient. Here a different relationship exists, in which the physician is no more or less important than any other friend or any other acquaintance. Both can be very comfortable in this situation.

It therefore follows that you do not lose a patient in another field because you have given him psychiatric treatment. The old relationship should be and can be continued. Indeed, if the need arises, a psychiatric therapeutic situation may again be

quickly established. But the physician who expects or desires the emotional tone of the therapeutic situation to be anything but temporary, serving its purpose for the necessary time only, has missed a very vital concept of what is involved in psychotherapy.

4

JOE HAS AN ULCER

JOE THOMAS is a patient of yours. He is thirty-two years of age. He is tall, slender, and somewhat stooped. He has abundant dark, wavy hair, a narrow chest, flat abdomen, long tapering fingers. His complexion is somewhat pasty, and he has deep-set dreamy eyes. He is somewhat pensive and is quiet-spoken.

Joe is married and has three children, ages eight, six, and two. You have never met the children or Mrs. Thomas, but you know about his family from your medical records. His address is in a middle-class residential district where most people own their own homes, and you have the impression that Joe owns his, too.

Joe is a teller in the leading bank in town and as far as you know has never had another job; at least he has been employed there as long as you can remember him. Joe pays his bills promptly on the first of the month. He is usually neatly but not gaudily dressed; sometimes you notice that his clothes are a bit worn, but they are always neat and clean.

Joe has a duodenal ulcer. He has been under your care for about six months, and his progress has not been satisfactory. You suspect that he does not adhere too strictly to his diet, and you also have a suspicion that occasionally Joe takes a

cocktail or two. His medical history shows that a year ago he drank rather heavily, but he was inclined to admit this rather grudgingly.

Joe came to you after having been treated by Dr. Brown for an indefinite time. When Joe came to you, Brown informed you that the change was satisfactory to him because he had lost patience with Joe for not following instructions. As far as you know, your treatment is essentially the same as Brown's.

Joe is not totally disabled. He manages to work every day but shows no x-ray evidence of improvement, and, whenever you relax on his medication or diet, he complains of increasing distress and cooperates better for a while. He usually complains of some nocturnal pain, at least once a week, and you are beginning to wonder about a period of hospitalization for him. He showed definite improvement when you hospitalized him at the time that he first consulted you. Also, you are considering surgical consultation.

Joe is getting restless, too. He is beginning to ask how long this is going to continue. He talks about a nice steak and a drink once in a while. You have a feeling that Joe is about ripe for a change of doctors or even a change to a quack. Even if he stays with you, you are going to have to decide on some more drastic treatment, for things are going no better medically with Joe than they are psychologically. You decide to give psychiatry a whirl. There is no readily available psychiatrist, and Joe could hardly afford to travel to one.

Joe drops in one rainy night, toward the end of your office hours, to arrange a refill of his prescription and to badger you about his progress. No other patient is waiting; your wife is playing bridge, so that there is no particular point in hurrying home. Joe seems to have plenty of time on his hands, too; at

least he makes no immediate move to leave. So you decide to open up on him. To get to this stage in your psychiatric progress, you have already laid some groundwork. You have recently read a standard textbook on psychiatry and have thus reviewed for yourself the elementary principles of diagnosis, classification, and prognosis of psychiatric problems. As for some concrete ideas on how to treat, you have found them, we hope, by reading *this* book.

you: Joe, did it ever occur to you how important the state of a fellow's nerves may be in stomach trouble?

Joe looks startled, as well he might.

JOE: Doc, I don't know what you mean.

you: Medical men are becoming more and more aware of the fact that unless a person is pretty easy in his mind most parts of the body don't heal very well, and this is especially true of the stomach. You see, Joe, you and I were built either to run or to fight when we became frightened or threatened in any way. That is the way it had to be for the cave man, and we still have the same equipment he had. Now, it takes a lot of blood circulating through the stomach to digest food. When fighting or running was necessary, the blood was squeezed out of the stomach and out to the muscles and brain, where it is needed for fighting or running. The stomach has enough acid in it literally to eat itself up. Normally this doesn't happen, because the blood brings something to the stomach which keeps this from happening. When there isn't enough blood, the acid starts working on the lining of the stomach and an ulcer may start.

Your explanation may be as simple or as involved as you care to make it. It will depend somewhat upon Joe's intellectual capacity. Strict accuracy is not important. The only thing essential is that you know a little more physiology than Joe does. Your imagination will supply you with similar material if Joe happens to have an aching back rather than an ulcer.

JOE: Sounds interesting, but I don't want to run or fight either, so that can't be what is causing my ulcer.

YOU: Any emotional unrest can do the same thing, especially if it is there all the time. Too much acid and not enough blood. That is why we keep medicine or food in your stomach as much of the time as possible—to keep the acid down.

JOE: I know that—about keeping the acid down—but what do you mean by emotional unrest?

YOU: Worry will do it.

JOE: But I have nothing to worry about. I've got a job, a home, a nice family; I get along with my wife. No, Doc, I don't worry, except about this stomach of mine. I'm getting tired of that.

YOU: That worry is bad—maybe it is the only reason, but the ulcer started, you know.

JOE: I wasn't worried then, either. No, Doc, you're on the wrong track.

YOU: Joe, I guess you don't think much of me as a doctor anyway.

Joe looks startled again. Here, for the first time, you have expressed for him an only half-expressed negative feeling of his—in this case, about you. This you will continue to do as

you move along in therapy with him. Joe is fundamentally honest and, after thinking this over for a while, says:

JOE: Well, to tell you the truth, Doc, I don't seem to be getting my money's worth.

YOU: You think you could do better elsewhere?

JOE: I don't know. If I did, I would probably try someone else.

YOU: You feel that I am not interested in you?

JOE: I can't say that. You seem to be.

YOU: Maybe someone else has better treatment.

JOE: Gosh, Doc, I don't know. Bill Smith got over his ulcer when you treated him, but a guy has to do something.

Joe seems to have hit bottom on his negative feelings for you, so you can move along, but remember this "hitting bottom" business.

YOU: It is sure tough to have had this pain as long as you have.

JOE: It sure is.

YOU: The diet gets tiresome, too.

JOE: The worst part is waking up at night with the pain.

YOU: And I suppose you wonder if some night it might burst?

JOE: And that's pretty serious, isn't it?

YOU: It means an operation—quick.

JOE: I know. Pretty risky, too.

YOU: You wonder if you might not recover.

JOE: A fellow thinks of it.

YOU: Pretty rough on the family.

JOE: Oh, well, I'm not dead yet.

He has looked this fear in the face and seems to have handled it, so you let it go. Maybe a pause here, leaving Joe with the responsibility to continue, is in order. A pause is use-

ful therapy. It pretty much depends on *your* comfort in it. If you can keep your mind on Joe—not let it wander to Mrs. Clark’s gall bladder—and still be comfortable, it gives Joe time to digest things and to indicate the course he wants to take in the interview. Don’t be cruel in it, however; if he is too uncomfortable and starts to squirm, help him out a bit. Finally:

JOE: But, Doc, honest, if I have anything worrying me, I don’t know what it is.

YOU: Sometimes a fellow doesn’t know what it is.

JOE: Then how could I be worrying?

YOU: Ever hear of the subconscious mind?

JOE: I see what you mean. (*Brightening*) Say, maybe you’ve got something there.

Let him save his face with this device, if he wants to. He at least half realizes that he does have emotional difficulty, but this is painful. Joe could get drunk, expose himself to inclement weather, and contract pneumonia by his foolishness and be quite comfortable about it, with little or no sense of shame. But, in the present thinking of most people, there is something weak, something “yellow,” something to be deplored in emotional illness. It is very hard to admit that we are not “strong” enough to handle our own emotional difficulties. We can accept help with a broken leg but not with emotional difficulty. So Joe is entitled to what face he can save. It is little enough.

YOU: Very often that is where the trouble is.

JOE: But how do I find out?

YOU: Usually it will come if you think about it.

JOE (*thinking*): Nope. Can’t think of a thing. The only thing is . . . my mother. She came to visit us over a year ago and

hasn't left yet. But shucks, that couldn't be it. I really don't worry enough about her to amount to anything—not enough to cause all this pain.

YOU: It would be hard to believe that that could be it?

JOE: No, Doc, you're on the wrong track. Say, it's getting late. I better run along and let you go home.

YOU: Want to come back and talk it over some more, Joe?

This startles Joe. He is used to having you say, "Come back two weeks from tonight at eight o'clock."

JOE: Think it will do any good?

YOU: I don't know, Joe. That will be up to you.

JOE: You're the doctor, aren't you?

YOU: Yes, I'll tell you when to come for medicine, but not when to come about your feelings. That's up to you.

JOE: Seems kind of silly. I doubt if it will help much.

YOU: Suit yourself.

JOE: Well, I've got to do something. I suppose it won't do any harm.

YOU: O. K. We will need to have a little free time together. How about a week from tonight?

JOE: Eight o'clock?

YOU: I can be free at 7:30.

JOE: I'll be here.

YOU: Good. Here, write your name on the appointment pad. It will help you to remember if you write it yourself.

Allowing the patient to fill in his own appointment time does two things. It does help him to remember something that a part of him will be trying to forget, and it places the responsibility for the appointment where it belongs—with him. The

implication is that the responsibility for cure is also on his shoulders.

You have moved along pretty fast and you have several things to study in more detail before Joe comes back next week—namely, psychoneurosis, resistance, the technique of dealing with negative feelings, and, since Joe has mentioned his mother and has given you a hint as to at least a part of the psychodynamics at work in his illness, you may as well consider that.

The basic principles involved in treating psychoneuroses, anxiety states, depressive states, hysteria, and psychoses by interview are essentially the same. The attempt to feel and to express for the patient his emotion is, after all, the big factor. However, in the psychoneurotic, you have to take an additional and very often a difficult initial step. This is to convince the patient that his symptoms may be on an emotional basis. It is not necessary to convince him that they *must* be emotional. If he will go along far enough to admit that there might be an emotional component to his symptoms, therapy can proceed. In fact, you can rather suspect that just admitting the possibility is another face-saving device and that not very far down in consciousness he has grasped the idea and really wants to do something about it.

But you may never get over this initial hump. Remember, somatic symptoms are of the same order of escape mechanism as are the frank psychoses. It takes courage to give up somatic symptoms—not that mere willing can dispose of them. Certainly in the case of an ulcer the pathology is definite enough. What it takes is a facing of reality, a resolution of emotional tension, thus removing whatever the nervous element is that will not allow the natural recuperative powers of the body to

have full sway. It is by no means certain that, even where the pathology cannot be discovered, actual changes in physiology are not present in the gold-bricking soldier with an aching back. It is an interesting speculation at any rate, and, moreover, it will help you if you can accept this philosophy. If you will concede that the psychoneurotic actually has the pain he describes so vividly (never mind the nerve distribution), you can much more easily find the sympathy you are seeking for a fellow being in his suffering.

In your philosophy, then, there are no malingerers. Your patients actually believe they have pain, and you believe so too. But when some of these patients begin to see what you are driving at and get a glimpse of themselves as they really are, the sight is too painful. If they categorically refuse to take the first step with you, you must yield, since one of your principal tenets is that you respect the patient's right to his own feelings. You cannot pressure him into accepting therapy, not in a free society. Since it is his cooperation on which therapy hinges, obviously not much can be accomplished without him. The author once had a patient who stated frankly that he had been to six doctors for his "stomach trouble," all of whom decided that it was "nervousness." He stated, after being presented with the possibility of an emotional mechanism, that he thought he would go and consult another "medical man." He was invited to come back at any time, and some weeks later he returned, stating that he had now seen ten. They all agreed; he was convinced and ready to talk it over.

So if you cannot get over the first hurdle, as you did so beautifully with Joe, drop it for the time being and continue to treat the symptoms. Several things may happen. On the next visit the patient may be more receptive, having had time

to think about it, and you can then go along with therapy. He may even surprise the life out of you and, just from your few suggestions, go to work on himself and resolve his emotional difficulties without further help, on either a conscious or a subconscious level. In that case, you will probably receive scant credit, but you are used to that. Remember, you must be mature.

An occasional patient you will lose, no matter how skillfully you suggest the matter, for he can't stand looking at the probabilities even momentarily. But you would soon lose him anyway and will be better off without him.

Joe Thomas listed all his blessings as proof that nothing was worrying him. This is almost a universal pattern, and you will meet it time and time again. The mechanism is his unwillingness to admit that, whatever it is, he cannot handle it himself. He thinks his worry will look as small to you as he has been trying to tell himself it really is. When you, in turn, do not treat it as a little thing but a rather usual cause for emotional disturbances, you do much to free his feelings about it. It is really big to him. He doubts if it will be big to you, but when it is, you have begun to gain stature in his eyes—a necessary step.

You will not bat a thousand in your attempts to have your patients accept psychiatric treatment nor in your attempts at therapy. There is no agreement as to what a good batting average is nor, indeed, on the criteria for judging a cure. For a starter, be satisfied if you can convince one out of five and cure two or three out of ten who have been convinced.

And remember that a patient is cured when he is symptom free, carrying on his daily life's duties, and relatively happy. It is not necessary that he become *your* ideal citizen.

In the initial stage of therapy you will always meet resistance. Sometimes patients in anxiety states, for instance, are well aware of the fact that their difficulty is emotional. They properly evaluate their symptoms and may seek you out for help, but nonetheless they are slightly less than frank or expect you to give them a painless sure-fire formula for a quick, easy cure. They work through this resistance to acceptance of you and the therapeutic situation. Your success in handling this phase will be enhanced by your acceptance—indeed, your expectation—that it is the “normal” process with which you must deal. You will meet this resistance best by according the patient every right to have it and to have his own opinions. Since you are dealing with emotions, logic is of no avail. When his resistance is to the therapeutic situation, you explore his negative feelings about that. When his resistance is against you, you explore these feelings, helping him to express them and showing perfect acceptance of his right to these feelings. Few indeed are the people who can resist such an approach in or out of a therapeutic situation if sincerity permeates your expressions. You say to Joe, “You feel you could do better elsewhere?” since you are expressing his feeling, not your own.

Joe says, “You’re the doctor, aren’t you?” Here, again, you must step from the physician’s role to the psychiatrist’s role. You refuse the traditional responsibility. Only Joe knows how he feels, and only Joe can do anything about it, even though your support may be the straw that swings the balance from sickness to health.

There have been repeated references to catching negative feelings as you go along; if you will notice your comments, you will see that they are most often on the negative side. Let us consider this principle in a little more detail.

The whole idea is that in psychiatry the efforts of the psychiatrist are merely to assist the patient in expressing his feelings. A repetition in new words of what the patient says helps the patient to self-understanding and to see what he must do about this problem. It does more. It places the responsibility for recovery where it belongs—in the patient's lap—defines the limits of the therapist's responsibility, and shows the proper respect for the patient, which is so vital.

This concept seems to have broken the deadlock of progress in therapy by putting the therapist on the right track with new insight into his own role. If, in enthusiasm over the startling results obtained by this method, the swing into passivity was a trifle too far, no one can detract from the tremendous stride this concept made.

Carl R. Rogers, in his book *Counselling and Psychotherapy*, has so beautifully demonstrated, with a complete case report, the role of the therapist as a passive mirror to the patient's emotions that the reader could well spend a week end with this book.

As the therapist uses this technique, he will find that the basic principles involved may be applied with certain short cuts, so that the therapeutic process can be shortened in time without detracting from the depth or intensity of the therapeutic experience.

One thing that the method does is allow the patient to work out the dynamics of the situation for himself. Granted that it is not always necessary for the patient to understand what has happened to him, often he can work through his problem faster if he understands some of the dynamics that apply. Take the matter of parental rejection, an extremely common mechanism. When a patient struggles with his guilt for re-

jecting his parents, it can do no harm for him to know how he came to feel the way he did. Furthermore, it gives the therapist an opportunity to establish his acceptance of the patient, thereby building rapport. By his very training, the physician has this information at his disposal and it would seem to be his duty to instruct the patient. It certainly violates no basic principle and takes none of the responsibility for cure.

An even more effective tool to economy in therapy is to reflect only the negative feelings expressed by the patient, for these are the feelings with which you are concerned. The patient innately has the ability to find all the positive sides of his emotional difficulties, but these he cannot find until the negative ones can be expressed and viewed. As one acquires skill with this approach, it is often possible to lead the patient by expressing the feeling before he has put it in words. If this is taken step by step, one need not fear going too fast or too deeply, since the patient is already to a degree aware of all these negative feelings, which he has not yet found the courage or words to express.

5

PARENTS

JOE WILL be in tomorrow and you suspect that there is some emotional element in his life that has to do with his relation to his mother. Before he comes, let us talk about parents in general so that you will be better prepared to deal with him.

Without minimizing the importance of the works of Freud, Adler, Rank, and all the others who have laid the groundwork for modern psychiatry, suppose we leave the castration complex, Oedipus complex, the id, the ego, and superego to the highly trained specialists and consider briefly a single theory of the production of emotional maladjustment. This theory will, in a surprisingly large number of cases, give you sufficient practical insight into the dynamics at work in the conditioning of your patients to their emotional illness.

In your practice you enter many homes. When you do so, you are often conscious of the emotional interplay that transpires between mother and child. You are even more often conscious of this when the mother brings the child to your office. Many times you are asked about faulty feeding habits, enuresis, and temper tantrums among the multiplicity of early emotional symptoms that plague parents as they struggle to fulfill their family obligations.

Deprive a child of sunlight or vitamin D and he will surely

develop rickets. Deprive him of sufficient food and he will fail to gain weight. Deprive him of sleep and he will become irritable and restless. Lack of vitamin C brings scurvy, and so on. Deprive a child of the proper kind of emotional security in the home and the groundwork is laid for behavior problems of childhood and/or neurotic behavior, at least, in adult life.

"But," cries the mother, "that does not apply to me, for I love my child dearly." She does, of course, but she has some negative feelings, too—sometimes a great many—and it is with these that we are now concerned.

From childhood on, the principle that we must love the "little darlings" for whom we are responsible has been constantly ingrained into all of us. It is impossible then for a mother to admit even to herself that she has any negative feelings about her child. Negative feelings do exist, however, because diapers are messy, nursing is a confining chore, and a mother may have to give up parties and other social pleasures before she can settle down to the humdrum business of raising a family. The negative feelings are there; they cannot be acknowledged and dissipated, but something must be done about them. Because they are there and cannot be tolerated, guilt for having them develops and something must be done to assuage this guilt. The usual mechanism is an overexpression of affection, overconcern for the welfare of the child, worry over health, welfare, and habits *ad infinitum*. With this there is, of course, an ever-mounting tension. The mother soon reaches the stage where she does not dare leave the child alone for a moment, lest something dire result—which, after all, is her half wish. She knows subconsciously

that, if something does happen, she will never quite forgive herself, since her true feelings were not "right."

Implanted deep in all of us is the old superstition that if we wish something badly enough, it will come to pass. We are not as yet far enough from the cave man who sought to destroy his enemy by making an image of this enemy and destroying it. So the mother cannot stand her negative feelings, and she wraps the child in her apron strings, binding him closer to her, not through love but because of her own deeply felt guilt and inadequacy. She, poor soul, comes from a similar home; consequently, the process may continue for generations, thus appearing to be hereditary when, as a matter of fact, it is almost entirely environmentally produced.

But what is happening to the child while all this is tearing up his mother? As has been intimated, a healthy emotional atmosphere is essential to the proper emotional growth of any child. What has been pictured above is not a healthy emotional pattern. It is a sham, a pretended affection, a compensation for negative feelings to assuage the mother's guilt, not to help the child grow. Children are intuitively endowed with an emotional acuteness that sees through the pretense of unfelt emotions, and their response is pretty much instinctive also. It may take one of several forms or alternate from one form to another. Their need for honest emotion, fully expressed, is so great that they go to great lengths in an effort to arouse it in the parent. Failure leaves them frustrated, puzzled, and bitter. It is amazing how early they sense that something is wrong with their relationship. The earliest case that has come to the author's attention was one described by a pediatrician, in which a baby at six weeks howled at the top

of his lungs when approached by his mother but contentedly cooed when the doctor picked him up. There was no doubt that this mother had not wanted the child. While this case may be extreme, the fact remains that the emotional tug of war develops comparatively early.

Failing to find the emotional tone necessary to his development, the child may withdraw more and more into himself, laying the groundwork for a schizoid break, or he may fight from an early age. If he fights, he may do it with temper tantrums, bed wetting, refusal to eat, or any one of a dozen different mechanisms. When adolescence comes, delinquency problems are likely to develop. Other things being equal, there is more hope for the fighting child than for the passive one, for he at least is doing something about the problem.

It is not long before the unloved child begins to develop guilty feelings of his own. These he, likewise, often cannot acknowledge to himself, and so he never knows why he reacts the way he does. He, too, is soon taught that he must love his parents, so he pretends that he does, and as he grows he projects his unhappiness onto others or finds some measure of relief in neurotic symptoms.

Another more concise way of stating this theory is to say that every individual, to attain his emotional maturity, needs the impact of a mature personality with his own—preferably that of a parent or parents. Failing to find this maturity at home, he may find it elsewhere—in the preacher, a teacher, Aunt Minnie, or the family doctor. That is why to do a job of psychiatric therapy the physician must himself be mature, with most of his own conflicts resolved.

To define emotional maturity is something else again, but most of us have a fairly accurate picture as to what is in-

volved. An emotionally mature person is one who is for the most part comfortable with himself. He has a degree of self-understanding. He can make mistakes and profit by them without losing too much sleep. He lives neither too much in the past nor too much in the future, but largely in and for the present. He is able to express aggression in a socially acceptable manner and to direct his aggression to the proper source without projecting it onto an innocent person. He is ready and willing to accept people as he finds them—with interest but not annoyance—and to help them to change when they are dissatisfied with themselves.

These traits, you say, are hard to find in parents, and so the whole picture looks quite hopeless. But fortunately only one thing is necessary to give us a fairly satisfactory home in which the child may mature emotionally as he matures physically and mentally—that is, for the parents in this home to dare to be real enough to express their honest feelings. If they can be real with the children, even though they be immature, the child at least knows where he stands. His response on the same level will do two things: it will permit his own emotional growth and will help to mature the parents. It is not always idle talk or an unhealthy situation when a mother states, "I married very young, and so I grew up with my children." It is better for a mother to be an emotionally honest child than an emotional hypocrite who pretends to be adult and uses her child to try to convince a doubting world—and herself, as well—that she is mature.

Time was, not so long ago, when we laid down the rules for child rearing. We accomplished great good with rules for child hygiene, feeding, and training. These rules were predicated on an emotionally mature atmosphere, although we did

not realize it at the time. In the realm of emotional training the rules were numerous, but that generation is now growing up and we are still plagued by neurotics. We told mother not to nag, not to be possessive, and to give the child responsibility and laid it out in a beautiful set of rules. We fell into the error that medicine has suffered under for years—treating symptoms and not the disease. What we did, of course, was to give the parents a new set of rules to act by, leaving the child more confused and frustrated by this new performance. The author, for one, is willing to reduce the rules to a minimum and try now to get parents to dare to be themselves. They must get out their negative as well as their positive feelings and let the child have the opportunity of struggling with them. Here seems to be the field of preventive psychiatry. The child who is lucky enough to be born to emotionally mature parents may have a slight edge, getting his emotional buffets from the world outside the home and using the home as his haven from the world until he is ready to make the final break. But the child with immature parents will do quite well, since maturity is a relatively indefinable thing anyway, if the parent can be shown that he has the right and the duty to express his own feelings toward the child.

From the time of birth to maturity the physical growth of the child is one of growing away—first from his mother, then from the home and into the world where he makes a home of his own. Emotionally, too, the process is the same. If either parent, because of guilt over emotional rejection, does not allow this process to unravel naturally—without being overly possessive—the emotional upheaval will be terrific and the neurotic symptoms produced in all concerned will be greater than psychiatry can ever handle.

To lay claim to the hypothesis that this maladjustment in the home is the only cause of neurosis would be preposterous. Yet it seems that, whatever else is added to complicate the mechanism involved, this one factor seems to be ever present. Not all individuals with immature parents become neurotic, but it is safe to say that almost all neurotics have immature parents and, moreover, have never resolved their sense of guilt because they hate these parents. They may regress to alcoholics, homosexuals, and psychotics, but the groundwork—unresolved—is laid in childhood.

This does not imply that the woman of sixty with migraine headaches must be led back to her childhood on the road to self-understanding. As will be pointed out later, treatment lies pretty much in the here and now. Nevertheless, the immature male of twenty-five with peptic ulcer who still lives at home so his mother may fix his diet will certainly have to do something about his feeling for the parent in order to reach a cure, even though he complains much more bitterly of job dissatisfaction or of the girl friend who has jilted him.

6

JOE'S HISTORY

Now back to Joe. He is waiting by the time you finish with the previous patient. He comes in and sits down.

you: Well, Joe?

He was expecting you to inquire about his health, and that stops him for a minute. But you have stopped being a doctor and are now a psychiatrist, so you leave the initiative up to him. However, he does not intend to let you off that easily.

JOE: Doc, I've had more pain this week than before.

you: I suppose you have been upset because of our last talk.
JOE: No, the talk didn't upset me, but things are not so good at home.

you: It's not easy on you to have things wrong, when you're nervous with this ulcer anyway.

Pause.

JOE: My mother and my wife aren't getting along, and the baby has started wetting the bed again. My wife makes me get him up when I take my medicine—says I might as well as long as I'm awake—but it doesn't seem to do any good.

When Joe gives you a series of feelings to respond to, you have a choice of picking out one in particular. You may de-

tect the strongest one and respond to that. A common error is to respond to the last statement the patient makes, which is not always a good idea. In this case you have a pretty good notion of where the interview should go and so, without seeming to, you have an opportunity to direct it.

YOU: It's hard to have two families under the same roof.

JOE: I get along with my mother all right. I don't see why my wife can't.

YOU: Maybe because she isn't her mother.

JOE: Well, I respect her mother.

YOU: How do you feel about yours?

JOE: She used to upset me some, but I know now that everything she did was for my own good.

YOU: You still feel she has your interest at heart?

JOE: Sure she does. I'm her youngest. I guess she always did favor me some—spoiled me, maybe, when I was younger.

Now here it seems justified to fill in some information you need, without invading Joe's privacy, since he has given the opportunity.

YOU: How many in your family, Joe?

JOE: Five children.

YOU: How much older is the fourth child than you are?

JOE: Six years.

YOU: All boys, all girls, or mixed?

JOE: Two girls and three boys.

YOU: So you were *really* the baby of the family?

JOE: Yeah.

YOU: That's no fun.

JOE: No. The other kids sure gave me a beating.

YOU: But your mother took your part?

JOE: Sometimes I wish she hadn't.

YOU: Made you mad at her?

JOE: Well, I resented it.

YOU: Makes you feel guilty to have bad feelings about your own mother?

JOE: Well, I guess she was doing the best she could.

Joe gets a glimpse of his feelings here and backs off: but you can't push him and you don't know where he wants to go, so you wait. After a pause:

JOE: She sure looked after me though. One time she slapped a teacher when my report card was bad.

YOU: You liked that?

JOE: Well, I didn't like school anyway—much. Guess it was partly my fault.

YOU: Didn't help you with the other kids either?

JOE: Nope. But I was pretty bashful—didn't have much to do with other kids.

YOU: It's unpleasant to be shy.

JOE: I suffered plenty. Mother wanted me to go to college, but I couldn't see it. Besides, my grades were hardly good enough anyway.

YOU: You don't think you were smart enough.

JOE: I never was very smart. If I had been, I'd have never gotten into the fix I did.

YOU: I don't understand.

JOE: Well, I got in with a bad gang in high school for a while. They stole a car and I was the fall guy. If I'd been smart, I

wouldn't have gotten in with them in the first place, or at least I wouldn't have been left holding the sack.

YOU: You still feel pretty bad about that?

JOE: Yeah. A fellow hates to be a sucker.

YOU: Makes you feel like you never could amount to much after that.

JOE: Well, my father managed to square it and get it hushed up—don't many people know it now, I guess. Say, Doc, (*noticing your notebook*) don't put that down, will you?

YOU: Want to see what I have down, Joe?

JOE: Well, I guess it isn't very flattering.

YOU: I just keep notes to help me remember from time to time. They are your notes, too, Joe. Anything you don't want down, we will leave out, or we won't keep any if you want it that way, but that would be hard on my memory. Want to see them?

JOE: O. K.

Joe accepts the book. This is what he reads:

JOE THOMAS—6/10/48

Complains of more pain during past week. Rejects idea of being upset over last interview. Complains of conditions at home—friction between mother and wife—baby started nocturnal enuresis again—resents taking care of infant. A little insight re mother. Patient youngest of five—6 years between him and next oldest, 2 boys and 2 girls until Joe came (unwanted from first?). Rejects facing feelings about mother. Shy in school, poor student, rebellion in H. S. into delinquency.

JOE: What do you mean, "unwanted from the first," Doc?

YOU: I've got a question mark there, Joe. I was just wonder-

ing if perhaps the other children were planned for and you weren't.

JOE: I can't say, but I doubt it because mother sure was good to me—but it could be. We didn't exactly plan our baby either. Of course, now he's here, we sure are glad to have him.

YOU: Still, maybe sometimes you wish he hadn't come along?

JOE: Well, I sometimes get the idea my wife still has her doubts.

YOU: I think so, too, Joe, because he wets the bed.

JOE: Shucks, all kids do that. I did until I was eight. What's that got to do with it anyway?

Here there seems to be no reason for not giving Joe some information, although many psychiatrists do not agree that intellectual information has anything to do with straightening out the emotions.

YOU: You see, Joe, all these things kids do—bed wetting, thumb-sucking, refusing to eat—they do because they are insecure, really because they are angry with their parents and can get some kind of attention that way, even if it is a licking. Joe, you can't fool a kid about the way you feel. Like puppy dogs, they see through pretended feelings. It upsets them. Soon they begin to resent the parent, feel guilty, and do these things often to get punished and so relieve that guilt. So if your wife really doesn't want the baby, the baby knows something is wrong.

JOE: But she isn't mean to him.

YOU: No. On the contrary, she is very good to him. She does that because she can't possibly admit to herself that she doesn't like him—not altogether, you understand, but enough

so it upsets him. She was brought up to believe that it is very wicked not to love her child, so she won't admit even to herself that she is irritated at him.

JOE: It *is* wicked, isn't it?

YOU: Unless one can admit his bad feelings, he can't find the good ones; he feels too guilty about the bad ones.

JOE: She says if anything ever happened to him she couldn't stand it. That's why she worries about his not eating as he should, and he is underweight. Doc Brown can't seem to find the right diet.

YOU: That's because we all have primitive feelings, Joe. You have heard about the cave man who thought he could destroy his enemy by making an image and destroying it. We all still have the feeling that if we wish something hard enough it may happen because of the wish. So if anything did happen to the baby, she couldn't stand it because the half wish that she has that it had never been born would make her think she actually had something to do with it. Does all this make any sense to you, Joe, or shall we go over it again?

Joe thinks this over a while and you wait.

JOE: Well, she sure was mad when she discovered she was pregnant again. I see what you mean, but I never would have thought of it that way.

YOU: Most people don't.

JOE: I was pretty mad, too, but, gosh, he is a cute little fellow. The only thing is I wish he would stay dry.

YOU: Make you mad to have to fuss with him?

JOE: Well, I guess I am a little rough.

YOU: Suppose he knows that?

JOE: Yes. I'll bet he does. He is apt to yell.

YOU: That's annoying to both of you.

JOE: Yeah, but what can I do?

You're getting along pretty well with Joe tonight, so you take another chance and make a suggestion.

YOU: Suppose he didn't get taken up?

JOE: My wife would have to do the laundry.

YOU: You said you seldom caught him anyway.

JOE: That's right, but if we don't get him trained, she will have to keep it up forever. I think he has weak kidneys anyway, just like me. I was eight before my mother got me straightened out.

YOU: Doctors think that if children are left alone and if they are emotionally secure, they will learn quicker by themselves.

JOE: But my wife's feelings—how does she change them?

YOU: I don't know. Guess that's her job. Maybe you can help.

JOE: Think I ought to talk to her?

YOU: That would be hard to do.

JOE: It would at that. We don't get along so good anyway.

YOU: She gets on your nerves?

JOE: Doc, don't write this down—I've never told a soul—but she is *cold*.

YOU: You mean frigid?

JOE: I sure do. It used to make me so mad I'd go out and get drunk, but then I got this damn ulcer and I had to quit—almost, anyway. If I sneak one, I pay for it.

YOU: It sure can upset a fellow.

JOE: One good thing, though. It costs a lot of money to drink the way I did. I don't make much anyway.

YOU: You feel you are worth more?

JOE: No raise in three years. That makes my wife mad, too.

Says she always has to pinch and scrape. I'd have quit or gotten a war job, but I guess that would have petered out by now.

YOU: The cost of living keeps going up, too.

JOE: We just squeeze by.

YOU: You have to think of educating the kids, too.

JOE: Yes, and I can't save a penny.

YOU: And if anything happens to you . . . ?

You are pushing a bit now. You are comfortable with Joe and he with you. You can afford to anticipate his negative feelings.

JOE: If I went to the hospital we would have to borrow money.

YOU: And if you died?

You have been this far before and Joe climbed out, but maybe then he was bluffing you; and you want to be sure he gets to the bottom of this fear if he has it.

JOE: I've thought of that, too.

Pause.

YOU: It isn't pleasant to think of.

JOE: Sure isn't. And in my condition a fellow can't be sure.

YOU: That's right.

JOE: If I could get a raise. . . .

YOU: You would hate to ask for one?

JOE: Seems as if they could see I need it and deserve it.

YOU: They might not give it to you.

JOE: I've thought of that, too, and then they might find an excuse to fire me.

YOU: Then you would be in bad shape.

JOE: That's right.

Pause.

YOU: Well, Joe, I guess I've got to be getting along.

JOE (*looking at his watch*): Gosh, me too, Doc. Where did the time go?

YOU: Want to come back again?

JOE: Think it will help any?

YOU: I don't know. How do you feel?

JOE (*grinning*): I've forgotten all about the pain while I was here.

YOU: I'll be glad to see you.

JOE: Next week, same time?

YOU: That will be O. K. with me.

Joe signs the appointment book and leaves.

Before Joe comes back next week, you have a little studying to do. Let's review your notes. The five things that jump out at you are parental rejection, delinquency, job dissatisfaction, frigidity, and alcoholism. Suppose we take them up in that order.

We have already talked about the important mechanism of the child being rejected. More and more you will find in your patients that here is something they almost invariably have in common. No matter what the type of neurosis, what the symptoms—somatic, psychosomatic, anxiety states, alcoholism—they never have had a happy home. But, you say, maybe well people don't either. Granted, but you will find that if you can help the neurotic patients to resolve the guilt they carry, they are then ready to go ahead and deal with the thing they are running away from. In Joe's case, there are several things: his

own guilt about that last baby; his resentment against his wife; his job dissatisfaction; and his sense of over-all inadequacy. Since his mother has managed, in spite of his marriage, to keep him infantilized, naturally he feels inadequate in every adult capacity he is called upon to fill.

The problem of delinquency is identical with that of parental rejection and, in fact, grows out of it. It has become almost trite to say that there are no problem children, only problem parents. It is true, however, and so bears one more repetition.

Just when the child begins to feel guilt about his negative feelings for the parents is hard to say. But we can be sure of one thing, and that is that if he hasn't done something about it before adolescence, he is going to then, or he will become more and more withdrawn and in danger of lifelong invalidism or even psychosis. As he comes into adolescence, the guilt mounts. It is at this time that his social consciousness is beginning to grow and something is definitely hindering it, namely, this guilt. So he tries to get some of it resolved by being punished. If the parent is guilty, too, and cannot administer this punishment, or if he does and can't make it severe enough, the child looks elsewhere for it. So he gets more and more antisocial, until he has to fall back on the police. Then he steals or does some other antisocial act bad enough to bring him to the attention of the authorities. They, perhaps, will punish him severely enough to absolve some of the guilt. This also gets back at the parents, and there is a chance that they will either reject him completely or change their attitude. Adolescence is a time of rebellion anyway. The emotionally mature parent can accept this and the revolt is of minor significance. The immature parents can accept nothing, since basically (subconsciously) they feel that the fault is theirs.

Notice the delinquent behavior with which you are familiar. How many times has it struck you that there was practically no effort to cover up the crime or the trail leading to the guilty party or parties? Police who pride themselves on their skill in apprehending juvenile delinquents are suffering from delusions of grandeur. The kids want to be caught and take pains to see that they are. Joe got caught, but his guilt was not relieved. His father rescued him—but he surrendered. As far as we know, he made no further attempt to break away (unless it may have been in his marriage) and he is still tied to the apron strings with nothing gained except negatively an additional load of guilt and an added sense of inadequacy.

Actually, delinquency is healthy from the standpoint of the individual. It is an effort at independence. Of course, it is misguided effort and is likely to get the subject into deeper and deeper trouble. But it is a sign that at least this subject is putting up a fight, since he knows that he cannot survive as a healthy individual unless he can become free of his bonds and his guilt. The fact that his mounting guilt with each transgression may eventually lead to his actual destruction does not invalidate these facts. If he dies violently, he at least has found the ultimate punishment that he has been seeking.

Joe is dissatisfied with his job. This alone is enough to give him an ulcer. You may find it the only factor, but you had better be sure and dig around quite a bit before you settle for that. There is usually something else, some personality defect, some basic cause, or Joe would have done something about it. Perhaps Joe does not have the ability to do a better job; perhaps he is already bumping the roof of his ability. Then your task is to help him to face himself, his limitations. He will also need

to get things straight with his wife, who is not yet willing to settle for his ceiling.

It is almost always true, however, that under emotional stress one is not efficient. You may well suspect that Joe is not. The tendency, then, is for Joe to refuse to face the facts of a job poorly done and to project the blame onto someone else. Some are favored, some get all the breaks, some can drink with the boss and play politics.

You must, then, be slow to have a preconceived notion of what Joe's ceiling is. If he can accept himself in the present situation and become comfortable with it, he may suddenly find that his ceiling has risen and he can fly much higher. Once he can stop looking inward at himself and his trouble, he can begin to see what is outside of himself and do something about it. Also, and most important, after he becomes comfortable with himself, he becomes comfortable with others. When he accepts himself, others will accept him at pretty much his own evaluation, others in this case being his boss and fellow workers. When he has filled, by using you, his own emotional needs, there will be an emotional overflow to others, which will certainly do Joe no harm. Then, since his job must always deal with people, he will give of himself to them. Then, mankind being constituted as it is, people will not be able to help liking Joe.

Joe is not, at present, an alcoholic, not in the usually accepted sense of the word. But if we define an alcoholic as one who takes more alcohol than he can handle, then Joe falls into that category, since in his present condition he cannot handle any at all.

It will not be necessary to go into a long discussion of al-

coholism, since for the doctor there are only a few things to remember. Alcoholism, when it comes to your attention for treatment, is just another escape mechanism. Some feeling is too painful for the alcoholic to live with and so he finds temporary narcosis in his liquor. You do not treat the alcoholism then, since it is only a symptom—it could as well be an escape into invalidism—but the man or woman behind the symptom. The man or woman who needs narcosis is the one you are interested in. In treating him, drinking, as such, need never be discussed. Resolutions to quit do no good. While treatment proceeds, drinking may or may not continue. The habit factor is not important. Habit may play a part in the man who takes a cocktail before dinner, but he will probably not come for treatment. No one takes enough alcohol to reach forgetfulness because of a habit. You like apple pie, but you do not eat a whole pie at one sitting. A man does not drink to excess because he likes alcohol—he likes only the effect. He does not drink to excess because his body cells demand the poison—he drinks to forget.

If you will not settle with Joe for a cocktail if he wants it and can handle it but insist that he totally abstain, you are not practicing medicine or psychiatry but are teaching or preaching temperance, which is something else again. Joe may settle for himself that he is better off with no liquor, which is all to the good. But if he is healthy and happy with some liquor and wants it that way, he is not ill and needs no treatment from you. This, of course, is after his ulcer is cured. Right now, since he can't take it without harm (demonstrable immediate harm), he is, among all the rest of his difficulties, alcoholic.

Incorporated in the philosophy of Alcoholics Anonymous is the theory that the alcoholic has an allergy to alcohol. They

believe that the first drink sets up a craving that must then run its course in the form of a protracted spree. Whatever the scientific facts may be, we cannot quarrel with any philosophy that helps to produce the results they get. Surely we can agree with them that, where one drink produces this result, the patient must be helped to total abstinence. By definition, they limit the term "alcoholic" to this one type of individual. Here the term is used in the broader sense.

What do you do about your cases of frigidity? Joe has a frigid wife. If you take her on for treatment later, you will probably discover that she has some logical mechanism all thought out. She will tell you that her mother taught her that sex was all nasty, that it was her duty in marriage to submit, but that to participate is wrong or, at least, not quite nice. Perhaps her mother taught her nothing at all, or perhaps she had some early frightening sexual experience. Maybe she has some guilt about an early experience. Maybe there is guilt about masturbation; maybe masturbation is still being practiced. Maybe she fears pregnancy and can't practice contraception because of religious reasons.

All these things may have some bearing, but besides exploring them you had best help her to investigate and get her feelings straightened out about two things. Is she emotionally mature enough for marriage itself or can she not react because she is still a little girl? Most important of all, how does she feel about Joe? Is she unable to face the negative feelings she has about him and straighten them out? If she hates Joe more than she loves him, she will, of course, be frigid. Unless she can work through the hate, she will never be able to find any positive side. Did she marry Joe to escape from a home she couldn't stand? If she did, she feels guilty and her guilt may forbid her

to participate in what she feels is actually extramarital intercourse, because she does not feel married to Joe at all. If she can grow up enough to be happy in marriage—which, after all, requires some maturity—and if she can face and resolve the things about Joe that she does not like, nature will take care of the melting process and will teach her how. You do not need to give instructions on techniques.

Occasionally you will get involved in religious coloring here, and this will need delicate handling and may even defeat you. One cannot but respect a patient's rights to his own religious beliefs, even though they are the patient's own and not actually those of the creed that he embraces. One frigid woman accepted treatment very well, showed plenty of insight, and was very warm in interviews, but she terminated treatment with the comment, "I think it is working out, but it would be so much simpler if my husband were only a Christian." Her definition of a Christian hinged on a public confession of faith, and, as long as she felt she was sleeping with an infidel, she had a pretty big emotional hurdle to get over.

7

JOE ENTERS THE SECOND PHASE OF THERAPY

JOE comes for his next appointment. You both get settled and you wait for him.

JOE: Well, Doc, I guess I gave you my life history last time. Got me analyzed yet?

YOU: I understand you better, if that is what you mean.

JOE: Well, tell me what to do to get better.

YOU: I can't do that. It's up to you, but I want to help.

JOE: You're supposed to know the answers.

YOU: If you did what I told you to, it wouldn't do you any good. So I won't tell you.

JOE: Why wouldn't it?

YOU: Because, it is what you feel that will help you—then you will know what to do.

JOE: I've never been able to lick it so far.

YOU: Maybe if we make a team—you and I—that might do it.

JOE: Well, I don't know.

YOU: It doesn't seem worth the money, Joe?

JOE: I don't know. If it works, I'd sure feel better, but it doesn't seem that just talking is going to help me.

YOU: All I know is that lots of people do get better this way.

JOE: Well, what do we talk about? I told you everything I could think of.

YOU: What do you want to talk about?

JOE: It's all up to me, hey?

YOU: Seems to me it's your feelings we have to tackle. Unless there is more which will help us to understand you, we probably have enough of your life.

JOE: I can't think of anything special. I've been thinking—it seems to me my mother keeps things stirred up at home all the time.

YOU: That makes you resent her?

JOE: Well, I resent her being there so much.

YOU: So then you must resent her—for herself.

JOE: I can't do that. She has always been good to me. Besides, she is my mother.

YOU: You mean it is wrong to resent your mother?

JOE: Of course, I remember after my father died she would not let me out of her sight for about a year.

YOU: How old were you then, Joe?

JOE: About fifteen. He died about a year after I got in trouble that time.

YOU: It must have been rough on a boy of fifteen to have to be tied to his mother when the other fellows were having fun.

JOE: It sure was—but I was sorry for her.

YOU: And for yourself.

JOE: Yes, I suppose I was. My brothers and sisters had all married and left home before Dad died.

YOU: So she hung onto you, didn't trust you very far?

JOE: Used to always want to know where I'd been, if I came in even a half-hour late from school.

YOU: That made you mad.

JOE: I suppose so.

YOU: At her?

JOE: I couldn't help feeling that way.

YOU: You still feel it was wrong to feel mad at her?

JOE: Well, anyway, that's the way I felt.

YOU: But you felt guilty because you felt that way?

JOE: I'm worried about her, too—what with everything else—she has a nasty cough.

YOU: You think she is sick, Joe?

Remember especially the dialogue here. We want to talk about it at the end of the chapter.

JOE: She's pretty old.

YOU: Old people are not so strong.

JOE: I know. She might get down in bed.

YOU: And then you and your wife would have to take care of her. She might even die.

JOE: Don't say that, Doc.

YOU: Why not, Joe? After all, it is a possibility.

JOE: But then I *would* be nervous.

YOU: Why?

JOE: Well, a death upsets anyone.

YOU: Yes, but you would feel especially bad.

JOE: I couldn't stand it.

YOU: And you can't see why.

JOE: Like I told you.

YOU: If she were dead, she wouldn't be with you.

JOE: You mean I want her to die? Oh, no, Doc.

YOU: Part of you does.

JOE: It would settle a lot of things.

There is a long pause during which he studies you.

JOE: Well, Doc, I guess you don't want to see me any more.

You can't do anything with a guy like me. I'll run along now.

YOU: You think I blame you for the way you feel?

JOE: You can't help it.

YOU: That's because you can't help blaming yourself. I'm sorry I can't share that feeling with you.

JOE: You just say that because I'm sick and you're a doctor.

YOU: No, Joe, you had to feel that way.

JOE: Had to?

YOU: Yes.

JOE: You mean, we were talking about my kid and us not wanting him. You mean she never wanted me and that's why I . . . feel like I do about her?

Joe almost said "hate," so you decide to help him.

YOU: That's why you hate her, Joe. You understand how it works.

JOE: Well, I'll be. . . . You know, it begins to explain a lot of things I haven't told you about.

YOU: It's pretty hard, Joe, but I guess we will have to face the fact that you were the unwanted child.

JOE: And so I never grew up.

YOU: No fun not being grown up.

JOE: Gosh, what can I do?

YOU: I don't know, Joe. What do you want to do?

JOE: I could have a talk with her.

YOU: That would be the hardest thing you ever did.

JOE: It sure would.

YOU: It would take real courage.

JOE: Guess I'll think it over a few days. (*Pause*). She probably did the best she could, though—she didn't know any better.

YOU: I'm sure of that.

JOE: But she doesn't need to boss me and Mary around.

YOU: You feel you have some rights, too?

JOE: Wish I'd have felt that way—a long time ago.

YOU: You did.

JOE: Yes, but I didn't do anything about it.

YOU: It would have been hard then.

JOE: I didn't see it clearly enough.

YOU: I guess that's why you are here.

JOE: Yes. Well, Doc, I've got enough for tonight. How about next week, same time?

This interview enters the second phase, although you get into it gradually. Joe has dropped his symptoms. He makes no mention of them directly, although he intimates that he is still not well. It will be hard for the average physician to accept the fact that complaints drop out of the picture so soon. After listening to your "chronics" grumble for months, you simply will not believe this until you try it. But this is about the usual stage where the patient seems to forget entirely what it was that first brought him to you—that is, of course, if therapy is moving.

You would expect that the greater the psychic element, the sooner the symptoms would disappear or at least be relegated to their relatively unimportant position. This does not seem to follow. In fact, a patient will at times seem to cling longer to a purely functional complaint than to one associated with real pathology, and Joe has a lesion that you are relatively sure cannot have healed as yet.

The reason for this is interesting speculation. It would appear that a patient is much less willing to give up a symptom

that subconsciously he knows he has been exaggerating than an actual face-saving pathological one. But let us leave speculation and get along with what we do know.

Joe is not quite settled into his second phase of therapy. He has not quite accepted the limitations of the therapeutic situation or the therapist. He makes a feeble effort to reject you and it in his opening sentences. Having finally accepted the emotional basis for his symptoms, he can be pardoned if he seeks to find a magic set of directions to replace the magic pill he has previously sought. However, you have previously defined the relationship, and so his attempt is only half-hearted and he is easily persuaded to do it the hard and only possible way. From here on, he accepts you; and that, it often seems, is about all it takes. Possibly you could talk about the weather from here on in and Joe would get better anyway, but he is not going to let you do that.

Now, since you have been accepted, you feel more comfortable; you definitely have the feeling that, even if you make a mistake and say something that Joe won't accept, no particular harm will be done. You can back up and take a fresh start.

Joe soon gives you an opening and you dare to start showing him around a bit. This will shorten therapy considerably, if successful, and keep Joe satisfied with the movement. So when Joe brings up mother's "nasty cough," you plunge in and take him step by step to the depths of his negative feelings. Notice how, having hit the bottom, he sits there a while, looks the situation over, and starts to climb out by himself—"She did the best she could." Whether you offer him a helping hand to climb out of his pit is of no importance. He is per-

fectly able to find the positive side leading upward. It is on the way down that he needs assistance.

Having hit bottom with his own guilt, Joe cannot see but that you must hate him for his guilty feelings as much as he hates himself. His attempt to leave is your crucial test. In Joe's case it is not difficult for you—you had long ago seen where it was going and how he felt, and you did not condemn him. You were perfectly honest in accepting him as he was. He did more than listen to you, however; he watched your face to detect any unexpressed feeling, any false note. His ear was, no doubt, tuned to the pitch of your voice as well. If you had at this point the slightest feeling of rejection toward him, therapy would probably have ended unhappily and Joe would have kept his ulcer. Your imagination will supply you with situations where it will be difficult not to feel some revulsion, some disgust, for the patient. Your only possible salvation then will be to get that feeling out quickly by saying, "Joe, I'm supposed to be big enough to take people as I find them and know that there is more good than bad in everyone. But right there I got a feeling that I personally resented the way you felt. Will you stop a minute and help me work that out, so we can go on?"—or words to that effect. It will be hard for Joe, if you really mean it, not to reverse the tables for a few minutes and treat *you*.

Joe limits the extent of this interview himself and takes the responsibility for making the new one. You put in your notes, "Found the depths of his mother rejection—accepts it—progress."

Were Joe's problem a simple one—if he had come to you when he was sixteen and this was the paramount issue—you

might not have seen him again. Very possibly he would have gotten all he needed to right himself, and he would "forget" the next appointment. However, Joe now has other things on his mind. He will be back.

Also, he will be better. It is amazing to see how, once the process starts, the patient is able to carry on between appointments and you are sometimes put to it to keep up with this interval progress. Because of this interval progress, it would seem wise not to see the outpatient too frequently. However, it does not make too much difference. If for any reason it is more convenient for either you or the patient to have interviews more often, very little effort will be wasted. It is, in fact, sometimes a very potent force in hastening therapy to limit from the first the number of interviews available. You will be repeatedly struck by the fact that, when circumstances force you and the patients to be soon separated geographically for some little time, they will move rapidly in the time allotted.

You will experiment to find the length of interviews that suits you best. Some men work best with a half-hour; others prefer a longer time. The only caution here is that, once having decided what the length shall be, you must make it stick with the patient. We have talked about the patient's rights. You, also, have rights that are defined in the therapeutic situation and are distinctly of therapeutic value if so defined. Once you let a patient impose on *your* time—as opposed to his—you lose face. He is learning to respect his feelings and rights, and a part of that process is learning to respect the other fellow's.

8

JOE MAKES PROGRESS

JOE returns.

JOE: I've had a rough week, Doc.

YOU: I know what you are going through is no fun.

JOE: But I think I'm getting somewhere at home.

No use saying anything. He is going to tell you about it, and this is a positive feeling that may lead you astray if you attempt to mirror it.

JOE: When I got home Thursday evening the place was in an uproar. My wife was banging things around in the kitchen, my daughter Janie was crying in a corner, and mother was sitting knitting, with a look on her face just like she used to have when she was going to put me on the pan when I'd come home late. It seems that Janie wanted to go out in the country and spend the week end with a friend of hers. Mary said she could, but mother stuck her nose in. She said that Janie's report card from school wasn't good enough, that she should stay home and study. Anyway she didn't approve of the family where Janie wanted to visit.

YOU: Some situation!

JOE: Yeah, but you know what I did, Doc?

You shake your head. That's more honest than saying no when you have a pretty good idea of what he did do. It doesn't imply so much that you don't know as that you would like him to go on.

JOE: I called mother in the library and had a talk with her. I'd been thinking a lot about what we've said, and we got into it pretty hot and heavy.

YOU: That made you feel guilty?

JOE (*with a grin*): Not so guilty I didn't finish what I had to say.

YOU: Must have been hard on her.

JOE: She argued first; then she cried; then she threatened to leave and visit my oldest brother, but she doesn't get along with him at all, so I was pretty sure she wouldn't.

YOU: Then she called you an ungrateful son.

JOE: How did you know that? Then she started feeling sorry for herself.

YOU: And it made you sorry for her, too?

JOE: Sure. But I guess I was more sorry for myself. Anyway, I told her she was welcome to stay but that Mary and I would run things around the house.

YOU: How is she now?

JOE: At first she sulked for a day or so. When I told her she was trying to keep me a baby she had a hurt, puzzled look on her face, but really, Doc, I don't think she took it as hard as she pretended. Mary says she has been real sweet the last few days, but she is still pretty cool toward me.

YOU: Makes you feel like giving in?

JOE: Well, sort of, but I'm not going to. I had enough. She can get over it or not—it's up to her.

YOU: I guess you're getting better, Joe.

JOE: I've felt better since then, but I had a rough time that night—didn't sleep too well.

YOU: It's hard to work when you don't get your sleep.

JOE: That's another thing. I got to thinking that, as long as I was rolling, I might as well keep going, so the next morning I had a talk with the boss.

YOU: That took real courage.

JOE: Well, it did. But I get a raise starting the first of the month.

YOU: That helps.

JOE: It sure does. The boss was really decent about it. I have to take on more responsibility, though.

YOU: Scares you?

JOE: Yeah, but I need the money. Guess I can do it.

YOU: You may have many worries now.

JOE: Well, so far the idea doesn't bother me. Guess I'll cross that bridge when I come to it.

YOU: O. K., Joe.

Long pause.

JOE: There is still Mary. I don't think she will ever change much.

YOU: You are not happy with her?

JOE: She nags. She wasn't even too nice about the raise—said I should have had it years ago.

YOU: You think she should have been more grateful?

JOE: Worse than that. On the strength of it she went and bought a fur coat. Of course, she needs a coat, but they are plenty high now, and if she is going to spend it faster than I make it, I don't get ahead very fast.

YOU: That made you mad?

JOE: Sort of, but I didn't say anything. If I had, she'd have taken it out on me some way.

YOU: You're afraid of her, Joe.

JOE: I've been thinking—I guess I know why. You see (don't write this down), I guess I really didn't love her when we got married.

YOU: You feel you cheated her?

JOE: Yes, in a way. I've been as good to her as I could, though. I help with the dishes and the kids—let her have everything she wants, if I can afford it.

YOU: But you don't give her what she really wants.

JOE: What do you mean?

YOU: Honest affection.

You are getting rough with Joe again. You feel that the relationship is such that he can take it. He has made a lot of progress and he is developing insight, but you will watch for signs of rejection and back off if you have to.

JOE: I don't get any either.

YOU: I don't see how you can.

JOE: I don't understand.

YOU: How can she respond to something that isn't there?

JOE: I've tried harder than she has.

YOU (*backing up*): Of course I don't know her, but I'm sure you have tried.

JOE: She is selfish and lazy. When I think back, I think she married me to get away from home. Her folks were hard up at the time and she was out of a job. Her mother sort of pushed her into it, I think.

YOU: You think she was just a little girl, too?

JOE: Still is, in many ways. Of course, I love her, but she hasn't been much of a wife. My mother warned me.

YOU: She didn't approve?

JOE: She raised Cain. Did everything to keep me from getting into it.

YOU: It's hard for me to understand how you ever made the break, Joe.

JOE: Well, I guess I wouldn't have if I hadn't—well, slipped—if you know what I mean.

YOU: You mean there was intercourse before marriage?

You might as well say it for him and get it out on the table where you both can look it over from all angles. He will be watching you now to see if you will accept that in him. Since you are a physician, this won't bother you too much, we hope.

JOE: Yeah. Not that that in itself was so bad, but she made me feel that now I had to go ahead and get married.

YOU: You feel she trapped you.

Pause. Joe is thinking—and feeling.

JOE: It would probably be more honest to say I trapped myself. You see, she hadn't been around.

YOU: And you had.

JOE: Some.

YOU: And so you took out your trapped feelings on her.

JOE: I tried to be nice to her, but, gosh, Doc, she was cold.

YOU: That made it hard for you to get straightened out.

JOE: Like I told you—I used to go out and get drunk.

YOU: That didn't help?

JOE: Just made things worse. Guess I'd still do it if it weren't for my ulcer, though.

YOU: Even when you know it doesn't help?

JOE: It helped for a while.

YOU: Like a drug?

JOE: I guess that's it, but sometimes I feel pretty desperate about ever getting anywhere with her.

YOU: Marriage lasts a long time.

JOE: I'm missing plenty, I guess.

YOU: You feel you are being cheated?

JOE: I sure do—but I can't leave her.

YOU: I know that you would feel more guilty than ever.

Pause.

JOE: Yes, I would. Pretty hopeless situation, isn't it?

YOU: You're sure you feel that way?

JOE: Don't you?

YOU: I don't know. I've seen others work it out.

JOE: I've seen plenty of people that never did, too.

YOU: That's right. Maybe it's up to you.

JOE: I need some cooperation.

YOU: You don't think it is possible to find it?

JOE: Doc, I've tried everything—read books, talked to other fellows, tried to talk to her, everything.

YOU: Ever try straightening out your own feelings?

JOE: I thought I had.

YOU: It seems important.

JOE: It takes two. She doesn't try any more. She did, some, at first.

YOU: You seem pretty hopeless.

JOE: I am—about that.

Pause.

YOU: Well, where do we go now?

JOE: Can't you help me out?

YOU: I guess it's up to you, Joe.

JOE (*grinning*): You just leave it all up to me, don't you, Doc?

YOU: Hardly seems worth while to come, does it?

JOE: Oh, I see that I have to help myself all right, but you might give me some hints.

YOU: O. K. Joe, I will.

JOE: I'm listening.

YOU: Get your feelings straightened out.

JOE (*grins again*): You're a heck of a lot of help. I want to know how. (*Long pause*) I guess I'll have to think that one over.

YOU: Want to come back again?

JOE: Well (*pause*), yes, I guess so. I had some pain last night again, but to tell you the truth, I think I am a little better.

YOU: Same time?

Joe signs the appointment book and leaves.

There is something Joe does not know. It is the sort of thing that you may or may not tell a patient, depending on circumstances. In Joe's case you decided not to tell him, since it seemed that he was going to find it out anyway and since his mother was staying on. The problem is that parents are never really happy in the emotional jam into which they get when they keep a child infantilized. They seem to be utterly incapable, however, of doing anything about it. While it is true that the fetters actually are as distasteful to them as to the child, they can never bring themselves to sever those fetters. It is true, also, that they get some vicarious satisfaction from

their enforced servitude, but nonetheless, no person even approaches happiness in an unhealthy emotional situation.

There may be a bit of instinctive wisdom in the attitudes of these parents, although the way one feels about them at times makes it difficult to give them much credit. It is true, however, that the normal mechanism is for the child to leave the parent—not for the parent to force the child away. It may be true that the mother bear fights off her cubs in their second summer, but the human does not seem to follow this pattern naturally. The mature human, rather, *allows* the cub to be independent, although he may encourage this independence in many ways. The immature parent basically desires freedom from his bonds, too, but these are self-made and have been identified with guilt feelings for many years. He is powerless to do anything about breaking them, therefore, except in the negative way of wrapping the bonds tighter and tighter until the child, for its very existence, is forced to break them.

Joe does not know that his mother is going to be a much happier woman once he cuts the apron strings. She doesn't know it either and will use every device in her power to bind him to her. But, once Joe is able to stand on his own feet and defy her emotionally, she will be forced into acceptance of her new freedom. Once having relished it, there is little danger that she will reverse the process, which after all is growth, although she is due for some emotional anguish.

When Joe and his mother are both freed, they will be in a position to establish a new relationship, which is entirely healthy. It will be that of one adult with another, both of whom have much in common, and it can become a very close sort of thing. Incidentally, Joe's wife will have little incentive to be jealous of this new relationship, since Joe's relation to

his mother will now no more encroach on her rights than Joe's relationship to his boss does. In many ways, Joe and his mother are about to find in each other a new side of their respective personalities that they have never seen before. Each will in time, probably a relatively short time, grow very comfortable with the other, and because of their new-found freedom they will show a new tolerance and respect for each other. It may take the mother a little longer to settle into the relationship than it does Joe. She is the more rigid of the two. She has more guilt to resolve. She is older, with less insight and less cause to change.

Joe's mother is not going to be entirely made over. We do not expect miracles from psychiatry, although we sometimes see them. If she is hot tempered, caustic, and hypercritical, these traits may remain—tempered, it is true, by the release of some of her pent-up tension—but others may find her much as she was before, unless they are quite close to her. If she has been stingy all her life, she will not, in all probability, suddenly give all her money to charity, although she may revise her will to give Joe a little better break. The big change in her will be in her attitude toward Joe.

Joe works around this time to his feelings for Mary, his wife. At times the author revolts so much from Freud, where everything has a sexual implication, that he thinks it would be pleasant to write a book on psychiatry and neglect to mention sex at all. However, Joe has a sexual problem, as do many patients. In not all patients, as in Joe, is it the basic problem. This you see clearly now, although Joe perhaps does not. Joe's basic problem is immaturity, and where the patient's complaint revolves entirely around the mate, or the sex life, his basic problem, too, is immaturity.

The mature person takes sex in his stride. He may make all the mistakes Joe has, but he learns from these mistakes and does not repeat them. He may be very angry at himself for playing the fool. He may have a great deal of guilt, but he handles the guilt and uses it constructively. Moreover, the mature person in his actual physical sexual life needs no set of rules to find happiness. He dares to be real enough and natural enough to let nature teach him in the way he should go. When the partner also possesses some maturity, sexual harmony is quickly established.

Joe does not yet see that it is his feelings for Mary that are important to Joe. Both Mary and Joe are enmeshed in their own guilt and in their own projected negative feelings toward each other. Both are hurt, guilty, and angry.

Joe apparently is not impotent, although he well might be in this situation, but one finds the impotent male a little less frequently than the frigid female. That Mary is frigid is small wonder. She probably does not feel actually married to Joe and she takes her guilt to bed with her each night. Even the fact that she has borne three children of Joe's is not a potent enough force to resolve the guilt. Small wonder, then, that in bed neither one can be natural or really affectionate.

The fact that Mary has a lot of negative feelings for her youngest child seems naturally to follow. Perhaps he was conceived when Joe came home intoxicated one night. Her revulsion toward Joe then would be likely to be projected. Moreover, having had two children and thus feeling that she had met her social obligation of procreation, she became frustrated, angry, and rebellious when this additional unwanted pregnancy "slipped up on her." Her guilt about her negative feelings for her baby must be terrific, and her compensatory, un-

real, assumed (albeit subconscious) pseudo affection for him must be very puzzling and irksome to the child. No wonder that at night he in effect says, "Pee on you, Mother."

Mary's position in this situation is identical with that of Joe's mother when Joe himself was this age. Thus do people come to think that many, many traits are inherited. Thus, in the author's thinking, is the chain established that can often be traced back for several generations. It follows that, once through psychiatry (or any other maturing process) the chain is broken by our efforts to help just one individual to reach emotional maturity, the results of our labors will be felt for many generations. Perhaps in this way we shall be able to thwart the statisticians who already have calculated the not too distant date when, if the present alarming rate of admissions to mental institutions continues, there will be more people inside than outside.

9

JOE ENDS THE SECOND PHASE

JOE is fifteen minutes late for his next appointment. You mention it in your notes; it may mean something even though he is full of sincerely sounding apology and his reasons are very logical. Also, you decide not to forget it; you may want to talk about it before he leaves.

JOE: Well, I've got to admit I've had very little pain this week. If it will only last. I've had fairly good weeks before, but then the pain comes back.

No use encouraging him. The hardest thing for Joe to believe will be that his cure is permanent.

YOU: I suppose it is hard to believe you will really be better.

JOE: Anyway, things are some better at home.

YOU: Want to tell about it?

JOE: What do you think I'm here for? Well, I got home after the last session we had, and I sat down and did some thinking. I figured it this way. If I'm going to do anything, I might as well get started. I tried to think of something I could do that would please Mary, not like helping around the house—I do that anyway—but something that would mean something. I remembered a long time ago she bothered me for a couple of pearl cuff links that belonged to my dad to have them made into earrings. I wouldn't. I told her Dad wanted

me to wear them, but I never did—wear them, I mean. So I dug them out and got the jeweler to do a rush job, and the next day I brought them home to her.

YOU: Feel a little silly, Joe?

JOE: I did at that.

YOU: What happened?

JOE: Puzzled her, I guess, but she wore them to her bridge club tonight, proud as Punch.

YOU: You liked that?

Here you have reflected a positive feeling, but Joe hasn't too many negative ones left, and you are on a very comfortable plane with him anyway.

JOE: Yes. And then all week I've been calling her to see if I could bring anything home on my way from the bank—groceries and stuff like that, you know. She used to call me at work to run errands for her, but I made her stop, told her I shouldn't be bothered during working hours. But nowadays, with deliveries as they are, gosh, I wish I'd thought of it sooner.

YOU: She likes that?

You aren't treating now—just keeping the ball rolling.

JOE: She's a mighty puzzled woman. You know something, Doc, she isn't so bad at that. I guess she has a time with my mother and the three kids under foot all day. When you add it all up, I guess she keeps a pretty good house. Funny thing, last night I'd swear she had fixed herself up before I got home, too. Sometimes she looks pretty tacky and tired. Too tired at the end of the day to . . . you know.

YOU: No change there, Joe?

JOE: I don't know. I haven't bothered her—thought I'd give her a rest. It doesn't make much difference to me anyway, the way it is.

You smile to yourself, but you have a hunch that it won't be too long before *she* starts "bothering" *him*. But no use building him up—after all she may be a more serious problem than you know, but you are beginning to doubt it. Anyway, Joe has a right to find out for himself. There is a pause. Then:

JOE: Funny thing, though, we had a ripsnorting row the other night.

YOU: A real fight?

JOE: Yes. She gave my favorite chair to the junk man.

YOU: That made you mad?

JOE: It sure did. It was one I brought from my home. I'd had it a long time. Of course, it was getting sort of worn. It didn't fit into the living room too well, but I raised hell—right in front of the kids, too. We always figured we should do our fighting in the bedroom, so they couldn't hear it.

You can't restrain your curiosity, so instead of a therapeutic response:

YOU: What did the kids do, Joe?

JOE (*grinning in a puzzled sort of way*): Chose up sides—one on mine and one on hers. The little fellow just sat quiet sucking his thumb, looking scared.

Now you are tickled. Pause.

JOE: But you know the funniest part of the whole deal, Doc, is that my mother pitched in on *her* side.

YOU: Regular family free-for-all.

JOE: But we got it settled. She claimed it was her house; I claimed it was my chair, so we compromised. She bought me a new chair—out of her house money, too—(*sheepishly*) more comfortable than the old one, to tell the truth.

Pause.

YOU: You think maybe it isn't a bad idea to get your feelings out, Joe, even if it is a row once in a while?

JOE: It seems that way. It didn't seem to upset my stomach any. I ate a good dinner. But the kids—we shouldn't have rowed in front of them.

YOU: Why not?

JOE: Well, gosh, they shouldn't know we don't get along.

YOU: Think they don't know anyway, Joe?

Joe thinks this over for a while.

JOE: Golly, I believe you're right—it's pretty hard to act as if there isn't anything wrong when there is.

YOU: Maybe it is better to let them "choose up sides"?

JOE: Maybe they will get to scrapping all the time themselves.

YOU: Think it will hurt them, Joe? It didn't hurt your stomach.

JOE: Well, maybe you've got something there.

YOU: For my money it's better to blow off the steam than bottle it up.

JOE: Hey, Doc, you're slipping—giving me advice.

YOU: Sorry, Joe. I won't slip again. Want to come back?

JOE: Gosh, I don't know. I feel pretty good right now.

YOU: It seems to me you are better. Think maybe that is why you were late tonight?

JOE: No, honest, Doc. It's like I told you—I was detained.

You let that go.

JOE: Tell you what, maybe once more will finish me up. After all, I don't know for sure that this will last.

YOU: It's up to you.

JOE: O. K. Same time?

YOU: My wife wants me to take her to the theater that night. How about Tuesday instead?

JOE: That will suit me.

What must we consider in this interview? Joe was late. Lateness or a missed appointment when the patient is nearing the end of therapy is often a sign of separation, and you should be on the alert for it. You should also, about this time, begin to bring to the patient's attention that he is going to stop coming sometime, probably soon. You still allow him perfect freedom to come or not, as he chooses. It would be bad therapy in any way to reject him. He must find his own independence, just as Joe had to find his independence of his mother, and, since his relationship with you is healthy, this will not be difficult. The occasional patient will become too dependent and will insist on returning after therapy seems to be over. This is probably your fault. The only way you can handle this is to lay the cards on the table and face the patient with his dependence. Then one of two things will happen. Either more pertinent material will come to light, allowing therapy to proceed, or the patient will be able to complete the separation process.

Sometimes early in therapy there will be missed appointments or the patient may be late. Here the mechanism is exactly opposite. Looking at oneself is not pleasant, and coming to you is the hardest thing he has ever done. Here you help

him to see why he is late, too. Your sympathy will help to establish the rapport you seek.

Joe's gift to Mary was symbolic. It was something that he meant, probably the first expression of real affection he had ever bestowed. Joe managed to leave enough of his guilty feelings about Mary in your office so that for the first time he began to look at her with clear vision—unclouded by his negative feelings. "She does a pretty good job of keeping the house." Mary may be puzzled, as well she might, but she is human and can't help but respond to some human warmth that comes from the heart, not from a sense of duty, so she "fixes herself up."

Joe and Mary had a fight. It was probably the first fight to a finish with a compromise ending. It is a safe bet that in their previous battles one or the other, or both, left the battleground hurt and angry, with another brick in the wall between them. They probably didn't actually fight very much, anyway, but nursed their wounds in silence and projected them out onto others with whom they came in contact. Naturalness and expression of feelings is a better solution than bottling feelings up. It, at least, expends the energy generated by the emotions.

The only danger in this philosophy is that the neophyte may be mistaken as to where his feelings lie. If Joe had not had it out with Mary about the chair, he might well have gone to work and taken it out on a customer because the customer was demanding, insulting, or in some other way obnoxious—or so Joe would say. When real feelings are directed to their proper source, the chances are that the difficulty will be resolved by the ensuing interchange. As we mature we learn to derive sufficient release of tension verbally, so that we are not advocating physical violence. The lucky child gets his fist

fighting out of his system early and matures to a socially acceptable way of expressing his aggressions as he grows up.

The same principle extends to Joe's children. They can stand the expression of Joe's hostility when they get in Joe's hair much better than they can stand Joe's assumed sweetness because he feels too guilty about them to be real with them.

Marriage is a continual process of defining the rights of each party in the relationship. What is mine, what is yours, and what belongs to the both of us is an ever-shifting battleground in which we learn to give and take, compromise, or stand firm on the merits of our respective rights. When these feelings can be disposed of as they arise, with each party comfortable in a sense of his or her own rights and duties, a happy marriage results. The couple mature enough to battle their differences out will have mighty few differences, mighty few fights, and no violence at all.

The same is true of children growing up within the home. If the parent has enough positive feelings, he is comfortable in expressing his negative ones. The child must learn to fit himself into the home if he is ever to learn to fit himself into society. He can do this only if he has parents who will outline for him their rights in the family circle. These rights will be redefined from time to time as the child matures. The infant has the right to demand more of his mother than the child of three. The mother, on the other hand, has the right to demand more and more of herself apart from the child as the child matures. She gives him what independence he can handle without harm to himself, and if he will not take it (he will in a healthy situation) she insists on her independence, leaving him to work out his own solution. Thus does the final separation come painlessly and healthily.

"The kids chose up sides." Why not, if it makes them a part of the family, as they never were before? As the battle rages, they get out a lot of their negative feelings, too. It is silly, as Joe now sees, to try to hide our real feelings about them or the other mate from them. They have a keen sensitivity for the tension, but are puzzled, saddened, and left insecure by not knowing the cause. They are torn between the two parents. When they can participate in the resolution of the negative feelings, it draws them into the family circle and they share in the resulting security. You can be sure, too, that they will choose sides indiscriminately, as the spirit moves them. There is no danger of the household's resolving itself into two warring camps. It will always be a free-for-all.

10

JOE TRIES IT JUST ONCE MORE

JOE CALLS and cancels his next appointment, but makes one for the following week at the same time. This fits in with your estimation of Joe's progress and leaves you comfortable that all is going as it should.

Then at 2:00 A.M., a few nights later, there is a frantic telephone call from Joe's wife. "Joe is very sick; can you come right over?" You climb out of bed and get going. On the way to Joe's house you damn psychiatry and yourself for thinking you could do it. If Joe is very sick, he has probably finally perforated that ulcer. You remember that some weeks ago you considered the possibility of surgery. You realize with panic that his medication and diet haven't been mentioned for several weeks. No telling, since the poor fool has been deluded into thinking he is better, what he has been eating. Maybe he has been drinking again, too. Come to think of it, didn't you get a faint whiff of alcohol on his breath the last time he was in? It's all a lot of hocus-pocus anyway. Maybe it's all right for the psychiatrist to treat the insane—not that you ever noticed that the ones *you* committed ever showed much improvement even when they did get out. And they were gone for months, at least—sometimes for years—and in the hands of specialists at that. Silly to think that sitting and

talking to a man in your office could heal an ulcer he has had for months—and in a few weeks, too. Why, an ulcer is something you can demonstrate; it's *pathology*; it's there, and ulcers do perforate. No, sir, you've learned your lesson. You were trained for medicine, not for Christian Science, and if you can pull Joe through this, you'll stick to diet and medication. Maybe Joe is doomed for three or four laparotomies, each more radical than the previous one, until the poor fellow has no stomach at all. Maybe he will have to go along with remissions for the rest of his life, with long periods of invalidism. Scientists haven't found the answer to ulcers yet, but they will, and when you have the right pill, the right material to inject to keep Joe well, you are going to feel mighty silly about all this. About the only satisfaction you will get will be in kidding the psychiatrists about it. Silly, impractical dreamers, back in the Middle Ages—that's where they are. In the meantime, between you and the surgeons, you will keep Joe going somehow. He may not always be well, but at least he won't be dead of peritonitis. That is, he won't if he survives your stupidity this time. You hope it won't take too long to get Joe to the hospital and up to surgery. What with the way work is nowadays, the surgery staff won't be too happy about a middle-of-the-night emergency. Well, you won't either—not when you knew a month or more ago that you should have gotten in there and fixed the thing for Joe. With your thoughts getting more and more morbid, you keep stepping harder and harder on the gas, and so it isn't too long before you arrive at Joe's house.

Joe's wife meets you at the door—rather a pretty thing at that, you notice abstractedly—and leads the way upstairs. She looks worried all right, but a little sheepish, too, and it puzzles

you. In the bed, or, rather, on it, is Joe. His shirt is in the corner; his coat you trip over as you come into the room. One shoe is under the dresser—you can just see it peeping out—and the other on Joe's foot. He still wears the rest of his clothes. He is breathing heavily, but not rapidly, you notice. You bend over to expose his abdomen, and this time there is no question about his breath—it's loaded all right! Joe hasn't been drinking, he has been guzzling. You feel his belly, soft as a pillow. A bit distended, perhaps, but no perforation here. In your relief you give an extra prod in the epigastrium, and that does it. Joe grunts, rolls over, and lets go. You barely get out of the way in time, and poor Mrs. Thomas, who is standing behind you, doesn't quite make it. Her dressing gown is a mess.

Joe doesn't wake up, though. You help her clean up, motioning to her to be quiet and get Joe undressed and tucked in between clean sheets. His pulse and blood pressure and color are good now. You gingerly explore his abdomen once more—it's soft and flat now. He seems to be sleeping naturally. You motion her to follow you downstairs, and she indicates that she will as soon as she has changed her soiled gown.

You wait in Joe's new chair for her, with your thoughts. Do you dare to be the psychiatrist now? This may be *it*, what you half expected might happen. After all, Joe didn't perforate, and his stomach took a beating—no question about that. Unless you are very mistaken, there was steak with mushrooms in that mess. He had mixed his drinks, too. Well, maybe you can play the middle of the road. There won't be any harm in that, not if Mary Thomas is as intelligent as she looks and can keep an eye on him for you. You're sure that he is

close enough to consciousness to rouse if he has pain—he almost came to up there just now. Yes, you'll give this business one more chance, but if it doesn't work, you're through. If Joe slips again, back to the pill pushing for you.

You hear Mrs. Thomas on the stairs and rise to meet her. She sits nervously on the end of the davenport and you relax in Joe's chair. Maybe a cigarette will help to put her at ease, so you offer her one. She accepts it.

MARY: Doctor, I'm terribly sorry to get you out of bed. I woke up and found him there, and I guess I lost my head. I thought something terrible had happened.

YOU: Me, too. I was afraid the ulcer had ruptured for sure this time.

MARY: I didn't realize . . . I'm embarrassed more than I can say. He hasn't done this for a long time. I don't know what got into him.

YOU: You needn't be upset. It's my fault, I guess.

MARY: Your fault, Doctor?

YOU: Yes. You see, Joe and I have been trying to get his feelings straightened out. We think he has been so upset that his ulcer hasn't had a chance to heal, and so we have been talking it over trying to get him to relax.

MARY: He has told me a little bit about it, and he has been better lately, too. I've even been a little worried about the things he has been eating, but he has slept right through almost every night lately, so I thought it was all right.

YOU: I'm sure it was. Joe had so much pain that he would give up anything that bothered him much.

MARY: But this—if he is starting that again, I just can't stand it. He used to be pretty bad, you know.

YOU: Yes, I do know. He told me. But there is just a chance it won't happen again.

MARY: Well, I certainly hope not, but I can't help worrying, now that he has started in again.

YOU: Joe has been a lot better lately. Here is what I hope has happened. You see, when people like Joe are getting over a nervous condition like his. . . .

Use the word "emotional" if you want to. You would not soft-pedal with Joe, but it is justified with Mary—she is not your patient.

YOU: . . . they remember how they used to feel. They are not quite sure about really being better, so they are likely to try a stunt like this to see if they still feel the same way they did before. So suppose something upset Joe today. He remembered he used to get some relief by drinking, so he tried it again, since his stomach wasn't bothering him much anyway. Now the chances are that the changed Joe didn't find that he felt the same way at all when he drank this time, that he really didn't need to drink for the sake of feeling like a big shot, that he will find that the hang-over isn't worth it, so he won't do it ever again.

MARY: I'm not sure I understand completely, but I hope you are right. It sounds possible. And, by the way, he *was* upset today—we, well, we had a row, sort of.

YOU: Do you mind telling me who won?

MARY: Well, I guess it was a draw. He was pretty upset. It was my fault really. I'd had a hard day, the kids were cranky, and everything just seemed to go wrong. So he came home and Janie had just brought in her report card, and she wasn't doing so well. I was scolding her about it.

Joe took Janie's part, said he didn't care if the girl didn't get the best grades in school if she didn't want to. Maybe he is right, too. She passed, all right, but I think she could do better and I suppose I was rather rough on her.

YOU: Get it settled?

MARY: Not quite. I felt I should tell them both I was sorry, but I couldn't quite do it, so Joe stormed out, after giving me a chance.

YOU: Think you could do it now, if you really feel you were wrong? I think it would help Joe.

MARY: I'd made up my mind to do it in the morning, anyway, but now. . . .

YOU: Figure now you'll be too busy giving Joe the devil?

MARY: Well (*smiling slightly*), I usually give him the silent treatment.

YOU: Think you might feel differently if you thought this was the last time?

MARY: I sure would. Guess I could take this—after all, he has been pretty good to me lately, and it was partly my fault, I guess.

YOU: Willing to give it a try? No strings if it happens again—that will mean that I am wrong.

MARY: I'll try anything. What shall I do?

YOU: Better keep him home from work tomorrow. He won't feel much like working and I'll square it with the bank. He can have a bad cold, shall we say? Give him some of his medicine when he wakes up—he will need it—and keep him on a soft diet tomorrow.

MARY: And shall I apologize?

YOU: Only if you feel like it.

MARY: Well, maybe I will. I could do it anyway.

YOU: No, only if you feel like it.

MARY: You're the doctor, and thank you very much for everything. I do hope you are right.

YOU: So do I. And by the way, Joe doesn't know I was here tonight—maybe we shouldn't embarrass him by telling him.

MARY: But it will show on your bill.

YOU: Joe doesn't ask for an itemized statement, so it will probably be all right.

MARY: No, this call is on me. How much is it?

YOU: And one thing more. If Joe has any pain in his stomach—not his head—let me know.

MARY: I will.

So Joe got drunk—and for the reasons you outlined to Mary. It is well to remember that, toward the end of therapy, before a patient gives up his neurotic behavior patterns, he is apt to surrender to them once more. Whether it is to find out whether he feels the same way or not is a question, but it seems logical. At any rate, he finds out that he definitely does not feel the same way. He then becomes convinced that a real change has taken place in him and so he finally is free.

A patient who is under treatment for alcoholism is very apt to do just as Joe did—pitch one last and glorious bender—before he finally gives up his habit. The delinquent child will also frequently have one more neurotic outburst before he is finally cured. If he has robbed stores, one more will probably be pilfered; if temper tantrums have been his problem, he pitches a super; if he favors running away from home, he will probably get farther faster than he ever did before. It is well to be aware of this tendency and, where great harm may result, to try to help the patient find a socially acceptable

substitute for this last fling. It helps in dealing with parents, relatives, and even the law if you are aware of this mechanism and can bring those involved to see it your way. If a wife with a husband under treatment for alcoholism can be warned that one more bender does not necessarily mean failure, but on the contrary may spell success, she will be prepared to treat it much more philosophically. Of course, you will not hold out this consolation early in therapy, but only toward the end, when you are pretty sure that things are moving to a successful termination. Early it may indicate failure or at least the patient's unwillingness to accept therapy.

Is it right for you to keep Joe in ignorance of your visit? It probably makes no material difference, but if Mrs. Thomas cooperates, Joe can tell you as much as he wishes about it and keep the initiative. Had he aroused and remembered you, then it would merely mean that he and you faced it together. If you are not comfortable in the deceit, tell him about it.



JOE'S SEPARATION

JOE keeps his next appointment. He is there on time, too, looking none the worse for wear. In fact, there is an aura of health and happiness about him that is difficult to describe but nonetheless real.

JOE: Well, Doc, how are you today?

YOU: Fine, Joe.

JOE: Have a good time at the theater?

YOU: Yes, very pleasant.

JOE: You have any children?

YOU: Yes. Three—all girls.

JOE: What a break.

YOU: Well, I like them pretty well.

JOE: I did something foolish last week. I feel silly about it, but somehow I don't feel as bad as it seems I should and I can't understand it. I went out and got pretty high.

YOU: Rather dangerous, wasn't it?

JOE: Funny thing, it didn't bother my stomach any, but I sure had a hang-over. You know, I have a different feeling about it than I ever did before. Somehow I feel I won't do that again. Of course, I don't know, but right now that's the way I feel.

you: Think maybe you don't need to drug yourself any more, Joe?

JOE (*thoughtfully*): Could be. I had a row with Mary—silly of me, too. There really was no cause to fly off the handle, but I felt sort of hopeless like I used to, so I got started drinking and then I couldn't stop.

you: I sort of hoped you would feel this way. It seems to me you are better, Joe.

JOE: I am beginning to think so myself.

you: That sounds like progress.

JOE: Well, I've got plenty of reasons for behaving now. A harder job to look after, but the important thing is Mary and I. You know, she's a mighty fine woman.

Last time she was a good housekeeper; now she has graduated to a "fine woman," and the biggest change isn't in Mary; it's in Joe.

you: Think maybe it's because you see her differently?

JOE: It is, of course, but it's more than that. You see, I stayed home a couple of days. She didn't seem to hold it against me like she always has before, and we had a couple of long talks. Guess we are beginning to understand each other for the first time.

you: That helps.

JOE: Yes, and more than that. The other is better, too. She seems interested finally—not that it is perfect yet, but I have the feeling that time will work it out.

you: Well, what do you know?

JOE: It is unbelievable that just talking could help so much.

you: Yes, at times I have my doubts, too.

JOE: You, Doc? Why you've done more for me than anyone ever did. I can't thank you enough.

YOU: You did most of it, Joe.

JOE: Well, I tried before and never got anywhere.

YOU: Sometimes it takes teamwork, I guess.

JOE: Seems that way. Well, I guess I'll be going. Thanks again. How much is the bill?

You tell him.

JOE: Sure that is enough? Of course, I don't have much, but if I had a thousand dollars, it would be worth it to me.

YOU: It's enough.

JOE: Well, I figure I more than got my money's worth. You spent a lot of time on me.

YOU: It was worth it to me, too.

JOE: Interesting work you have, but don't you ever get tired of hearing people's trouble?

YOU: I haven't yet. I find people too interesting.

JOE: They are at that. Well, so long, Doc; I'll see you around. If I get jammed up again, I'll be back in a hurry, but don't count on it. I haven't felt this well in years.

YOU: Come in any time, Joe.

Joe has come back to finish his therapy. You are aware of this from his first sentence, since he is placing you in a new category. He is beginning to see you as a person, not as a symbol. He asks about your health, refers to your trip to the theater, and inquires about your family. Toward the end of the interview, he speculates about your work, too. These are more signs of separation.

There is a chance that Joe may bring some token of esteem along with his check. Some patients seem to find it necessary to leave something with you that symbolizes the part of themselves they have left in your office. Children are especially prone to do this. For the adult, the fee may be symbolism enough. When a token is left, it has a deeper significance, although it is probably the same mechanism as is the usual gift of the grateful patient.

To the uninitiated, it might seem that Joe's remarks on first coming in were mainly a sparring for time, since he had some painful material to reveal. If this had been so, he might have talked about the weather or some other impersonal subject. When he relates it to you, it shows his unconscious desire to place you in a new category—to make you a friend, not a therapist. Joe is especially warm in leaving. He will probably continue to be cordial when he meets you outside the office, since he seems to have no remaining shame about his need for psychiatric help.

You are in a particularly favorable spot in this regard. Since you have other professional contacts with Joe, it has never been necessary for you to spell out for him in so many words that what he was going through was a psychiatric experience, as would have been apparent had he been referred to a specialist. He probably thinks of you as a wise physician and friend and not as one gifted with psychiatric know-how. You are fortunate to the extent of not being identified in the public mind with the insane, with all the present misinformation that this implies.

As for your fee, Joe is happy with it and is quite willing to pay. This is no storybook optimism. It will be almost uni-

versally true when treatment moves to a successful conclusion. There is possibly a deep significance here, beyond the fact that Joe feels better and so expects to pay.

The orthodox attitude of the profession is too apt to be, "Place yourself in my hands and I will assume all the responsibility for curing you, for making you well." It is small wonder, then, that many people assume the attitude, "Well, he is such a big shot, he takes all the responsibility, let him worry about the money, too." You have been training Joe to be mature, to stand on his own feet from the first. You have kept constantly before him his responsibility in the situation, which is greater than yours. Therefore, part of Joe's cure consists in paying you. He must do this to establish his complete independence. Paying the bill is actually the final step in therapy, the proof of its complete success. You need not worry about the compensation for your efforts in psychiatry when therapy is successful.

Often the question of the fee will come up for discussion early in therapy. This will be especially true in a larger community, where the credit rating of the patient is not so much a matter of common knowledge. Joe had many faults, but financial irresponsibility was not one of them.

Where it is customary to collect in advance or at least have a definite understanding of the patient's obligation early in therapy or even from the beginning, the situation has to be faced. Your only commodity is your time and yourself. Patients may not be able to see how they are going to get their money's worth out of the suggested treatment. They feel able to treat themselves when they first accept the emotional nature of their illness. Later they may see the need for help and be willing to pay for it. However, you can rest assured that, once

they have accepted the arrangements, there is an additional drive for them to work to the best of their ability. They will waste very little time in idle chatter.

The occasional patient may have money enough, however, to be able to afford the dependency that develops, and he would rather pay for remaining dependent than go through the pain and uncertainty of separation. Here you must insist that the mere fact that they are willing to pay for your time does not give them the right to use it if they are not making progress.

If the fee is not discussed early and if your attempt at "selling" therapy fails, it will probably be good business to write off the time spent unsuccessfully. If you bill a patient who has resisted your efforts to initiate therapy—or even one who rejects therapy at the time when he is brought to realize that you are not going to tell him what to do to get better after he has laid out his life story for you—there may be harmful repercussions. "That man wants me to pay him for just talking to him," thinks such a patient. "Well, he won't get it." However, in the realm of the psychosomatic, you can extend your selling efforts over several calls for medical care, for which it will be customary to charge, without using an undue amount of time. The bright side of the rest of it is that the patient in an "anxiety state," for instance, knows full well that his difficulty is emotional, and, while he may come asking for a sedative, he is at least half aware that something in the nature of talking it through is really sound therapy.

What have you accomplished for Joe? Joe is better, but so are a lot of other people. We have reason to know that Joe's mother and Mary have definitely benefited by his changed attitudes or, to put it more strongly, by his changed per-

sonality. Can anyone doubt that Joe's children, too, will reap a lot of benefit from the happier home in which Joe lives? Two months later, perhaps, you meet Dr. Brown in the hospital, and we can imagine (although it may take a lot of imagination to have you and Brown such friendly competitors) that this conversation takes place.

BROWN: Say, what goes on with the Thomas family? Mrs. Thomas tells me that Joe eats anything and has gained ten pounds.

YOU: Oh, I used psychiatry on him.

BROWN: Go away. I don't believe it. If you've got something new for ulcers and don't let me in on it, you and I are no longer friends.

YOU: It's a fact.

BROWN: Well, what do you know? I'll have to admit that something has happened in that family, though. The baby has gained three pounds; he eats and is trained, and Mrs. Thomas used to give me plenty of trouble with him. She was always on the telephone, always in a stew about him. Now she comes in only for routine checkups. She seems happier, too. Guess she would be since I finally got the baby straightened out.

YOU: What do you mean, you straightened him out? Joe and I fixed that.

BROWN: What are you trying to do, steal my practice?

YOU: No. I only looked after Joe. The results with the baby were entirely indirect.

BROWN: So you go for the psychiatric stuff, hey?

YOU: I sure do. You had better give it a whirl, too.

BROWN: Not me—haven't time. Say, I've got a couple of neu-

ros, though. How would you like to tackle old Miss Griffiths?

YOU: I had her ten years ago; that would be a tough case.

BROWN: Say the word and I'll send her over. She's about ready for a change anyway.

YOU: Well, if she wants to. You're trying to give me a real test, though.

BROWN: Why not, if you think you're so good? I'll see what she says.

What Joe has done to his family is not psychotherapy, although in a broad sense one might view it as such. We may grant that psychotherapy of a kind is often done by others than physicians. Any mature adult will be thrown into a relationship from time to time where his personality is used by a less mature individual to gain emotional stature.

But Joe Thomas cannot become therapist for Mary Thomas. True, he may help her to express her suppressed feelings about him and others, and this will be very good for Mary, but very soon in their relationship Joe will be forced from his position of therapist to that of husband, where he belongs. He must begin setting up not a therapeutic situation but a marriage situation. He must begin to define his relationship in terms of his husbandhood, which is something else again. It is true that in the end the result may be very much the same as it would have been had she experienced a successful therapeutic situation, but the method is different: the relationship is personal, extremely personal. The condensation in time is not possible. Mary will change, but more gradually, with less pain because of the lack of intensity. Her change will not be so conscious as in therapy, either. Much

of it will be on a subconscious level, and Mary will be only half aware of what is happening to her. No person can long remain in intimate contact with a mature personality without absorbing something which is maturing for him, but this is not therapy. Joe does not treat Mary; he continues to live with her, and because he is a changed Joe and so treats her differently, she perforce must respond and treat him differently, too, and their relationship improves.

12

BILL JONES, VETERAN

SOME weeks later you are in the bank where Joe works and the president asks you into his private office.

PRESIDENT: Doctor, I've been talking to Joe Thomas about you. It came up when I complimented him on the improvement in his work lately. He is certainly doing better and looks healthier than he has in years. He says that you have helped him a great deal.

YOU: Thank you. I must admit that I am just trying my hand at this sort of thing, but it seems to me that medicine is just beginning to pay more attention to the emotional component of illness and naturally I want to get on the band wagon. I have realized for years that there is something more that we should be able to do for our patients than merely treat their symptoms—or pathology, for that matter.

PRESIDENT: Yes. I can see that. What I wanted to talk to you about specifically was Bill Jones. Do you know him?

YOU: Yes. He is the teller at the third window, isn't he? As I remember, I examined him for selective service.

PRESIDENT: That's right. He has been back at his old job for about six weeks. We are worried about him because he has been so nervous since he got back. If anyone speaks to him suddenly or even passes behind him, he is apt to jump

nearly out of his shoes. He is away from his window altogether too much, which makes more work for the other tellers. His hands shake so much that his writing is affected and that makes for too many mistakes. I've talked to him, and the rest of the staff have been very patient and kind, but he still doesn't seem to settle down. It puts us in a very embarrassing position. We hate to let a veteran go. He had an excellent record before he went into service, and, aside from all that, we feel that we would like to help him. He is the only one of our men who went into service, and we sort of feel as if he represented all of us. But he is not holding up his end of the job, and—well, we wondered if you might be able to help him.

YOU: What about a veterans hospital?

PRESIDENT: I've talked to him, but I feel he is very unreasonable about it. He gets quite violent and does not want to have anything to do with any government agency. He seems to blame the government for all his troubles.

YOU: I see. Well, what about his family doctor? I have never had him for a patient that I remember.

PRESIDENT (*smiling*): I am still ahead of you. I have asked him and he has no family doctor.

YOU: I am authorized to give veterans care. Of course, I don't know if his trouble is service-connected and, frankly, I hate the red tape and the paper work.

PRESIDENT: No. Feeling the way he does about the government, it would probably be better if it were not handled that way. I've talked it over with my board and they feel that the bank would be willing to spend a reasonable sum if it would help Bill.

YOU: You have really done some preliminary work on this. How does Bill feel about it?

PRESIDENT: That is the rub. Bill doesn't want to see anyone. He says that he will be all right soon, but if we aren't satisfied with him, he will quit. He really carries a chip on his shoulder.

YOU: I see. Do you think he really means that he will quit?

PRESIDENT: He needs a job. He has a family to support, and, because of the way he feels, I doubt if he would be inclined to accept even Veterans Unemployment Compensation, so he probably is bluffing some.

YOU: Well, then, I'll leave it to you. If you can get him to see me, I'll try, but remember, I'm feeling my way with this kind of treatment and I can't promise you a thing.

PRESIDENT: We'll take that chance, but help me out, will you? How do I get him to come?

YOU: Would it be going too far to make his job contingent on his accepting treatment?

PRESIDENT: No, I guess not. We certainly have to do something.

YOU: It is obvious that some pressure will be necessary. If you can keep the pressure on, the rest will be up to me.

PRESIDENT: I see. How long shall I keep it on?

YOU: That is hard to say. Suppose we settle for ten interviews, and then we can decide whether we are getting anywhere.

PRESIDENT: That's satisfactory. (*He reaches for a memo pad.*) When do you want to see him?

YOU: Seems to me that since you are going this far, you should stretch another point and allow him to come on bank time.

PRESIDENT: That won't be stretching a point. It is a settled policy that our employees may go to their physicians or dentists during business hours, as long as they make arrangements to have their jobs covered by someone else. Let's see. We are usually busy right after we open up for about an hour, and then it slacks off until just before noon. How about seeing him at 10:00 A.M.?

YOU: O. K. Ten o'clock on Tuesdays and Fridays—unless I have some emergency, in which case I will let him know—starting next Tuesday.

PRESIDENT: That's fine. I will do my best to have him there. If I can't convince him, I'll let you know.

Bill comes in at the appointed time, looking sullen.

YOU: Well, Bill, I understand that you are not too anxious to see me.

BILL: There's nothing wrong with me. If I am a little nervous, that's my business.

YOU: Tough to have the boss insist on your coming here.

BILL: If it weren't on bank time, I wouldn't be here. If he wants to pay me for coming over here, I suppose I'll have to come; but I'm telling you right now, I'm not going to like it, and I'm not going to talk to you.

YOU: Well, since you don't want to talk, suppose we start by looking you over.

BILL: I had a complete physical examination at the separation center.

YOU: But you don't blame me for wanting to check you myself. You know how doctors are.

BILL: I'll say I do, and I have had all I ever want of them.

YOU: Including me.

BILL: Especially you.

YOU: I don't know as I blame you.

That sets Bill back on his heels, as it were. Apparently in the army he was not accustomed to having his aggression and rejection accepted so blandly. You follow this up.

YOU: I suppose the army doctors pushed you around plenty.

BILL: They certainly didn't do me a damn bit of good. I never gold-bricked a day in my life, but they seemed to think that everyone was gold-bricking.

YOU: That must have upset you a great deal.

Bill glances at you and grunts but says nothing.

YOU: How about that examination?

BILL: I suppose you want to jab needles into me?

YOU: Yes. I'd like some blood to examine.

BILL: I've had all those God damn needles I want.

YOU: It's no fun being stuck when you are sure there isn't any use.

BILL: I've had enough.

YOU: Still your boss sent you over to be examined.

BILL: He didn't tell me that you would do that.

YOU: But I imagine that both you and he expected that I would.

BILL: Same old squeeze play—just like the army.

You accept this as acquiescence and proceed with the examination. When you come to draw blood from his vein, he becomes tense and pale and you wonder if he may faint. He seems surprised, however, at the small amount of pain, and you rather suspect that the gauge of the needle you use has a great deal to do with this. After all, you do not operate on

a mass-production basis and have learned long ago to treat your patients gently. He makes no comment, however, and the examination has consumed most of the allotted time.

YOU: That's all, Bill. I'll have the results of the examination for you when you come Friday morning at ten o'clock.

BILL: You mean you are going to tell me what you find out?

YOU: Of course.

BILL: Oh, well, you won't find anything anyway. I'm just a little nervous.

YOU: I rather suspect that you're right, but we'll see.

Bill stalks out.

Your examination of Bill is essentially negative. He is twenty-five years of age, but looks about thirty. He has a rather stocky build, but is thin, five feet eight inches tall, and weighs only 125 pounds. His hair is dark and is beginning to recede a bit at the temples. There are some crow's feet around his eyes and the corners of his mouth, which definitely turns downward. He is well muscled, especially for a bank teller. There is a coarse tremor of the extended fingers and some intention tremor. His palms are moist. His tendon reflexes are hyperactive but equal throughout, and there are no pathological reflexes. There is some generalized abdominal tenderness but no rigidity. His pulse rate is 110, rises to 140 on exercise and returns promptly to 110. Blood pressure is 110/70 and the cardiovascular and respiratory systems are otherwise negative. There is a very slight reduction in total reds (4,200,000) and hemoglobin (eighty-five per cent). There is a suggestion of leukopenia (6,000), but the differential is within normal limits. Kahn is negative and blood chemistry is within normal limits. Urine examination is entirely

normal. Before his next appointment you arrange for a B. M. R., which is +12 with a satisfactory tracing.

You decide that there is no definite medical approach indicated and that you will forego prescribing a tonic or vitamins so as not to fix his attention on anything of an organic nature. You do not have a medical history of any kind because of his resistance, and least of all a history of symptoms, but you make a mental note to be on the alert for any symptoms he may disclose later that would warrant further laboratory procedures.

13

BILL ISN'T HAVING ANY

BILL comes in for his second visit. He still shows no signs of warming up.

you: Well, Bill, I have here the results of your tests. They show that you are somewhat run down, but there is nothing much that we can do that will help your nervousness as far as medicine is concerned.

BILL: I could have told you all that; you have just wasted my time.

you: Seems that all that is left for us to do is to see what we can do about your nervousness. How do you suppose that you got that way?

BILL: I know damn well how I got that way, but I'm not going to tell you about it.

He gets up as if to leave.

you: It seems to me that you are stuck with me. Your boss tells me that he is sending you over ten times.

BILL: He can make me come, but he can't make me talk.

you: I can't either; in fact, if you don't want to, I can't see that it will do any good anyway. (*Long pause.*) Cigarette, Bill?

BILL: No.

He produces one of his own and lights it defiantly. You notice that his tremor is more pronounced than ever.

YOU: You sure have it in for me, Bill.

BILL: Not especially you, but you're a doctor.

YOU: I'm a person, too.

BILL: Maybe. All I see is a doc.

YOU: You sure hate doctors, don't you?

BILL: Huh!

Long pause. Bill sits with a faraway look in his eyes and you sit and watch him.

YOU: Do you play chess, Bill?

BILL: No.

YOU: Checkers?

BILL: I used to years ago.

YOU: Like to play a game?

BILL (*looking at you as if he thought that you were crazy*): Here? Now?

YOU (*producing a board and pieces*): Sure.

BILL: What kind of a trick is that? No. I don't want to play!

YOU: Sure it is a trick, but we are stuck with each other for an hour anyway. I thought that you might be a little more comfortable doing something instead of just sitting.

BILL (*defiantly*): I'll just sit, but it's mighty silly.

YOU: Sure seems that way.

Bill grunts and proceeds to sit; so do you. He lights another cigarette; so do you. More sitting. Finally you weaken. After all, from his expression, he is many miles and months away from you. You are concentrating on him, trying to find

some way of starting a crevice in the wall that separates you. You try again.

YOU: Does it occur to you, Bill, that the general idea of your coming here is for me to help you, and I sincerely want to do that?

BILL (*dragging himself back to the present very slowly*): Huh?

YOU: I said that I want to help you.

BILL: When I want help from you, I'll ask for it.

YOU: Must make you pretty mad at the boss for sending you over here.

BILL: Not exactly. He means well, but he should leave me alone. I can take care of myself. If he hadn't always treated me so white before I went into service and afterwards, I wouldn't have come at all.

YOU: It seems as if your loyalty doesn't go very far. You come but you don't exactly cooperate.

BILL: I told him that it wouldn't do any good, but he said that my job depended on my coming. I didn't promise to do anything, though.

YOU: And you're damned if you will give me a chance.

BILL: I can handle myself.

YOU: I bet this is the hardest money you ever earned. (*Bill looks puzzled.*) Coming here instead of working, I mean.

BILL: No. (*Sliding down in his chair.*) If the boss wants me to sit here for an hour, it's O. K. with me.

YOU: That I don't believe. Bill, you hate to come and you know it; otherwise, you wouldn't hold me off this way.

BILL: I told you. I don't like docs.

YOU: Tough to hate anyone that way.

BILL: You would too if. . . .

YOU: If I had been through what you have?

BILL: I don't want to talk about it.

And he doesn't. He is pale, the tremor is more pronounced, and he tries to hide his hands.

YOU: I can see that you don't—makes you almost sick to even think about it.

BILL: I want to forget, and I will, someday.

YOU: I don't think that you will the way you are trying. The only way to really forget is to talk and think a thing through until it isn't so painful any more.

BILL (*almost screaming at you*): I told you I don't want to talk about it.

YOU: O. K. What do you want to talk about?

BILL: Nothing.

You are stuck with that, so you sit some more. The tension is pretty high, and you are afraid that he may get up and leave. If he does, he is likely to quit his job and you will have failed. You keep thinking it over and he relaxes a little as he retreats into his very private faraway thoughts again. Finally:

YOU: I'll tell you, Bill, I promised your boss that I would see you, and you promised to come, so we both seem to be stuck with it. We will do anything you say with the time. It is up to you.

BILL: This isn't doing any good. Why don't you tell him that I am all right?

YOU: Because I can see that you aren't.

BILL: I can take care of myself.

YOU: I don't agree.

BILL: Then tell him that you can't do anything.

YOU: But I think I can.

BILL: You haven't yet.

YOU: That is the way you feel; it is not the way I feel.

BILL: What have you done?

YOU: I have let you get mad at me.

BILL: So what!

YOU: That is good for you.

BILL: The hell it is! (*Pause.*) Then tell him to fire me. I can get another job.

YOU: Nervous as you are? I'm not so sure of that.

BILL: Oh yeah?

YOU: It is a tough spot to be in, hating this as part of your job and not being sure that you can get and hold another.

BILL: You make me worse. After last time I was more nervous than ever, and that breathing test!

YOU: I suppose you do feel worse after fighting me.

BILL: Fighting you?

YOU: It is a way of fighting, isn't it?

BILL: I wish that I could slug you.

YOU: That would be one way of getting even with the army docs.

BILL: Trying to trick me into talking about it! Well, it won't work.

YOU: I'm not trying to trick you, Bill, just trying to understand how you feel.

Bill makes no comment, but you feel that he is really thinking that one over.

BILL: If you want to do something for me, why don't you give me some medicine for my nerves?

YOU: I don't think it would do any real good, but I will, if you will understand that it is only to help you temporarily until we can work out your feelings.

BILL: My feelings are all right.

YOU: You know that they are not and that is why you are nervous.

He does, of course, so he dodges.

BILL: You're a swell doctor, not even any pills.

YOU: I'll bet you two to one that you don't intend to take medicine if I do give it to you.

The faintest trace of a smile flits across Bill's face.

BILL: You win. I took pills in the army until they came out of my ears. Didn't do a bit of good.

YOU: You thought that you could get away from me by taking medicine. (*Bill grunts.*) Kind of rough on me, too, being stuck with you.

BILL: O. K., what say we call the whole thing off?

YOU (*glancing at your watch*): We still have fifteen minutes.

BILL: You are going to make me sweat it out, eh?

YOU: And sweat it out with you, Bill.

BILL: You're not nervous.

YOU: I can't say that. I am worried about you.

BILL: No one asked you to worry about me.

YOU: Your boss did.

BILL: Well, Doc, I guess you will just have to worry.

YOU: O. K. I've had lots of practice in my life.

BILL: All you worry about is collecting your bills.

YOU: You figure that I am just a grafter, Bill?

BILL: All doctors are.

YOU: I suppose that you would feel that way.

BILL: I don't feel; I know.

YOU: Whether you know or not, it's the feeling that goes with the thought that I am talking about.

BILL: O. K. I feel that way, so what?

YOU: Probably has something to do with keeping you nervous.

BILL: Bah.

YOU: I never knew anyone to carry a grudge and not have it affect his nervous system eventually.

BILL: Grudge? Well, I hate docs.

YOU: That's what I mean.

BILL: I intend to continue hating them.

YOU: Including me, Bill?

BILL: Including you.

YOU: If you want to pay the price in nervousness, I guess it's up to you.

BILL: That isn't what makes me nervous.

YOU: You should know, but you don't mind if I disagree to the extent of thinking that your hatred is at least a part of the reason for your nervousness.

BILL: I don't give a damn what you think.

YOU: You say that so emphatically, I sort of suspect that you do give a damn—really.

BILL: Only because I have to come here.

YOU: That certainly is hard on you.

BILL: You said that before.

YOU: That's right, and I may say it again.

Bill shrugs and is silent again.

YOU: Well, time is up, Bill; I'll see you at ten on Tuesday.

Bill gets up and starts out. Then he turns and comes slowly back, leans over your desk.

BILL: Listen, Doc, I never thought that I would ask a doctor for anything, but don't make me come back. This makes me worse. Haven't you got a heart?

YOU: Bill, I don't enjoy seeing you suffer, but you're up against it. You know that if you don't get better you can't hold your job, or another one either. Believe me, your boss and I really want to help you, and this is no fun for me either.

BILL: You are a hard man, Doctor.

YOU: I am not really. I just seem so to you.

BILL: Well, maybe I will quit the job.

YOU: I hope not, but I guess I can't stop you.

BILL (*a little surprised*): That's right. You can't.

And he stalks out. Later in the day you call the president of the bank.

YOU: Things are critical with Bill. He may come in and resign.

PRESIDENT: He did already, but I didn't accept his resignation—told him that I wanted to talk to you first.

YOU: How did he react?

PRESIDENT: Rather coldly. I gather that he doesn't think much of you.

YOU: At least he won't admit it.

PRESIDENT: What do I do?

YOU: Think that you can get him to come back?

PRESIDENT: I don't know. He sure doesn't want to.

YOU: I have a hunch that if he will come once more, we will be over the hump.

PRESIDENT: Suppose that I put it up to him that way, then. He only has to come once more to hold his job. After that it's up to him, and his job will depend upon whether he improves or not.

YOU: It is taking a chance, but if I can't sew him up in one more visit, I've tackled a case too tough for me. Seems like the only way out. Do you think you can put it over?

PRESIDENT: I can try; I'll let you know.

Later the president calls to say that Bill has reluctantly consented to come once more.

Are you too optimistic? Not at all. What have you accomplished? "Nothing," you say. But you have. In the first place, Bill did stay for one hour. You almost lost him a couple of times. Maybe you pressured him a bit too much, but he did "sweat it out." In the second place, he expressed a great deal of hostility and you accepted it; against the army, yes, but far more important, against you, and you accepted *that*. Bill needs to express hostility and aggression, and he has found a place to do it. To express hostility against the army, he can probably find a sympathetic audience. But to find a person he can set up as a straw man and knock down, who will give him the right, where else can he find that? He needs such a person, and you are it. You are banking on this as a factor that will draw him back. He has been in the room with you for about two hours now. You understand yourself and people well enough to know that if you have a chance to be

with them for a time they will usually end up by liking you. You are banking on that, too. You feel genuinely sorry for Bill and, moreover, you feel that, underneath all the aggression, hostility, and frustration, there is a real guy whom you would like very much to know and to help. You have accomplished more than is apparent, and you can feel fairly secure in the way the situation is shaping up.

14

BILL PLAYS CHECKERS

BILL returns at the appointed time, and as he stalks in it is very apparent that the chip still rides on his shoulder. He sits down on the edge of his chair and opens up.

BILL: I have to come only today, so you had better work fast, Doc.

YOU (*relaxing*): Well, how do you want to spend the hour?

BILL: I don't want to spend it at all, but it is your only chance to prove what a hot-shot doctor you are. You had better talk fast.

YOU: You wouldn't listen if I did.

BILL: You mean that you aren't going to try to make me talk?

YOU: We will spend the time any way that you want to.

Bill relapses into a puzzled silence. Shall we say that you handled the situation the way you did because *you* felt like doing it this way? There may have been other equally good ways. Bill is asking for an argument and a test of wills. He is apparently challenging you to break through to him, and perhaps you could do so, since you know now where some of his tender points are. But you do not want to stiffen his resistance; you want to accept it. There is always the danger that if you accept his challenge to talk fast, the interview

will degenerate into an argument—always a poor way of practicing psychiatry. Always remember that you do not change the patient by sheer logic. There is nothing logical about emotions. Moreover, in most cases, the patient is as capable of applying logic to his case as you are and has probably done so. Many times he has had a logical approach from others as well—the family, preacher, doctor, friends. It is your acceptance of his *illogical* emotional thought process as his right that sets you apart as the person who has the most help to offer him.

BILL: Feel like playing checkers, Doc?

You get out the board without comment. You win the first game rather easily. Bill makes no comment but starts another game at once, this time moving more slowly and carefully. You are both conscious of his intention tremor as he plays, but this time, at least, you soon forget it, for he forces you to concentrate on the game. You win again, but it takes longer and you have only enough kings to do the job. Following this game, Bill looks puzzled and grim, but dives into a third game. This one ends in a draw.

BILL: That's enough.

He leans back in his chair, lights a cigarette, and studies you. You have sense enough to keep quiet, not knowing what he is thinking.

BILL: I expected to win.

YOU: Why?

BILL: I got to thinking about why you offered to play last time, and I figured that you would let me win to build me up.

YOU: I guess you wouldn't trust me very far if I tried to trick you that way.

BILL: You said last time that it was a trick.

YOU: That's just it. The trick was to convince you that I am just another guy who sincerely wants to help you, not the kind of person that you seem to feel all doctors are.

Bill gives you a long look and studies this without comment.

It is going to take a bit of imagination and insight on your part to be happy with a mental image of yourself taking up office hours to play checkers and, what's more, collecting fees for doing it. People, if they hear of it, are going to laugh at you; you may get some kidding about it, and your enemies will no doubt capitalize on it. But you will be able to take it, won't you?

BILL: But, Doc, none of this makes sense to me.

YOU: No, of course it doesn't. Tell me, how do you feel about me by now?

BILL (*slowly*): Two ways, I guess. I still hate doctors, but I have never been treated like this before.

YOU: I don't care whom you hate, except as it affects your health, but it does make a difference how you feel about me, if I am to help you.

BILL: But I told you that I don't need help.

YOU: Bill, you know that isn't so.

BILL: Well, it would be nice to get rid of the nervousness, but I can't see how you can do anything about it by playing checkers.

YOU: I really can't do too much, but you can and you need some help. I hope you will let me give you that help.

BILL: I won't talk about the war.

YOU: O. K., Bill, how about talking about you?

BILL: But not about me in service.

YOU: The important thing is you right now.

BILL: But it was the war that made me this way.

YOU: True, but you are the guy who got this way.

BILL: I don't understand.

YOU: Look, Bill, anyone can become nervous as you are if he goes through enough. We know that from war experiences. Some guys can take more, some less. The amount they can take pretty much depends on what happened to them before they went into service, from the time they were babies on up. The kind of guys that they were before determines, too, how long it takes them to get over it, and it is taking you a long time, Bill, so I suspect that what happened to you before you went into service is important.

BILL: But what can I do about that? It's over.

YOU: Talk about it, and with me to help, come to understand yourself better.

BILL: I see. You will settle for talking about what happened to me before I went into service; is that it?

YOU: Yes. Whether you ever discuss service is up to you.

BILL: Why didn't you say so in the first place?

YOU: You weren't ready to listen, Bill.

BILL (*grinning*): That's right.

YOU: You want to come back again after all, then?

BILL: Well, no, but it will make the boss happy. I still don't think it will do any good.

YOU: But it won't be too painful?

BILL: As long as there's no war talk.

YOU: That is up to you.

BILL: No tricks.

YOU: Plenty of tricks in a way, Bill, but we will stick to what you want to talk about, believe me.

BILL: You're a queer duck, Doc.

YOU: That's better than being an s. o. b.

BILL: O. K. I'll be in Friday. Will you tell the boss or shall I?

YOU: Either way you want it.

BILL: You will probably want to tell him you won the round. Go ahead and call him.

15

BILL AND HIS FATHER WERE BUDDIES

BILL comes in for his fourth interview.

YOU: Well, Bill?

BILL: You wanted to know about my life. Go ahead and ask questions.

YOU: Maybe there are some parts that you don't want to tell about.

BILL: No. I had a very ordinary and happy life until I went into service. That's why I think that you are crazy. I never was nervous then, and so it can't have any bearing now.

YOU: Want to tell me about it?

BILL: You ask the questions. I don't know what you want to know.

YOU: O. K. How many in your family?

BILL: I have a wife and two kids.

YOU: No, Bill, I mean your father's family.

BILL: Oh, my mother, and three of us kids. My father died five years ago.

YOU: Which number child were you, Bill?

BILL: I was the oldest.

YOU: And the others?

BILL: My sister is two years younger than I am, and my brother is three years younger than she.

YOU: How old are you now, Bill?

BILL: Twenty-five.

YOU: So you were twenty when your father died.

BILL: Yeah.

YOU: Still living at home?

BILL: Yes. I married when I was twenty-one.

YOU: How did you feel when your father died?

BILL: Terrible, of course.

YOU: You were close to him?

BILL: A boy was never closer. He was a great guy.

YOU: I am sure he was. He ran the drugstore around the corner, didn't he?

BILL (*with a smile*): Yes, that is, he did when he and I weren't off hunting or fishing. We used to take off whenever we could get away. We sure had some good times together.

YOU: How did your mother feel about that?

BILL: She liked it. She said that if more fathers spent time with their sons there wouldn't be any juvenile problems.

YOU: She sounds like a swell person.

BILL: The best mother a guy ever had.

YOU: And how did the other kids feel about you and your dad going off on all these trips?

BILL: Oh, as soon as my brother Bob was old enough, we let him tag along.

YOU: And your sister?

BILL: She and mother are good pals even yet. When we went off, they would go to the city on a shopping trip or to shows and stuff like that.

YOU: Sounds like a happy arrangement.

BILL: Worked well in our family. What's the matter, Doc? There doesn't seem to be much in my family life to make a guy nervous.

YOU: That's right, Bill. I don't usually turn up a family history like yours in nervous people. How did your father and mother get along?

BILL: Oh, there used to be a few family squabbles, but mostly they got along swell. No reason why they shouldn't. We were never rich, but there was always money enough even during the depression. After Dad died, there was enough insurance to take care of mother and to educate the kids. I was working by then.

YOU: You didn't go to college then?

BILL: No. When I finished high school, I wanted to go into business. Dad and I talked it over. There was an opening in the bank and we decided that I would do as well to start right in there.

YOU: Your mother agreed with that?

BILL: She said that I was old enough to decide for myself. She never was overly ambitious for her children, if that's what you mean. From the time I was quite young, we were allowed to make our own decisions pretty much as far as she was concerned. Of course, I always consulted Dad.

YOU: He usually gave you good advice?

BILL: The best. When I first started at the bank, it was hard getting onto things, but he used to help me out. I used to bring work home and he would explain it to me.

YOU: You were certainly close to him.

BILL: Sure. I don't know what I would have done without him. He certainly started me out right.

YOU: Ever give you any advice you didn't feel like following?

BILL: (*emphatically*): Never.

YOU: Must have been rough on you when he died. As I remember, it was quite suddenly.

BILL: Yeah, heart. I felt lost for months. You know how it is.

YOU: Yes, I do. Did your mother take his place in your life then?

BILL: No. I used to try to talk to her about things, but she didn't understand. She said that I was a man now and would have to paddle my own canoe.

YOU: That was hard to do?

BILL: For a while, but then I started going with Sue—my wife, you know.

YOU: And going with Sue helped?

BILL: Yes. I could talk to her and she understood.

YOU: And gave you some good advice, too, I'll bet.

BILL: How did you know? Yes, she's smart.

YOU: And you married her?

BILL: I sure did. I was lucky to get a girl like Sue.

YOU: And how do you and Sue get along?

BILL: Best ever. You can't find anything wrong there, Doc; I know what you are thinking.

YOU: Your nervousness must upset her.

BILL: Not as much as it does me. She is sure that it will soon be O. K. She couldn't see much sense in my coming here, and I don't either.

YOU: Two children, Bill?

BILL: Yes. One is three years old and the baby is eighteen months. (*Pause.*) I came home on furlough just before going overseas. He was almost a year old by the time I got home.

YOU: I should think that with two youngsters to look after, Sue might not have much time for you.

BILL: Maybe some other woman wouldn't, but Sue is a great manager. She has a girl come in and do the dinner dishes and put the kids to bed, so we have our evenings together.

YOU: You're close to her?

BILL: Say, Doc, you think that I am nervous; you should have seen me when she got me home. I was much worse. If it weren't for her, I never would be able to get around.

YOU: You get around some besides getting to work?

BILL: Never without Sue. Mostly we go to movies or something by ourselves. When I first got back we used to play bridge with friends, but one evening Mike Lynch made some crack about my nervousness.

YOU: What happened?

BILL: Sue sure told him off. She said that if he weren't a draft dodger, he might have something to say. She is a great girl all right. But now we mostly stay away from people. They make me more nervous.

YOU: Sue know about your army life?

BILL: No. I told you that I don't want to talk to anyone about it, not even to her, and (*defiantly*) she doesn't ask me any questions about it either.

YOU: Did you think that I was trying to, Bill?

BILL: You might have been leading up to it but you had better not.

YOU: I won't, but I can't help the thoughts that flash into your mind, can I?

BILL: No, you can't, but you make them flash into my mind, as you say, and that is why I don't like this. It makes me more nervous.

YOU: But you came back when you didn't have to.

BILL: Only to please the boss.

YOU: And because you had begun to trust me?

BILL: Yes, I suppose so. At least you're different.

YOU: How different, Bill?

BILL: Just different.

If you said "different from army doctors," he would probably take your head off, so you don't.

YOU: Well, it's nice to be different.

BILL: Look, Doc, now you've got my whole life's story and you can't make a thing out of it. There isn't anything abnormal about it—you said yourself that you didn't expect it to be so natural. Let's call this off.

YOU: You don't have to come if you don't want to.

BILL: I want you to say I'm O. K.

YOU: But you aren't.

BILL: I'm better than I was. Give Sue more time and she will straighten me out.

YOU: I am sure that she has done a lot for you, but I don't think that a wife can do the whole job.

BILL: Why not?

YOU: You don't feel about me the way you do about Sue.

BILL: Don't be silly; I love my wife.

YOU: That is what I mean, in part.

BILL: I don't get it.

YOU: No, you don't. You see, you are too close to her and she to you. I can be more objective. As a matter of fact, Bill (and you won't like this), if this goes on, I'm going to have to hurt you some. Because she loves you, even if Sue were wise

enough to hurt you for your own good, she couldn't bring herself to do it.

BILL: I don't want to be hurt, but I don't believe that you could.

YOU: Whether I could or not, I don't think the time has come to try.

BILL: Boy, I don't get it!

YOU: How can I help you to understand?

BILL: What did you find out today that will help?

YOU: I'm beginning to understand what sort of person you are. When I understand enough about you, I'll be in a favorable position to help you. In fact, I sometimes think that that is all the help a person needs.

BILL: Sue understands me better than you ever will.

YOU: No, Bill. I could tell Sue things about you already that would amaze her. As I said, she is too close to you—her understanding is colored by her feeling for you.

BILL: What can you give me that she can't?

YOU: The right to be independent.

BILL: Hell, I *am* independent.

YOU: Seems to me that you rather lean on Sue for comfort in your nervousness.

BILL: Of course I do. Shouldn't a wife comfort her husband?

YOU: Most wives do, I guess.

BILL: Are you suggesting that I *leave* her?

YOU: Not at all. I am content with your relationship with Sue. In fact, you yourself said that she was helping you. All I mean is that, while you no doubt need Sue, you also need someone else, meaning me.

BILL: Doc, it's too deep for me.

YOU: Sure, Bill, you can't understand everything right away, but you will in time, if you want to.

BILL: And this sort of thing will get me over being nervous in time?

YOU: It can if you want it to.

BILL: Of course I want to get better, but I don't believe this will help.

YOU: Are you willing to give it a chance?

BILL: Well, I guess it is all right. I'm no more nervous than when I came in.

YOU: See you again on Tuesday, then?

BILL: Oh, all right.

You passed up the opportunity to reflect Bill's feelings several times in this interview. He had given you the right to get certain facts of his history by the question-and-answer method, and you felt that he actually was willing for you to pry as much as you did. You were always willing to back up if he showed resentment. Since he has shut you out of that segment of his life which has to do with his army career and since you may never get him to talk about it, you must have something to work with. Also, since he is not cooperating too well and there is little danger of too much dependence, you are on fairly safe grounds. Bill is not the sort who will say, when he is through with his story, "There, you have the facts, now make me better." Instead, he said, "There, you have the facts, and I told you that they wouldn't help."

Of course they help a great deal. Bill's family life sounds excellent superficially. Here we have apparently a mature mother, who handled her children very well, and a father who made a chum of his son—certainly all that the Y.M.C.A. phi-

losophy could ask for. But somewhere, something went wrong. At twenty, Bill was still going fishing with his father instead of with his gang or, better yet, on picnics with a mixed group. Bill, somewhere along the line in adolescence, failed to break his boyhood emotional tie to his father and complete his emotional growth. His emotional growth was therefore arrested at an early adolescent level. He apparently never rebelled against this emotional tie to his father. It's a pity, because Bill's type is particularly hard to deal with. That is why it is easier to treat a delinquent than a passive, submissive type like Bill. The delinquent is doing something active about his feelings; the passive type just sits. On the bright side, you may expect that Bill is struggling to grow emotionally. He has shown plenty of aggression against you and harbors a lot of resentment against the army. Let us hope that his aggression is merely misdirected and that you can guide him to attain maturity by taking it out on himself and his wife.

Having lost his father suddenly, Bill floundered for a time, but Sue came along. You can form a very accurate picture of Sue's personality from Bill's discussion of her—a capable, intelligent, wholesome sort of person with a great deal of warmth and considerable feeling for people. She is also tactful, generous, and patient. As far as Bill and you are concerned, there is just one thing wrong with Sue. She is entirely too maternal. Her courtship was more of an adoption procedure than a love affair. She found a cute little lonesome boy tucked away in a great big man; she mothered him and married him. If Sue did not have unlimited maternal resources, she might have found that the two babies satisfied her maternal side and with their advent begun to look around for the husband she never had. The ensuing stress might have been a little rough on Bill, but

it could have helped him mature into Sue's mate. But Sue has plenty of room for two little children and one big one, so she arranges her life so that there is opportunity to mother all of them.

You can practically write Sue's life history from the information we have. She probably was the oldest girl in a large family, with a sickly mother. She undoubtedly raised all the other children in the family and did a very good job of it. Then as they grew away from her, she looked around for someone else to mother and found Bill.

Having lost his father, and being rejected by his mother, Bill found Sue and transferred his dependence to her. At this stage, the bugle blew, and Bill went off to war, where he was thrown into intimate contact with men. You could guess what happened to him in service because only one of a few things could have made him so resentful. Let's hope that in the end he may give you the actual details himself.

16

BILL GOES FISHING

BILL comes in promptly for his next appointment, but you are forced to keep him waiting for ten minutes. After due apologies to him:

YOU: Well, Bill, what do we talk about today?

BILL: Ask me some more questions if you want to.

YOU: I don't believe I do, but perhaps there is something that you think I should know.

BILL: It is all a bunch of foolishness anyway.

YOU: You still feel that way?

BILL: Oh, I'm a little better (*he seems to be*), but it isn't anything that you've done. I believe that I ought to get out and exercise more. I went fishing with Joe Thomas the other afternoon and got real tired rowing the boat. We hiked a way and I slept better that night than I have for weeks.

YOU: Yes, fishing is quite relaxing.

BILL: It's fun to go with Joe. He doesn't talk unless I want to. He is a pretty swell guy.

YOU: I think so too. How did Sue feel about your going off like that?

BILL: She was a little afraid that it would be too much for me, but she packed a good lunch, waited up until we got home, and fed me a hot meal.

YOU: Is she satisfied now that it was good for you?

BILL: Well, she hasn't said anything about it. The next night she surprised me with plans for a dinner and a show in the city.

YOU: That was fun?

BILL: Not as much as fishing—I don't like crowds.

YOU: Crowds seem to hem you in?

BILL: Yeah. Joe wants me to go on a canoe trip up north with him on our vacation. We can get off at the same time, but I don't think I will.

YOU: In a way you would like to go?

BILL: Sue sort of planned that we would go off together to a beach or somewhere. My mother would take the kids.

YOU: But you would rather go with Joe?

BILL: Well, after all, Sue needs a vacation, too. She hasn't had an easy time with the kids and me the past six months.

YOU: No, she hasn't. It would be hard to disappoint her?

BILL: But I sure would like to go on that fishing trip with Joe.

YOU: So you feel two ways about it?

BILL: Yes. What do you advise?

YOU: I never advise, Bill.

BILL: What the hell do you do?

YOU: Not much, I guess. But it seems to me that you alone can decide because it is your problem.

BILL: But you must have some idea which would be best for me.

YOU: If I told you to go with Joe, and you were lonesome for Sue all the time, you could blame me for the wrong advice. If I told you to go with Sue, and you kept thinking about how much fun you would be having with Joe, you could blame me again.

BILL: Yeah. I see. I wish that Joe had never asked me.

YOU: So that you wouldn't have anything to decide?

BILL: I suppose that's it. I'll get more nervous than ever if I don't settle it.

YOU: Yes, you will.

BILL: Then you might help me to decide.

YOU: I want to help you, not decide for you.

BILL: Well, then, help.

YOU: I'll help you think it over. You say that Sue needs a vacation?

BILL: Yes she does.

YOU: From what, Bill?

BILL: From the housework, meals, cleaning, and the kids.

YOU: What would you do at the beach?

BILL: Swim, hike—and Sue likes to read to me. We would take a cabin and I could have breakfast in bed. We would take the rest of our meals out so that she wouldn't have too much work.

YOU: So that she would be doing all day what she does in the evening now?

You hold your breath at that barb, but you need not have.

BILL: Oh, Sue likes to take care of me.

YOU: And you like to have her?

Bill gives you a long, penetrating look.

BILL: Well, I was a little embarrassed at the fuss she made over me when Joe stopped by to go fishing.

YOU: A fellow likes to stand on his own feet.

BILL: But Sue is good to me and good for me. I don't know what I would have done if it hadn't been for her.

YOU: So sometimes you feel two ways about her, too?

Bill thinks that over a long time.

BILL: I shouldn't. I'll never be able to make up to her what she has done for me.

YOU: I guess everyone is apt to feel two ways about people.

BILL: I never thought of that. Yes, I guess that is right. (*Grimacing*) I know I felt two ways about coming here today.

YOU: And sometimes you make me mad by being so stubborn, but mostly I can't help liking you.

BILL: I guess I have been pretty stubborn, but you don't know what I have been through.

YOU: No, I can only guess.

BILL: Guess away, but don't tell me what you think.

YOU: O. K. Have you felt two ways about your father sometimes, too, Bill?

BILL: No—well, maybe once or twice. I remember once shortly before he died he had planned a fishing trip and I had to break a date to go with him. I hated to stand the girl up, but I wouldn't have disappointed Dad for the world. Lucky I did go with him, too. That was about our last trip.

YOU: A date is pretty important at that age.

BILL: Now that I start thinking about it, I remember once I was supposed to go to some high-school party, but Dad suddenly discovered that he could get off for a few days' hunting. I remember Mother seemed to think I shouldn't go.

YOU: Remember how you felt, Bill?

BILL: Oh, I never cared much for parties anyway.

YOU: Most boys do.

BILL: Going out with Dad was more fun.

YOU: Hm. . . .

BILL: What's the matter, Doc? You think I let people make up my mind for me?

YOU: How do you feel about that?

BILL: I never thought of it. Sue and I always agree. I don't think she does all the thinking.

YOU: You feel that you have a partnership arrangement, then?

BILL: Well, of course since I got back and was so nervous, I guess maybe she babies me a little. Yes, I guess she does—a little.

YOU: And you like that?

BILL: Well, I've been pretty bad.

YOU: And you still are.

BILL: Doc, you mean that I want to stay nervous in order to be babied? You're crazy! I'd give anything to get over this.

YOU: Maybe you feel two ways about that, too.

BILL: Nuts.

YOU: Bill, it is natural to like to have attention, but it is normal to be independent at your age, too.

BILL: Nuts, again. The war made me this way.

YOU: But you are the guy who is that way.

BILL: You mean, Doc, that because I went fishing with Dad, I got nervous in the war?

YOU: You might have gotten nervous anyway. After all, I don't know what happened. But I actually feel that because you stayed dependent on your Dad longer than is usual (and other factors, too), it helps to keep you nervous.

BILL: I don't get the connection, Doc; it seems crazy to me.

YOU: O. K., so it seems crazy to you.

BILL: Kind of farfetched now, isn't it, Doc?

YOU: Bill, if a fellow doesn't follow natural laws in his emotional growth he gets in trouble. It is natural for a boy to get away from his dad sometimes in adolescence. It is not that they can't stay good pals, but that the boy develops other interests in people his own age. Tell me, how many of the boys you knew in high school were as close to their fathers as you were?

BILL: None. I always figured that I was lucky that way.

YOU: You were in many ways, but something slipped just the same.

BILL: Well, that's your theory, Doc.

YOU: Yes, Bill, and I may be entirely wrong about you. You alone know how you feel, but I do know a little about people and the causes of nervousness.

BILL: Well, is the time up?

YOU: Just about. What about your vacation, Bill?

BILL: I don't know. I'm going to talk it over with Sue.

YOU: Haven't you done so yet?

BILL: No, but I will and settle it tonight, too.

YOU: Coming back, Bill?

BILL: Well, Doc, you're screwy but interesting. I've enjoyed this talk. Yes, I'll be back.

YOU: Fine. I'll be expecting you.

A day or so later Sue comes into your office. Sue is an ample sort of person physically and is neatly and becomingly dressed. Her attitude suggests a mother hen, one of whose chicks shows signs of wandering away from the flock.

YOU: What can I do for you?

SUE: Nothing for me; it's about Bill. I understand that you have advised him to take a canoe trip with Joe Thomas.

YOU: No, I haven't advised him, but I remember we did discuss it.

SUE: Well, you influenced him to go, and I don't like it. You don't realize how sick he has been.

YOU: I think I do.

SUE: You can't or you wouldn't let him go off on this terrible trip.

YOU: Even if I thought it was terrible, I doubt if I would interfere.

SUE: I want you to advise him not to go.

YOU: I am very sorry, but I can't do that.

SUE: But, Doctor, he isn't strong enough yet.

YOU: Only Bill can know that. I find him physically in pretty good shape.

SUE: I know him better than you do, and I say he isn't well enough. Something dreadful might happen.

YOU: An accident?

SUE: Yes—or . . .

YOU: Suicide?

SUE: Oh, no, although he does get depressed at times.

YOU: I feel Joe can look out for him.

SUE: That drunk!

YOU: Joe doesn't get drunk any more.

SUE: Once a drunkard, always a drunkard.

YOU: I'm sorry you feel that way. It makes it pretty hard for you to let him go with Joe.

SUE: And you won't advise him not to go?

YOU: I'm sorry.

SUE: I don't know why he ever came to you. He was doing all right without a doctor. He hates doctors.

YOU: And you feel I'm not much of a doctor.

SUE: You're a fool.

YOU: I'm glad you can say that.

That stops her briefly, but she is not going to be deflected from her course of action.

SUE: I mean it, too.

YOU: I know you do.

SUE (*threatening*): Well, there are ways of getting him away from you. I'll see the bank president. (*You make no comment.*) And I'll see that my friends know what an idiot you are.

YOU: You are pretty bitter about this.

SUE: You're ruining my husband's health. If anything happens it will be your fault.

YOU: Yes, I guess if anything happens I'll have to take some of the blame.

SUE: It will ruin you in this town.

YOU: At least you hope so. But what if nothing happens?

SUE: You are still interfering with *my* business.

YOU: You feel I'm coming between you and Bill?

SUE: You certainly are.

YOU: You're wrong. I hope through me you lose the little-boy Bill but gain a grown-up husband.

SUE: I guess I know what I like. For the last time, will you advise him not to go?

YOU: I'm very sorry, Mrs. Jones.

She sails out of your office. You sigh and wonder how much mischief she will actually do. Oh, well, you've dealt with irate relatives before. A call to the bank president with a brief explanation lets him know that he is probably in for an unpleasant interview. He assures you that he can handle it.

Later that day a pleasant, soft-spoken woman stops you on the street and introduces herself as Bill's mother. She has a warm twinkle in her eye and you like her immediately. She says to you,

"Doctor, I just wanted to tell you that I understand that Bill is considering a trip with Joe Thomas, and I want you to know that I approve. I am afraid that all members of the family do not agree with us about it. Of course, I never say a word—it isn't my place—but it doesn't hurt to let you know how I feel."

She leaves many things unsaid, but you read between the lines and sleep better that night for your brief contact with her.

17

BILL TURNS THE CORNER

AT HIS next interview Bill opens up.

BILL: Did Sue come to see you?

YOU: Yes.

BILL: What did she want?

YOU: I don't know that I should tell you, Bill, if she hasn't.

BILL: I can guess. She said some pretty bitter things about you.

YOU: I'm sorry she feels that way.

BILL: She doesn't want me to go with Joe.

YOU: That makes it hard for you to go.

BILL: I'm going anyway. I told her she needs a vacation from me.

YOU: But she doesn't think so.

BILL: She doesn't say so. She says I'll go off and get drunk with Joe.

YOU: It's hard on her if she feels that way.

BILL: I don't drink and she knows it.

YOU: You think she doesn't actually feel that way, then?

BILL: Lately she annoys me with all her fussing around. I think it will be good for both of us if we get away from each other for a while. If we don't, I'm afraid I'll blow my top at her sometime.

YOU: Rough on her, though, your leaving her in the lurch.

BILL: I'm sending her to her folks. Her eighteen-year-old sister is crazy about the kids and will take care of them so she can get around and have some fun.

YOU: *You're* sending her, Bill?

BILL (*grinning*): Well, she wants to go all right. She hasn't seen her family since before the war, but she won't give me the satisfaction of saying she wants to.

YOU: Seems to me you're better, Bill.

BILL: Oh, I'm still nervous, but the trip will do me good. Maybe I can forget the damn war for a while.

YOU: I doubt it.

BILL: What do you mean?

YOU: As far as I'm concerned, you will never forget until you get your feelings straight about it. Obviously, since you can't talk about it, your feelings are still upset.

BILL: More tricks, hey, Doc?

YOU: Bill, I want you to straighten out your feelings. If you can do it by yourself, I'm all for that.

BILL: Some things a guy just can't discuss.

YOU: That's right, and he shouldn't as long as he feels that way.

BILL: That's the way I feel.

YOU: Then we won't talk about it.

BILL: Well, where do we go from here, Doc?

When patients begin to kid you about some of your stock expressions, you can be fairly confident that the therapeutic situation is pretty much as it should be.

YOU: Where do you want to go?

BILL: You say.

YOU: But I seem to have hit a stone wall.

BILL: Doc, I believe you're just curious about my army life.

YOU: Yes, I suppose I have the normal amount of curiosity, but do you think that's all?

BILL: Honest, Doc, I know you mean well, but just thinking about it makes me get all tight inside and then I shake more.

YOU: I know. I hate to be the cause of your feeling that way.

BILL: Oh, well, I'll forget it some day.

YOU: I hope so.

BILL: Stone wall again, hey, Doc?

YOU: It seems that way.

BILL: In many ways I feel just like I did after my father died, only this is ten times as bad.

YOU: Think there's any connection, Bill?

BILL: Of course not.

YOU: Maybe there is and you don't see it.

BILL: No. There couldn't be.

You make no comment and Bill gets that faraway look again and you keep quiet. Finally:

BILL: Ever been in jail, Doc?

YOU: No.

BILL: Ever been in a nuthouse?

YOU: I've visited them; I've never been locked up in one.

BILL: Well, I have. I was in a locked ward at the Dover General Hospital in England.

YOU: That must have been a terrible experience.

BILL: I was no more crazy than I am now. Do you think I'm crazy now?

YOU: No.

BILL: Being locked up with those guys!

YOU: Made you wonder just how sick you were?

BILL: If I had stayed there much longer, I *would* have been crazy.

YOU: It must have frightened you a great deal.

BILL: I guess it did—made me mad, too.

YOU: There must have been some reason why they kept you there, however.

BILL: I used to beg the doc to get me out but the s. o. b. wouldn't let me go.

YOU: That's the reason you hate doctors so?

BILL: Well, maybe. He was a nice guy in some ways. You could at least talk to him. Some medics I know were ten times, yes, a hundred times worse.

YOU: You must feel that you were kicked around a great deal.

BILL: Huh!

YOU: At least I see now why you felt the way you did about me or still do, perhaps.

BILL: No, Doc, you're different. I'm sorry I said the things I did to you.

YOU: I'm not. If that's the way you felt, you certainly should feel free to say so.

BILL: You should have kicked me out.

YOU: I don't agree.

BILL: Well, I wouldn't have taken what I said to you from anyone.

YOU: I guess maybe I'm a little hard on you too, Bill. That old stone wall, you know.

BILL: Yeah. Look, Doc, I can't talk about it.

YOU: O. K. We seem to get back to it some way, don't we?

BILL: I'd like to, but I just can't.

YOU: It's pretty hard to talk about some things.

BILL: It makes me sick to think about it even.

YOU: Bill, you're lucky in one way. You have a pretty good idea of what's making you nervous. Some people won't even admit to themselves what the trouble is.

BILL: I know what I'd like to forget.

YOU: Forgetting is pretty hard; it keeps popping up in one's mind all the time.

BILL: It sure does, and when it pops, I shake.

YOU: It must be pretty terrible.

BILL: Look, Doc, no. I just can't talk about it.

His tremor is worse and he becomes quite pale.

YOU: Again, then, we won't. What about this canoe trip, Bill? When do you leave?

BILL: Sunday.

YOU: Then I won't be seeing you until you get back.

BILL: Not unless you can find me on the river.

YOU: No, I guess I won't be there.

BILL: Well, wish me luck.

YOU: I do. Will you be in after you get back?

BILL: We'll be gone two weeks. How about the same time two weeks from next Tuesday?

YOU: That will be the twenty-eighth. I'll let you know if I can't keep the time for you.

BILL: Good enough.

YOU (*deciding on a parting shot*): By the way, Bill, here's some extra work for you on the trip. Did you meet anyone in the service who reminded you of your father?

BILL: No, of course not.

YOU: I didn't want you to answer that yet. You have two weeks to think it over.

BILL: O. K. I'll think, but I know the answer now.

YOU: Good-by, Bill.

Bill has turned the corner. He is more comfortable with you and is obviously trying to cooperate. His decision to defy his wife is rather startling. As a matter of fact, the description of this type of response to therapy should have been lengthened out considerably in order to be completely realistic. Actually his rebellion against Sue's maternalism would take the form of a little resistance here and a little more there. There would also undoubtedly be intervals of submission again between minor rebellions. But for the purposes of condensation, the description of progress as rapid as this is justified since the mechanism is identical. You may occasionally see even faster results. The author well remembers one immature girl, well on her way to a conversion hysteria, who grasped the emotional import of her symptoms after two interviews. She thereupon went home and straightened out a possessive mother and moreover did it so tactfully that the mother made very little fuss.

Sue's tirade on the other hand is very realistic. You may as well reconcile yourself to the fact that in treating a dependent person—child, husband, wife—you will meet resistance from the possessive person against whom your patient struggles. Be comforted, however, in the knowledge that, whether they ever acknowledge it or not, these people in the end will be glad to be rid of their self-imposed bondage.

Bill reveals some of his painful experiences. The timing depends on his growing confidence in you. Actually he is ambivalent about it. He wants to confide in you, but he must come to it in his own good time when he is sure you will grant his right to the feelings involved.

18

BILL TELLS HIS STORY

BILL is waiting at the appointed time for the next interview. He is tanned and looks as if he may have gained a little weight. However, his face is creased with anxiety and he does not look exactly like a man who has had a marvelous time on vacation.

YOU: Well, Bill, did you have a good time?

BILL: Yes and no. We caught a lot of fish. The exercise was good for me; I slept pretty well.

YOU: And the "no" part?

BILL: I did a lot of thinking.

YOU: And that was no fun?

BILL: Not exactly. Look, Doc, remember that last thing you said to me before I left?

YOU: Very well. I asked if you knew anyone in service who reminded you of your father. I was just playing a hunch, Bill.

BILL: Your hunch was right. The thing that threw me off was that I thought you meant someone who looked like him.

YOU: I meant someone toward whom you felt the same way.

BILL: Yes, I know. It hit me one night when Joe and I were sitting in front of the fire just before we turned in.

YOU: So there is such a person, Bill?

BILL: There was. He . . . died.

YOU: Yes. I'm not surprised.

BILL: How do you do it, Doc?

YOU: I know a little about how people feel.

BILL: He was the top kick of my outfit.

YOU: Top kick?

BILL: Sergeant.

YOU: And you were pretty close to him?

BILL: Yeah. In basic training I wasn't doing so well. I didn't like the army at first. Couldn't seem to learn things as fast as the other boys. One evening he stopped by after chow and talked with me. After that he sort of took me under his wing, I guess. Anyway, we were together a lot. I used to go to him when things went snafu.

YOU: A sort of father to you, Bill?

BILL: Yes. He was older. He had done three years in service in the twenties. He didn't look like my dad at all—he was short, heavy-set, red-headed. Frank was sure a swell guy. A lot of the boys felt the way I did about him. (*You make no comment. There is a long pause.*) Well, one day he got it. Shrapnel. I helped carry him to the aid station; we didn't wait for the medics.

YOU: You wanted him to get taken care of at once of course.

BILL: Yes, but he wasn't. They were busy at the aid station—lots of wounded guys lying around. I kept telling the doc he was hit badly, but he chased me away. I didn't go, though; I went back and sat by Frank. Finally the doctor came—a young lieutenant he was. You know what he did?

YOU: No.

BILL: Nothing. Absolutely nothing! Oh, of course a couple of aid men had started plasma, but the damn lieutenant hardly looked at Frank and started working on the next guy to him.

YOU: That was rough on you.

BILL: Yes. He died a few minutes later, bleeding at the mouth.
It was terrible.

YOU (*gently*): Then what?

BILL: I don't remember. I came to in that damn locked ward in England.

YOU: You blanked out?

BILL: Yes. Oh, I know something of what happened. A couple of the boys visited me at the hospital and told me about it. They said I went after the medic lieutenant. I guess I was beating hell out of him when they pulled me off.

YOU: But you don't remember it?

BILL: Oh, I have a kind of faint memory about some of the things that happened until I came to—like in a dream you can't quite remember.

YOU: Frightened you?

BILL: It did until the boys talked to me. I sort of wondered just what I'd done. I remember that when I saw Frank was dead I thought, "I'll kill the God damn medic."

YOU: And you were afraid you had.

BILL: Yeah.

YOU: It wasn't any fun living with that.

BILL: No, but it was worse being locked up with all those nuts.

YOU: Made you wonder if you were crazy, too, Bill?

BILL: No. I knew I wasn't, but I would have been if I had stayed there any longer. I used to beg them to go ahead and court-martial me, but they wouldn't.

YOU: Court-martial you?

BILL: For attacking an officer.

YOU: I see. (*Pause.*) But you got out, Bill?

BILL: I was shipped back to the States and put into another

nut ward. I wrote Sue and she came and got me out. I don't know how she worked it.

YOU: I see.

From Bill's description of events after his attack, we can suspect that he actually remembers more than he intimates. However, there is no therapeutic advantage in breaking down this face-saving mechanism.

BILL: Doc, you won't tell anyone about this, will you?

YOU: Of course not.

BILL: I never told anyone—or about being in a nut ward either.

I couldn't stand it if my mother or anyone found out about it.

YOU: Why, Bill?

BILL: How would you feel if you had been locked up for being crazy, Doc?

YOU: I guess I don't feel the way you do about crazy people.

BILL: But I never was crazy.

YOU: You were sick. So were they.

BILL: Huh! But the way those guys were!

YOU: You were afraid you'd be the same way.

BILL: Yeah.

YOU: Bill, you're ashamed of having been locked up?

BILL: Wouldn't you be?

YOU: No.

BILL: You're just saying that.

YOU: Do you think I'd say anything I didn't mean?

BILL: But, gosh! No, I guess you wouldn't.

YOU: I don't see how you could help it.

BILL: If I hadn't blown my top!

YOU: I guess you were punished enough.

BILL: Well, it was the worst thing I ever went through.

YOU: *That* I can see.

BILL: See why I hate docs?

YOU: Did it ever occur to you, Bill, that maybe the doctors kept you in the psycho ward because they didn't think you deserved to be court-martialed?

BILL: I'd rather have been court-martialed.

YOU: Seems to me that would be harder to live down now.

BILL: But the damn lieutenant had it coming to him. Sometimes I wish I'd killed him.

YOU: I'm sure the way you felt that sometimes you do wish that.

BILL (*looking stunned*): You mean you would have felt the same way?

YOU: In the same circumstances, yes.

BILL: Gosh, I . . .

YOU: You thought I would hate you for the feelings you had, the same way you hated yourself for having them?

BILL: Yeah.

He studies this over for a very long time.

This is the turning point in the therapy of this case. Your acceptance in Bill of feelings that he hasn't been able to accept in himself will do the trick. It isn't his guilt for the things he did but his guilt for his murderous *feelings*, which he couldn't be comfortable with, that he needs to unload on you. You convince him of the naturalness of these feelings and his guilt is finally absolved.

There is one loose end you may be able to tie off. It's worth a try.

YOU: Bill, do you suppose that perhaps the lieutenant felt there wasn't anything he could do for Frank?

BILL: He could have tried.

YOU: Perhaps he felt that he only had so much time anyway and that he should give it to the lad who had a chance.

BILL: Gosh, I never thought of that.

YOU: Feeling the way you did about Frank, I don't suppose you would.

You wonder how much of the lieutenant's time Bill wasted by his attack, and you hope it won't occur to him. Apparently it doesn't.

BILL: Gee, Doc, I feel better to get this off my chest. I tried a couple of times before I left, but I just couldn't get it out.

YOU: It has been hard even now.

BILL: Yes, but I made up my mind that night on the trip that I would tell you this time—and I have.

YOU: I'm glad you have if it makes you feel better.

BILL: It does. Thanks, Doc.

YOU: Coming again, Bill?

BILL: Do you think I need to?

YOU: It's up to you.

BILL: You mean the president won't send me?

YOU: Not any more. You're on your own from now on.

BILL: Well, I'll let you know in a day or so.

YOU: Fine, Bill. Good-by.

The next day the bank president calls you. It seems that Bill is in his office and wants to see you at once, if possible. It happens you are not busy and Bill is over in nothing flat in great agitation.

YOU: You're upset, Bill.

BILL: Doc, I got a kick in the teeth just now.

YOU: And you want to tell me about it?

BILL: Just a few minutes ago a guy came to my window to cash a check, and, Doc, he was a ward man on the psycho ward I was in.

YOU: And he knew you?

BILL: Sure. And he talked about the service.

YOU: That seemed like a kick in the teeth?

BILL: No. He lives on a farm about five miles out. I didn't know that. And, Doc, he might tell everybody about my being in that ward.

YOU: Yes, I suppose he might if he's that kind of fellow.

BILL: Oh, he was nice enough. Matter of fact, I rather liked him, but, gosh, he might talk.

YOU: So you haven't got your feelings straightened out about that yet, Bill?

BILL: The worst would be if my mother found out. So far you and Sue are the only ones who know.

YOU: Did you think you could keep it a secret forever?

BILL: I guess I did.

YOU: This is a small town.

BILL: Yeah. (*He laughs suddenly.*) Come to think of it, I guess we all know of a few family skeletons, hey, Doc?

YOU: Where people think no one knows?

BILL: Just the same, I don't want my mother to find out.

YOU: What are you going to do about it?

BILL: I don't know. Of course, I *could* tell her myself.

YOU: That would be hard.

BILL: But better than having her hear it somewhere else.

YOU: Yes.

BILL (*thoughtfully*): Yes. I'll do it—tonight.

YOU: I feel you're getting better.

BILL: So do I. Thanks, Doc. Sorry to take up your time this way.

YOU: Not at all, Bill.

Bill calls the next day to inform you that his mother wasn't a bit upset, that he is feeling fine, and that he doesn't expect that it will be necessary to come back.

A few weeks later Bill drops in to ask for a prescription for a cold, but you rather suspect that it is just to reassure himself that you are there in case he ever needs you again and to test out his feeling of independence from you. He reports that he is gaining weight and sleeping well and that everything is fine at work. This latter fact you already know from Bill's boss.

As you usher him out of your office into the waiting room, Sue is there waiting for him. You cannot resist:

YOU: Well, Mrs. Jones, I see your husband is looking pretty fit these days.

SUE (*with a sniff*): Yes. I've got him working in the garden. The exercise and fresh air have done him worlds of good.

BILL: Hey, whose idea was that garden anyway? Come along, Sue, we're stopping in to see the Thomases.

So Sue is stopping in to visit with "that drunk." You wonder how soon *she* will need a bit of psychotherapy and just where she is going to get it.

19

SALLY HAS HEART TROUBLE

AT TIMES your therapeutic job will be surprisingly brief and simple.

The Cooper family have employed you for years. They have two children, Sally and David. You have attended the children through the usual childhood diseases, broken bones, and minor ailments. They both drop into your office alone when they feel the need of medical care, and you look on them as good friends, as well as patients.

Sally is eighteen. She has just finished high school and will no doubt be going away to college in the fall. She is a lovely thing, somewhat reserved but always at ease with you. Lately you have noticed that Tony Schultz has been carrying her books down Main Street after school and you have wondered at that, for Tony comes from across the tracks. Sally's father is a successful manufacturer and Tony's father for as long as you can remember has been a foreman in the Cooper factory. Mr. Schultz has a large family. The older children have finished high school and have gone to work in the factory with their father. Tony's father is steady, pays his bills, and is very proud of his family. His wife, Tony's mother, is a home body, speaks with a slight accent, and, outside of church activities, devotes her time and effort to her home and family.

The thing that definitely places Tony on the wrong side of the tracks is the attitude of Sally's mother. Mrs. Cooper is distinctly on the social side. One is never allowed to forget that she comes from the Van Horn family, that she attended an expensive Eastern finishing school, and that her father was a wealthy and prominent attorney in New York. So when you notice Tony carrying Sally's books, you begin to wonder.

It isn't that you personally disapprove of Tony. As a matter of fact, Tony is special in your thinking. He was at the head of his high-school class and he excelled in athletics, especially in football. You have a personal interest in Tony's football career: through your efforts, Tony is going to college—and to your alma mater at that. You noticed his ability early in his high-school career and got the coach out to see him and talk to him. Tony will get a pretty nice scholarship.

Mrs. Cooper had an attack of coronary thrombosis in the early spring. She was very sick for a while but is home from the hospital now and is moderately active. You have to admit that you are still a little irked at all the expensive consultants she had come from the city to assist you in her case. On your first call at the house after her return from the hospital, you noticed that Sally was quite solicitous, hovering over her mother with a great deal of concern. You wondered a little about this at the time.

Sally pops in one June afternoon. She is a little pale and looks worried and tense.

SALLY: Doctor, I want you to examine my heart.

YOU: Of course, Sally, but how has it been bothering you?

SALLY: It pumps hard sometimes. There is a dull pain (*placing her hand over her left breast*) right here, too.

YOU: How long has this been going on, Sally?

SALLY: About two weeks.

YOU: Any shortness of breath?

SALLY: No, I haven't noticed any.

YOU: Swelling of the ankles?

SALLY: No.

YOU: Kidneys been acting up? Any unusual frequency? Get up at night or have to hurry?

SALLY: I do get up at night sometimes, but then I haven't been sleeping well.

YOU: Well, let's see.

Your examination reveals nothing except a slight acceleration of the pulse, moist palms, and very slight tremor.

YOU: Sally, we can run some more tests, but I don't find anything serious.

SALLY: Then why does it pain?

YOU: Can you remember just how and when it started to bother you?

SALLY: Sure. It was the day after I was almost in an accident about two weeks ago.

YOU: You were frightened?

SALLY: Not especially at the time, but I woke up at night and my heart was pounding. I was in a cold sweat, and there was this dull pain.

YOU: Tell me about this "almost" accident.

SALLY: Tony and I had been to a dance over at Centerville. We were coming home, and all at once there was this big

truck stalled on the highway without lights. Tony swung the car just in time.

YOU: But you weren't frightened then?

SALLY: No. We laughed about it.

YOU: I see.

SALLY: But even if I did get scared later, it shouldn't last this long.

YOU: There could be several reasons why it is lasting.

SALLY: I don't understand.

YOU: The first thing I think of is that your mother has heart trouble.

SALLY: What would that have to do with my heart?

YOU: I don't know. Your mother's illness must have been quite a strain on you.

SALLY: I've worried about her, but that shouldn't affect *my* heart.

YOU: How do you and your mother get along?

SALLY: Very well—I guess.

YOU: You guess.

SALLY: Well, she has always wanted me to go East to the same school she did. I want to go to the university here.

YOU: Hm. . . . Does Tony have anything to do with your selection of a school?

SALLY: Could be.

YOU: Hard to go against your mother's wishes.

SALLY: She doesn't think Tony is good enough for me.

YOU: So you think that she may insist that you go East?

SALLY: Yes, but I shan't go at all if I have to go East.

YOU: It would be too bad not to go to college.

SALLY: Doctor, I really like Tony.

YOU: But you feel you should mind your mother?

SALLY: Of course.

YOU: Sort of puts you in the middle, doesn't it?

SALLY: It sure does.

YOU: And it's hard to know what to do?

SALLY: If Mother only weren't ill.

YOU: You feel that she might get worse if you cross her?

SALLY: Well, the doctors said that she should not be upset.

YOU: So if she died it might be your fault?

SALLY: At least if she weren't sick I could fight for my rights.

YOU: Of course you do feel like fighting.

SALLY: Yes. I suppose I do.

YOU: And we have already said that you also feel that it would be wrong to go against your mother's wishes?

SALLY: Yes, that's right.

YOU: I suppose in a way it makes you hate her illness?

SALLY: I sure do.

YOU: Do you suppose that that hate could carry over to her, Sally?

SALLY: That would be very wrong, but I suppose my feelings are mixed up. It is hard for me to be nice to her lately.

YOU: That makes you feel guilty, doesn't it?

SALLY: Yes, I guess it does.

YOU: And if you feel guilty, perhaps you feel that you should be punished.

SALLY: What do you mean?

YOU: When you were younger and felt guilty, didn't you feel that you should be punished?

SALLY: Yes. I guess I did.

YOU: And, in fact, didn't you feel better after the punishment was over?

SALLY: That was because it was over.

YOU: Or because your guilt was absolved.

SALLY: Hm. . . . I never thought of it that way.

YOU: Does it make any sense that way?

SALLY: Yes. Now that I think of it, it makes a lot of sense.

YOU: I suspect that you were feeling so guilty about your feelings concerning your mother that, after you thought about that accident, you felt you deserved to be injured or killed.

SALLY: No, I didn't think that.

YOU: I'm sorry. I should have said you had a deep-down feeling that you deserved punishment.

SALLY: Well, I don't know.

YOU: Neither do I, but it isn't natural for a girl to stay frightened for two weeks unless she has some guilt feelings.

SALLY: But I'm not frightened.

YOU: I'm not sure that your heart isn't.

SALLY: Oh, you mean that's what makes it pound and hurt?

YOU: It could be that.

SALLY: That is sort of the way it acts, isn't it?

YOU: Yes, it is.

SALLY: Usually when I'm scared, I get choked up.

YOU: But your mother has heart trouble.

SALLY: You mean it's sort of the power of suggestion?

YOU: Yes. I call it identification.

SALLY: Well, then, if all this explains it, what good does it do? Mother is still sick; I still want to go to college with Tony; she still wants me to go East.

YOU: It does this much good. If I am right, and you agree with me, we need to treat your feelings and not your heart.

SALLY: Well, I certainly could stand some treatment for my feelings.

YOU: And then we would know about your heart.

SALLY: O. K. Go ahead and treat my feelings. What kind of medicine do I take?

YOU: I can't give you any medicine, Sally, but I'll be glad to help you straighten your feelings out.

SALLY: I suppose you can't. Doctor, do you think if I insist on my way, it might harm Mother?

YOU: I suppose if she were upset enough it might.

SALLY: Gee, I couldn't do it then.

YOU: You probably would feel pretty guilty.

SALLY: Yes. . . . But maybe she will be sick a long time.

YOU: She will never be entirely well.

SALLY: How long do you expect her to live?

YOU: I can't say—five years is average, but some people last much longer.

SALLY: Well, if I give in on this, she might try to arrange more details of my life.

YOU: I suppose that is quite possible.

SALLY: I don't think it's fair of her to take advantage of her illness.

YOU: Is it fair of you to say that?

SALLY: What do you mean?

YOU: You told me that she disagreed before she was sick and the question hasn't come up since.

SALLY: That's right, because of the way I felt.

YOU: Yes.

SALLY: Then maybe I could talk it over some more in such a way as not to upset her too much.

YOU: Might be hard to stay calm.

SALLY: Yes, I know. I'll talk to Dad first, and maybe he will see it my way and help me.

YOU: Think you and Dad can gang up on Mother?

SALLY: Maybe Dad will want me to go East, too.

YOU: Maybe.

SALLY: If I did go East, I wouldn't have to worry about having injured Mother.

YOU: But you might lose your Tony. Football heroes are likely to be popular.

SALLY: That's right, but maybe I would anyway.

YOU: You would have a better chance if you were around.

SALLY: That makes it look as if I were chasing him.

YOU: It does at that . . . in a way.

SALLY: Yes. We could write, though, and, anyway, if he doesn't like me enough to wait—well! But I can't believe he wouldn't.

YOU: Might be hard to study if you were lonesome for him.

SALLY: Yes, but I'll bet other girls would be in the same fix.

YOU: I suppose so.

SALLY: Well, I'm going to talk to Dad.

YOU: Figure you might as well get it settled?

SALLY: Yes. I can't go on this way.

YOU: Well, where are we? Want to let me know in a few days how your heart is?

SALLY: Yes. Will it be all right until then?

YOU: I'm sure no permanent damage will result, and if it still bothers you then we can check further.

SALLY: Very well, I'll be seeing you.

A few days later Sally is back.

SALLY: My heart has stopped hurting, but I thought I'd let you know anyway.

YOU: I'm glad you came in.

SALLY: Well, I'm going to college with Tony.

YOU: All settled?

SALLY: Yes. Dad said we must all live our lives just as we did before Mother was sick, so we talked it over with Mother and it's all settled.

YOU: Was it hard on her?

SALLY: Oh, she cried a little and stayed in bed the next day, but she seems glad in a way that it's settled now.

YOU: And you don't feel guilty?

SALLY: No. I feel fine.

You don't like that solution, Doctor? All right, then, have it your way. The important thing is that there is *some* solution, not a particular solution. Let's go back to where Sally comes in again.

SALLY: My heart has stopped hurting, but I thought I'd let you know anyway.

YOU: I'm glad you came in.

SALLY: Well, I'm going East after all.

YOU: It's all settled then.

SALLY: Yes. Dad said we would talk it over just as if Mother weren't ill, and we did. After I'd considered all angles, I decided I would a little rather not go where Tony was going anyway. It would look as if I couldn't trust him.

YOU: *You* decided?

SALLY: Oh, yes, they left it up to me.

YOU: So Mother's heart doesn't enter into it at all.

SALLY: No.

YOU: How is Tony taking it?

SALLY: I think he is glad in a way. He says he will be pretty busy with studies and football, too.

YOU: I see—might neglect them for you?

SALLY: Yes. After all, we are getting very fond of each other, and we can't marry for a long time yet, so maybe it will be easier to wait if we aren't together so much.

YOU: You'll miss him, though.

SALLY: Of course, but we'll be home during vacations.

YOU: I see.

SALLY: Doctor, will you fill out this examination blank for me? It's my entrance physical for college.

YOU: Of course, Sally.

Is it necessary to point out that here you have done a job in psychosomatic medicine that nips in the bud a possible cardiac neurosis?

20

GLORIA BLAKE BECOMES A PATIENT

THE PRACTICE of medicine is an ego-deflating business. You go along, at times for months, successfully, treating the sick, collecting bills, blandly accepting the gratitude of patients and their families, and soon you begin to fancy yourself a big shot. Then one day something goes sour—an unexpected death, an unforeseen complication, an unreasonably prolonged labor. Relatives become suspicious or disgruntled, patients are frightened and noncooperative. As you meditate about these cases you may be able to tell yourself honestly that you have done your best or given the best that medicine of the day has to offer. Often you cannot help but wonder whether the outcome might not have been better, had your treatment been different at this point or that or had you operated sooner or later. And so whether or not you have any real guilt to assimilate and learn to live with, you realize all too clearly what an insignificant role you actually play in the field of therapy. Again you become realistically modest.

The practice of psychiatry will also keep your hat size within normal limits. Because psychiatry is so new, and since so many factors are so poorly worked out, the specialty has no record to point to with the degree of pride that is permis-

sible in other fields. If you are successful in half your cases, your record is indeed excellent.

In order to balance this study and to prevent your becoming too sanguine about the art, it is about time you had a flop. But we shall let you down easy. You are going to undertake a very difficult case, one in which few, if any, would succeed. You will attempt to treat a constitutional psychopath, one of the most difficult of all types of patients. There will be educational value in this case aside from the fact that you will learn to be cautious about attempting to treat these people. Underneath the artificial personality that they show the world, these people are the most neurotic of all. You will discover some things about transference and countertransference. You will learn to match wits with a resistant personality as you struggle to work out the psychodynamics involved. You will need to be able to separate fact from fancy or in some instances fact from deliberate falsehood. You will be angry and exasperated. You will know that if you fail you will be subjected to vicious attack. At the same time, you will realize that the chances of success are slim indeed. You will be playing for high stakes, however, for these people are well worth salvaging. Perhaps in the years to come some of the mental and emotional effort you expend may bear fruit, even if you seem to fail now. Some of these people, as they grow older, do make some sort of social adjustment.

Gloria Blake is not exactly unknown to you, although you have never met the woman. She was Gloria Perry before her marriage to Ted Blake some six years ago. You could not live in a town the size of your town and remain unconscious of the existence of Gloria Perry Blake. Since Gloria was in pigtails, she has furnished the town's good ladies with

more glossolabial exercise than their combined surgical adventures. Even in your own home, when guests were stiff and ill at ease, your good wife could always break the ice and draw all heads together by mentioning Gloria's latest escapade. You are vaguely conscious that your wife has chatted about Gloria off and on through the years, often as you were struggling to slip off to sleep or wrestling with an intricate problem of differential diagnosis. You are a little fuzzy as to details, but there is no doubt in your mind that what you have heard is all bad. However, if you were pinned down, you might admit that you have a certain curiosity to know this person Gloria. Surely she would be an interesting personality for study.

Mr. Perry is the town's most wealthy citizen. He is home for only brief periods of time, being mostly away in various cities, concerned with the multitudinous details of his business empire. Gloria's mother is more or less a chronic invalid and is seldom seen about. She was born and raised in your town, and that is probably the only reason that Mr. Perry maintains the large mansion for her just beyond the village limits. Surely it is not convenient for him to be so far removed from his business interests. Expensive specialists from the city attend Mrs. Perry. This annoys you and your colleagues, for here is a lucrative patient.

Several incidents involving Gloria, however, stand out vividly in your mind. There was the time, some years ago, when your own young daughter came into the office after school one afternoon. Blood was flowing from a nasty ragged laceration behind her left ear. She was only six at the time and Gloria must have been twelve or thirteen. Between her sobs she managed to relate that Gloria had done it. She and the

Fitch youngster were wandering by the shallow creek that skirts the town, and they had come upon Gloria and an older boy behind a thicket. Gloria had ordered them away and had emphasized her orders by throwing stones. Her aim apparently was excellent. You remember your indignation and recall that your telephone call to Mr. Perry elicited a stiff apology and the offer of a check, which you refused.

Then there was the time when Gloria was about fifteen. The whole town buzzed with the rumor that Dobbs, the high-school principal, had been seen at a night club of very low repute in the company of the youngest and most attractive of his teachers. Dobbs was in his fifties at the time, a married man with a sizable family. He had always been a pillar of piety in the community. You happened to be on the school board in those years. Both Dobbs and the teacher were able to prove conclusively that they were safely home abed on the night in question. About the time the rumor started, Dobbs had suspended Gloria from school for necking in the lower hall behind a row of lockers. Dobbs was of the opinion that Gloria had started the rumor, but no proof was forthcoming and the whole thing finally cooled off. You remember the sequels. Your wife always glanced speculatively at Dobbs as he passed the plate in church on Sundays. The school board decided, without any apparent reason, not to reemploy the teacher. (This led to your resignation from the board.) And Mrs. Dobbs, about that time, developed a particularly refractive menopausal syndrome, which required large doses of Oestrin. You probably remember her illness so well because, knowing how inadequate Dobbs's salary was, you cut your bill to the cost of her drugs.

When Gloria was a senior in high school, she disappeared

for two weeks. Tongues all over town wagged afresh, since coincidentally the town's Beau Brummel was not seen around either. She nonchalantly showed up, however, and (so the gossip ran) presented Dobbs with a written excuse from her mother, which indicated that she had attended a very sick aunt in New York.

You remember the high-school graduation that year also. A neighbor boy was in the graduating class and with some effort your wife convinced you that it was your social duty to attend. Gloria was valedictorian, and a pretty sight she was with her red hair and youthful vitality apparent behind the footlights. Her oration was clever, if a bit superficial. She was probably somewhat overdressed, but on the whole she was the one bright spot of what otherwise would have been a dull performance.

Gloria was not seen about for two years after that. She was attending college, you imagine. Apparently she did not finish, and now she was conspicuous about town in a bright-red convertible. Again there was gossip, but nothing very tangible—just that she was seen at this dance, or at that gathering, attended by a variety of beaus and always very much in the limelight.

Then Ted Blake came to town. Ted, fresh out of law school, came to open an office in your town. Ted became friendly with Joe Thomas and Bill Jones, since all three are members of the same service club.

You have always liked Ted. He soon became popular with the business and professional men about town. He is always willing to listen to a stale story or even to advice. He sticks close to business but finds time, too, to do his share of civic chores. You consider him an up-and-coming youngster.

Of course when Ted came to town he was immediately the most eligible bachelor. He was soon absorbed into the social life of the town. Several caps were set, several mothers gave elaborate dinners, but Gloria soon met Ted and it was all over but the ceremony. You were a bit short on sleep during the courtship because your wife didn't want to talk in front of the children about the brazen way Gloria pursued Ted, so she saved it all until you had retired. The courtship was brief, however, and the wedding the most elaborate the town had ever seen.

Once married, Gloria seemed to have settled down somewhat. Within a year her daughter, Gloria Ann, was born. Gloria seemed to assume the role of matron and mother, and apparently the town accepted her in this role and pretty much forgot the past, as towns have a way of doing. Ted built a modest home and you admired him for holding it well within his means. But Gloria entertains extensively, and you suspect that she is spending some of her father's money.

The reason you have just now called all these things to mind is that Ted stopped you on the street yesterday. He seemed embarrassed and, after a few minutes of idle chatter, asked if he might have a talk with you. This did not sound like a request for a usual medical consultation and it started you wondering. You arranged a time for today and here he is now.

TED: Doctor, I don't know if you can help me, but I'd like to talk to you confidentially.

YOU: Of course, Ted.

TED: It's about my wife, Gloria.

YOU: Is she ill, Ted?

TED: Well, not exactly, Doctor. . . . I'm considering divorcing her.

YOU: You, a lawyer, coming to me, a doctor, about a divorce?

TED: I said I was considering it—not that I have decided to.

YOU: I'm sorry, Ted; I know it isn't anything to joke about.

TED: No, it isn't, and I won't do it until I am sure there is no other way out.

YOU: Sounds pretty serious. I take it you intend to tell me why.

TED: Yes. For one thing, she wants to build a new house. (*You raise your eyebrows.*) Oh, there is more to it than that. She wants a mansion.

YOU: Using what for money, or material, for that matter?

TED: Her father's money and his influence to get material.

YOU: I'm beginning to see.

TED: No, you're not—not yet. It isn't that I would leave her because of a mere house, no matter how large. Of course I'll be damned if I'll live off her father—any more than I can help, anyway. It is just that it seems to me that this house business is at the bottom of all the trouble.

YOU: The argument has been going on for some time?

TED: Yes. She tried to get me to build a larger one in the first place, but she gave in to my feeling about not taking on more than I could afford. She never was satisfied, though.

YOU: And during the war years there wasn't anything she could do about it?

TED: Right. But for over a year now she has been harping on it constantly.

YOU: And you have been resisting constantly?

TED: Yes, but the past year we have been drifting farther and farther apart.

YOU: That's too bad. Maybe you are too proud, Ted.

TED: I've thought of that, but I've had the feeling all along that if I gave in on this, she would start in on something else.

YOU: You are afraid one thing will lead to another?

TED: Yes. The extremes to which she seems willing to go to get her own way frighten me.

YOU: You mean she puts on a lot of pressure?

TED: Well, yes. She tried all the usual tricks at first—coaxing, crying, scolding.

YOU: At first?

TED: Yes. Lately I can't understand her.

YOU: What puzzles you, Ted?

TED: Well, there are so many things. For one thing, some months ago she started having some big parties—lots of men around all the time and liquor, too. It got so I was losing too much sleep.

YOU: And when you protested she said that if you weren't interested enough in her to let her have the house, she would lead her own life.

TED: How did you know?

YOU: What did she say when you said that aside from parties, which you don't like anyway, a big house would be useless.

TED: That I just did not understand that she needed a proper setting for her personality. (*You whistle.*) It's a fact—almost her exact words.

YOU: Sounds sort of dramatic.

TED: She is always dramatic. I thought it was cute when we were first married, but I'm getting sick of it.

YOU: Tell me more if you care to. I don't quite find a divorce case yet.

TED: Well, she has been neglecting Gloria Ann, our child, you know.

YOU: Neglecting?

TED: Nothing you can exactly put your finger on—not legally—but she lets the child stay up too late at night and sometimes doesn't get her breakfast until almost noon. She goes off to the city and parks the child just anywhere she can find someone to take her. It's impossible to get a maid, you know.

YOU: How does Gloria Ann like it?

TED: She is getting to be a problem. She doesn't eat or sleep well. Often I have to get her after work and feed her and put her to bed, and Gloria may not show up until midnight or so. Last week Gloria went off without even telling me where she had left the child, and I called a half-dozen people before I found her. That was embarrassing.

YOU: It must have been.

TED: But the pay-off was last week end. I have noticed that she has been flirting a lot—there are always several single guys around—but I thought it was just to make me jealous and I did not notice that she paid attention to anyone in particular. Saturday night there was the usual gang around, drinking and making noise. Gloria Ann woke up and was fussing, so I went up and stayed with her until she went back to sleep. Then I thought, the heck with it all! So I went to bed myself and didn't go down again. Well, I woke up the next morning and Gloria's bed hadn't been slept in. She showed up about noon and said she had had a call to go to her home because her mother was ill. It is true that her mother often sends for her, but I've never seen her go when she has anything else to do. That's another thing that

bothers me: the cruel way she often treats her mother. So, frankly, I became suspicious for the first time, I guess.

YOU: But you don't know?

TED: No—not about that night. I certainly wasn't going to question her sick mother, and her father, as usual, is away. (*Long pause.*) Well, the day before yesterday she was going to the city shopping and said she would stay overnight with a friend. She made the usual arrangements about Gloria Ann. Her car happened to be in the garage for repairs, and I pretended I needed mine, so she had to take the train. I—well, I called an agency I know in the city and had her followed.

YOU: And she didn't go to a friend's house?

TED: No. She went to a hotel and spent the night with—Doc, I won't tell you who. There's no need for you to know unless I decide to get the divorce.

YOU: I appreciate that, Ted; I'd rather not know.

TED: Well, I accused her of it.

YOU: Yes?

TED: She denied it up and down, so I showed her the written report.

YOU: So?

TED: She still denied it and offered to bring the man around to prove that they had just stopped in his room for a drink and then she went on to her friend's home.

YOU: Did she have the man come around?

TED: No. I told her it would not be healthy for him to do so.

YOU: So there is your divorce case, Ted?

TED: Yes. It's a case all right, and I can get Gloria Ann away from her, too, but I hate to think of the scandal.

YOU: Well, Ted, I'm very, very sorry.

TED: Doctor, do you think she is crazy? When I threatened to take Gloria Ann, from the way she acted, I began to wonder. I never saw such a rage.

YOU: But her actions would indicate she doesn't care much about the child.

TED: That's just it. I was surprised that she made such a fuss.

YOU: No, Ted, frankly I don't think she is insane—legally.

TED: I know what you mean—capable of distinguishing right from wrong, no delusions, illusions, or hallucinations, and all that.

YOU: That's probably right.

TED: What you people call a "psychopath"?

YOU: And the sort of people you lawyers put in jails instead of mental institutions.

TED: You don't need to rub it in.

YOU: I'm not trying to, honestly—just helping you to understand the sort she seems to be.

TED: I know you are right, too, as I think back now—all the lies she had told! I suspect many things have happened that I was too blind to see.

YOU: She is probably an excellent actress.

TED: Good enough to have fooled me for several years. Strangely enough, Doctor, I am still very much in love with her.

YOU: That is not strange, Ted. These people usually are loved.

TED: That's right, they are, and are forgiven, too.

YOU: Yes, especially when it is the other way around. Women will stick to a male psychopath in spite of almost anything.

TED: I've seen it happen. (*Pause.*) Doctor, is there any help for Gloria?

YOU: I don't know. They are considered to be neurotic underneath it all, and some men have reported cures. Others argue that if a cure results the diagnosis was wrong in the first place, as of course it would be by the strict definition of the term "constitutional psychopath."

TED: That's splitting hairs. I am interested in Gloria, and I don't care about the label. Can you help her?

Now it is your turn to pause and study.

YOU: I haven't had much experience with this sort of thing, Ted, and, from what I can find out, it takes a lot of skill, time, and hard work.

TED: I wish you would see her.

YOU: Why not take her to a specialist in the city?

TED: I wouldn't trust her in the city.

YOU: Sanitorium?

TED: She won't go. I've suggested it.

YOU: You are high-pressuring me, Ted.

TED: I know, but I won't hold it against you if you can't do anything. It shouldn't do any harm. You did a swell job on Joe and Bill.

YOU: But this is much tougher.

TED: I know, but please try.

YOU: Well, you've talked me into it, but remember, I am very dubious of my ability.

TED: Fine.

YOU: But will she see me?

TED: Yes. We have settled that. She claims it is silly, of course, but I told her I'd go to court unless she at least did this.

YOU: I hope you did not promise not to go to court if she did.

TED: No. I'm too good a lawyer for that. I merely said if she saw you, I would hold off until I saw what the results were.

YOU: Very well, then.

Did you ever let a patient talk you into attempting something you really felt was beyond your skill? The headache and worry aren't worth it, no matter how much sympathy you may have for the ill person or his relatives or how impossible they make it seem to get help elsewhere. But you're in this, so get out the books and find out as much as you can about the psychopathic personality before Gloria comes in.

21

GLORIA WANTS YOUR HELP

GLORIA arrives for her first appointment. The promise of beautiful womanhood, which you sensed at her high-school graduation, has been fulfilled. She has red, naturally curly hair, big brown eyes, and a clear, fair skin. One pregnancy has not changed her girlish figure, and her clothes are cleverly designed to make the most of it. There is no trace of anxiety or worry in the beautiful face and you are sure that she has spent a very restful night.

GLORIA: Doctor, I was so pleased that Ted arranged for me to see you. I am sure you can help to straighten this whole thing out.

YOU: I hope so, but I can only help, you know. Straightening it out will be up to you and Ted.

GLORIA: I am sure that with your help I can make the dear boy see reason. He really *is* a dear, you know, but so stubborn at times and lately suspicious of me, too. (*Coyly*) Imagine his accusing *me* of the things he does. Of course I have a good many friends, men as well as women, but they all respect me and it is preposterous for him to even think these things.

YOU: And I suppose his stubbornness and suspiciousness make you rather angry?

GLORIA: Oh, no, of course not. He really is sweet, you know.

I guess I don't get angry, because I am used to not being understood. All my life people, especially men, have misunderstood me, so I'm resigned to it. I don't think any man really can understand a woman, do you, Doctor?

YOU: Meaning that you don't expect me to understand you either?

GLORIA: Of course I don't. You've never had a baby, have you?

YOU: I suppose there are some things we never understand about anyone, no matter how close he is to us, but I don't think sex has much to do with it.

GLORIA: Oh, but you are wrong. I understand my women friends much better than I do my men friends, or even Ted, for that matter. He just doesn't understand my femininity. Women are so much more sensitive, you know.

YOU: Well, I can't say that I don't understand my women patients as well as the men.

GLORIA (*brightly*): It doesn't really matter, does it? What we have to do is help Ted see how ridiculous this all is.

YOU: I am afraid you don't understand. This has nothing to do with making Ted see anything. We are here to see if we can help you get your feelings straightened out.

GLORIA: Oh, but my feelings are quite all right. It is just that Ted is taking such a ridiculous attitude.

YOU: Then I guess we have nothing to do. I understood that you were coming for help for yourself.

GLORIA: I am. I know you can help me to straighten the dear boy out. He really is in a terrible state, you know.

YOU: Yes, I can see where he might be.

GLORIA: So what can we do to help him?

YOU: It seems to me we are here to help you.

GLORIA: That's what I mean—help me to help him. I am sure we can work something out.

YOU: Help you to help yourself.

GLORIA: Ted is the one who needs the help. He is talking about divorce, you know.

YOU: I am glad you said that. I'm afraid that you are not quite facing the situation. Ted is threatening to divorce you and take Gloria Ann away from you. It seems to me you are in a rather difficult spot, since you apparently don't wish to lose either Ted or the child. Professionally I don't care whether you and Ted separate or not. What I am interested in is helping you to face the reality of your position, to decide what you want to do about it, and then help you do it.

GLORIA: Doctor, that's just wonderful of you. What I want to do is make Ted drop these silly charges—then everything will be all right. How do we get him to do that?

YOU: We don't, as far as I'm concerned. We do help you to change so he won't want to press them.

GLORIA: Doctor, I'm afraid you believe these silly charges. Well, I'm prepared for that. I wrote my friend in the city and she sent along this affidavit.

She produces a document stating that on such and such a night, Mrs. Gloria Blake was at a certain address in the city.

YOU: I'm not a lawyer, Gloria, and I'm not interested in whether the charges are true or not. I'm only interested in how you feel.

GLORIA: I feel that the whole business is silly.

YOU: From where I sit it would seem that Ted has a pretty strong case against you if he cares to press it.

GLORIA: Why do people always misunderstand me so?

YOU: So you are in a tight spot?

GLORIA: I did run into—

YOU: I'd rather not have you mention the name, Gloria.

GLORIA: Well, I did run into a friend, and I did stop by his room, but . . . just because I think conventions are silly doesn't prove anything else.

YOU: Of course it doesn't, except in the mind of a judge who may be pretty realistic.

GLORIA: Anyway, I'm not interested in sex. I keep my relationships on a higher, even if informal, plane.

YOU: Meaning that your sexual relationships with Ted are satisfactory?

GLORIA: Oh, yes. Very satisfactory—that is, I think so. I really don't have anything to compare them with, you know.

YOU: Do you think it necessary to have some other experiences to compare them with to know if they are satisfactory?

GLORIA: Maybe if I had, I would know more about it.

YOU: But you haven't?

GLORIA: No.

Maybe you should be open-minded, but you can't help remembering some things, and where there is smoke there is apt to be at least a little fire. Anyway that statement about "comparison" is just a bit overdone and sounds very much like quick thinking—trying to deceive you. But make a note about it and let it go for now.

YOU: Well, we don't seem to be getting anywhere.

GLORIA: Couldn't you just tell Ted that he is being very silly?

YOU: Gloria, you are trying to use me to get things your own way.

GLORIA: I was sure that once I showed you how silly the whole thing is you would tell Ted to drop it and everything would be all right.

YOU: I see no reason why I should tell Ted anything. What takes place between us is entirely confidential.

GLORIA: Of course, but you can see for yourself that I am above anything as stupid as that.

YOU: I'm not sure I do.

GLORIA: I *told* you no man could understand a woman.

YOU: At least I can agree that you probably feel that you are not understood.

GLORIA: That, of course, is why you won't help me.

YOU: I think I understand much more than you give me credit for, but I am here to help you with your feelings.

GLORIA: How would you feel if someone were trying to take your only child away from you?

YOU: Angry, I expect, and maybe frightened.

GLORIA: I'm not angry—only hurt.

YOU: And frightened.

GLORIA: No one will really take a child from its mother.

YOU: Courts have been known to do so.

GLORIA: Surely, Doctor, you don't believe that a child should be separated from its mother?

YOU: As a generality, of course I don't. There are mothers, however, who neglect their children, where it seems necessary to take them away.

GLORIA: Oh, but I'm very good for Gloria Ann. We are so close. Not that I ever pampered her, and she is such an independent little thing. She stays with just anybody for a day

at a time and gets along beautifully. Don't you think, Doctor, that children should learn to be independent?

YOU: I feel they should be allowed to be independent, not forced to be.

GLORIA: Gloria Ann likes to be with other people. I always allow her to decide.

YOU: You seem to feel that you are the perfect mother.

GLORIA: Well, yes; there is never a cross word between us.

YOU: Ted apparently doesn't think that you are so perfect.

GLORIA: Oh, he is just using the child to get at me. He is really very jealous of me.

YOU: Jealous?

GLORIA: Yes. I'm smarter than he is, and I have more friends. That's why he won't let me build a new house—plain jealousy.

YOU: Maybe he feels you should live on his income.

GLORIA: That's silly. No, it is just that he is afraid to let me be myself because he knows that I would show him up as an old plodder.

YOU: That's the way you feel?

Gloria stretches and you are conscious of her bare shapely knees as she crosses her legs. We'll say that your reaction is amusement tinged with irritation.

GLORIA: Don't you think my personality needs a proper setting, Doctor?

YOU: I don't think personality has much to do with setting.

GLORIA: You should see my home. Of course, I can't do too much with it; it isn't large enough. Within limitations, though, it reflects me. If you really and truly want to understand me, you should see it.

YOU: I don't think that is necessary.

GLORIA: Doctor, why couldn't you stop by for our next interview? We could have a drink and I could really relax. Of course, I'd only have one drink, but you could have as many as you wish. I am strictly a one-drink woman.

YOU: No, Gloria, the limits of the therapeutic situation are within this room.

GLORIA: Oh, I see. Well, I don't understand about therapeutic limits, as you say.

YOU: You must understand the limits.

GLORIA: Well, but you're missing me at my best, not seeing me at home.

YOU: I don't know about another interview, anyway. It doesn't seem to me that we have accomplished anything.

GLORIA: I suppose you are very busy, Doctor.

YOU: Yes, I am, but not too busy to see you if you will accept help.

GLORIA: Doctor, I hope you can see me again. I feel that you can help me with this after you know me better.

YOU: Well, I'm willing to try, but I am not at all sure that you will accept help.

GLORIA: Of course I know Father will be glad to pay you. Poor Ted doesn't make very much, and Father and I feel that one way we can help poor people is by paying the doctors well, because we know you do a lot of charity work. Why, when Gloria Ann was born, Father paid the doctor over a thousand dollars.

YOU: Ted has arranged to pay the bill.

GLORIA: I just wanted you to know your time wouldn't be wasted.

YOU: I'm more interested in results than in fees. If I get results, the fees pretty much take care of themselves.

GLORIA: Well, Doctor, I am rather depending on you. Please don't let me down.

YOU: I'm afraid you may let yourself down.

GLORIA: Oh, no, I'll try very hard.

YOU: Then shall we say a week from today at the same time?

GLORIA: Oh, can't I come sooner? I really want to get this settled. It worries me, you know.

YOU: Very well, day after tomorrow at the same time.

GLORIA: If that is the best you can do, I'll try to wait patiently. I am rather depending on you, Doctor.

YOU: That's the first vacant hour I have.

GLORIA: If you would come by the house after office hours this evening, we could really get down to work.

YOU: I'm afraid that is impossible.

GLORIA: Well, then, see you Wednesday.

That evening you have just settled down at home with a book when the telephone rings.

GLORIA: I hope you are not too busy to talk to me, Doctor.

YOU: No, but our talking must be done in the office.

GLORIA: Oh, but, Doctor, I just thought of something and I wanted to check with you.

YOU: Well?

GLORIA: I wonder if it wouldn't be a good idea to send Gloria Ann out to Mother's for a while. Mother's nurse really hasn't much to do and could take care of her. Ted is so upset, I don't think he is good for her.

YOU: What you do about Gloria Ann is entirely your affair —and Ted's.

GLORIA: But you're on the case and I want your advice.

YOU: That is not part of my function.

GLORIA: But don't you think it would be a good idea? This is pretty hard on the child, you know.

YOU: I really can't take any responsibility for anything like that.

GLORIA: Well, won't you talk to Ted? He is being stubborn again.

YOU: I'm afraid you don't understand my function.

GLORIA: But I need your help.

YOU: Not this sort of help.

GLORIA: Doctor, I can hardly wait to see you on Wednesday. I have so many things to talk about.

YOU: Very well, Wednesday, then.

You hang up quickly. Your wife, who has overheard your part of the conversation, glances at you quizzically but returns to her knitting without comment. The book has lost its interest. You ponder over the interview and the telephone call, and you definitely are not happy. Gloria has set out to bend you to her own purpose. She has used persuasion and thinly veiled bribery and has made several passes that you can only interpret as sexual, to put you in a position where she can use you. You take scant comfort from the thought that she has not succeeded, for neither have you accomplished anything.

Every time you tried to define the therapeutic limit, she blandly ignored it. Every time you tried to force her to face reality, she blandly refused. Every time you thought you had found a negative feeling to reflect, she denied that she felt this way. You expected resistance, but there seems to be none

in the usual sense. Rather, she seems to have developed a transference all too readily. But there is something wrong, something unreal about this transference. In the first place, if it is real, it is altogether too much colored sexually for you to be comfortable about it. You rather suspect, however, that it is unreal and overly dramatic and that she has no real feeling for anyone but herself. You are too well aware of your expanding waistline and thinning hair to take her advances seriously.

As for yourself, you are disturbed, too. Usually in the first interview you develop a warm feeling for patients as you begin to understand them, a feeling that is lacking in this instance. You were mostly annoyed with Gloria because there was no point in the interview at which you felt the slightest progress had been made. Since the telephone call, you are more annoyed than ever. You are annoyed at the invasion of your privacy, and at the obvious pretext for the call. You are vaguely disturbed, too. Was there something sinister about it? The glance your wife just gave you was a little disturbing. You wonder just who is running this case. If Gloria tries to bribe and seduce you, just how far will she go? You decide to be definitely on your guard—only, damn it, how can psychiatry be successful if interviews become a battle of wits? Anyway, you are sure you can outthink and outguess her, so she can't do any real harm.

Maybe that's it, though—a battle of wits. Maybe when she finds one person who will not be influenced by her wiles, but who will frankly explain to her how she really seems to others, she will face herself. Maybe on the other hand, she will just retreat with the wail, "No man can understand a woman." The pattern for this escape seems to be shaping up.

Another thing—most patients are honest in interviews. They may suppress or distort facts, but mostly this is honest lying in that it reflects their real feelings. Gloria lies on an intellectual plane. Wherever the truth would harm the picture she is trying to paint of herself, she lies, looking you straight in the eye. Is it that she cannot distinguish the truth, that she deceives herself? Possibly, for she certainly does not live in a world of reality, but closes her eyes to everything except the things she wishes to see. She views the world, too, through the smoked glasses of her own egocentricity. The attitude is, "If Gloria says a thing is so, then of necessity it must be so." Such a personality! But, with that beauty and that intelligence, what a feat it would be if you could help her to straighten out.

22

GLORIA TRIES AGAIN

GLORIA is early for her second interview. She is armed with a large photograph album. Her attire is as expensively clever as on her previous visit. No trace of anxiety mars the placid beauty of her features. No real warmth shines from the hazel eyes either. There is no trace of that indefinable personality glow which, when present, renders homely women beautiful and beautiful women more appealing. A statue would be as beautiful and as lacking in human qualities.

GLORIA: Doctor, I have brought my pictures of Gloria Ann. Of course, I'm just an amateur photographer, but some of them are rather good, I think.

She passes over the album and you thumb through it slowly. Arranged chronologically is the pictorial history of the child from the customary nude infant to poses that must be quite recent. The photography is excellent, the subject photogenic, and many of the pictures are painstaking action shots.

In the more recent pictures you search for signs of unhappiness or anxiety in the child, but you cannot be sure. Gloria Ann may be a little thin, her features a bit pinched, but you must admit she does not show signs of neglect.

YOU: That is excellent photography.

GLORIA: She doesn't look like a neglected child, now does she, Doctor?

YOU: No, but pictures do not always tell that story.

GLORIA: You must remember that she was looking and smiling at me in many of them.

YOU: So you are trying to convince me that you are a proper mother?

GLORIA: Ted claims that I do not love the child, and I am sure you can tell from the pictures how silly his attitude is.

YOU: Then you do love her?

GLORIA: I certainly do.

YOU: There must be times when parenthood annoys you somewhat, however.

GLORIA: Never. She is such an adorable little thing. Why, I've never punished her in my life.

YOU: But if she doesn't get in your hair at times, you must be a very different sort of parent.

GLORIA: Oh, I am. We are the best of chums.

YOU: When she was little there must have been times when the formula and diapers really got to be a chore.

GLORIA: Never. I loved taking care of her.

YOU: And the night she had colic?

GLORIA: She never had colic—always slept all night.

YOU: You were lucky.

GLORIA: That's because I was such a good mother. And why shouldn't I be—I never felt better in my life than when I was carrying her.

YOU: No complications?

GLORIA: Not a one, not even morning sickness. I felt wonderful. And the labor—nothing to it. All this talk about pain

is a lot of foolishness. I nursed her, too. I think mothers should always nurse their babies, don't you, Doctor?

YOU: Yes, if at all possible.

GLORIA: Why it made me feel good all over to have her at the breast. Ten cocktails wouldn't make me feel any better. (*Hastily*) Not that I ever drink ten cocktails.

YOU: You seem to have some ideas of what ten cocktails would do to you.

GLORIA: Oh, I just multiplied in my mind the effects of one by ten.

YOU: I see. Then I would expect you to try ten sometime.

GLORIA: No, because I can see what ten do to others, and drunks are disgusting to me.

YOU: Hmmmm.

Gloria won that round. Of course, she is putting on a beautiful act to convince you that she is the perfect parent. However, there are elements of truth here, which perhaps you can detect by the inflection of her voice, although this would be difficult since Gloria is such an excellent liar. It will help you to understand Gloria if you know a little about people and a little about psychopaths.

For example, it is not surprising that the pictures are excellent. Psychopaths are often, strange as it may seem at first glance, good artists. Many of them write, paint, act. Acting, of course, is their way of life, so that is not difficult to understand. That they may have creative ability seems a bit more strange, since we associate this ability with a high cultural level and these people can only be understood as being sort of throwbacks to a more elemental egocentric level of so-

cial development. However, art was born before there was much social consciousness in the human race.

In a like manner, Gloria sounds convincing when she describes the purely physical joys of pregnancy and lactation. This is very much in keeping. She is very much the human animal and capable of enjoying any pleasure giving physiological reactions. That she has maternal instincts we need not deny, but that she is capable of the perpetuation of a supportive attitude toward her offspring to the level demanded by society today is open to grave question. In fact, the evidence that she has already begun to force the youngster out of the nest since she has satisfied all the demands of her maternal instincts is apparent in her conduct. She knows that society will not condone complete rejection and so she will continue to act the parent as far as her egocentric nature will permit. Moreover, she is intelligent and she knows that the child is a weapon that she can use against Ted, who feels differently about Gloria Ann than she does.

Gloria denies that she has any negative feelings toward the child. She denies this on a level beyond that to which other patients will go. It is true that most patients repress their negative feelings toward their offspring (this is often the very thing that makes patients of them), but Gloria has so little insight that she will not even admit that diapers and formulas can be a chore. This is entirely unrealistic. Whether she deliberately lies or is so completely self-centered that she will not be conscious of negative feelings until the child is large enough and smart enough to make demands that would require some sacrifice of personal freedom on Gloria's part, we do not know. Certainly real emotion as we understand it,

on any plane high enough to contain an element of guilt, is difficult to discover in a psychopath. When psychopaths become psychotic they may be paranoid or suicidal as an escape from unbearable environmental or social pressure, but they are never driven by guilt to suffer dementia. Since guilt is the factor that leads patients to suppress their own negative feelings, and since Gloria is hardly capable of feeling guilty, the chances are, unless she deliberately lied, that she probably actually has no negative feelings as yet toward the child.

GLORIA: Don't you think now that it would be cruel of Ted to take Gloria Ann away from me?

YOU: So today you are willing to face the possibility.

GLORIA: Never. It's preposterous, but if you would talk to him, I am sure you could get him to give up the idea.

YOU: But, I have been trying to explain that my function is not to influence Ted, or you either, but to help you decide what you want to do.

GLORIA: Well, maybe when you understand me better—what else do you wish to know?

YOU: What else do you wish to tell me?

GLORIA: I thought psychiatrists always wanted to know about a person's childhood. Not that you will find anything there. I had a very happy childhood.

YOU: I would think it might have been lonely.

GLORIA: Oh, no. Mother is such a dear. Of course she has always been ill, but she was so patient and kind to me.

YOU: Indeed.

GLORIA: Yes. You see, she never recovered from her pregnancy. She suffers a great deal and I've always felt so sorry for her.

YOU: Never sorry for yourself that you did not have a well mother?

GLORIA: Of course not. Why, even when I was very small I used to tiptoe around the house when she was sick in bed so as not to disturb her.

YOU: That must have been annoying to a naturally robust little girl.

GLORIA: Not at all. I was glad to do it for her—she was so appreciative.

YOU: You certainly must be very fond of her.

GLORIA: Oh, I am.

YOU: You see her often, I suppose.

GLORIA: No. You see she has pain so much, she really would rather be left alone. I think it annoys her to have anyone about except the nurse who has been with her for years.

YOU: I see. But you were speaking the other day of taking Gloria Ann out to be with her. (*You think*: "Let's see you wiggle out of that one.")

GLORIA: I really must have been upset, because right after I talked to you I remembered that Gloria Ann might upset her—not that she isn't the most considerate little darling around her grandmother—and I simply decided it wouldn't be right to do it no matter how turbulent things are around home.

She wiggled out all right. At least you don't see how you can trap her.

YOU: And your father, Gloria—he is away a good deal?

GLORIA: Yes, and I feel so bad about it. He would just love to be with Mother and me more, but he feels so responsible about his business.

YOU: But you must have missed having him around when you were a child.

GLORIA: I did, but I always forgave him. He always brought me such lovely surprises when he did come home. One can't be provoked at Father anyway, he is such an old darling.

YOU: So you never felt he neglected you?

GLORIA: Oh, no. How could I, when he always came straight home whenever he had a free day or so?

YOU: Hmmmm.

GLORIA: So, you see, my family life was really quite normal.

YOU: I wonder. It sounds to me as if you may rather have been the neglected child.

GLORIA: Oh, no. Both Mother and Father were very fond of me.

YOU: Well, the ingredients of a happy home somehow seem lacking, with Mother sick and Father away so much.

GLORIA: Maybe it was because I was an unspoiled child and had an easygoing disposition.

YOU: Maybe, but frankly, I don't understand it.

We do not as yet understand the etiology of the psychopathic personality. Because of their low level of emotional integration, one mechanistic theory is that there is some developmental defect in the frontal lobes. Pathology as yet is of no help. Even when our pathological technique has progressed to the point of demonstrating the variations in the cell structure that must be present, or physiological tests are refined enough to demonstrate the abnormality of function, the etiology may still be in question.

Not all psychopaths are the only children of wealthy, in-

telligent, but self-centered parents. Not all only children of wealthy, intelligent parents are, of course, psychopaths. But the frequency with which psychopaths spring from this sort of home, or one in which there is only one other offspring, happens too frequently to be ignored from the standpoint of sociological etiology. Can the self-centeredness of the parent be an etiological factor? At any rate, almost invariably you will find that a background of rejection almost from birth (or even prenatal) is the rule with psychopaths. Emotional rejection of the child is the common denominator in almost all neurotic and nonorganic psychotic patients. Why, then, is Gloria a psychopath and not a psychoneurotic or psychotic? Is it because heredity or birth trauma or some other factor renders the frontal lobes the point of least resistance? Does the fact that these people almost always have superior intellectual ability have some bearing? The answers to these and many more questions would help us to understand and to help these unfortunates.

Since we can at present only theorize, the author likes to think that perhaps the emotional arrest of psychopaths occurs at such an early age that they never develop to the point where they are capable of experiencing guilt. The neurotic patient has progressed to the point where he generates guilt but is unable to handle it. The psychopath simply does not have any guilt. To assist these people, the psychiatrist, thinking of himself as a parent substitute, must consider his psychopathic patient as a mere infant emotionally. He must give sympathetic support, but at the same time so circumscribe the environment that this grown-up infant cannot injure himself or others. Most important of all, he must not reject. Not to reject requires practically superhuman un-

derstanding and countertransference, since the psychopath under treatment will continually infringe on the personal rights of the therapist. No matter how emphatically and explicitly the therapeutic situation is defined and redefined, the psychopath will blandly ignore these limitations. The frustrated infant may indulge in temper tantrums in his crib, and all the mature parent needs to ignore the situation is a set of earplugs. The frustrated psychopath has access to the telephone, other people, alcohol, and his or her own sexual attraction and is certainly not limited physically. This very fact is the reason why under a prison or hospital environment the chances of successful treatment are enhanced. Unfortunately, Gloria has not been detected in crime and she is not confined to a hospital. Therefore, you are unable to make her environment rigid enough to give you much chance of forcing her into an absolutely dependent emotional role, which, if my theory is correct, becomes necessary to render proper treatment.

As she continues to annoy you and to fail to respond to treatment, you are likely to find yourself rejecting her, merely because you are human. The danger then is that, as you express your aggression—your only recourse since you know better than to attempt to simulate feeling you do not possess—she will leave you. Since you do not control the environment, there is nothing you can do about it. If she were in an institution, she could be forced into your office at regular intervals, where by the constant impact of your personality she might at last begin to mature emotionally.

It is hard to accept that these people cannot be helped, for three reasons: first, the adolescent incipient psychopath is frequently helped by a reasonable expenditure of psychiatric

effort and time; second, a few under favorable conditions are helped; third, cases of spontaneous recovery have been recorded.

You have just pointed out to Gloria that you cannot understand that her childhood could have been as she painted it.

GLORIA: If my childhood had not been so happy, I probably would not be as well balanced as I am today.

YOU: I do not consider that you are well balanced.

GLORIA: But I've just explained that I am, and I must have shown you.

YOU: Gloria, you will not face reality.

GLORIA: Oh, but I do. Ted is taking such an obstinate position.

YOU: Obstinate or not, he has you in a difficult position and you do not face it.

GLORIA: I am sure that if worst comes to worst, the judge will not believe him.

YOU: I can't speak for the judge, but you have not convinced me.

GLORIA: Oh, you men stick together. Ted has you on his side to make things difficult for me.

YOU: That is not true. I keep an open mind, and if anyone is trying to use me, you are.

GLORIA: You are supposed to help me.

YOU: To help you understand yourself. That is where my responsibility starts and stops.

GLORIA: But I understand myself perfectly.

YOU: Since you feel that way, we are wasting our time.

This is rejection on your part, but what else can you do?

GLORIA: It would make me feel very bad if we should part on a misunderstanding. I have come to consider you my friend.

Is there some little transference after all, or is she intelligent enough to realize that if she loses your support her case will be more hopeless? You wonder, but can't know.

YOU: I want to be your friend, but I can help you only if you feel the need for help.

GLORIA: Oh, why can't men understand women? (*You make no comment.*) The whole thing is so silly. (*You still remain silent.*) Doctor, you can't let me down.

YOU: I want to help, but it must be on my terms.

GLORIA: Well, maybe next time we will get some place.

YOU: I'm glad that you realize we are no place as yet.

GLORIA: Then I may come again?

YOU: Very well, but you must face the situation.

23

GLORIA ATTACKS

THE NEXT day Ted telephones you.

TED: Doctor, I know you have only seen Gloria twice, and I don't want to seem impatient, but how are things going?

YOU: So far, I don't feel that we have accomplished a thing.

TED: I was afraid of that. She apparently doesn't dare leave town again, but the parties are bigger and noisier and last most of the night.

YOU: She certainly bears up well under the strain—doesn't show the lack of sleep.

TED: She sleeps most of the day.

YOU: I see.

TED: I've managed to find a nurse to take care of Gloria Ann. I can't very well move the child against Gloria's will unless I go to court, but the child must have some care.

YOU: How is it working out?

TED: Gloria Ann likes the nurse, and she is better.

YOU: Ted, how old is this nurse?

TED: I know what you are thinking, but remember, I am a lawyer. Mrs. Gray is all of sixty and a grandmother.

YOU: I know her very well and that answers my next question, too.

TED: Yes, Mrs. Gray is a match for Gloria. She plods along in her own way and ignores Gloria completely.

YOU: But I am surprised that Gloria takes it so meekly.

TED: She doesn't, but she is in bed most of the day, and when she can corner me, she takes it out on me.

YOU: I see.

TED: The question now is, what do I do? I can't stand the financial strain indefinitely.

YOU: I am sorry I can't report any progress.

TED: Well, thanks for being frank. I know you won't advise me, so I'll just tell you that I am going to go ahead and file suit. The case won't be called for several weeks anyway, and if Gloria changes, I can withdraw.

YOU: That will certainly not interfere with my treatment. There is a possibility that it may help.

TED: I hope it does, and you should know by the time the case comes up whether or not you are getting anywhere.

YOU: I would appreciate it if you would place the time limitation on both Gloria and me.

TED: O. K., Doctor, when I know the date, I'll let you know what your time limitation is.

Gloria comes for her third interview. There are still no signs of emotional stress or riotous living.

GLORIA: Doctor, I can't stand much more of this. Why last night I hardly slept a wink. My nerves are really upset.

You perk up—a negative feeling at last.

YOU: You are afraid you may have a nervous collapse?

GLORIA: Doctor, don't you think I need a rest to get away from it all?

You are deflated and angry.

YOU: I think you need to do something besides running away.

GLORIA: Oh, but there isn't a thing I can do. Ted is so stubborn—why, he has actually filed divorce proceedings.

YOU: That must make you feel bad.

GLORIA: Yes, it does.

YOU: And angry.

GLORIA: I guess I just can't get angry any more. I just wish Ted could be made to see how wrong he is.

YOU: I think you are angry.

GLORIA: Oh, no. I have too much self-control for that.

YOU: Then you *are* angry inside but determined not to show it?

That shot really came close—now watch her closely. She doesn't even hesitate momentarily, however.

GLORIA: No. Ted doesn't mean to be cruel, I am sure.

YOU: Nevertheless, I would expect you to be angry if he has done something you don't like.

GLORIA (*brightly*): I am sorry to disappoint you. I guess you just don't understand me.

YOU: Either you will not or cannot understand yourself or you are afraid to show me how you really feel.

GLORIA: I have never been afraid of anything.

YOU: That is probably true, but you reason that if you let me know how you really feel, it will hurt your cause.

GLORIA: Doctor, I am disappointed in you.

Hooray, another negative feeling.

YOU: You feel that I am not helping you?

GLORIA: Oh, I am sure you can help me.

YOU: But you just said you were disappointed.

GLORIA: Because I want your advice on getting away for a rest, and all you do is talk about being angry, as if that had anything to do with it.

YOU: I don't care whether you go away or not. That is up to you, Gloria.

GLORIA: Then you do think I need a rest?

YOU: Gloria, since the first time you came to see me, you have tried to use me. I will not be used to help you get your way. I am here to help you get your feelings straightened out, not to help you run away from an unpleasant situation.

GLORIA: I don't want to run away—just a couple of weeks' rest.

YOU: The point is, I will not be used.

GLORIA: Oh, but a couple of weeks in the sun in Florida would rest me. I am sure I could figure out some way of making Ted see how silly he is, too.

YOU: It's up to you.

GLORIA: But if you would speak to Ted.

YOU: I told you I will not do that.

GLORIA: And Gloria Ann—the sun would do her so much good, too. She is a little peaked lately, the poor darling.

YOU: So you want to take her?

GLORIA: I wouldn't think of going without her. It wouldn't be fair not to take her—we have such fun together.

YOU: And you want me to influence Ted to allow you to take her out of the state?

GLORIA: There is another reason, too. Ted has hired this perfectly terrible old nurse. She is trying to turn Gloria Ann against me.

YOU: You feel that the nurse is a bad influence on your daughter?

GLORIA: She can't do any real harm—Gloria Ann and I are too close—but the child needs me, not a nurse.

YOU: I agree to that.

GLORIA: Then you will speak to Ted?

YOU: No. I can't see why the child can't have her mother here.

GLORIA: But the nurse has taken charge.

YOU: What are you going to do about it?

GLORIA: Go to Florida.

YOU: That is probably a little difficult if Ted has filed proceedings.

GLORIA: That is why I need your help.

YOU: I am sorry.

Gloria gets out a dainty handkerchief and begins to weep. You say nothing and watch closely to see just how real the tears are. Not too real, you decide.

YOU: Gloria, you are a very good actress, but I am no more going to be influenced by your tears than I was by your attempt to bribe me.

GLORIA (*quickly stopping her tears*): Bribe you?

YOU: You said, I believe, that your father would pay a generous fee.

GLORIA: Oh, how could you misunderstand so?

You are really angry now.

YOU: Nor was I impressed by the passes you made.

GLORIA: Why, I never made a pass at any man! I don't have to. (*She recovers herself quickly, even now when anger is*

nearly breaking through.) I mean I wouldn't think of such a thing.

YOU: You slipped when you said, "I don't have to."

GLORIA: You men! You simply won't understand women.

YOU: Meaning I won't let you have your way with me?

GLORIA: Oh, what's the use?

YOU: As far as I can see, you are completely selfish.

GLORIA: You're so wrong.

YOU: You have no desire to change.

GLORIA: Of course not. I don't want to change.

YOU: Even when you are in serious danger of losing all that should be dear to you?

GLORIA: I'll never lose anything I want.

YOU: I wonder. You wanted me to use my influence.

GLORIA: I don't need your help. I should have listened to my father. He always said the doctors in this town were a bunch of quacks. I am sorry I ever came to you.

YOU: I, too, am sorry you came.

GLORIA: You may be even more sorry.

YOU: Are you threatening me, Gloria?

GLORIA: I have friends in this town.

You may blow your top, Doctor—it will do you good.

YOU: I can't think of any better advertising than to have you knocking me.

GLORIA: We'll see about that.

She storms out. You call Ted.

YOU: I'm sorry, Ted, but it didn't work. I am afraid I did more harm than good. She is very angry, and she won't be back.

TED: I'm sorry, too, but thanks for trying.

YOU: Perhaps you can find someone else who will succeed.

TED: I shan't do any more. If she goes to someone else, it will be on her own.

YOU: I hope she does, but I rather doubt it.

TED: I do, too. Well, thanks for trying.

Late that evening the telephone rings. It is Gloria and her voice is very dulcet. Over the wire, too, come muffled voices, music, and laughter, so you know there is a party in the background.

GLORIA: Oh, Doctor, I just had to call you. I wouldn't be able to sleep unless our little misunderstanding were cleared up.

YOU: Now what?

GLORIA: Oh, it's so sweet of you to say that.

YOU: What in the world are you talking about?

GLORIA: Yes, I know. I'm sorry, too.

YOU: You know what?

GLORIA: You say you can hardly wait to see me again?

YOU (*shouting*): I said nothing of the kind.

GLORIA: Sleep tight, my dear.

YOU: You must be drunk.

GLORIA: Till tomorrow then. Good night, darling.

You don't sleep very well. Just who beside Central was listening to that conversation? You rather hope that the girl on duty at the telephone exchange was busy. Also you hope it was that gabby girl—the one with a sense of humor. You may be very glad you pulled her through pneumonia last winter. For, of course, Gloria maliciously intended others

besides you to hear her. It seems strange that she would do such a thing when it will reflect on her as unfavorably as on you. Maybe she figures she hasn't much more to lose. You dream that a redheaded woman is holding your head under water, while your wife stands on the shore laughing.

A few evenings later your wife looks up from her knitting.

YOUR WIFE: Are you by any chance attending Gloria Blake?

YOU: I've seen her a few times recently.

YOUR WIFE: What's wrong with her? (*You raise your eyebrows.*) I don't mean to pry into professional secrets, but I think you should know, my dear husband, that there are rumors abroad.

YOU: I have no doubt. If they have come to you already, they must be flying thick and fast.

YOUR WIFE: They are, and I don't like it.

YOU: Nor do I.

YOUR WIFE: Well.

YOU (*thinking of the way she eyes Dobbs*): Don't tell me you suspect your mate?

YOUR WIFE: Of course not, but Gloria Blake is young and very beautiful.

YOU (*gritting your teeth*): Not to me, she isn't.

YOUR WIFE: The feeling you put into that convinces me, my dear, but I am afraid others may not be so easily persuaded.

YOU: It is no violation of ethics to tell you that she became angry with me and that this is a spite job.

YOUR WIFE: I hope your practice doesn't suffer.

YOU (*teasing*): I'll probably still be able to support you. I

have had six new patients the past few days, all of them spinsters.

YOUR WIFE (*laughing*): Tell me who.

YOU: Of course not.

YOUR WIFE: Seriously, I think you should be careful.

YOU: Seriously, I agree with you, and seriously, I am as worried as you are.

YOUR WIFE: Well, it is not pleasant to think people may be laughing at me.

YOU: Nor pleasant to think what they may be saying about me.

YOUR WIFE: That's right, too. The next time remind me not to marry a doctor.

YOU: The next time, remind me not to *be* a doctor.

The next day Ted comes to see you.

TED: Doctor, Gloria has taken Gloria Ann and left town.

YOU: Look for her in Florida, Ted.

TED: Florida? She headed for California.

You think, "So she even lied about that to throw Ted off the track, knowing he would come to me."

YOU: Oh, she spoke of Florida.

TED: Well, she headed the other way.

YOU: What are you going to do, Ted?

TED: Give her one more chance. I'll have her watched, and as long as she treats Gloria Ann properly, I'll leave her alone.

YOU: That will be rather expensive, won't it?

TED: Not for me. Her father came to see me. He is paying the bills.

YOU: You are allowing him to?

TED: Yes. I really feel sorry for the old boy. He doesn't want her to have the child and is sure I'll soon be able to claim her. He is fed up with Gloria and says this is the last scrape as far as he is concerned. He was very apologetic for allowing me to marry her. He hoped she would settle down. Some of the messes he has gotten her out of would make your hair stand on end.

YOU: How do you feel about her now, Ted?

TED: I'd still have her back if she would settle down.

Gloria's departure might have added to your embarrassment had not your friend the telephone girl straightened out the good ladies. They were very indignant with Gloria anyway for deserting Ted.

You never did learn what finally happened to Gloria and Ted. Ted sold his home and moved away within a few months and you have had no further word from him. That is the way it very frequently happens with patients, and especially those with whom therapy has not been successful.

24

DONALD HUGHES HAS A FRACTURE

DONALD HUGHES, while riding a bicycle, was struck by an automobile and sustained a fracture of the right tibia. It was a nasty break and you have him in the hospital for at least a couple of weeks. You expect that after that he can wear a cast and go back to school.

Don is a freckle-faced, redheaded kid of about fourteen and has been a patient of yours since you delivered him. He is a likable kid, and you have been impressed by the fortitude with which he is taking the pain of his injury.

The day after the accident you happen to sit next to Dobbs at your service club. He inquires for the boy. Then:

DOBBS: What do you suppose the police will do?

YOU: Police?

DOBBS: Oh, didn't you know? Donald wasn't riding his own bicycle.

YOU: Where do the police come into that? I imagine Don's folks can afford to pay for the bicycle, if the car owner doesn't have to.

DOBBS: Yes, but Donald had stolen the bicycle. The police had been looking for it for a week—that's how they happened to find it.

you: No, I didn't know. I supposed it was his own. How has Donald been doing in school?

DOBBS: Not very well. He is always in mischief of some kind and he is not getting passing grades. Matter of fact, since this came up we are wondering about some petty stealing that had been going on in school.

you: Well, that's too bad. Must be hard on his folks.

DOBBS: Yes. The bicycle was taken at school. His parents were in to see me, much embarrassed about it all.

you: Hmmm.

Back in your office you get out the file on the Hughes family, and, as you leaf through it, the story of Donald begins to unfold.

As if it were yesterday, you remember Donald's mother coming to you some fifteen years ago. You should remember her; you had just opened your office and she was practically your first patient. She was young then and single and she came for information. You were perhaps as embarrassed as she was when you told her the truth and braced yourself to refuse the demand that was never made. She thanked you quietly and left. The next day she was back again, this time with Donald's father in tow for their premarital examinations. She engaged you on the spot as their family doctor and this you have been ever since.

You and Jane Hughes conspired that Donald should be premature, for you were both young and naïve. Since then you know that the subterfuge seldom works. But, as luck would have it, Donald actually was premature. So at seven months by your calculations, and not more than six by the

neighbors, you delivered your first baby in the town. You slapped him into an incubator, with strict orders to the nurses not to bother to weigh him first. It was nip and tuck with Don for a while, but he made it and in about two months Jane had him home. He was somewhat of a feeding problem, and Jane had trouble training him, which at that time you put down to her youth and inexperience. Anyway, you had the time and patience, and by the time Jane had her second child, a girl, full term, Don seemed a normal three-year-old in all respects. When Don was five, the second girl came along and Jane had no trouble at all raising these two. You gave yourself credit for doing such an excellent job in educating her in raising Donald that she was by now a model mother.

As you go through the records, nothing else of significance comes to light. The Hughes children had the usual childhood diseases and the usual cuts and bruises. Except for her pregnancies, Jane has never consulted you, and Mr. Hughes has always been exceptionally healthy. You try to remember how Jane acted when Don was ill, but you cannot be sure that she was overly solicitous in any of his illnesses. Wait a minute, that's wrong. When the children had whooping cough, you made several unnecessary night calls because Jane was sure that Donald was strangling. Yes, and come to think of it, the girls were just as ill, but she never got you out of bed for them.

You resolve to spend a little extra time with Donald while he is in the hospital. At your next visit, after attending to his leg, you are glad that there is an upholstered chair in his room and that so far he has not been moved into a ward. You

wave the nurse on her way. Now that your eyes have been opened, as it were, you notice that the boy has a sullen, worried look, which previously you attributed to pain.

YOU: Tough break, Sonny, busting up your leg this way.

Donald has a right to be startled. You never settled down so solidly with him before, and he studies you suspiciously.

DON: Yeah.

YOU: I suppose it's no fun being here in the hospital and flat on your back, too.

DON: How would you like it?

YOU: I wouldn't—not one bit.

DON: Huh.

YOU: By the way, if you want to keep up with school, it will be all right to have your parents bring your books over.

DON: I don't feel like studying.

YOU: Too much pain, Don?

DON: No. I don't like to study.

YOU: Oh, I see—a vacation, hey?

DON: Heck of a vacation.

YOU: Sure is, but it will be pretty hard making up the school-work.

DON: I'm not making it up. I'm going to flunk anyway.

YOU: I take it you don't like school.

DON: I don't.

YOU: Too hard for you?

DON: Silly stuff. What good will it do me?

YOU: I don't know. Most kids manage to get by whether they like it or not.

DON: Not me.

YOU: Well, I guess it's your problem. I just wanted you to know it was O. K. with me if you want to study.

DON: Huh.

YOU: I suppose it is lonesome here, Don. Would you like to move into a ward with some other kids?

DON: No.

YOU: You mean you are not lonesome?

DON: I don't want to be with other kids.

YOU: Well, that's up to you, too, and your folks. This way it is more expensive.

DON: If my father makes me move, I'll have to.

YOU: But you would rather not?

DON: That's right.

YOU: Funny. Seems to me it would be more fun.

DON: I don't want to have fun.

YOU: You sound as if you were mad.

DON: I am.

YOU: At me?

DON: No.

YOU: Well, that helps. Anything I can do to make you more comfortable?

DON: No.

YOU: You must be mad at someone.

DON: No.

YOU: But you said you were mad—it has to be someone.

DON: No—it doesn't, either. I can be mad because this happened.

YOU: Oh, I see. You're mad at the driver of the car that struck you.

DON: No. It wasn't his fault.

YOU: Then you're mad because it was your fault.

DON: It wasn't my fault, either—the bike skidded.

YOU: So you're mad at the weather. It was raining, wasn't it?

DON: Silly to be mad at the weather. I'm just mad that it happened.

YOU: I see. (*There is a long pause, while Don still eyes you suspiciously.*) Well, I figure if all goes well, we will have a cast on your leg and have you up on crutches in a week or so.

DON: Huh.

YOU: Not worried about the leg, are you, Don?

DON: I don't care if the leg rots off.

YOU: Say, if you feel that way, you must be mad at yourself.

DON: You would be, too.

YOU: Oh, I don't know. I remember I broke my leg when I was about your age, but I don't remember being mad at myself.

DON: Were you riding a bicycle, Doc?

YOU: No, skating.

DON: Huh.

YOU: But I don't get the difference.

DON (*studying you for a long time*): Did you steal the skates?

YOU: No.

DON (*defiantly*): Well, I stole the bicycle.

YOU: So you're mad at yourself for that.

DON: No.

YOU: You figure it was the right thing to do?

DON: Well, my father could have bought me one.

YOU: He wouldn't?

DON: I wrecked mine.

YOU: I see, and he wouldn't get you a new one.

DON: No.

YOU: So you *are* mad at your father?

DON: No.

YOU: Seems to me you might very well be.

DON: My mother wouldn't let him. I got scratched up when I wrecked mine and she said I must be too young to have a bike.

YOU: So you're mad at your mother?

DON: I guess mothers worry.

YOU: But it makes a fellow mad to be treated like a baby.

DON: How did you know she treated me like a baby?

YOU: I don't—but you seem to feel that way.

DON: She does. Babies me more than she does the girls.

YOU: So you are mad at her?

DON: Well, she doesn't need to treat me that way.

YOU: So you stole a bike.

DON: Yeah.

YOU: Bet you figure this broken leg is punishment for that.

DON: Huh.

YOU: Bet in a way you're glad you broke your leg.

DON: No, that's silly.

YOU: I don't think so—a fellow often feels like he needs to be punished.

There is a new respect in Don's eyes.

DON: I'll probably get plenty more punishment.

YOU: You mean for stealing?

DON: Yes.

YOU: Figure you need more?

DON: Well (*and his eyes fill*), I'll probably go to reform school.

YOU: That wouldn't be any fun.

DON: I don't care.

YOU: Pretty tough to be away from home at reform school.

DON: Guys might beat me up.

YOU: Yeah.

DON: How long do you think I'll have to stay?

YOU: I don't know—depends on how you get along, I guess.

DON: Six months?

YOU: I really don't know.

DON: What's it like?

YOU: I've never been there.

DON: Guys run away. I read about it in the papers.

YOU: So you figure it must be pretty tough if they run away?

DON: Yeah.

YOU: Pretty hard on a guy to run away, too. The first place they would look is at home.

DON: You couldn't go home—have to go the other way.

YOU: And hide out.

DON: And no money.

YOU: A fellow would probably get pretty hungry.

DON: I guess I would stick it out, no matter how tough it was.

YOU: Time would probably go pretty slowly.

DON: Well, I might get some off for good behavior.

YOU: I suppose so.

DON: Anyway, I'm not there yet.

You both heave a sigh—Don because he worked through this problem in negative feelings and you because you were beginning to feel more like a member of a vaudeville team than a doctor.

DON: Think I might be able to get out of it?

YOU: I don't know.

DON: Maybe my dad can square it.

YOU: Be hard to ask him to?

DON: I'd have to promise to be good from now on.

YOU: How long do you think you could keep that promise, Don?

DON (*studying this*): About two weeks, I guess.

YOU: You don't have much confidence in yourself.

DON: I don't know. Something makes me do bad things.

YOU: What do you suppose it is?

DON: If I knew, I could stop.

YOU: How are you going to find out?

DON: I don't know. How can I?

YOU: Maybe by thinking about it.

DON: I could think forever, but that wouldn't do any good.

YOU: Ever try it?

DON: No.

YOU: It's hard work, thinking about these things.

DON: Yeah.

Long pause.

YOU: Can I help you think, Don?

DON: Well, when are you coming back?

YOU: Tomorrow.

DON: Can we talk some more?

YOU: Sure.

DON: O. K. Good-by.

The next day you have hardly settled in your chair before Don opens up.

DON: My Dad and Mom came to see me last night.

YOU: Oh!

DON: My Mom acts like I'll never walk again.

YOU: Yes?

DON: Yeah. She always was a worry wart.

YOU: Gets in your hair?

DON: I suppose it will be worse than ever now: "Now, Donald dear, do be careful, you might slip and fall."

YOU: Or, "Donald dear, you might slip and steal another bicycle."

DON: Gee, that's right. I suppose I won't ever get out of her sight now.

YOU: Could be.

DON: My Dad said if I promised to be good, he would try to pay for the bike and get them to drop the charges.

YOU: So you promised?

DON: No.

YOU: So!

DON: I can't tell whether I'll be good or not. I didn't mean to steal the bike in the first place.

YOU: I imagine your refusal to promise upset the folks.

DON: Yeah. Mom said, "Donald dear, whatever made you do it?"

YOU: What did you say?

DON: I said I didn't know. I don't.

YOU: Maybe you just wanted a bike.

DON (*thoughtfully*): No. It was more than that.

YOU: Maybe you were mad at someone and wanted to get even.

DON: I don't know whose bike it was, so I couldn't have been mad at him.

YOU: That's right.

DON: Of course, I thought it was mean of Mom not to let me have another.

YOU: Or to act as if you weren't old enough to ride one?

DON: Well, I shouldn't have smashed my own. I was riding to school in the morning; Mom had scolded me at breakfast for coming in late the night before. I guess I was thinking about that and didn't watch where I was going, so I banged into the tree.

YOU: And didn't care much whether you hit the tree or not?

DON: Yeah.

YOU: So we keep getting back to your mother.

DON: Guess I'll have to promise to be good if I want to stay out of reform school.

Don is running away from his relationship with his mother and you must allow it.

YOU: Kind of puts you over the barrel.

DON: It's a spot.

YOU: Especially if you aren't sure of keeping the promise.

DON: If I make it, I'll keep it.

YOU: But you might mean to keep it and slip anyway.

DON: That's why I won't make it.

YOU: How can I help?

DON: I don't know.

YOU: I don't, either.

DON: The folks are bringing my books over tonight.

YOU: Decided to study?

DON: I'll see if I feel like it.

YOU: Just sort of being prepared?

DON: Maybe if I feel like studying, I'll feel like promising.

YOU: I see.

DON: How many kids in that ward?

YOU: Oh, five or six. They come and go.

DON: Maybe I should move in.

YOU: I'll arrange it if you wish.

DON: Think the kids might know about my stealing the bike?

YOU: Probably.

DON: They might not talk to me.

YOU: Yes.

DON: But, maybe they don't know.

YOU: I couldn't say. Do the kids at school know about it?

DON: I suppose they do by now.

YOU: These kids probably have friends in school.

DON: Maybe I better go to reform school.

YOU: It's going to be tough to face the kids.

DON: Well, I don't have anyone to talk to here. So I won't be any worse off.

YOU: They might be nasty.

DON: Yes, but I can be nasty, too.

YOU: Then you want me to arrange it?

DON: I guess you might as well. I've got to get used to it sometime.

YOU: Very well. Anything else today?

DON: No, I guess not.

That afternoon Jane Hughes calls.

JANE: Doctor, when can we plan on taking Donald home?

YOU: I think by next week the swelling will be down enough so we can put a cast on. Then in a day or so he can go. I can't set the exact day yet.

JANE: How soon can he go to school?

YOU: Soon after he gets home, as soon as he learns to handle the crutches.

JANE: Oh, but he might fall on crutches.

YOU: Of course, but the leg will be in a cast.

JANE: But he might break another bone.

YOU: He might, but somehow they seldom do.

JANE: I thought I'd keep him home until he could walk again.

YOU: It hardly seems necessary.

JANE: There are several reasons.

YOU: Yes, I know. Perhaps you should drop in and we can talk it all over.

JANE: Perhaps I should. When can I come?

YOU: When would you like to come?

JANE: Tomorrow.

YOU: Very well. Is three o'clock satisfactory?

JANE: I'll be there.

25

DONALD TACKLES HIS PROBLEM

THE NEXT day you find Donald with a book propped in front of him in spite of the usual commotion and chatter of the other inmates of the ward. As you walk in, the noise ceases, five pairs of eyes focus on you, and five pairs of ears tune in. You examine the leg and ask the usual questions. Don holds onto his book and answers you in monosyllables with a great show of indifference. You take your cue from him.

YOU (*with a wink for him alone*): Well, I see you feel like studying.

Don winks back, although he is still pretty grim.

DON: Oh, not very hard though.

YOU: I see. Like it better in here?

DON (*with a shrug*): I don't care where I am, but this is cheaper.

YOU: Yes, and a broken leg is expensive.

DON: My mom wanted me to stay in the private room.

YOU: Maybe she thought you would like it better.

DON: Even if I did, I guess I shouldn't spend any more money than necessary.

YOU (*winking again*): I guess you are studying harder than you let on.

DON: I still have plenty to do.

YOU: I see, and plenty of time to do it.

DON: Yeah.

YOU: I guess you've got more to study about than ever now.

DON (*giving you a long look*): Yes, about five times as much.

YOU: Pretty big problem.

DON: Well, I've got that one half figured out. I'll let you know tomorrow how it comes out.

You pat Don on the shoulder, as much for the benefit of the listeners as to buck him up.

YOU: Best of luck then. Good-by.

DON: See you tomorrow.

At three you see Jane.

YOU: Well, Jane, you have several problems all wrapped up in one.

JANE: Doctor, will his leg be all right?

YOU: I can't see any reason why not.

JANE: Doctor, do you know about that bicycle?

YOU: Yes.

JANE: Whatever made him do it?

YOU: That's what I wanted to talk to you about, Jane.

JANE: Then you know. He has told you. He won't tell us.

YOU: No, he hasn't told me, but I have my suspicions.

JANE: I can't understand it.

YOU: Jane, I've known you a long time, and I've always admired your courage, so I'm going to be frank with you.

JANE: Oh, then the leg is really bad.

YOU: That isn't it.

JANE: You mean he is the criminal type?

YOU: I mean nothing of the kind. He is a fairly normal boy.

JANE: He can't be. He stole.

YOU: That's just it. I can't blame him too much.

JANE: But—oh, you mean because I didn't want him to have another bicycle after he wrecked his? But boys have to learn to be careful. Besides, he was almost seriously injured that time.

YOU: Not exactly because you didn't want him to have another bike. I think it goes deeper than that.

JANE: I don't understand.

YOU: I think it is more your general attitude toward the boy.

JANE: You are telling me it is my fault that he stole the bicycle?

YOU: I don't like the word "fault." That implies that you know better or could have acted differently, and I am sure you have done your best.

JANE: I try to. Then you think my best isn't good enough?

YOU: It seems like an inescapable conclusion, because boys don't steal—at least not something that will get them into serious difficulty—unless things are not right at home.

JANE: But I don't see. I never have any trouble with the girls, but there has always been something with Donald since he was a baby.

YOU: Or even before that.

JANE: What do you mean?

YOU: Jane, you have always worried more about Donald than the girls.

JANE: Yes, because there has been more to worry about.

YOU: Why?

JANE: I don't know.

you: No, you don't, so I am going to tell you. In some ways you have always resented Donald.

JANE (*through her tears*): That's not true. I try not to show it, but I love him more than I do the girls.

you: Nonsense, you tell yourself that you do, but you really don't.

JANE: Are you telling me I don't love my boy? Why, I'd do anything for him.

you: Of course you love him, just as much as but no more than your other children, but something stands in the way of the love which you won't face, so you don't act naturally with him and that confuses and angers the boy.

JANE: If I resent him, I don't know why.

you: Of course you don't. That is what I am trying to help you with.

JANE: Please tell me.

you: I don't know, either, but we can try guessing. You will know if I am wrong. Jane, do you remember the first time you ever saw me?

Jane sits and concentrates, and you think, "Why the poor girl has actually succeeded in blotting that out." But the blush finally comes.

JANE: Yes.

you: I think that you have always been ashamed and guilty about that.

JANE: Of course I have. Shouldn't I be?

you: I don't know whether you should or not, but I think that the fact that you feel guilty has been projected onto the boy. You have felt that he is the constant reminder of your shame and so developed your resentment of him.

JANE: If I felt that way, I never knew it.

YOU: No, it was a subconscious feeling. That is why I am being so hard on you, because I want you to know it, and I know no other way.

JANE: But Donald couldn't know those feelings if even I didn't know them.

YOU: He only knew there was something wrong in the way you felt about him, but that was enough to make him unhappy and insecure.

JANE: How could he know that?

YOU: Because you couldn't be natural with him.

JANE: I always thought I was.

YOU: But you weren't. You were too concerned about him because that helped you cover up your guilt.

JANE: I never thought of that.

YOU: You haven't told me yet that I am wrong. Does it ring true to you, Jane?

JANE: I don't know anything about subconscious feelings, but if what you say is true, it makes a lot of sense.

YOU: I am glad you feel that way. I am still sorry I felt it necessary to put you through this.

JANE: Don't be silly. I want to be a good mother. But now that you have told me all this, what good will it do? What's done is done, no matter how much I regret it.

YOU: You can become comfortable enough with your guilt to live with it and at least not project it on the boy.

JANE (*slowly*): You mean I have to forgive myself for having Donald when I did?

YOU: Exactly. And if your husband feels as you do, get him to be comfortable with it, too.

JANE: And then Donald won't grow up to be a thief?

YOU: When your feelings about Donald are right, he won't need to punish himself for the way he feels about you.

JANE: I don't understand.

YOU: You have been overly worried about him because you felt that you should be punished for feeling the way you do, and the worst punishment you could think of would be for something terrible to happen to him. He responded to your feelings by hating you, and then he felt so guilty that *he* needed to be punished. I suspect he half steered for that tree for that reason. He stole expecting to be caught and punished, and it is even reasonable to suppose that he was careless in traffic for the same reason. Is that too fast, Jane? Shall we go over it again?

JANE: No, I think I see.

YOU: You do very well. It is complicated until you get it.

JANE: Then I was going to keep him home until his leg was better because I felt so guilty and I might be punished more by his falling?

YOU: You've got it all right, and it is interesting that you use the past tense of feel.

JANE: That's right, I did say "felt," didn't I?

YOU: Anything else I can help you with?

JANE: Let me think this over.

YOU: Very well. Call me if I can help any more.

JANE: I will. Good-by and thanks.

It would seem that you have undertaken to treat Donald and Jane simultaneously, something that many men will not do, since they feel that they need to be on the patient's side. However, you are pretty much through with Donald, since if his mother will straighten out he won't need much more

from you. You are on his side, although you have a lot of feeling for Jane built up through years of serving her family. The mutual respect you have for each other enables you to succeed with her. In just this respect your treatment is not orthodox. It is much more direct, much more instructive, and more on the plane of one friend to another. It is nonetheless effective. Parents, incidentally, will take a lot from you. They have so much affection for their children that they will listen to anything that will help in the difficult task of parenthood. Moreover, they sense that something is wrong with the way they feel and, for the most part, have a lot of insight. You dare to be rough with Jane because you know her to be basically sound and because you know her well enough to be fairly sure of your ground and of the psychodynamics of the relationship between her and Donald.

You must not think that the first-born of every shotgun marriage becomes a problem child because of the circumstances of his conception. The problem is a quantitative one, exactly proportional to the guilt of the parent or parents. Where there is no guilt over sexual behavior, there is no neurosis on a sexual basis. It is only because you know that Jane has the sort of personality that is likely to feel guilty that you can risk a guess at the psychodynamics involved.

26

DONALD SEEKS AN INTERVIEW

THE NEXT morning you stop in to see Donald.

DON: Doctor, I wish I were back in the private room.

YOU: Why, Don?

DON: I want to talk to you—alone.

YOU: I see. Well, maybe I can arrange it.

DON: It will be a lot of bother.

YOU: Not too much. Tell you what, I'll see if the nurse can move your bed out to a quiet corner while I finish my rounds. Then I'll see you.

DON: Thanks, Doc.

The nurse is not too happy about wheeling Donald out to a corner of the sun porch, and you wonder if perhaps it might not be a good idea to check with the instructress of nurses and see how much psychiatric instruction the students are getting. They should be oriented enough to recognize that a doctor might wish to see a patient privately. Anyway, an hour later you and Don have reasonable privacy.

YOU: Well, Don?

DON: Doctor, those kids are sure giving me a beating.

YOU: I thought you were going to be able to handle that.

DON: I did, too, but yesterday afternoon they had me bawling.

YOU: That was embarrassing.

DON: The dirty bums.

YOU: Pretty rough world, Don.

DON: Oh, well, I don't care.

YOU: Yes, you do.

DON: If it weren't for this leg, I'd run away from home.

YOU: I'll bet you do feel like it.

DON: That would show them.

YOU: It would show your folks, too.

DON: Shucks, they don't care about me.

YOU: Pretty hard on a guy to feel that way.

DON: To heck with them.

YOU: Pretty mad at them, hey?

DON: Well, I guess I won't ever amount to much anyway.

YOU: Can't expect to get very far running away.

DON: Bet I can get to California.

YOU: I mean very far in life.

DON: I don't want to amount to anything.

YOU: I don't believe that.

Notice how here you make him face his real feelings by challenging him when he tries by blustering to convince himself of feelings he does not have.

DON: Doc, how can I make those kids leave me alone?

YOU: I don't know. You can't very well lick them.

DON: No.

YOU: Even if you feel like it.

DON: If I could handle them, I would know how to act when I go back to school.

YOU: Pretty big problem.

DON: But pretending I don't care doesn't work.

YOU: I don't suppose it would.

DON: What do you mean?

YOU: Pretending never fools anyone.

DON: Then maybe I could tell them I was wrong and foolish.

YOU: I didn't know you felt that way.

DON (*calling your bluff*): I think you did.

YOU: O. K., Don. I guess maybe I sort of suspected it.

DON (*thoughtfully*): Yes, I guess that would be better.

YOU: Hard to do!

DON: Yeah, but I've got to do something.

YOU: I can see that.

DON: Guess I will. (*Pause.*) Doc, about Mom.

YOU: What about her, Don?

DON: You know, I think maybe she doesn't know how big I really am.

YOU: You mean she treats you like a baby because she feels you are one—in some ways.

DON: I guess sometimes I act like one, too.

YOU: I suppose you do.

DON: What do you mean?

YOU: Well, there are the girls—I suppose you feel they get too much attention.

DON: They are brats.

YOU: Then you do feel she favors them.

DON: I guess I do.

YOU: Tough being the only boy!

DON: I guess there are too many women around our house.

YOU: Well, what can you do about that?

DON: I don't know.

YOU: Can't change homes unless it is for reform school.

DON: No. I'm stuck with them if I stay.

YOU: Tough situation.

DON: You know, in some ways Mom is quite a baby, too.

YOU: She is?

DON: Whenever I get hurt, she has a fit. Other kids' mothers don't get half as excited.

YOU: Well, maybe she isn't quite grown up in some ways.

DON: But she is my mother; she shouldn't be that way.

YOU: Well, I don't know. I kind of like her, but I suppose she is a person like anyone else.

DON: A person. Gee, I never thought of that.

YOU: Kids don't until they start growing up.

DON: Say, you know when you think of it that way, you don't feel so mad at her.

YOU: But you don't like the way she treats you.

DON: I hate the way she treats me.

YOU: Some ways you hate her, too.

DON: No. She's my mother. I just hate the way she treats me.

YOU: Meaning it would be wrong to hate her.

DON: Of course; she's my mother.

YOU: We said a minute ago she was a person.

DON: Yeah.

YOU: A guy can hate a person if he doesn't feel he is treated right.

DON: Say, you don't think it is wrong to be mad at her, do you?

YOU: Well, I can see how you must feel—guess we might as well face it.

DON: Guess maybe I'll show her she doesn't have to treat me like a baby.

YOU: You mean by staying out of trouble.

DON: Yeah.

YOU: But the other day you didn't think you could for more than two weeks.

DON: But then I didn't know what the trouble was.

YOU: And now you do?

DON: Somehow I don't feel like getting into trouble any more.

YOU: If you don't feel like it, I guess you won't.

DON: That's right. Say, have the nurse take me back. I want to talk to those guys.

YOU: I guess you will have to wait until after lunch. Here comes your tray.

DON: Oh, boy! Pork chops!

27

THE HUGHES FAMILY FEELS BETTER

THE NEXT morning the ward has a much more congenial atmosphere.

BED THREE: Hey, Doc, when you going to send this nuisance home?

YOU: What's the matter, does he bother you?

BED THREE: Yeah, he talks too much.

YOU: My, my.

BED TWO: Don't listen to him, Doc. Don talks sense at least.

BED THREE: Nuts to you! Who wants to talk sense?

BED TWO: If you would settle down and talk sense once in a while you might amount to something some day.

DON: Pipe down, you guys. I want to talk to my doctor.

YOU: Well, Don, guess part of your problem is settled.

DON: Wrong. The whole business is settled.

YOU: You don't say!

DON: Yeah. My folks were over last night and I—you know—promised. Dad will square it, and I've got to behave. Say, Doc, what happened to Mom?

YOU: I don't know. Why?

DON: She's getting some sense! She told me that as soon as I

can walk I can have a new bike. Never said a word about Donald dear getting hurt.

you: What do you know?

DON: And what's more, she said I can have a paper route. Wouldn't let me before because she said I needed to study.

you: What are you going to do with all the money, Don?

DON: Pay the folks back for all the extra expense. Only Dad won't let me pay the doctor or hospital bill. He said it's his job. Any kid can break a leg, but I can pay for the other bike and my new one.

you: That will take quite a while.

DON: It'll keep me out of mischief until March, the way I figure.

you: Well, what do you know—you've got it all figured out!

DON: Sure.

you: Say, tell me, how did you straighten out this business here in the ward?

DON: Oh, they're a good bunch of guys. I just told them that I made a mistake.

you: Well, well.

DON: When do I get the cast?

you: I've got you signed up for Monday.

DON: Then can I go home?

you: About Wednesday.

DON: Well, hurry it up. I've got a lot of schoolwork to catch up on.

You turn to leave.

BED ONE: Hey, Doc, better check your pockets—got all your change and your watch?

You gravely run through your pockets.

YOU: Yes, everything is here. Maybe our criminal has reformed.

DON: Shut up, you! How about the time. . . .

BED ONE (*interrupting*): Oh, Don, I was only kidding.

DON: Well, cut it out or I'll beat you up when we can both stand up again.

BED ONE: That's a date.

BED THREE: I'll referee.

DON: You'll have a snap—One-punch Hughes, they call me.

BED FIVE: One-punch Hughes, the bicycle kid.

Don fires a pillow at bed five and you beat a hasty retreat. The nurse gives you a reproving glance as she hurries in to quell the riot.

Later in the day, Jane calls and asks to see you again.

JANE: Doctor, Donald is really a different boy. He acts real grown-up. I don't believe there will be any more trouble.

YOU: Maybe it's you who have changed.

JANE: Yes, maybe I look at him differently.

YOU: I suspect you have both changed a little.

JANE: What do I tell the neighbors?

YOU: I don't know. What do you want to tell them?

JANE: Nothing, but I am afraid they will keep their children from playing with Donald and that will hurt him.

YOU: From the way Don was handling the other boys in the ward this morning, I rather suspect he can handle the neighbor kids, too.

JANE: Yes, I think he can. But their parents might be afraid to let them associate with him.

YOU: I suppose parents who don't understand kids might at that.

JANE: Yes, and I want to do anything I can to help him when he gets around again.

YOU: What are you going to do?

JANE: I feel like moving out of the neighborhood.

YOU: Pretty drastic.

JANE: Yes, we own our house, mortgage and all.

YOU: Pretty hard to find anything these days.

JANE: I suppose I could talk to them.

YOU: They might not believe you.

JANE: That's right. But they are parents, too.

YOU: With the same problems.

JANE: You know, before this happened, I might have forbidden Donald to play with a kid who had been in trouble.

Now I don't think I would worry about it.

YOU: Maybe other children have been in trouble, too.

JANE: Maybe, but not this bad as far as I know.

YOU: Well, it's a problem.

JANE: I think I'll talk to them.

YOU: That will be hard.

JANE: Yes, I really am ashamed, but if it will help Donald, I'll do it.

YOU: Probably won't do any harm.

JANE: No, you know what they're thinking anyway. Might as well get it out in the open.

YOU: How about the police, Jane?

JANE: We paid for the bike last night and the parents of the boy who owned it are not going to prefer charges, so the police won't do anything. The people and the police were very nice. I sure was embarrassed.

YOU: Yes, I'll bet you were.

JANE: That part is all settled.

YOU: How about the girls, Jane? They may be embarrassed by the other children.

JANE: Oh, we had a talk about that. The girls say they have enough on the neighbor kids so they aren't worried. They have had a few arguments already and seem to play about as they did before.

YOU: I see.

JANE: I asked them to help me be nice to Donald. I told them he had a sort of sickness that made him do it. Was that wrong?

YOU: As a matter of fact, it was absolutely true. He did have an emotional sickness.

JANE: And I did, too. Well, I'm better now, and in a way I'm glad it happened now before Donald got any sicker.

YOU: Well, Jane, if there's anything I can do to help, you know I will.

JANE: Of course. When will Donald be home?

YOU: I think you can plan on Wednesday, unless I let you know differently.

JANE: Fine. Thanks very much.

A few months later you see Dobbs again.

DOBBS: Say, that Hughes boy sure learned his lesson from that accident. He is tenth from the head of his class and gives no more trouble in school. I'll bet his father really straightened him out.

YOU: It must be a relief to you to have him straightened out.

DOBBS: Oh, I don't know. There is always something. Right now we have a half-dozen smart-aleck girls who are mighty disturbing.

YOU: What are you doing about it?

DOBBS: I gave them all a good talking to and sent notes home to their parents.

YOU: Help any?

DOBBS: No. Several of the parents came in to see me, but they say the girls act the same way at home and they can't do a thing either.

YOU: Tough.

DOBBS: Yes. I guess they all have to go through it. It's hard on the teachers, though. Most of the children turn out pretty fair in the end unless they just have too much bad blood.

You can't take any more and change the subject to politics. Speaking of politics, Doctor, don't you think you ought to run for the school board again? Of course it will be a chore, but maybe you can help hire a teacher once in a while who has some feelings for kids.

28

HARVEY WILCOX IS A NASTY BOY

ONE LAZY summer afternoon, when all the town is disgustingly healthy, you sit in your office nodding over the latest *Journal* of the American Medical Association. You have polished off "Tonics and Sedatives," glanced through the death notices, and started with the leading article on hypertension. It is the sort of day when you rather hope no one shows up. Just as the words begin to run together and your chin sinks lower, you are violently yanked back to reality.

Into the office sails a large, blond, bosomy woman. She has watery, china-blue eyes; her hair is stringy; her general appearance is untidy. You have never seen her before, and your first impression is that this has probably been a negligible loss. Her left hand is clutched by a nervous-appearing female child of about six. With her right hand she is propelling a gangling boy of fifteen or so, who obviously has an intense desire to be elsewhere.

YOU: Good afternoon.

SHE: Doctor, I'm Mrs. Wilcox and this is my little girl, Gladys, and this young man is Harvey.

YOU: Your son?

MRS. WILCOX: Well, yes, I suppose so, but he certainly doesn't act like a son of mine.

You try not to show the shudder you feel. Her attitude and the way she looks at the boy, even more than the words, express complete rejection.

you: Won't you come in?

In the consultation room she sits on the edge of her chair. Gladys presses closely against her mother, partly hiding behind her but watching you out of frightened, big, blue eyes. The boy, finally released from his mother's clutch, stands with downcast eyes as near to the door as possible. You wonder whether he may not make a break for it, and you notice that Mrs. Wilcox is watching him out of the corner of her eye. "It would be rather interesting," you think, "to discover whether she can pounce fast enough if he does decide to cut for it."

you: What can I do for you?

MRS. WILCOX: I want you to examine Harvey.

you: What's the trouble with him?

MRS. WILCOX: I just want him thoroughly examined.

you: Very well, but, first I have to know why you think he needs to be examined.

MRS. WILCOX: To see if there is anything wrong with him.

you: You mean a routine checkup?

MRS. WILCOX: Well, a good examination.

you: Part of the examination is to find out from you what you have noticed about him.

MRS. WILCOX: Doctor, I just want you to examine him. I'll pay you for it.

Your ire rises.

you: Mrs. Wilcox, I'll do things my way or not at all.

MRS. WILCOX: You're a doctor; your job is to examine people. I brought Harvey here to be examined. Do you want to examine him or don't you?

You open your mouth to tell her pointedly that you definitely do not want to, but you glance at the boy. He is such a picture of dejection that the words are never spoken. You allow yourself to show how you feel by turning your back on her.

you: Harvey, do you want me to examine you?

Harvey's glance merely flits to your face and he remains mute.

MRS. WILCOX: It doesn't make any difference whether he does or not. That's what I brought him here for.

you: Mrs. Wilcox, I can't examine him satisfactorily unless he cooperates. You are not helping things any.

MRS. WILCOX: He'll cooperate all right.

Again you control yourself with an effort and then turn to the boy.

you: Harvey, shall we step into the examining room? (*Mrs. Wilcox rises.*) No. Harvey and I will go in alone.

MRS. WILCOX (*sinking back into her chair*): Well, if he gives you any trouble, call me.

' Somewhat to your surprise Harvey follows you and you close the door decisively. Once alone with the boy, you sit on the examining table and light a cigarette.

you (*indicating a chair*): Want to sit down, Harvey?

Harvey sits down gingerly and you study him quietly. He is undernourished, perhaps—thin anyway—stoop-shouldered, and haggard. He looks forlorn and lost but now meets your eye, although he still is frightened.

you: What's it all about, Harvey? (*Harvey swallows but obviously is completely blocked.*) Scared of me, hey? (*Harvey nods miserably.*) Have you ever been examined before? (*Harvey nods again.*) Didn't hurt, did it? (*Harvey moves his head from side to side.*) Then what are you afraid of?

There is no answer, so you finish your smoke in silence, planning the next move. By now your curiosity is aroused and you will probably put up with the boy's mother long enough to satisfy it.

you: Well, your mother wants you examined. Suppose you take off your clothes and hop up here on the table. (*Harvey slowly disrobes to his shorts and stands dejectedly.*) I want to examine you all over. (*Harvey makes no move.*) How about taking off the shorts, too?

HARVEY: No.

you: Well, well.

Harvey's face is red and perspiration pours from every pore. You study for a while and for the second time give in.

you: Oh, well, let's see what we can find out.

The examination is essentially negative. Harvey cooperates willingly enough but silently. You make another try at the shorts.

YOU: How about taking off the shorts so I can finish? Here, you can throw this sheet over you.

HARVEY: No!

YOU: O. K. Put on your clothes and come back out when you're dressed.

Harvey looks utterly amazed and very much relieved. You go back to Mrs. Wilcox.

YOU: I don't find anything especially wrong. His tonsils are a bit large; heart and lungs are normal. He shows some signs of nervousness.

MRS. WILCOX: Doctor, did you make a *thorough* examination?

YOU: Well, not quite. He wouldn't take his shorts off.

MRS. WILCOX: But that is exactly what I wanted you to examine.

She clamps her hand over her mouth and glances at the child, Gladys, who still has both hands full of her mother's skirts.

YOU: Well, I'm sorry, but he was so upset I thought it best not to insist.

Just then Harvey slips through the door.

MRS. WILCOX: Harvey, you go right back and let the doctor finish.

Harvey holds his ground.

MRS. WILCOX (*angrily to you*): I told you to let me know if he gave you any trouble.

YOU: Now see here, Mrs. Wilcox, I don't want to force any-

one to do what he doesn't want to unless it is a matter of absolute necessity. So far you haven't impressed me with any necessity. If the boy is deformed or has some real trouble there, we will examine him, of course, but we will do it by giving him a chance to cooperate, not by forcing him.

MRS. WILCOX: Well, I want to know if he is normal.

YOU: Either you tell me why you want to know if he is normal or you take him elsewhere. So far it looks to me as if you were more sick than Harvey.

MRS. WILCOX: Me?

YOU: Any mother who won't discuss with a doctor what is troubling her about her son is sick in my language.

Mrs. Wilcox looks trapped, angry, and very much embarrassed all at the same time. Finally:

MRS. WILCOX: Harvey, take Gladys into the waiting room. I want to talk with the doctor.

YOU: No. Gladys may go, but Harvey stays.

GLADYS: I don't want to!

She tries to climb into her mother's lap, but her mother holds her off with a flabby arm.

MRS. WILCOX: But I don't want Harvey here while I talk about him.

YOU: Well, I do. If it concerns him, why shouldn't he be here?

MRS. WILCOX: It would be embarrassing.

YOU: Well, you're embarrassed anyway. I guess you can take a little more.

MRS. WILCOX: Harvey, you go on.

YOU: No, Mrs. Wilcox. I won't listen to you if the boy goes.

Mrs. Wilcox gets up and grabs both children and starts for the door. Then she pauses and turns back.

MRS. WILCOX: The idea of your telling me how to handle my children!

YOU: Well, you see, Harvey needs help. He won't take it from me if he thinks you and I are conniving behind his back. (*Mrs. Wilcox comes slowly back to her chair, eyeing you angrily.*) I know it makes you angry, but that's the way it has to be.

MRS. WILCOX: Oh, well, all right. Gladys, you go on out.

GLADYS (*beginning to cry*): No, I don't want to.

MRS. WILCOX (*slapping her*): You mind, now.

Gladys cries harder and clings tighter.

YOU: Just a minute, Mrs. Wilcox. (*You ring for the nurse.*) I think Gladys here would like to go with you and look at some funny books.

Your nurse is well trained and the separation is soon completed, although Gladys is still sobbing quietly as they leave.

Here we may digress to say that, were Gladys the patient, we would not force a separation on her. Rather, we would allow her to have her mother in the room, giving Gladys our attention until she consented to have her mother leave. This might require several interviews with the parent present but is better therapy than forceful separation. Mother, of course, would be completely ignored and given to understand that she was not to interfere with therapy.

Harvey still stands.

YOU: Harvey, don't you want to sit down? I suspect this will take a little time. (*Harvey takes the chair farthest from you and his mother.*) Now suppose, Mrs. Wilcox, you take your time and tell me what this is all about.

MRS. WILCOX: Harvey is a nasty boy.

YOU: He doesn't look nasty to me.

MRS. WILCOX: Well, he is.

YOU: Maybe Harvey and I don't agree with you, but what makes you think so?

MRS. WILCOX: He does nasty things.

YOU: That's what you said.

MRS. WILCOX: I can't even talk about it.

YOU: Well, since it seems so nasty to you, I suppose it is hard.

MRS. WILCOX: At first I wouldn't believe it. How any son of mine could do such a thing!

YOU: Yes?

MRS. WILCOX: Mrs. Willis told me, but I wouldn't believe it; I told her she must be wrong.

YOU: But she convinced you, evidently?

MRS. WILCOX: She showed me. I was so mortified that I could have sunk through the floor.

YOU: That sounds as if you were really upset.

MRS. WILCOX: You see, Doctor, Mrs. Willis lives next door to us, and there is a large lilac bush in her front yard right by the sidewalk that goes past the house. From our house you can't see on the street side of the bush, and from Mrs. Willis's house you can't see the walk very well either except from her upstairs window—there is a sort of gap in the bush. Well, she was looking out the window and saw Harvey sitting by the bush and a lady was passing by, and—oh,

it's too terrible—Harvey had his trousers open and he was exposing himself.

You glance at Harvey. His face is red, eyes downcast.

YOU: I see. But you said she showed you.

MRS. WILCOX: Yes. She came right over the back way, and at first I just wouldn't listen to her, but I went back with her and we watched him. Pretty soon a young lady came along and he did it again.

YOU: Hm. . . . What about the young lady?

MRS. WILCOX: I don't know if she saw him or not. She probably did, though, because she started walking real fast.

YOU: Then what?

MRS. WILCOX: I marched him home, of course, and locked him in his room. When his father came home, he gave him a good thrashing.

YOU: But why this examination?

MRS. WILCOX: My husband and I got to talking and we wondered if there was something wrong with him—some irritation or something.

YOU: I see. Has he been circumcised?

MRS. WILCOX: Oh, yes, when he was a baby. My husband was very particular about that.

You think, "I'll bet he was," but aloud:

YOU: Well, no wonder Harvey didn't want me to examine him.

MRS. WILCOX: I don't see why not. He seems to like to show himself.

YOU: Yes, but he probably thought I was going to cut it right off.

Harvey's head jerks up and he stares at you. There is a new respect in his look.

MRS. WILCOX: Well, for all of me, you can do it, too.

YOU: Probably Harvey half feels like having it done by now, too, but I doubt if that would solve anything. (*Again there is respect in Harvey's eyes.*) Well, Harvey, shall we satisfy your mother and finish the examination?

Harvey studies you for a while. His mother is mercifully and miraculously silent. Finally he gets up and marches into the examination room. You follow and he submits silently to your examination. You both return together.

YOU: Perfectly normal.

MRS. WILCOX: Oh, dear, then he must be crazy.

YOU: Well, I doubt it. (*Harvey isn't so sure about that by the looks of him.*) Think you're crazy, Harvey?

HARVEY: (*with a shrug*): I dunno.

YOU: (*to Mrs. Wilcox*): He is probably mixed up about sexual things, but I don't believe he is crazy.

MRS. WILCOX: Mixed up? Why, the terrible boy!

YOU: Well, what are you going to do about it?

MRS. WILCOX: I feel like keeping him locked up. I can't let him out of my sight. The only rest I get is when he is asleep.

YOU: You can't keep him locked up.

MRS. WILCOX: Oh, I don't know. What can I do?

YOU: I'll tell you what. Why not have him come down and talk things over with me. Maybe he and I can straighten things out.

MRS. WILCOX: But it takes more than talking for anything as

bad as this. My husband and I wondered if we shouldn't send him to a boy's school.

YOU: I don't know. Seems pretty drastic.

MRS. WILCOX: The way he acts. . . . That's drastic, too.

YOU: Well, it's up to you.

MRS. WILCOX: Do you really think that is all it will take—just talking to him? Why, I've talked until I was blue in the face.

YOU: No, I don't.

MRS. WILCOX: But you just said . . .

YOU: I hadn't finished. I think his mother needs to be talked to also, and possibly his father.

MRS. WILCOX: But why talk to us? We haven't done anything.

She is too sick to be pushed.

YOU: Well, parents need to have things explained to them so they can help a boy when he gets mixed up.

MRS. WILCOX: I'll help him with a big stick.

YOU: He will soon be big enough to take the stick away from you.

MRS. WILCOX: But it's silly, talking to me.

YOU: I don't think so. I can help him if you help me.

MRS. WILCOX: Well, but what can I do right now? He might do it again tomorrow.

YOU: Yes, he might, but I doubt it.

MRS. WILCOX: Well, I can't trust him ever again.

YOU: But I trust him, and that's the difference. That will probably hold him until he and I can work this thing out.

MRS. WILCOX: I don't see how you can say that you can trust him after what I just told you.

YOU: No, you don't, but you don't understand why he did it.

MRS. WILCOX: Do you?

YOU: Not entirely, but I will.

MRS. WILCOX: O. K. When do I bring him?

YOU: Why bring him? He knows the way.

MRS. WILCOX: He might do it on the way. He might not even come. Why, I had to drag him all the way down here.

YOU: Well, Harvey, how do you feel about it? Want to come down and see me alone?

HARVEY: Yeah.

YOU: That's good enough for me.

MRS. WILCOX: No, I'd go crazy not knowing what he was doing. I'll bring him.

YOU: How about that, Harvey? Want to come if your mother brings you?

HARVEY: Oh, all right.

YOU: Very well, then, tomorrow at two.

MRS. WILCOX: Come, Harvey.

YOU: By the way, I may want to see your husband later. Will he come?

MRS. WILCOX: He will if I tell him to.

YOU: Hm. . . . I see. Incidentally, what does your husband do?

MRS. WILCOX: He is a salesman.

YOU: Travel?

MRS. WILCOX: Yes.

YOU: What does he sell?

MRS. WILCOX: What difference does it make?

YOU: None, I guess. I'm just trying to get some information about the kind of man he might be. I can ask him.

MRS. WILCOX (*defiantly*): Oh, well, he sells girdles.

YOU: I see. I guess I will want to see him. Perhaps we can arrange it the next time he is home.

MRS. WILCOX: He will be home every evening next week.

YOU: That may be too soon. We'll see.

She sails out with Harvey in tow, and Gladys runs and grabs her hand the minute she steps into the reception room.

29

HARVEY DOESN'T UNDERSTAND YOU

HARVEY leaves his mother in the reception room with a slight show of reluctance. He seats himself in the same chair as before (they will do it every time). You get comfortable and hope he will, too. For the present he is on the edge of his chair, twisting his fingers.

you: Well, Harvey, I'll bet you didn't feel much like coming down here today. (*Harvey just looks at you.*) You probably don't like doctors anyway.

Harvey is still mum; in fact, he is going to be mum for quite a while; so, with suitable pauses for deliberation on your part, you go on.

you: I guess doctors are hard on kids sometimes. . . . And then, too, they are big men, and it is hard for a kid to believe that a man can understand. . . . I'll bet you're mad at your mother, too, for dragging you down here.

Of course you are watching him all the time for any spark that will give you an opening. He watches you, too, warily.

you: A kid gets tired of being pushed around by grown-ups. . . . It's rough, too, getting locked up and licked.

You made a mistake there and Harvey's expression shows that you are off the beam, for his face wears just the slightest trace of a sneer.

you: No, that's not quite right. In a way, getting licked helps a fellow feel a little better. (*There is more respect in his eyes.*) A fellow thinks maybe he should do it again so he can get more punishment.

That's too deep for Harvey; he just looks puzzled. You take plenty of time to plan the next move.

you: Do you know what masturbation is, Harvey?

Harvey's blush signifies that he does. If he did not seem to know, you could have gone on to the language of the street.

you: Of course you do that, too. (*Harvey shakes his head in the negative.*) But you know what it is. (*Defiant look.*) Well, if you don't, you will. (*Amazed look.*) All guys do. (*More amazement.*) Comes about your age, then you grow out of it. (*Looks interested.*) If all boys do it, I guess it doesn't make them crazy or stunt their growth or anything. (*Still interested.*) It's only bad when a guy feels it's something nasty. (*Still interested.*) Then the harder he tries not to, the more likely he is to want to. (*Respect again.*) But if he figures it doesn't amount to much, he will soon get over it.

Before continuing with Harvey's case, we might discuss masturbation a little further. It is not the problem it seems to have been a generation ago, if one can judge by the literature. Or is it merely that the author has joined another gen-

eration? Be that as it may, much of the educational effort of the past twenty years seems to be bearing fruit. Parents are more tolerant of a physiological phenomenon, and youth seems to get over this phase of adolescence with much less destructive guilt. Patients nowadays seldom seem to be in conflict about it, but it may be well to keep in mind the possibility of unresolved guilt—even of lack of knowledge, in some patients. Recently the author learned this lesson the hard way. Something was wrong in the therapeutic situation—there was some wall between therapist and patient—so that for several interviews no progress was made. An entire interview was consumed in discussion of this fact without throwing any light on the difficulty. The patient made an appointment for several days in the future, but the next morning insisted on seeing the therapist. He then confessed that the only material he had not revealed was the fact of masturbation. This was amazing, since the basis of his neurosis revolved around incest, and this he had freely discussed. His mere confession concluded therapy. The next appointment he canceled, and another one a week or so later he devoted to the separation process, which he accomplished very beautifully.

Masturbation is, of course, less frequent in women but when uncovered is quite likely to be much more guilt-provoking than in the male. It also seems harder for the female to give up the practice. The therapy, however, is the same—your acceptance of the act as a phase of adolescence and as evidence of emotional arrest at an adolescent level.

you: Anything you want to ask me, Harvey?

Harvey swallows, gets red in the face, and blurts, "Naw."

you: Still wish you hadn't come? (*Harvey shakes his head from side to side.*) Well, I'm glad of that. I want to help you get this straightened out. . . . It would be nice if you could talk to me.

Harvey looks as if he rather shares this desire.

you: It's hard, though. . . . You're scared. . . . And ashamed. . . . I guess you never had much practice talking to grownups. . . . Especially doctors. . . . Doctors' offices are frightening places. . . . Well, you can't talk until you find your tongue. . . . Or until you feel that I am on your side. . . . You may figure I am trying to trick you. . . . Then I'll tell your mother and you might get another licking. . . . Or I might operate on you.

Harvey shrugs at this point and you are not sure whether he doubts that you would or whether he doesn't care if you do. Probably a mixture of both feelings, so:

you: Well, I won't. . . . Does talking this over seem silly to you? (*He nods his head.*) It doesn't to me. Your feelings are all mixed up and maybe we can straighten them out this way. . . . Want to come again, Harvey? (*Shrug.*) I'd like to have you.

Harvey shrugs. You rise and Harvey walks toward the door. In the reception room Mrs. Wilcox faces you.

MRS. WILCOX: Doctor, can I see you for a minute?

you: Not unless Harvey is there.

MRS. WILCOX: But . . .

you: Yes, I know, but for now this is between Harvey and me.

MRS. WILCOX: Well, I never!

YOU: I don't blame you, but I have to be on Harvey's side.

MRS. WILCOX: I'm paying the bill.

YOU: Of course. When Harvey and I get through, we may talk it over with you, but the details are between us.

MRS. WILCOX: Oh, aren't you through?

YOU: I'm sorry. I should have explained. This may take a little time.

Another patient enters and you draw her and Harvey back into the consultation room.

MRS. WILCOX: How long will it take?

You study Harvey.

YOU: Oh, I can't say. That will be up to Harvey. It's like any other sickness: some people are slower than others in getting better.

MRS. WILCOX: Doctor, did he tell you why he did it?

YOU: He doesn't know.

MRS. WILCOX: Well, then, what's the use?

YOU: Oh, we'll figure it out.

MRS. WILCOX: Doctor, did he even talk to you? He won't talk to me or to Mr. Wilcox.

You have a chance to wink at Harvey.

YOU: Oh, sure, but it's hard for a kid to talk to anyone. It takes practice.

MRS. WILCOX: Well, if you can get him to talk, that's more than I can do.

YOU: I'd like to see him again tomorrow at the same time.

MRS. WILCOX: I don't know.

you: What else can you do?

MRS. WILCOX: Oh, all right.

She turns and walks out. Harvey holds back and closes the door after her. He faces you, grasping the knob behind him. He swallows several times, is red of face, and finally:

HARVEY (*blurting it out*): Doctor, you're a funny guy; I don't understand you.

Before you can answer, he is gone.

The next day the Wilcoxes—mother and son—are back. Harvey comes in and takes the same chair, same pose, same wary expression. Your hope that his parting shot may have broken the ice fades, but you pick it up from where he left off.

you: So you think I'm a funny guy? (*He nods.*) Think maybe I'm a little crazy? (*He shrugs.*) I guess you are not used to having grownups treat you the way I do.

Harvey gives no answer. His expression indicates that this is a silly observation since it is so obviously true.

you: Well, Harvey, I guess I haven't very much more to say; it's up to you now.

He shows panic but actually struggles to say something and even gets his mouth open. You wait patiently, and the silence becomes very painful.

you: No go, hey? (*He shakes his head mournfully.*) Well, if you can't, you can't. How about a game of checkers?

He looks surprised, but moves to the desk and helps arrange the pieces. You play silently for the rest of the time.

At the end Harvey nods his willingness to come back the next day. In the reception room Mrs. Wilcox is ready to pounce again.

MRS. WILCOX: Well, Doctor?

YOU: I'd like to see him tomorrow again.

MRS. WILCOX: Did he talk to you?

YOU: We had a nice visit.

MRS. WILCOX: I'm not paying you to visit.

YOU: You know how I am, always doing things my own way.

MRS. WILCOX: This is silly.

YOU: But there you are, stuck with me.

MRS. WILCOX: I can go to another doctor.

YOU: How about it, Harvey, want to change doctors?

Harvey shakes his head with some violence.

MRS. WILCOX: It doesn't make any difference what he wants.

YOU: I suppose you could push him to another one. He comes here willingly.

She hadn't considered that and it sets her back.

MRS. WILCOX: Can you promise that he won't do it again?

You study Harvey. He nods his head at you ever so slightly.

YOU: No, but I honestly think there is less chance of it every time he comes.

MRS. WILCOX: When you finish, can you promise?

YOU: As much as a doctor can ever promise. Medicine is never an exact science. Of course, it will depend on how the rest of the family cooperates.

MRS. WILCOX: My husband and I will do anything to get him over this.

YOU: Thank you. I thought I could depend on you.

MRS. WILCOX: Oh, why did this have to happen to me? Well, tomorrow then. . . . Come, Harvey.

The next day Harvey is still blocked but is very much interested in playing checkers, and there is a self-satisfied grin on his face when he trims you badly. This time mother accepts the next appointment without comment.

At the following interview the checkerboard comes out, but after the first game Harvey leans back in his chair as if he has had enough. Slowly his hand goes inside his shirt and comes out, grasping several grimy postcards. He passes them over to you. They are pornographic, to say the least. You shuffle through them and hand them back.

YOU: I suppose you want me to ask you about these? (*Harvey nods.*) O. K., where did you get them?

HARVEY: Found them.

YOU: Where?

HARVEY: Dresser drawer.

YOU: Whose dresser?

HARVEY: My father's.

YOU: I see. . . . Does he know you have them? (*Harvey shakes his head.*) You figure they have something to do with what you did? (*Harvey nods miserably.*) I guess maybe you've got something there. (*Pause.*) Did you show them to anyone else, Harvey?

HARVEY: No.

YOU: Well, did you ever see any other kids with anything like this?

HARVEY: No.

YOU: Makes you wonder why your dad has them?

HARVEY: I do now. Didn't at first.

YOU: Got any ideas?

HARVEY: Naw, he don't talk to me.

YOU: Figure he should?

HARVEY: Yes, other kids' fathers do.

YOU: They do, at that.

HARVEY: I guess he don't like me.

YOU: That must make you mad at him.

HARVEY: He's mean.

You sigh. At least Harvey can express his negative feelings about his father to you.

YOU: Think maybe he is sick, Harvey?

HARVEY: No, he's healthy.

YOU: I mean mixed up.

HARVEY: Fathers don't get mixed up.

YOU: I suppose you would think so.

HARVEY: He's always cross.

YOU: So he probably doesn't feel well.

HARVEY: Well, I don't know.

YOU: Want to play another game, Harvey?

HARVEY: No. Why did I do it, Doctor?

YOU: I don't know exactly, Harvey. I suppose the pictures got you sexually excited and so it seemed like a good idea.

HARVEY: Yeah.

YOU: Probably without thinking about it, too, you knew that doing it would hurt your folks more than anything else you could do.

HARVEY: Well, I didn't think of that.

YOU: I know you didn't.

HARVEY (*brightening*): It did, though.

YOU: Make them mad?

HARVEY: Yeah.

YOU: Well.

HARVEY: Say, Doc, what you said about . . . you know . . . was that right?

YOU: About masturbation, you mean?

HARVEY: Yeah.

YOU: Best medical thinking on the subject to date, Harvey. Anything else you want to ask me?

HARVEY: No, I guess not.

YOU: Understand about where babies come from, Harvey?

HARVEY: That? Oh, sure, I've got rabbits.

YOU: Oh, pardon me.

Long pause while you meditate. Finally you reach for the telephone and dial the Y.M.C.A.

YOU: Say, Fred, do you have your camp full this summer? . . . Too bad. I've a kid in the office I'd very much like to send. . . . No, nothing contagious. . . . Yes, all sports. . . . I'd appreciate it if you could work him in. . . . Swell, I'll get in touch with you in a little while. Leaving next Wednesday? . . . For a month? . . . Good. (*You hang up. Harvey's eyes are bulging.*) Like to go to camp, Harvey?

HARVEY: My dad won't let me.

YOU: If he does?

HARVEY: You bet.

YOU: Harvey, ask your mother to step in here, will you? . . . Mrs. Wilcox, I think it might be an excellent idea to have Harvey go to the Y.M.C.A. camp this summer.

MRS. WILCOX: He couldn't get in trouble there, could he?

YOU: It would give everyone a chance to sort of get squared around.

MRS. WILCOX: Yes, I believe I would be glad to get rid of him for a while.

YOU: Harvey says his father might not allow it.

MRS. WILCOX: He will allow it if I say so.

YOU: You seem to have some strange power over him.

MRS. WILCOX (*grimly*): I do.

YOU: I've called the Y and they will squeeze him in. They leave Wednesday for a month. Can you take it from there?

MRS. WILCOX: Yes. I'll stop on the way home. Do I bring Harvey back tomorrow?

YOU: How about it, Harvey?

HARVEY: Do I have to?

YOU: No.

HARVEY: Can I come back after camp?

YOU: Yes, I'd like that.

MRS. WILCOX: But what about between now and Wednesday? He might do it again.

YOU: How about that, Harvey?

HARVEY: I won't.

YOU: That's right, Mrs. Wilcox, he won't.

MRS. WILCOX: Are you sure?

YOU: Pretty sure.

MRS. WILCOX (*with a sigh*): O. K. then.

YOU: By the way, Mrs. Wilcox, do you suppose you could use that strange power to get your husband to come and see me?

MRS. WILCOX: But I thought you wanted to see me?

YOU: I think I do, after I get through with your husband.

MRS. WILCOX: Can't we come together?

Good going, Doctor! You've got her guessing.

YOU: No, one at a time. Don't tell me you are anxious to come?

MRS. WILCOX: I haven't slept a wink since this happened.

This is probably considerably exaggerated, but you let it go.

YOU: I'm sorry. I'll get around to you as soon as I can.

MRS. WILCOX: When do you want Harry to come?

YOU: Thursday.

30

MR. WILCOX TRIES TO BLUFF IT THROUGH

MR. WILCOX is a little man with a big cigar. He wears a cloak of nervous affability, which is as obviously phony as the large ring that glitters feebly on the fifth finger of his left hand.

MR. WILCOX: Well, Doctor, that was an excellent idea of yours to ship the boy off to camp. Do him good—make a man out of him.

YOU: It may take a little longer than that.

MR. WILCOX: Oh, sure, but it will be good for him.

YOU: I hope so.

MR. WILCOX: Too much feminine influence on the boy around the house. It will give the little woman a rest from him, too.

You struggle with a smile about the “little woman” expression.

YOU: What I wanted to talk to you about are plans for the boy’s future.

MR. WILCOX: I’ve been thinking about that. What the boy needs is a hobby. How do you think it would be to set him up for model airplane construction?

YOU: Is he interested in making model planes?

MR. WILCOX: I suppose so—most boys are.

YOU: Maybe he should be consulted.

MR. WILCOX: As a matter of fact, he has to be pushed. I'm afraid the boy is a little lazy. You know how boys are.

YOU: Maybe; but sometimes, at least, they are lazy because they are emotionally mixed up.

MR. WILCOX: Well, if you say so—I wouldn't know about that. To me he seems to be sort of lazy. We always have to keep an eye on him to see he does his jobs around the house.

YOU: The point is, it seems to me there must be something wrong around the home for Harvey to get into the difficulty he did.

MR. WILCOX: Oh, that—just a kid's trick. Shucks, you were a kid once yourself, Doc.

YOU: I'm afraid the neighbors and police wouldn't take it that lightly.

MR. WILCOX: But surely you don't think it amounts to anything?

YOU: To me it's a symptom of unhealthy sexual attitudes on the part of Harvey's parents.

MR. WILCOX: You're sure wrong there, Doc. Why, the little woman is the strictest ever on that stuff.

YOU: How about yourself?

MR. WILCOX: Who, me? Didn't I back her up and give the boy a licking? That would have taken care of it, too, but, no, she had to drag him down here.

YOU: You don't approve of this, then?

MR. WILCOX: Oh, I want to cooperate all right—matter of family peace, you know.

YOU: But you feel that beating the boy will straighten him out?

MR. WILCOX: Well, he has been O. K. since.

YOU: No matter how much you beat him, he would still have some irresistible and unacceptable sexual drives, unless he came to self-understanding and learned to control himself, and I don't mean control because of fear of punishment.

MR. WILCOX: Well, Doctor, you're the expert. What do you want me to do?

YOU: Get yourself straightened out.

MR. WILCOX: Me? Why there's nothing wrong with me.

YOU: I don't agree.

MR. WILCOX: Why, there is none of that around our place. The little woman and I even have separate rooms, have had for six years now. Guess I'm getting old, Doctor, you know how it is.

YOU: Hmm. . . . You don't look that old.

MR. WILCOX: I don't know. Anyway, that's the way it is at home, so he couldn't get any ideas there.

YOU: Well, of course, you travel.

MR. WILCOX: Oh, no—nothing like that. I don't have any heart throb in the territory, if that's what you mean.

YOU: No, I believe you probably don't. Sometimes a fellow can get vicarious gratification other ways.

MR. WILCOX: I don't know what you're talking about. Anyway, this is foolish. Anything I can do to help with the boy and keep the little woman happy, just go ahead and tell me, but let's leave me out of this.

YOU: Mr. Wilcox, I don't know why I bother with you. You obviously don't want to help. I guess I feel sorry for Harvey. He seems worth helping.

MR. WILCOX: Oh, come, now, Doctor, I want to help. Just

tell me what I can do for the boy, but my life is perfectly above board.

YOU: I have no intention of leaving your life out of it. We are into this and we might as well battle it out. I had hoped for Harvey's sake that I wouldn't have to tell you this, but the fact is that Harvey found some post cards in your dresser, and they told me plenty about your private life.

MR. WILCOX: Why, the dirty little sneak! I'll beat him within an inch of his life.

YOU: He left for camp yesterday.

MR. WILCOX: So that's why you wanted to see me today.

YOU: Yes. It gives us a month to straighten you out enough so that Harvey doesn't get beaten.

MR. WILCOX: But, Doc, you misjudge me. I don't have those cards to look at.

YOU: Oh?

MR. WILCOX: No. You see, business isn't so good. Can't get material. This is a sort of side line. A man has to eat.

YOU: Oh, I see. You sell them?

MR. WILCOX: Of course, I wouldn't want it known—sort of under cover, you know. Say, Doc, want to see the whole line, man to man?

YOU: No.

There is a long pause.

MR. WILCOX: Well, Doc, I'm sorry the boy found them. I guess it wouldn't be good for a young fellow.

YOU: Right now I'm interested in three things: the fact that you sell girdles, those cards, and those separate bedrooms.

MR. WILCOX: You're really prying, aren't you?

YOU: Yes—for the sake of the boy.

MR. WILCOX: Well, I guess you've got me. I did leave those cards, but the boy shouldn't have been in my dresser, either.

YOU: I'll grant that, but I want to talk about you. Are you willing?

MR. WILCOX: Sure, if it will do any good. I've got nothing to hide.

YOU: You're hiding plenty. Some of it you may not be aware of and I'll warn you I'm not going to be easy on you.

MR. WILCOX: Well, ask me anything.

YOU: What about this separate-room business?

MR. WILCOX: To tell you the truth, it's my wife's idea.

YOU: That makes it pretty rough on you.

MR. WILCOX: Oh, I don't know. She doesn't interest me much that way.

YOU: Hm. . . . I see.

MR. WILCOX: Not that we don't get along just fine.

YOU: That so? You know, Wilcox, I definitely have the feeling that she holds something over you.

MR. WILCOX: What has she been telling you? Say, I'll. . . .

YOU: No. I haven't asked her anything about you. It's just that she seems to be sure she can make you do anything she wants to, like coming down here.

MR. WILCOX (*relieved*): Well, O. K., I'll tell you. It's those cards. She knows about them, too. She doesn't like it and threatens to go to my employers.

YOU: I see.

MR. WILCOX: I've thought of giving them up, but, gee, there's good profit in it.

YOU: I dare say.

MR. WILCOX: After all, someone else will peddle them if I don't. You would be surprised who some of my customers are, Doc.

YOU: Must bother you though to be in such a business—extra-legal and all that.

MR. WILCOX: Well, yes, I suppose so, but there isn't much risk.

YOU: Be hard on your standing in the community if you ever were caught.

MR. WILCOX: That's what my wife says.

YOU: It must cause her some anxiety.

MR. WILCOX: She is glad enough for the extra money.

YOU: There are a lot of things I don't understand about you yet, Wilcox.

MR. WILCOX: Oh, I'm just an ordinary guy trying to get along.

YOU: Tell me about yourself.

MR. WILCOX: What do you want to know?

YOU: Your early family life, for instance.

Mr. Wilcox puffs his chest out and relaxes as if he is on safe ground at last.

MR. WILCOX: Not much to that. My father died when I was sixteen. My mother was an invalid—flat in bed for ten years. I took care of her, tended her like a baby all that time.

YOU: That must have been a real hardship?

MR. WILCOX: I never thought so. Got used to it early, I guess.

YOU: It didn't give you much time for social life.

MR. WILCOX: No, it didn't. But I didn't mind.

YOU: So she finally died; that must have been a relief, as well as a blow.

MR. WILCOX: I was lost for over a year.

YOU: I'll bet you were. Then you got married?

MR. WILCOX: No, then I roomed with Sylvester Brown for a couple of years, until he died, poor chap.

Sylvester Brown rings a bell in your memory and you try to remember. Finally:

YOU: I seem to remember him. Suicide, wasn't it?

MR. WILCOX: Yes. He got terribly depressed toward the end.

Then you do remember a lot more. Sylvester was a clerk in one of the local stores, a very effeminate type and the butt of many of the town jokes. If not an overt homosexual, certainly he had many latent possibilities. You look at Wilcox with new interest. He has the grace to squirm.

YOU: This must be very painful to you, Wilcox. I'm truly sorry, but the boy is the problem.

MR. WILCOX: I would like to see him get along better than I did.

YOU: Suppose we drop this for now. Will it be all right with you if I talk to Mrs. Wilcox about the domestic difficulties?

MR. WILCOX: Well, Doc, I suppose so. She will tell you a lot of lies about me.

YOU: And some truths you would rather not have told.

MR. WILCOX: Yeah. But, Doc, you will keep it all confidential, won't you?

YOU: Certainly. I'm a doctor.

MR. WILCOX (*sighing*): Well, Doc, I guess I was bound to get caught up with sooner or later.

YOU: Yes. It begins to look complicated. Will you ask Mrs. Wilcox to come in?

MR. WILCOX: Is that all?

you: Unless there is anything else you want to say.

MR. WILCOX: No, I guess not. When do you want to see the little woman?

Well, Doctor, it looks as if you have gotten yourself into something. Wilcox seems to have abnormal leanings. He professes not to be interested in his wife sexually. This may very well be. The history of long years of complete devotion to an invalid mother makes one wonder about an Oedipus complex. Teaming up with a homosexual thereafter would be very much in keeping. His interest in girdles, which may be perfectly all right, might on the other hand be a way of satisfying a feminine side of his nature. If so, certainly it is a socially acceptable outlet. The cards fall into the vicarious sexual pattern and the social acceptability drops out. Mr. Wilcox probably isn't telling all even yet, but maybe Mrs. Wilcox can throw some light on the matter.

But where do you fit? It very much looks as if you are in over your ears again. Wilcox is not seeking help for himself. He is an unwilling patient. Even if he were seeking help, this problem definitely belongs to a specialist. Maybe you can persuade him to consult one, but there still remain Mrs. Wilcox and Harvey.

31

MRS. WILCOX IS TIRED OF COVERING UP

MRS. WILCOX is on time for her appointment.

MRS. WILCOX: Doctor, I thought you would want to see Mr. Wilcox more than just once.

YOU: I'm afraid he is beyond me.

MRS. WILCOX (*with a sigh*): Me, too.

YOU: Mrs. Wilcox, why have you put up with him all these years?

MRS. WILCOX: What has he told you?

YOU: Not so much. I read quite a bit between the words.

MRS. WILCOX: Well, he isn't normal, you know.

YOU: I suspect he isn't.

MRS. WILCOX: I'll say he isn't!

YOU: It must have been hard on you all these years.

MRS. WILCOX: The hardest part has been pretending.

YOU: Pretending?

MRS. WILCOX: That everything was all right.

YOU: I see.

MRS. WILCOX: I've never been able to tell anyone.

YOU: I still don't see why you've gone on.

MRS. WILCOX: Pride, I guess.

YOU: You must hate the life you lead.

MRS. WILCOX: Of course I do.

YOU: You must hate your husband, too.

MRS. WILCOX: Of course I do.

Well, she can express that hatred all right.

YOU: And the children?

MRS. WILCOX: Oh, no!

YOU: It doesn't seem to me you show much affection toward Harvey.

MRS. WILCOX: I love him all right, but he upsets me, especially with this latest trouble.

YOU: I suppose you figure his heritage is showing up.

MRS. WILCOX: I'm afraid so, and I've tried so hard to keep him innocent.

YOU: Yes, I can see that.

MRS. WILCOX: Why, I've kept him from movies and watched every book he's brought home and everything.

YOU: Would it interest you to know that your husband's trouble isn't inherited?

MRS. WILCOX: Oh, but it must be—otherwise, why would Harvey have started already?

YOU: There are probably several reasons—your anxiety, for one thing.

MRS. WILCOX: But I've never let him know that I worried.

YOU: He knew anyway.

MRS. WILCOX: He couldn't.

YOU: Kids sense when a parent is worried.

MRS. WILCOX: Well, maybe.

YOU: Of course, your husband is equally to blame or even more so.

MRS. WILCOX: I've tried so hard not to let Harvey find out about the clothes.

YOU: Clothes?

MRS. WILCOX: Didn't my husband tell you?

YOU: He didn't tell me very much.

MRS. WILCOX: Oh? Well, he has trunks full of women's clothes—underthings, negligees, nightgowns. He locks his door and wears them evenings. Even wants me to launder them, but I put my foot down on that. (*Pause.*) I used to throw the things away, but he would just buy more.

YOU: Hard on the family budget?

MRS. WILCOX: (*woefully*): They are all too small for me, too.

YOU: Hm. . . .

MRS. WILCOX: Do you blame me for being disgusted?

YOU: I'm a little surprised you ever had children.

MRS. WILCOX: I thought maybe that might help him.

YOU: I see.

MRS. WILCOX: Doctor, you really don't think Harvey will be like his father?

YOU: Not if you and I can give him the support he needs to develop normally.

MRS. WILCOX: If I could just believe that.

YOU: I've noticed that Harvey looks somewhat like his father.

MRS. WILCOX: Yes. Isn't that terrible?

YOU: Makes me wonder if perhaps some of your resentment against Mr. Wilcox doesn't spill over onto the boy.

That's too much for her to grasp yet.

MRS. WILCOX: Oh, no.

YOU: You seemed to resent the boy when you brought him here.

MRS. WILCOX: Just the things he does. Do you blame me?

YOU: For being upset? No, I don't. But I hope to persuade you that you are wrong in thinking that heritage has anything to do with it.

MRS. WILCOX: Really, Doctor, but why?

YOU: Well, for another thing, Harvey found some of your husband's post cards.

MRS. WILCOX: Oh, that's terrible.

YOU: It probably did some harm at this point.

MRS. WILCOX: At this point?

YOU: A normal kid would probably be more disgusted than anything else, after he had satisfied his curiosity.

MRS. WILCOX: Yes. I can see that. Then Harvey isn't normal. I thought you said. . . .

YOU: Harvey is mixed up, that's all.

MRS. WILCOX: Well, I surely hope he straightens out.

YOU: That's what we have to help him do.

MRS. WILCOX: He is such an unreliable boy. I've never been able to trust him.

YOU: It's going to be hard for you to help him.

MRS. WILCOX: I've tried everything—scolding, punishing, being nice to him. Scolding works the best.

YOU: It isn't the best, though.

MRS. WILCOX: Perhaps not, but I can't help it—he irritates me so.

YOU: Yes, ever since you discovered he was a boy and might grow up to be like your husband.

MRS. WILCOX: Oh, it's always worried me, if that's what you mean.

YOU: I think he knew you worried, and it made him insecure.

MRS. WILCOX: Who wouldn't worry?

YOU: It must have been terrible for you.

MRS. WILCOX: Oh, Doctor, it was.

YOU: And for Harvey?

MRS. WILCOX: He might have tried to help me instead of always sneaking behind my back.

YOU: Kept you worried all the time?

MRS. WILCOX: Every minute for several years now.

YOU: Tough.

MRS. WILCOX: Doctor, it's been a nightmare.

YOU: Yes. Hard on you to hate the things he did. Hate isn't nice to live with; it makes one feel guilty.

MRS. WILCOX: I spend *all* my hate on my husband.

YOU: You still won't admit that any of it spills over?

MRS. WILCOX: Never. The boy annoys me, that's all.

YOU: Well, it can't be a happy home with the parents hating each other all the time.

MRS. WILCOX: My husband doesn't hate me. He is just indifferent.

YOU: That's even worse than hate.

MRS. WILCOX: Yes, it is. If he would only fight back—stand up like a man.

YOU: Frustrates you. Harvey won't fight back, either.

MRS. WILCOX: He had better not.

YOU: I think the thing he did was sort of fighting back.

MRS. WILCOX: Now I can see where those post cards would influence him.

YOU: And he couldn't have done anything that would have upset you more.

MRS. WILCOX: Of course not.

YOU: Don't you see that he would select the action he knew would hurt you the most?

MRS. WILCOX: Don't be silly. How could he know that?

YOU: By intuition, I guess, gained from your attitude toward sex.

MRS. WILCOX: My attitude! What about his father's?

YOU: Yes, he is to blame, of course, but I am hoping to change yours. I am not so sure about Mr. Wilcox.

MRS. WILCOX: You mean there is no way to make him change?

YOU: I don't know. Do you suppose he would see a psychiatrist in the city?

MRS. WILCOX: He goes in every week. I suppose I could make him.

YOU: I don't think it would do much good if he did not go willingly.

MRS. WILCOX: He won't do that. I had a terrific time to get him to come here.

YOU: Well, I'll tell you, let me talk to him about it. Please don't say anything. By the way, could he afford it?

MRS. WILCOX: He seems to have money enough.

YOU: Good. It's expensive.

MRS. WILCOX: So are all those fancy clothes.

YOU: Mrs. Wilcox, I suppose it would be expecting too much for you to look at your husband as a sick man.

MRS. WILCOX: Sick? He's horrible!

YOU: The symptoms of his sickness are horrible to you.

MRS. WILCOX: If he had any will power. . . . No, if anything, he's crazy.

YOU: Being crazy is a sickness.

MRS. WILCOX: If you mean I am to forgive him for what he

has put me through, no! Years ago when we were first married, if he had changed then, but now I hate him!

YOU: You must have felt like leaving him many times.

MRS. WILCOX: For what? I'd never get another husband now. By the time I got through trying to change him, it was too late. No, sir, he wasted the best years of my life—the least he can do is support me.

YOU: But there is alimony.

MRS. WILCOX: I don't believe in divorce. Besides, it might come out. No, he can just take care of me and the children as long as I live.

You sigh. This is going to be a difficult case.

YOU: Well, will you come back?

MRS. WILCOX: Yes, I believe I will. It's a relief to talk to someone after all these years.

YOU: Fine. And will you send Mr. Wilcox in again?

MRS. WILCOX: Very well.

Mr. Wilcox comes in with considerable less bluster.

MR. WILCOX: Well, Doctor, did you get all the dirt?

YOU: Enough.

MR. WILCOX: Quite a character, ain't I?

YOU: Well, Mr. Wilcox, I'd like to ask you two questions. May I?

MR. WILCOX: Fire away.

YOU: Ever have any homosexual experience?

MR. WILCOX: Yes, but not since I was married.

YOU: Second question: will you see a psychiatrist in the city?

MR. WILCOX: Gosh, Doc, I can't change.

YOU: I don't know; but for the sake of the boy, will you see him?

MR. WILCOX: Well, you seem to be trying to help. And I know I've not been a good parent. . . . Yes, I'll see him.

YOU: Thank you.

You make the referral.

32

MRS. WILCOX SEES A LITTLE LIGHT

MRS. WILCOX seems resigned but unconvinced as she sits down.

MRS. WILCOX: Well, what do you want to ask me today?

YOU: What would you like to talk about?

MRS. WILCOX: I don't know. I thought you would ask me things.

YOU: Yes, I suppose you did. After all, I sort of forced this on you, didn't I?

MRS. WILCOX: I brought Harvey to be examined all right, but I didn't think it would turn out this way, with me coming.

YOU: No, but you seem to be willing to come now.

MRS. WILCOX: That's because it's such a relief to unload on someone after all these years. I suppose you sort of figured it would be?

YOU: Yes, I suppose so, but I'm going to have to hand the responsibility back to you. I don't think unloading is all you need to do.

MRS. WILCOX: Whatever else?

YOU: I'm counting on you to help Harvey.

MRS. WILCOX: Help him?

YOU: Of course. He is sick.

MRS. WILCOX: He has been a bad boy.

YOU: Oh, I don't know. He has embarrassed you, shown poor judgment, and especially shown that he is mixed up. As for being bad, it's a matter of definition, I suppose.

MRS. WILCOX: Well, I call it bad.

YOU: That makes it hard on you—to feel you are the mother of a bad boy.

MRS. WILCOX: Of course it's hard on me. I feel so terribly ashamed.

YOU: I suppose it is hard to meet people.

MRS. WILCOX: I hope not too many know. But Mrs. Willis—well, she always was a gossip.

YOU: So you never know who knows and who doesn't.

MRS. WILCOX: No, I don't. I just hate to go to church or anything.

YOU: Makes it pretty hard to be embarrassed in public all the time.

MRS. WILCOX: Yes, it does. I'm beginning to feel that people are whispering behind my back.

YOU: That is alarming.

MRS. WILCOX: But perhaps I just imagine it.

YOU: You're not quite sure?

MRS. WILCOX: Yes, I know it's imagination.

YOU: After all these years of wondering how much people know. . . .

MRS. WILCOX: That's right. I never thought of that—the same as with my husband.

YOU: Yes, that's what I mean by spilling over feelings from your husband to your son.

MRS. WILCOX: I suppose if he got to be like his father, I wouldn't have much time for him.

YOU: And way down deep you have been afraid that he would.

MRS. WILCOX: Yes, I have, whenever I let myself think of it.

YOU: Let's think of it now.

MRS. WILCOX: Why?

YOU: Because I want you to face your feelings.

MRS. WILCOX: That will make me feel worse.

YOU: Yes, but you'll never get rid of them any other way.

MRS. WILCOX: I don't see how I'll get rid of them this way.

YOU: It is hard to see.

MRS. WILCOX: As long as my husband is the way he is, I'll never feel right.

YOU: We are talking of your feelings about the boy.

MRS. WILCOX: But you said that my feelings about my husband and Harvey were mixed up.

YOU: So I did. But you didn't agree.

MRS. WILCOX: Well, but if you think they are mixed up, how do you expect me to change? I'll never feel different about Mr. Wilcox.

YOU: Maybe you can separate your feelings about your husband from your feelings about your son.

MRS. WILCOX: I never said they weren't separate.

YOU: We seem to have gotten on a merry-go-round.

MRS. WILCOX: Yes. Anyway, I see what you mean.

There is a long pause.

YOU: Well, what now?

MRS. WILCOX: I don't know. It's surely a relief to have the boy away.

YOU: Don't you miss him?

MRS. WILCOX: I'll say I do. I dread to think of his coming back.

YOU: Mrs. Wilcox, you don't sound as if you had a bit of motherly feeling for the boy.

MRS. WILCOX: Oh, yes, I love the boy, but the constant worry. . . . You would be relieved, too.

YOU: I can see where you might feel relieved, but I can't see that you have any feeling whatever for the boy.

MRS. WILCOX: I have, but just the same I'll be glad when he has grown up and I can stop worrying.

YOU: But it will be some time yet.

MRS. WILCOX (*sighing*): Yes, I suppose I'll have to carry my cross a while longer.

YOU: So to you he is a cross.

MRS. WILCOX: Of course. All the trouble he is.

YOU: So to you he is just trouble?

MRS. WILCOX: Almost from the day he was born.

YOU: Since you discovered he was a boy.

MRS. WILCOX: Well, I did have my heart set on a girl.

YOU: Because of your husband?

MRS. WILCOX: I suppose so.

YOU: Did you have any brothers, Mrs. Wilcox?

MRS. WILCOX: No, I was an only child.

YOU: What about your father?

MRS. WILCOX: My father was a drunk. He ran away when I was six.

YOU: I see. Your mother never remarried?

MRS. WILCOX: My mother hated men.

YOU: Yes, I'll bet she did. Was Mr. Wilcox your first and only boy friend?

MRS. WILCOX: How did you guess?

YOU: Not too difficult. If you had known much about men, you probably wouldn't have married him.

MRS. WILCOX: It was after my mother died. He was very nice before we married.

YOU: I see. But afterward?

MRS. WILCOX: Afterward I was disgusted.

YOU: I see. . . . So your father, your husband, and your son are the only males you have ever known?

MRS. WILCOX: I suppose you're right.

YOU: Seems too bad to carry your feelings about a "drunk" and a pervert over onto your son.

MRS. WILCOX: I suppose I don't know much about boys or men.

YOU: Not only that. You seem to have stifled any maternal feelings about the boy.

MRS. WILCOX: What can I do about it?

YOU: I hope we can develop some feeling before Harvey comes back, but I don't know. Right now it seems pretty hopeless to me.

MRS. WILCOX: Am I as bad as that?

YOU: If you only felt guilty about the boy, I would feel there was something to work with.

MRS. WILCOX: Why should I feel guilty?

YOU: Because you have not been a good parent.

MRS. WILCOX: What about my husband?

YOU: Yes, I know. But you could have made up for a lot of your husband's failings, especially when he was younger.

MRS. WILCOX: Well, I've tried.

YOU: Mrs. Wilcox, you must hate all men.

MRS. WILCOX: I suppose I do. You're the only one I've ever talked to. I can't even talk to the minister.

YOU: Maybe I can demonstrate that all men are not in a class with your father and your husband. .

MRS. WILCOX: If I could get over my worries about Harvey, I might feel differently.

YOU: But you don't feel you can?

MRS. WILCOX: I don't worry so much now that he is away.

YOU: That's one of the things that upsets me.

MRS. WILCOX: You mean I should?

YOU: Not necessarily, but it would prove to me that you had some feeling, not just lack of it.

MRS. WILCOX: You must consider me a terrible person.

YOU: I am sorry for you.

MRS. WILCOX: So am I.

YOU: I am sorry that you've stifled your maternal feelings.

MRS. WILCOX: But I haven't. I feel very close to Gladys.

YOU: That's another thing. That child is just as sick as Harvey, perhaps even more so.

MRS. WILCOX: Why, she has never given me a bit of trouble.

YOU: Just the same, she is sick.

MRS. WILCOX: I don't believe it.

YOU: She is shy, afraid of her shadow.

MRS. WILCOX: She is only six.

YOU: She is only six months old emotionally.

MRS. WILCOX: I like her the way she is.

YOU: What about school?

MRS. WILCOX: I tried to send her to kindergarten, but she cried, so I let her stay home.

YOU: This year she will have to go.

MRS. WILCOX: Yes, I suppose I'll have to lick her a few times.

YOU: She should want to go.

MRS. WILCOX: I didn't. My mother had to whip me.

YOU: I don't consider that a valid reason for you to follow in your mother's footsteps.

MRS. WILCOX: You don't think my mother did a good job of raising me. Is that it?

YOU: I do not.

MRS. WILCOX: Why do you bother with me?

YOU: For Harvey's sake, as well as your own.

MRS. WILCOX: So I'm not even a good parent for Gladys?

YOU: No.

MRS. WILCOX: Why?

YOU: I suspect she is the only person you ever cared for, and you are trying to keep her a baby as long as you can.

MRS. WILCOX: I never thought of that. She is a baby all right. She still wets the bed.

YOU: And still has to be fed?

MRS. WILCOX: How did you know?

YOU: I guessed.

MRS. WILCOX: But she is so frail, if I didn't feed her, she would starve.

YOU: No, she wouldn't.

MRS. WILCOX: I don't believe you.

YOU: Try it.

MRS. WILCOX: That's easy for you to say, but if she got sick, I'd never forgive myself.

You heave a sigh. Now you have something to work with at last. Perhaps by concentrating on her feelings for Gladys you can bring about a changed attitude toward Harvey.

YOU: That would be terrible.

MRS. WILCOX: Of course. Life wouldn't be worth living.

YOU: But she won't always be your baby.

MRS. WILCOX: I hope not. I'm getting tired of washing bedding. I hate to spank her every morning, though.

YOU: I should think so.

MRS. WILCOX: I'll have to break her sometime.

YOU: Give her a chance, and she will break herself.

MRS. WILCOX: How?

YOU: By letting her have a life of her own.

MRS. WILCOX: I don't understand.

YOU: As long as you feel she is a baby, she will stay one, unless she rebels.

MRS. WILCOX: You mean I shouldn't love her?

YOU: Not that. You should not be so selfish in your love.

MRS. WILCOX: So now I'm selfish?

YOU: I can see how you would get that way, but the child has a right to a life of her own.

MRS. WILCOX: But I worry about her when I'm not with her—even now when I know Mrs. Willis is perfectly capable.

YOU: Yes, I know it would be hard on you.

MRS. WILCOX: She cries when I leave, but Mrs. Willis says she is quite happy afterward. It is hard to believe. I think Mrs. Willis just wants me to feel good.

YOU: You want her to miss you as much as you do her?

MRS. WILCOX: Maybe I do, deep down inside.

YOU: Because no one else loves you?

MRS. WILCOX: Yes, I suppose so.

YOU: It's hard for any mother to let a child grow up, but especially hard for you.

MRS. WILCOX: But I don't understand. You tell me I have no feeling for Harvey and that's why he is nasty and then, as near as I can figure, that I love Gladys too much, and that's why she wets the bed.

YOU: Yes, you are beginning to see, too. The thing is Harvey got no love; Gladys gets the wrong kind.

MRS. WILCOX: What's the right kind?

YOU: The kind that is always there when children need it, but big enough to leave them alone when they don't.

MRS. WILCOX: Are you trying to say I've spoiled Gladys by too much attention?

YOU: In a way, yes.

MRS. WILCOX: Well, why didn't you say so?

YOU: I've been trying to.

MRS. WILCOX: The way you put it, I'm not much of a mother. I'll admit I have probably spoiled Gladys. She is such a sweet little thing.

YOU: And that you have hated Harvey because he is his father's son?

MRS. WILCOX: Maybe so.

YOU: Want to come back?

MRS. WILCOX: I sure do. I've never had a chance to talk to anyone about the children. I feel better. Besides, I guess if my husband can spend money on that psychiatrist in the city, he can spend a little on me, too.

YOU: Very well.

33

A FEW PAGES FROM YOUR NOTEBOOK

THIS is going to be a long case. You have read through enough dialogue by now to have the hang of it, so suppose we condense by writing your summaries of some of the interviews where little progress is made, and going back to the dialogue when important material comes up.

June 23. Mrs. Wilcox is blocked. It is time for her to begin to assume some responsibility for the interviews, so I try not to direct but finally have to inquire about Gladys to get her to start. Mrs. Wilcox surprisingly enough has been doing a little thinking. Relates how during the second pregnancy her husband's conduct was especially distasteful to her. Had hoped that his attitude might change. When she was pregnant the first time, he had shown her some consideration. However, he apparently rejected this child from the time of conception. He was withdrawn and irritable all through the pregnancy. He visited her only once or twice during her stay in the hospital. After the baby was brought home he ignored it completely. Mrs. Wilcox thinks it was about this time that she despaired of changing her husband's behavior. Is almost able to admit under pressure that she then turned to Gladys as her only emotional outlet. There were the expected feeding and training problems, apparently still present to some extent after six years. Mrs. Wilcox apparently enjoys the martyrdom of still caring for the child. Impos-

sible for her to admit that this is harmful. Apparently her own mother also infantilized her. I can uncover no negative feelings for her own mother. Surprising, in a way. She probably would have remained dependent indefinitely if her mother had not died.

She expresses more resentment against her husband. Gives more details of his abnormal behavior. Not pleasant. Why did she tolerate it? Probably too inexperienced to realize how abnormal it was. Thought all men might be that way. Afraid to ask her friends, however. Shies away from being led back to discussion of Gladys. Somewhat ambivalent about coming back. Rapport is not good. Finally makes a new appointment. I will have to go slowly with this patient.

June 28. Surprise. Mrs. Wilcox has definitely done something about her appearance. Hair is neat (new permanent?). Also new dress and some make-up. I am afraid to comment, but she tells me Mr. Wilcox has given her an allowance for her personal use.

He has seen the psychiatrist three times. He is still irritable, but differently. Scolded her for forcefully feeding Gladys. First time he ever noticed the child as far as she can remember. Wants to know if I am in collusion with the psychiatrist. Seems to accept my denial. But, since both husband and I think it bad, she tried not shoveling food—with some success. Doesn't think it will last. I challenge that she doesn't want it to. Partially accepts this.

Wants advice about enuresis. Has been restricting fluids after 4 P.M. I suggest allowing the child to have fluids as desired. Thinks I am crazy. I point out that her way isn't working, so she has nothing to lose. This seems to intrigue her. She may try it.

Postal card from Harvey. Noncommittal. But she did answer it, admonishing him to be a "good boy." I let that go.

Doesn't think psychiatry will do Mr. Wilcox any good. Isn't sure she wants him paying attention to Gladys anyway, but Gladys seems interested if puzzled.

Last few minutes she chats about joining a bridge club.

Makes new appointment.

July 5. Mrs. Wilcox is more relaxed today. Also seems puzzled. It seems that Mr. Wilcox gave her and Gladys a real holiday. Took them on a picnic—ice cream and gumdrops for Gladys, civil and attentive to Mrs. Wilcox. Wants to know what I think about it, but doesn't give me a chance to say. Rattles on. Gladys didn't wet the bed last night. Doesn't think that will last. Gladys doesn't seem to want her mother to feed her any more. But, "it is messy when she feeds herself." I scold her for this. She accepts it. But Gladys may get unmanageable. This morning she disappeared for a couple of hours. Her mother was frantic. Gladys found playing with a child in the next block. We dive into her reluctance to release the child. She faces these feelings rather squarely, not too happy about it. Feels lost. Went to the bridge club. Denies she enjoyed it. Mr. Wilcox stayed home with Gladys. Is it safe to leave a female child with him? I help with these feelings. Decide he is not that much perverted, so she seems to get to the bottom of this pit. Rapport is better today. Rolls her eyes in childlike manner when describing the bridge game. Anxious for the next appointment. Progress.

July 8. Early for this appointment. I keep her waiting. Gladys is with her. Gladys chats with nurse. Pays no attention when mother gets up to come into office. Mrs. Wilcox hesitates at leaving the child. Shows irritation with me for suggesting that she resented Gladys's rejection, so I deal with her irritation at me. This embarrasses her, but she thaws some. Wants to know how psychiatry works. I try to tell her. She half sees relationship angle.

Gladys has wet the bed only once since last interview. "Why didn't someone tell her before to let child have fluids instead of restricting them?" Surprised when I say that isn't important. Didn't I advise it? To make Gladys feel grown up—she is very

thoughtful and seems to have grasped this. Doesn't think it will last. I insist it is up to her. She wants to argue. Gives me a chance to make her face the limitation of the therapeutic situation. This is beyond her comprehension, but she reluctantly accepts it.

July 12. Mrs. Wilcox is not happy today. Gladys wanted to go bathing with the neighbor child and her mother. Mrs. Wilcox was afraid she might drown. So Gladys started wetting the bed again. Mrs. Wilcox takes attitude: "I told you so." I inquire whether she herself ever learned to swim. No; she is afraid of water. So we go into her fear. Not fair to Gladys. She is very resistant. I push her as much as I dare. Not much progress today. She is ambivalent about coming back.

July 17. Mr. Wilcox found out about swimming and took Gladys himself. She went along and watched. He was very attentive to the child. I can't resist asking about bedwetting. It has stopped again. I chide her a bit; she takes it good-naturedly. She isn't happy, however. Her life seems empty. We explore all the angles. She is beginning to think of some new interests . . . maybe church activities, woman's club. She is ambivalent but has continued with bridge club. It will be hard for her to fill the gap left by Gladys, but she is allowing the apron strings to stretch. Gladys is playing with several neighbor children now. Mrs. Wilcox has even served them lunch in the back yard. Rather proud of this. Besides, she can keep an eye on them. Yesterday they had a fight and she broke it up. I scold her again. "But children shouldn't fight." She never did. I am afraid to lecture her too severely on what is normal behavior in children. But anyway, she has something to think about.

July 27. Mrs. Wilcox has another new dress and looks more dressed up than ever before.

MRS. WILCOX: Doctor, Harvey came home yesterday.
YOU: How is the boy?

MRS. WILCOX: Really, I'm not sure. I've hardly seen him.

YOU: Hardly seen him?

MRS. WILCOX: He is gone with some boys all the time.

YOU: You allow it?

MRS. WILCOX: Well, his father backs him up.

YOU: That's hard on you.

MRS. WILCOX: Yes. Harvey got home late in the afternoon.

Oh, he looks well all right. Claims he gained five pounds. After supper he said he wanted to talk to us. He said that he didn't know why he did what he did, but he did know he didn't feel like it any more. Then he said he had made a lot of friends at camp and expected to be with them most of the time and hoped we wouldn't object. His father said if he would promise that it wouldn't happen again it was all right with him, so that was that.

YOU: Hm. . . . What did you say?

MRS. WILCOX: What could I say?

YOU: What did you feel like saying?

MRS. WILCOX: That's just it. I guess I didn't know what I wanted to say.

YOU: Felt two ways?

MRS. WILCOX: Yeah. That's it, I guess. (*Pause.*) Doctor, do you think Harvey will be all right now?

YOU: If his father and Harvey both feel that way, I feel like stringing along with them.

MRS. WILCOX (*with a sigh*): Well, it would be wonderful. You know, I dreaded his coming back and having to watch him all the time. Now I hardly know he is back.

YOU: Don't you worry?

MRS. WILCOX (*as coyly as is possible for her*): If you and Harvey and Mr. Wilcox don't worry, why should I?

YOU: I am afraid you will need to do a little more than not worry.

MRS. WILCOX: What do you mean?

YOU: Love him when he needs it.

MRS. WILCOX: I always did.

YOU: Yes, I suppose so, but differently than you have.

MRS. WILCOX: Doctor, I think I know what you mean. You know, since he came back, he doesn't remind me so much of his father.

YOU: Maybe the change is in you.

MRS. WILCOX: Well, maybe, but now that he isn't around worrying me all the time, it isn't hard to feel differently.

YOU: I see.

MRS. WILCOX: You mean that I need to keep a nice home for him for when he is there?

YOU: That's a large part of it. And comfort him if he finds the world rough.

MRS. WILCOX: Well, I don't know. He never was one to talk things over with me.

YOU: And it's hard for you to talk to him.

MRS. WILCOX: I've tried, but he won't answer, so I scold. (Pause.) Mr. Wilcox and I had a talk, too.

YOU: Well, well!

MRS. WILCOX: Yes. He says he will try to be a better father and husband, but he wants to keep his own room.

YOU: How does that suit you?

MRS. WILCOX: Fine. I don't want him in my room.

YOU: It doesn't seem quite the natural way to live.

MRS. WILCOX: It suits me.

YOU: I guess sex doesn't mean much to you then.

MRS. WILCOX: It's disgusting.

YOU: I see, but you must have some impulses.

MRS. WILCOX: Maybe once, but I don't any more.

YOU: Maybe that is the best arrangement under the circumstances.

MRS. WILCOX: I think so.

YOU: We have talked about all the family today except Gladys.

MRS. WILCOX: Gladys is worse.

YOU: How do you account for that?

MRS. WILCOX: I don't know. She just mopes around the house. Hangs onto me all the time. You know, I didn't realize, until when she was better for a while, what a chore she can be. She gets on my nerves now.

YOU: When did this start?

MRS. WILCOX: The day Harvey came home.

YOU: I thought so.

MRS. WILCOX: You mean she is jealous of Harvey?

YOU: And afraid that you will give Harvey too much attention.

MRS. WILCOX: But I have hardly seen the boy. Of course, I did try to fix a nice meal for him—his first day home and all that.

YOU: Seems to me you've changed toward him more than you let on.

MRS. WILCOX: Maybe so, but what do I do about Gladys?

YOU: Are you finally convinced that you want her to grow up?

MRS. WILCOX: It was a relief not to be washing the bedding every day.

YOU: I guess you will have to find it in yourself to give her some special attention.

MRS. WILCOX: But you said I gave her too much and that was the trouble.

YOU: I said special—not more.

MRS. WILCOX: Oh, I see. Well, I could take her to the beach.

YOU: But she might drown.

MRS. WILCOX: That was silly of me. There are lifeguards and everything.

YOU: I guess maybe you do see.

MRS. WILCOX: I guess my time is up.

YOU: Want to come back?

MRS. WILCOX: Yes, but not for a while. In about two weeks.

YOU: Very well. Want to make an appointment or call me?

MRS. WILCOX: I'll call. By the way, Harvey wants to see you.

YOU: Fine. Have him call for an appointment.

MRS. WILCOX: Can't I make it for him?

YOU: If he is such a big shot now, maybe he would like to make his own appointment.

MRS. WILCOX: Yes, I'll bet he would like that. I'll tell him.

34

EXIT THE WILCOX FAMILY

IN A FEW days Harvey comes in. He does look better, too. He has acquired several shades of tan, is alert, and certainly has gained some weight.

YOU: Well, Harvey, how was camp?

HARVEY: Oh, swell. That is, it was hard at first, until I got acquainted. Then I had a swell time. I learned to swim and row a boat. I caught some fish, too.

YOU: Sounds like fun.

HARVEY: Yes. Thanks for arranging it.

YOU: Sure. I'm glad it worked out.

HARVEY: Doctor, I just wanted to tell you, I won't do—you know—again.

YOU: I'm glad of that.

HARVEY: I don't know why I did it, but it seems silly now. I don't feel like it, so I won't.

YOU: I guess that's right.

HARVEY: Anyway, the post cards are all gone—I looked.

YOU: I see.

HARVEY: And Dad got rid of those silly women's clothes, too.

YOU: So you knew about that?

HARVEY: Sure. Say, Doctor, what was the matter with him, anyway?

YOU: It's a kind of sickness.

HARVEY: Must be. Anyway, he is better now. Took me fishing the other day.

YOU: Have fun?

HARVEY: Sure. And he bought me a bicycle, too.

YOU: Didn't you have one before?

HARVEY: No. Mom wouldn't let me.

YOU: Now she will?

HARVEY: I guess if Dad gets it, she doesn't have much to say.

YOU: Maybe you're right.

HARVEY: Well, I guess I'll be going. Thanks for everything, Doctor.

YOU: You sound as if you weren't coming back.

HARVEY: What for? Do I have to?

YOU: No. I guess it's up to you.

HARVEY: Well, then, I'll tell you. If I feel like doing anything foolish again, I'll call you.

YOU: That suits me, Harvey.

After her two weeks, Mrs. Wilcox calls and makes an appointment.

MRS. WILCOX: I won't take up much of your time. Doctor, I just wanted to let you know about things.

YOU: I'm interested in finding out.

MRS. WILCOX: Everything is fine, I guess. Harvey doesn't seem to get in any trouble. He is a little disrespectful of me once in a while, but I guess I can stand that. He's at the smart-aleck age, you know.

YOU: Yes, but it's hard on you.

MRS. WILCOX: Not too hard. If he goes too far, I box his ears.

YOU: That helps?

MRS. WILCOX: Oh, I don't really hurt him. He seems to like it.
Yes, it helps.

YOU: Well, I'm glad.

MRS. WILCOX: Gladys hasn't had an accident at night for two weeks now.

YOU: Well, things are looking up at the Wilcoxes'.

MRS. WILCOX: Yes. Gladys is out with her playmates most all day. She's good, though. Always lets me know where she is.

YOU: Eating all right?

MRS. WILCOX: I can't fill her up.

YOU: Well, what do you know!

MRS. WILCOX: Yes, Doctor, I'll admit it. You've sure helped me with her.

YOU: You've done most of it yourself.

MRS. WILCOX: You showed me how.

YOU: And your husband?

MRS. WILCOX: I can't complain. He treats me respectfully. We go to church and to movies together. He is pretty busy in the garden when he is home.

YOU: I see. Not much real affection between you, I take it.

MRS. WILCOX: No. It doesn't seem to matter to me whether he is home or not.

YOU: Is he happy with that arrangement?

MRS. WILCOX: I guess so. He seems cheerful enough.

YOU: Does he still see the psychiatrist?

MRS. WILCOX: Yes. He goes every week. He said he would be going quite a while. He asked me if I minded about spending the money.

YOU: Do you?

MRS. WILCOX: Well, it's pretty expensive. I don't see why he couldn't have come to you, too.

YOU: I felt he needed special treatment.

MRS. WILCOX: He treats me better, so I guess it's worth it.

YOU: He may improve even more in time.

MRS. WILCOX: If he stays this way, I'll be satisfied. I guess the psychiatrist knows his business all right.

YOU: Well, I hope you will be satisfied.

MRS. WILCOX: I'll be running along. I promised the kids a picnic this afternoon. Thank you for everything.

Toward the end of the month, Mr. Wilcox drops in.

MR. WILCOX: Doctor, I got your bill. You sure are reasonable compared to that man you sent me to.

YOU: Don't you feel you are getting your money's worth?

MR. WILCOX: Yes, I am. Haven't felt so well in years, but about your bill. Will it be all right if I pay half now and spread the rest over a couple of months? I just can't quite keep up with you doctors.

YOU: That will be perfectly satisfactory. I am sorry you are having so much expense.

MR. WILCOX: Oh, don't get me wrong. It's the best investment I've ever made. I just need a little time.

YOU: I see.

MR. WILCOX (*thoughtfully*): You know, this psychiatry is funny stuff. Why, the things I learned about myself!

YOU: Lessons were pretty hard, too, I'll bet.

MR. WILCOX: I haven't graduated yet, but the course is getting easier.

YOU: I'm glad of that.

MR. WILCOX: See any changes in me, Doc?

YOU: Yes, I do. You are more at ease, more sincere, and a lot of your false front is gone.

MR. WILCOX: You really see that? Well, I sure was a chump.

YOU: Oh, I don't know. You were largely the victim of circumstances, I think.

MR. WILCOX: Yes, that's the way it started, but I was a chump to let it go until you got after me.

YOU: I suppose you do regret it.

MR. WILCOX: Well, Doc, next week I start my new job.

YOU: New job?

MR. WILCOX: Yeah. Hardware.

YOU: Quite a change.

MR. WILCOX: Yes, but a bigger territory and more money, even without the post cards.

YOU: I'll bet you were glad to give them up.

MR. WILCOX: Yes, it was a worry.

YOU: How are the children?

MR. WILCOX: Say, you know, they're a couple of good kids. Guess I never noticed them much before.

YOU: And Mrs. Wilcox?

MR. WILCOX: Oh, all right, I guess.

YOU: Guess you still don't notice her.

MR. WILCOX: No, I guess not. Say, you'll be charging me for a consultation.

YOU: Yes. We had better quit this. Your psychiatrist wouldn't like me to meddle.

MR. WILCOX: Oh, he and I get into real deep stuff. I believe you understand my case pretty well at that. Well, I'll bring you some more money next month.

And that, as far as you are concerned, takes care of the Wilcoxes. You may not be satisfied with the relationship between Harry Wilcox and his wife, but you must settle for what the

patient wants. Your original purpose of straightening Harvey out seems to be accomplished. You got in a few good licks for Gladys. Whether Mr. and Mrs. Wilcox ever reestablish sexual relationships or not is up to Mr. Wilcox and his therapist. Call the doctor up if you are curious enough to see what he thinks the chances are.

SUPPLEMENTARY READING

- LICHTENSTEIN, P. M., and S. M. SMALL, *A Handbook of Psychiatry*, W. W. Norton & Company, New York.
- HENDERSON, D. K., and R. D. GILLESPIE, *A Textbook of Psychiatry*, Oxford University Press, New York.
- LEVY, JOHN, and RUTH MUNROE, *The Happy Family*, Alfred A. Knopf, Inc., New York.
- BARUCH, DOROTHY W., *Parents Can Be People*, D. Appleton-Century Company, Inc., New York.
- ALLEN, FREDERICK H., *Psychotherapy with Children*, W. W. Norton & Company, New York.
- WITMER, HELEN LELAND, *Psychiatric Interviews with Children*, Commonwealth Fund, Division of Publication, New York.
- FREUD, ANNA, *Psycho-analytical Treatment of Children*, Imago Publishing Company, Ltd., London.
- MENNINGER, KARL, *Man against Himself*, Harcourt, Brace & Company, Inc., New York.
- MENNINGER, KARL, *Love against Hate*, Harcourt, Brace & Company, Inc., New York.
- ROGERS, CARL R., *Counselling and Psychotherapy*, Houghton Mifflin Company, Boston.
- HEALY and BRONNER, *A New Light on Delinquency and Its Treatment*, Yale University Press, New Haven.
- TAFT, JULIA, *Dynamics of Therapy in a Controlled Relationship*, The Macmillan Company, New York.

DUNBAR, FLANDERS, *Emotions and Bodily Changes*, Columbia University Press, New York.

FREUD, SIGMUND, *New Introductory Lectures*, Robert Brunner Psychiatric Books, New York.

MUNCIE, WENDELL, *Psychobiology and Psychiatry*, The C. V. Mosby Company, Medical Publishers, St. Louis.

INDEX

A

- Acceptance, of help, 18, 19
 - of negative feelings, 60
 - of patient, 10, 32, 63, 152
- Acting, 2, 192
- Adolescence, 51
- Advice, 134, 187
- Aggression, 39, 103, 107
- Alcohol, as escape, 54, 70
- Alcoholic, defined, 53
- Alcoholics Anonymous, 54
- Alcoholism, 11, 41, 50, 53-55, 90
 - as symptom, 54
- Ambivalence, 293, 295
- Antisocial behavior, 51
- Anxiety states, 29, 32
- Appointment, failure to keep, 80
 - lateness for, 76, 79-80
 - patient's responsibility for, 28
- Aquaphobia, 295
- Attitudes, 3, 5, 6
 - of medical men, 19
 - negative, 108
 - of psychiatrists, 19

B

- Bed wetting, 42, 46
 - (*See also* Enuresis)
- Bills, 95
- Blocking, 245-262
- Bribery of therapist, 185

C

- Cardiac neurosis, 156-165
- Catharsis, 283
- Challenging the patient, 110, 112, 114, 162, 183, 219, 232, 293
- Checkers, playing of, 109, 119-120, 260, 262
- Chemotherapy, 1, 8
- Child, unwanted, 38, 60
- Commitment, 11
- Coronary thrombosis, 157
- Countertransference, 167

D

- Death wishes, 59, 160
- Delinquency, 38, 45, 50, 52, 220

Delusions of grandeur, 52
 Dependence, on parent, 37, 52,
 72, 131
 on therapist, 9, 20
 Depressed states, 29
 Diagnostic demands, 7
 Diagnostic tool, 5, 7
 Doctor-patient relationship, 17,
 62
 Dosage, 8
 Drugs, 7, 8
 Dynamics, 33, 35

E

Egocentricity, 188, 189
 Emotional environment, 2
 Emotional gap, 295
 Emotional growth, 37, 131
 Emotional health, 9
 Emotional immaturity, 15
 Emotional maturity, 38, 39
 Emotional security, 36
 Emotional stress, 53
 Emotionally mature atmos-
 phere, 39
 Enuresis, 35
 nocturnal, 45, 290, 293, 302
 Environment, control of, 198
 Escape, mechanism of, 54
 from therapy, 113
 Examination, psychiatric, 17

F

Family fights, 79, 81
 Fear, 26
 of spouse, 68
 Feeding habits, 35
 Feeding problems, 47
 Feeling (maternal), lack of, 287
 murderous, 152
 negative, 26, 29, 32, 33, 36,
 40, 217
 Feelings, series of, 42
 Fees, 96, 97
 Fights, family, 79, 81
 Forcing patient to face situa-
 tion, 188, 232, 295
 Forgetting, dynamics of, 64
 Frankness, 288, 289
 Fright and cardiac symptoms,
 158-161
 Frigidity, 48, 50, 55, 74
 Frustration, 117

G

Gifts, symbolic, 75, 81
 Growth, emotional, 37, 39, 131
 Guilt, 10, 33, 36-38, 40, 44, 50,
 51, 74, 152, 160
 absolved, 161
 lack of, in psychopaths, 194,
 197
 in parents, 226-228, 230
 and punishment, 51, 160
 sexual, 230

H

- Habit factor in alcoholism, 54
- Hate, 41, 60, 160, 279
- Histories, 5-7, 42-56, 123
- Homosexuality, 41, 273-274
- Hostility, 117
- Hysteria, 29

I

- Identification, 159
- Immaturity, of parent, 20
 - of therapist, 19
- Impotence, 74
- Inadequacy, 51
- Infantilization, 51, 71
- Information given to patient, 46
- Insecurity, 46
- Insight, 6, 45
- Insomnia, 8
- Interpretation, 227
- Interviews, frequency of, 64
 - lack of progress in, 188
 - length of, 64

J

- Job dissatisfaction, 50-52

L

- Legal sanity, 176
- Limitation of number of inter-views, 64

- Limitations of therapeutic sit-uations, 62, 295
 - of therapy, 10
 - of time, 202
- Limits of therapeutic situations,
 - 64, 179, 187, 247
 - breaking of, 185-186
 - as determined by others, 202
- Logic, 119
- Lying, pathological, 176, 189

M

- Malingers, 30
- Marriage, 82
 - as escape, 55, 68
- Masturbation, 55, 256, 257
- Maternal instincts, 193
- Maturity, of parents, 39, 40, 51
 - of therapist, 3, 38
- Mechanism, 41, 91
- Medical diagnosis, 6
- Migraine, 41
- Murderous feelings, 152

N

- Narcosis in liquor, 54
- Negative attitude, 108
- Negative feelings, 25, 26, 29,
 - 32-34, 36, 40, 51, 74, 82,
 - 193, 217-218
- Nervousness, 30

Neurosis, 40, 41
 Neurotic behavior, 84
 Notebook, 13, 45
 Notes, 13, 14, 292-295

O

Oedipus complex, 274

P

Parents, 35, 41
 interference by, 69
 possessive, 58, 71
 rejection by, 50
 substitute for, 17
 Patient, forcing of, 188, 232, 295
 instruction of, 290, 291
 leading of, 135, 216
 pushing of, 49
 responsibility of, 292
 role of, 32
 Pause, 26
 Personality, 5, 10, 11
 of doctor, 1-4
 Personality defect, 52
 Physician, role of, 32
 Pregnancy, fear of, 55
 Pressure to accept therapy, 30, 103
 Problem, solution to, 164
 Projection, 4, 10, 38, 39, 53, 74, 81

Pseudo-affection, 75
 Psychodynamics, 29
 Psychoneurotic, 29, 30
 Psychopath, constitutional, 166-210
 Psychopathic personality, etiology of, 196
 Psychosomatic component in disease, 1, 3, 61
 Psychosis, 29, 41
 Punishment, 217

R

Rage, 174
 Rapport, 15, 34, 293
 Reaction, startle, 101
 Reassurance, 16
 Record of interviews, 13
 Recuperative powers of the body, 2
 Rejection, 10, 40
 of child, 46, 63, 174, 243, 286
 of mother, 294
 of parent, 33
 by therapist, 18, 198
 Relationship, therapeutic, 17-19
 Religious beliefs, 56
 Resistance, 18, 29
 to therapy, 104ff.
 Responsibility, limits of, 33
 of patient, 292

Role, of patient, 32
of physician, 32

S

Schizoid break, 38
Second phase of therapy, 57-64
Sedatives, 8
Separation, 18, 92-97
Sex, instruction in, 56
and maturity, 73, 74
Sexual drives, 269
Silence, 260
Social adjustment, 167
Social consciousness, 51
Somatic symptoms, 29, 61
Structuring, 57, 71, 120, 128,
219
Subconscious, 27, 31, 36
Suicide, 8
Superstition, 37
Support, moral, 9
Symbolism, 13, 95
Sympathy, 30
Symptoms, 61, 62
somatic, 29, 61

T

Technique, 14
Temper tantrums, 35, 38
Tension, 4, 36
Testing cure, 88
Therapeutic limits, 64, 179, 187

Therapeutic process, 8, 11
Therapeutic relationship, 17-19
Therapeutic situation, 12-21
Therapeutic tool, 10
Therapist, misuse of, 180, 187
Therapy, 5, 6, 10
evaluation of, 116
final phase of, 20
initial stage of, 32
pressure to accept, 103
resistance to, 18, 29
second phase of, 57-64
Threats, 206
Tonic, 107
Tool, diagnostic, 5
therapeutic, 1, 2, 34
Transference, 17, 167, 188
Tremor, 102, 106, 109, 146

U

Ulcer, duodenal, 22-100

V

Vitamins, 35, 107
Vivisection, 7

W

Weeping, 16-17
Will to recover, 6
Withdrawal, 51
Worry, 31
and cardiac symptoms, 159

