

questions for which I have no answers? Should I reveal my weakness and my limitations to a patient whose other, alternative personality I found so seductive? Could I possibly form an honest and a caring relationship with a fat lady whose physical appearance repelled me? Should I, under the banner of self-enlightenment, strip away an old woman's irrational but sustaining and comforting love illusion? Or forcibly impose my will on a man who, incapable of acting in his best interests, allowed himself to be terrorized by three unopened letters?

Though these tales of psychotherapy abound with the words *patient* and *therapist*, do not be misled by such terms: these are everyman, everywoman stories. Patienthood is ubiquitous; the assumption of the label is largely arbitrary and often dependent more on cultural, educational, and economic factors than on the severity of pathology. Since therapists, no less than patients, must confront these givens of existence, the professional posture of disinterested objectivity, so necessary to scientific method, is inappropriate. We psychotherapists simply cannot cluck with sympathy and exhort patients to struggle resolutely with their problems. We cannot say to them *you* and *your* problems. Instead, we must speak of *us* and *our* problems, because our life, our existence, will always be riveted to death, love to loss, freedom to fear, and growth to separation. We are, all of us, in this together.

Love's Executioner

I DO NOT LIKE to work with patients who are in love. Perhaps it is because of envy—I, too, crave enchantment. Perhaps it is because love and psychotherapy are fundamentally incompatible. The good therapist fights darkness and seeks illumination, while romantic love is sustained by mystery and crumbles upon inspection. I hate to be love's executioner.

Yet Thelma, in the opening minutes of our first interview, told me that she was hopelessly, tragically in love, and I never hesitated, not for one moment, to accept her for treatment. Everything I saw in my first glance—her wrinkled seventy-year-old face with that senile chin tremor, her thinning, peroxidized, unkempt yellow hair, her emaciated blue-veined hands—told me she had to be mistaken, that she could not be in love. How could love ever choose to ravage that frail, tottering old body, or house itself in that shapeless polyester jogging suit?

Moreover, where was the aura of love bliss? Thelma's suffering did not surprise me, love being always contaminated by pain; but her love was monstrously out of balance—it contained *no* pleasure at all, her life wholly a torment.

So I agreed to treat her because I was certain she was suffering, not from love, but from some rare variant which she mistook for love. Not

only did I believe that I could help Thelma but I was intrigued by the idea that this counterfeit love could be a beacon that might illuminate some of the deep mystery of love.

Thelma was remote and stiff in our first meeting. She had not returned my smile when I greeted her in the waiting room, and followed a step or two behind me as I escorted her down the hall. Once we entered my office, she did not inspect her surroundings but immediately sat down. Then, without waiting for any comment from me and without unbuttoning the heavy jacket she wore over her jogging suit, she took a sharp deep breath and began:

"Eight years ago I had a love affair with my therapist. Since then he has never left my mind. I almost killed myself once and I believe I will succeed the next time. You are my last hope."

I always listen carefully to first statements. They are often preternaturally revealing and foreshadow the type of relationship I will be able to establish with a patient. Words permit one to cross into the life of the other, but Thelma's tone of voice contained no invitation to come closer.

She continued: "In case you have a hard time believing me, perhaps these will help!"

She reached into a faded red drawstring purse and handed me two old photographs. The first was of a young beautiful dancer wearing a sleek black leotard. I was startled, when I looked into the face of that dancer, to meet Thelma's large eyes peering out at me across the decades.

"That one," Thelma informed me when she saw me turning to the second photo, of a sixty-year-old handsome but stolid woman, "was taken about eight years ago. As you see"—she ran her fingers through her uncombed hair—"I no longer tend to my appearance."

Though I had difficulty imagining this shabby old woman having an affair with her therapist, I had said nothing about not believing her. In fact, I had said nothing at all. I had tried to maintain complete objectivity but she must have noticed some evidence of disbelief, some small cue, perhaps a minuscule widening of my eyes. I decided not to protest her accusation that I did not believe her. This was no time for gallantry and there was something incongruous in the idea of a disheveled seventy-year-old infatuated, lovesick woman. She knew that, I knew it, and she knew I knew it.

I soon learned that over the last twenty years she had been chronically depressed and in psychiatric treatment almost continuously. Much of her therapy had been obtained at the local county mental health clinic, where she had been treated by a series of trainees.

About eleven years before, she began treatment with Matthew, a young, handsome psychology intern, and met weekly with him for eight months at the clinic and continued to see him in his private practice for another year. The following year, when Matthew took a full-time position at a state hospital, he had to terminate therapy with all his private patients.

It was with much sadness that Thelma said goodbye to him. He was, by far, the best therapist she had ever had, and she had grown fond of him, very fond, and for those twenty months looked forward all week to her therapy hour. Never before had she been as totally open with anyone. Never before had a therapist been so scrupulously honest, direct, and gentle with her.

Thelma rhapsodized about Matthew for several minutes. "He had so much caring, so much loving. I've had other therapists who tried to be warm, to put you at ease, but Matthew was different. He *really* cared, he *really* accepted me. No matter what I did, what horrid things I thought, I knew he'd accept it and still—what's the word?—confirm me—No, *validate* me. He helped me in the way therapists usually do, but he did a lot more."

"For example?"

"He introduced me to the spiritual, religious dimension of life. He taught me to care for all living things. He taught me to think about the reasons I was put here on earth. But he didn't have his head in the clouds. He was right in there with me."

Thelma was highly animated—she snapped her words off and pointed down to the earth and up to the clouds as she spoke. I could see she liked talking about Matthew. "I loved the way he tangled with me. He didn't let me get away with anything. He always called me on my shitty habits."

This phrase startled me. It didn't fit with the rest of her presentation. Yet she chose her terms so deliberately that I assumed they had been Matthew's words, maybe an example of his fine technique! My negative feelings toward him were rapidly growing, but I kept them to myself.

Thelma's words told me clearly that she would not look kindly at any criticism of Matthew.

After Matthew, Thelma started therapy with other therapists, but none ever reached her or helped her value her life the way he had.

Imagine, then, how pleased she was, a year after their last meeting, to run into him late one Saturday afternoon at Union Square in San Francisco. They chatted and, to escape the swirl of shoppers, had coffee together in the café at the St. Francis Hotel. There was so much to talk about, so much that Matthew wanted to know about Thelma's past year, that their coffee hour extended into the dinner hour, and they walked over to Scoma's on Fisherman's Wharf for crab cioppino.

Somehow it all seemed so natural, as if they had shared meals like this countless times before. In reality, they had had a strictly professional relationship which had in no way splashed over the formal patient-therapist boundary. They had learned to know each other in weekly segments of precisely fifty minutes, no more, no less.

But that evening, for reasons Thelma, even now, cannot comprehend, she and Matthew slipped outside everyday reality. Neither looked at the time; they silently colluded in pretending that there was nothing unusual about talking personally or sharing coffee or dinner. It seemed natural for her to adjust the crumpled collar of his shirt, to brush the lint from his jacket, to take his arm as they climbed Nob Hill. It seemed natural for Matthew to describe his new "pad" in the Haight, and so very natural for Thelma to say she was dying to see it. They had chuckled when Thelma said that her husband was out of town: Harry, a member of the advisory board of the Boy Scouts of America, spoke at Boy Scout functions somewhere in America almost every night of the week. Matthew was amused that nothing had changed; there was no need to explain anything to him—after all, he knew everything about her.

"I don't remember," Thelma continued, "much about the rest of the evening, about how things happened, about who touched who first, about how we decided to go to bed. We didn't make any decisions, everything just happened effortlessly and spontaneously. What I do remember most clearly was that lying in Matthew's arms was transporting—one of the greatest moments of my life."

"Tell me about what happened next."

"The next twenty-seven days, June 19 to July 16, were magical. We spoke on the phone several times a day and saw one another fourteen times. I floated, I glided, I danced."

Thelma's voice had a lilt to it now, and she rocked her head in rhythm to a melody of eight years past. Her eyes were almost closed, sorely trying my patience. I don't like to feel invisible.

"That was the peak of my life. I have never before or since been so happy. Whatever has happened since then can never erase what he gave me then."

"What *has* happened since then?"

"The last time I saw him was at twelve-thirty P.M. on July 16. For two days I hadn't been able to reach him on the phone, so I popped in unannounced at his office. He was eating a sandwich and had about twenty minutes before he had to lead a therapy group. I asked about why he hadn't returned my calls and he said simply, 'It's not right, we both know it.'" She paused and wept silently.

A great time for him to discover that it's not right, I thought. "Can you go on?"

"I asked him, 'Suppose I call you next year or in five years? Would you see me? Could we take another walk across the Golden Gate Bridge? Would I be allowed to hug you?' Matthew answered my questions by taking my hand, pulling me into his lap, and hugging me tightly for several minutes.

"I've called him countless times since and left messages on his tape machine. At first he returned some of my calls, but then I stopped hearing from him at all. He cut me off. Complete silence."

Thelma turned away and looked out the window. The lilt was gone from her voice. She was speaking more deliberately, in a bitter, forlorn tone, but there were no more tears. I thought that now she was closer to ripping or gouging than to crying.

"I never could find out *why*—*why* it was over, just like that. In one of our last talks he said that we have to return to our real lives, and then added that he was involved with a new person." I suspected, silently, that the new person in Matthew's life was another patient.

Thelma wasn't sure whether the new person was a man or a woman. She suspected Matthew was gay: he lived in one of San Francisco's gay

enclaves, and was beautiful in the way many gay men are, with his neatly combed mustache, boyish face, and Mercury-like body. This possibility occurred to her a couple of years later when, while taking an out-of-town guest sightseeing, she warily entered a gay bar on Castro Street and was astounded to see fifteen Matthews sitting at the bar—fifteen slim, attractive, neatly mustached young men.

To be suddenly cut off from Matthew was devastating; and not to know *why*, unbearable. Thelma thought about him continuously, not an hour passing without some prolonged fantasy about him. She became obsessed with *why*? *Why* had he rejected her and cast her out? *Why* then? *Why* would he not see her or even speak to her on the phone?

Thelma grew deeply despondent after all attempts to contact Matthew failed. She stayed home all day staring out the window; she could not sleep; her movements and speech slowed down; she lost her enthusiasm for any activities. She stopped eating, and soon her depression had passed beyond the reach of psychotherapy or antidepressive medication. By consulting three different doctors for her insomnia and obtaining from each a prescription for sleeping medication, she soon collected a lethal amount. Precisely six months after her chance meeting with Matthew in Union Square, she left a goodbye note to her husband, Harry, who was out of town for the week, waited until his goodnight phone call from the East Coast, took the phone off the hook, swallowed all the tablets, and went to bed.

Harry, unable to sleep that night, phoned Thelma back and grew alarmed at the continual busy signal. He called his neighbors, who banged, in vain, on Thelma's door and windows. Soon they called the police, who stormed into the house to find her close to death.

Thelma's life was saved only by heroic medical efforts. The first call she made upon regaining consciousness was to Matthew's tape machine. She assured him she would keep their secret and pleaded with him to visit her in the hospital. Matthew came to visit but stayed only fifteen minutes and his presence, Thelma said, was worse than his silence: he evaded any allusions she made to their twenty-seven days of love and insisted on remaining formal and professional. Only once did he step out of role: when Thelma asked him how the relationship with the new

person in his life was going, Matthew snapped, "You have no need to know that!"

"And that was that!" Thelma turned her face directly toward me for the first time and added, in a resigned, weary voice, "I've never seen him again. I call to leave taped messages for him on important dates: his birthday, June 19 (our first date), July 17 (our last date), Christmas, and New Year's. Every time I switch therapists, I call to let him know. He never calls back.

"For eight years I haven't stopped thinking about him. At seven in the morning I wonder if he's awake yet, and at eight I imagine him eating his oatmeal (he loves oatmeal—he grew up on a Nebraska farm). I keep looking for him when I walk down the street. I often mistakenly think I see him, and rush up to greet some stranger. I dream about him. I replay in my mind each of our meetings together during those twenty-seven days. In fact, most of my life goes on in these daydreams—I scarcely take note of what's happening in the present. My life is being lived eight years ago."

My life is being lived eight years ago—an arresting phrase. I stored it for future use.

"Tell me about the therapy you've had in the last eight years—since your suicide attempt."

"During that time I've never been without a therapist. They gave me lots of antidepressants, which don't do much except allow me to sleep. Not much other therapy has gone on. Talking treatments have never helped. I guess you could say I didn't give therapy much chance since I made a decision to protect Matthew by never mentioning him or my affair to any other therapist."

"You mean that in *eight years* of therapy you've never talked about Matthew!"

Bad technique! A beginner's error—but I could not suppress my astonishment. A scene I hadn't thought of in decades entered my mind: I was a student in a medical school interviewing class. A well-meaning but blustering and insensitive student (later, mercifully, to become an orthopedic surgeon) was conducting an interview before his classmates and attempting to use the Rogerian technique of coaxing the patient along by

repeating the patient's words, usually the last word of the statement. The patient, who had been enumerating ghastly deeds committed by his tyrannical father, ended by commenting, "And he eats raw hamburger!" The interviewer, who had struggled hard to maintain his neutrality, was no longer able to contain his outrage, and bellowed back, "*Raw hamburger?*" For the rest of that year, the phrase "raw hamburger" was often whispered in lectures and invariably cracked up the class.

I, of course, kept my reverie to myself. "But today, you've made a decision to come to see me and to be honest about yourself. Tell me about that decision."

"I checked you out. I called five former therapists and told them I was going to give therapy one last chance and asked them who I should see. Your name appeared on four of their lists—they said you were a good 'last ditch' therapist. So that was one thing in your favor. But I also knew they were your former students, so I checked you out some more. I went to the library and checked out one of your books. I was impressed by two things: you were clear—I could understand your writing—and you were willing to speak openly about death. And I'm going to be open with you: I'm almost certain I will eventually commit suicide. I'm here to make one final attempt in therapy to find a way to live with some iota of happiness. If not, I hope you'll help me die and help me find a way to cause as little pain as possible to my family."

I told Thelma that I thought we could work together, but I suggested we have another consultation hour to consider things further and also to let her assess whether she could work with me. I was going to say more when Thelma looked at her watch and said, "I see that my fifty minutes are up and, if nothing else, I've learned not to overstay my welcome in therapy."

I was musing on the tone of this final comment—not quite sardonic, not quite coquettish—when Thelma got up, telling me on her way out that she would schedule the next hour with my secretary.

After this session I had much to think about. First, there was Matthew. He infuriated me. I've seen too many patients badly damaged by therapists using them sexually. It's *always* damaging to a patient.

Therapists' excuses are invariably patent and self-serving rationaliza-

tions—for example, that the therapist is accepting and affirming the patient's sexuality. While plenty of patients may need sexual affirmation—those who are markedly unattractive, extremely obese, surgically disfigured—I have yet to hear of a therapist affirming one of *them* sexually. It's always the attractive woman who gets chosen for affirmation. It is, of course, the offending therapists who are in need of sexual affirmation and lack the resources or resourcefulness to obtain it in their own personal lives.

But Matthew presented somewhat of an enigma. When he seduced Thelma (or permitted himself to be seduced—same thing), he had just finished graduate school and thus must have been in his late twenties or early thirties. So *why*? Why does an attractive, presumably accomplished young man select a sixty-two-year-old woman who has been lifeless and depressed for many years? I thought about Thelma's speculation that he was gay. Perhaps the most reasonable hypothesis was that Matthew was working on (or acting out) some personal psychosexual issues—and using his patient(s) to do it.

It's precisely for this reason that we urge trainees to be in prolonged personal therapy. But today, with brief training courses, less supervision, a relaxation of training standards and licensure requirements, therapists often refuse, and many patients have suffered from a therapist's lack of self-knowledge. I feel little charity for the irresponsible professionals and have urged many patients to report sexually offending therapists to professional ethics boards. I considered, momentarily, what recourse I had with Matthew, but supposed he was beyond the statute of limitations. Still, I wanted him to know about the damage he had done.

I turned my attention to Thelma and dismissed, for the time being, the question of Matthew's motivation. But I was to struggle with that question many times before the dénouement of this therapy, and could not have guessed then that, of all the riddles in the case of Thelma, it was the riddle of Matthew I was destined to solve most fully.

I was struck by the tenacity of her love obsession, which had possessed her for eight years with no external reinforcement. The obsession filled her entire life space. She was right: she *was* living her life eight years ago. The obsession must draw part of its strength from the impoverishment of

the rest of her existence. I doubted whether it would be possible to separate her from her obsession without first helping her to enrich other realms of her life.

I wondered about the amount of intimacy in her daily life. From what she had so far told me of her marriage, there was apparently little closeness between her and her husband. Perhaps the function of the obsession was simply to provide intimacy: it bonded her to another—but not to a real person, to a fantasy.

My best hope might be to establish a close, meaningful relationship between the two of us and then use that relationship as the solvent in which to dissolve her obsession. But that would not be easy. Her account of therapy was chilling. Imagine being in therapy for eight years and not talking about the real problem! That takes a special type of person, someone who can tolerate considerable duplicity, someone who embraces intimacy in fantasy but may avoid it in life.

Thelma began the next session by telling me that it had been an awful week. Therapy always presented a paradox for her. "I know I need to be seen, I can't manage without it. And yet every time I talk about what's happened, I have a miserable week. Therapy sessions always just stir the pot. They never resolve anything—they always make things worse."

I didn't like the sound of that. Were these previews of coming attractions? Was Thelma telling me why she would ultimately leave therapy?

"This week has been one long crying jag. Matthew's been on my mind nonstop. I can't talk to Harry because I've got only two things on my mind—Matthew and suicide—and both topics are off limits.

"I will never, never talk about Matthew to my husband. Years ago I told him that I briefly saw Matthew once by chance. I must have talked too much because later Harry stated that he believed that Matthew was in some way responsible for my suicide attempt. If he ever were to know the truth, I honestly believe he would kill Matthew. Harry is full of Boy Scout honor slogans—the Boy Scouts, that's all he thinks about—but underneath he's a violent man. He was a British commando officer during the Second World War and specialized in teaching methods of hand-to-hand killing."

"Tell me some more about Harry." I was struck by the vehemence in

Thelma's voice when she said that Harry would kill Matthew if he knew about what had happened.

"I met Harry in the thirties when I was dancing professionally on the Continent. I've always lived for two things only: making love and dancing. I refused to stop dancing to have children, but I was forced to stop thirty-one years ago because I got gout in my large toe—not a good disease for a ballerina. As for love, when I was younger I had many, many lovers. You saw that picture of me—be honest, tell the truth, was I not beautiful?" She continued, without waiting for my response. "But once I married Harry, love was over. Very few men (though there were some) were brave enough to love me—everyone was terrified of Harry. And Harry gave up sex twenty years ago (he's good at giving things up). We hardly ever touch now—probably my fault as much as his."

I was about to ask about Harry being good at giving things up, but Thelma raced on. She wanted to talk, yet still without seeming to be talking to me. She gave no evidence of wanting a response from me. Her gaze was averted. Usually she looked upward, as though lost in recollection.

"The other thing I think about, but can't talk about, is suicide. Sooner or later I know that I will do it, it's the only way out. But I never breathe a word of this to Harry. It almost killed him when I attempted suicide. He suffered a small stroke and aged ten years right before my eyes. When, to my surprise, I woke up alive in the hospital, I did a lot of thinking about what I had done to my family. Then and there I made some resolutions."

"What sort of resolutions?" No real need for my question, since Thelma had been on the verge of describing the resolutions, but I had to have some exchange with her. I was getting plenty of information, but we were not making contact. We might as well have been in separate rooms.

"I resolved never to say or do anything which could possibly cause Harry pain. I resolved to give him everything, to give in to him on every issue. He wants to build a new room for his exercise equipment—O.K. He wants Mexico for a vacation—O.K. He wants to meet people at church socials—O.K."

Noticing my quizzical look about church socials, Thelma explained,

"For the last three years, ever since I knew I would eventually commit suicide, I haven't wanted to meet anyone new. New friends only mean more farewells to say and more people to hurt."

I have worked with many people who have truly tried to kill themselves; but usually their experience is in some way transformational, and they ripen into new maturity and new wisdom. A real confrontation with death usually causes one to question with real seriousness the goals and conduct of one's life up to then. So also with those who confront death through a fatal illness: how many people have lamented, "What a pity I had to wait till now, when my body is riddled with cancer, to know how to live!" Yet Thelma was different. Rarely have I encountered anyone who came so close to death yet learned so little from it. Those resolutions she made when she regained consciousness after her overdose: Could she really believe that she would make Harry happy by rubber-stamping his every request and keeping her own wishes and thoughts concealed? And what could be worse for Harry than for his wife to cry all that last week and share nothing with him? This was a woman steeped in self-deception.

Her self-deception was particularly evident when she discussed Matthew. "He has a gentleness about him that touches the life of everyone who comes into contact with him. The secretaries all loved him. He said something caring to each of them, he knew all their children's names, he brought in doughnuts for them three or four mornings a week. Whenever we went out during the twenty-seven days, he never failed to say something that would make the waiter or the store clerk feel good. Do you know anything about Buddhist meditation practice?"

"Well, yes, as a matter of fact, I——" But Thelma didn't wait to hear the rest of my sentence.

"Then you know about 'loving-kindness' meditation. He did that twice a day and taught me the practice as well. That's exactly why I would never, not in a hundred years, dream that he would treat me like this. His silence is killing me. Sometimes when I get deep into thought, I feel that it would not be possible for him—the person who taught me to be open—to devise a more terrible punishment than total silence. More and more these days"—here Thelma lowered her voice almost to a

whisper—"I believe he is intentionally trying to drive me to suicide. Does that sound like a crazy thought?"

"I don't know if it's crazy, but it sounds like a desperate and terribly painful thought."

"He's trying to drive me to suicide. I'd be out of his hair for good. It's the only possible explanation!"

"Yet, thinking that, you have still protected him all these years. Why?"

"Because, more than anything in the world, I want Matthew to think well of me. I don't want to jeopardize my only chance for some kind of happiness!"

"But Thelma, it's been *eight years*. You haven't heard from him for *eight years*!"

"But there's a chance—a small one. But a two-percent or even a one-percent chance is better than no chance at all. I don't expect Matthew to love me again, I just want him to care about my being on this planet. It's not too much to ask—when we walked in Golden Gate Park, he almost sprained his ankle trying to avoid disturbing an anthill. Surely he can send some of that loving-kindness my way!"

So much inconsistency, so much anger, almost mockery, standing cheek by jowl with such reverence. Though I was gradually entering her experiential world and growing accustomed to hyperbolic assessments of Matthew, I was truly staggered by her next comment.

"If he would call me once a year, talk to me for even five minutes, ask about me, show me his concern, then I could live happily. Is that too much to ask?"

Never had I encountered one person giving another more power. Imagine—she claimed that one five-minute phone call a year would cure her. I wondered whether it would. I remember thinking that if everything else failed, I wasn't beyond trying to set up that experiment! I recognized that the chances for success in therapy were not good: Thelma's self-deception, her lack of psychological mindedness, her resistance to introspection, her suicidality—all signaled, "Be careful!"

Yet her problem fascinated me. Her love obsession—what else could one call it?—was powerful and tenacious, having dominated eight years of her life. Still, the roots of the obsession seemed extraordinarily friable.

A little effort, a little ingenuity should suffice to yank the whole weed out. And then? Underneath obsession, what would I find? Would I discover the brutal facts of human experience that the enchantment concealed? Then I might really learn something about the function of love. Medical researchers discovered, in the early days of nineteenth-century medical research, that the best way to understand the purpose of an endocrine organ is to remove it and observe the subsequent physiological functioning of the laboratory animal. Though I was chilled by the inhumaneness of my metaphor, I wondered: *Might not the same principle hold here?* So far it was apparent that Thelma's love for Matthew was, in reality, something else—perhaps an escape, a shield against aging and isolation. There was little of Matthew in it, nor—if love is a caring, giving, need-free relationship—much love.

Other prognostic signs clamored for my attention, but I chose to ignore them. I could have, for example, given more serious consideration to Thelma's *twenty years* of psychiatric care! When I was a student at the Johns Hopkins Psychiatric Clinic, the staff had many "back room" indices of chronicity. One of the most irreverent of these was poundage: the heavier the patient's clinical chart, the greater the crock, and the worse the prognosis. Thelma would have been a seventy-year-old "ten pounder" at least, and no one, absolutely no one, would have recommended psychotherapy.

As I look back on my state of mind at that time, I realize that I simply rationalized away these concerns.

Twenty years of therapy? Well, the last eight can't be counted as therapy because of Thelma's secretiveness. No therapy has a chance if the patient conceals the main issues.

The ten years of therapy before Matthew? Well, that was a long time ago! Besides, most of her therapists were young trainees. Surely, I could offer her more. Thelma and Harry, with limited financial means, had never been able to afford to see anyone other than student therapists. But I was currently funded by a research institute to study the psychotherapy of the elderly and could see Thelma for a minimal fee. Surely this was an unusual opportunity for her to obtain therapy from an experienced clinician.

My real reasons for taking on Thelma lay elsewhere: first, I was

fascinated by encountering a love obsession at once deeply rooted and in a vulnerable, exposed state, and I was not to be swayed from digging it out and investigating it; second, I was afflicted by what I now recognize as hubris—I believed that I could help any patient, that no one was beyond my skills. The pre-Socratics defined *hubris* as "insubordination to divine law"; I was insubordinate, of course, not to divine law but to natural law, the laws that govern the flow of events in my professional field. I think I had a premonition at the time that, before my work with Thelma was over, I would be called to account for hubris.

At the end of our second hour, I discussed a treatment contract with Thelma. She had made it clear that she would not commit herself to long-term treatment; and, besides, I thought that I should know within six months whether I could help her. So we agreed to meet once a week for six months (with the possibility of a six-month extension, if we thought it necessary). Her commitment was to attend regularly and to participate in a psychotherapy research project, which entailed a research interview and a battery of psychological tests to measure outcome, to be completed twice, at the beginning of therapy and six months after termination.

I took pains to inform her that therapy would undoubtedly be unsettling, and attempted to get her to promise to stick with it.

"Thelma, this continual rumination about Matthew—for shorthand, let's call it an obsession——"

"Those twenty-seven days were a great gift," she said, bristling. "That's one of the reasons I haven't talked about them to other therapists—I don't want them to be treated as a disease."

"No, Thelma, I'm not talking about eight years ago. I'm talking about now and about how you cannot live life because you continually replay past history over and over. I thought you came to see me because you wanted to stop tormenting yourself."

She sighed, closed her eyes, and nodded. She had given me the warning she wanted, and now she leaned back in her chair.

"What I was going to say was that this obsession—let's find a better word if *obsession* offends you——"

"No, it's O.K. I understand what you're saying now."

"Well, this obsession has been a central part of your mind for eight

years. It'll be difficult to dislodge it. I'll need to challenge some of your beliefs, and therapy might be stressful. I need your commitment to hang in there with me."

"You have it. When I make a resolution, I never go back on it."

"Also, Thelma, I can't work well with a suicide threat hanging overhead. I need a solemn promise from you that for the next six months you will do nothing physically self-destructive. If you feel on the verge, call me. Phone me at any time and I'll be there for you. But if you make any attempt—no matter how slight—then our contract is broken, and I will not continue to work with you. Often I put this down on paper and ask for a signature, but I respect your claim to always honor your resolutions."

To my surprise, Thelma shook her head. "There is no way I can promise you this. I get into moods when I know it's the only way out. I'm not going to close off this option."

"I'm talking about the next six months only. I'm not asking for any longer commitment, but I won't start without this. Do you want to think some more about it, Thelma, and we'll schedule another meeting next week?"

She immediately became conciliatory. I don't think she had expected me to take such a firm stand. Even though she gave no evidence of it, I believe she was relieved.

"I can't wait another week. I want us to make a decision now and to start therapy right away. I'll agree to do my best."

"Do my best"—I didn't feel that this was enough, yet hesitated to get into a control struggle so quickly. So I said nothing but simply raised my eyebrows.

After a minute or a minute and a half (a long silence in therapy), Thelma stood up, offered me her hand, and said, "You have my promise."

Next week we commenced our work. I decided to maintain a sharp focus on relevant and immediate issues. Thelma had had sufficient time (twenty years of therapy!) to explore her developmental years; and the last thing I wanted to focus on were events dating back sixty years.

She was highly ambivalent about therapy: although she regarded it as

her only hope, she never had a satisfying session. Over the first ten weeks I learned that, if we analyzed her feelings toward Matthew, her obsession tormented her for the next week. If, on the other hand, we explored other themes, even such important issues as her relationship with Harry, she considered the session a waste of time because we had ignored the major problem of Matthew.

As a result of her discontent, our time together became ungratifying for me as well. I learned not to expect any personal rewards from my work with Thelma. I never experienced pleasure from being in her presence and, as early as the third or fourth session, realized that any gratification for me in this therapy would have to issue from the intellectual realm.

Most of our time together was devoted to Matthew. I inquired about the precise content of her daydreams, and Thelma seemed to enjoy talking about them. The ruminations were highly repetitious: most were a fairly faithful replay of any one of their meetings during the twenty-seven days. The most common was their first encounter—the chance meeting in Union Square, the coffee at the St. Francis, the walk to Fisherman's Wharf, the view of the bay from Scoma's restaurant, the excitement of the drive to Matthew's "pad"; but often she simply thought of one of his loving phone conversations.

Sex played a minor role in these thoughts: rarely did she experience any sexual arousal. In fact, though there had been considerable sexual caressing during her twenty-seven days with Matthew, they had had intercourse only once, the first evening. They had attempted intercourse two other times, but Matthew was impotent. I was becoming more convinced that my hunch about his behavior was correct: namely, that he had major psychosexual problems which he had acted out on Thelma (and probably other unfortunate patients).

There were so many rich leads that it was hard to select and concentrate on one. First, however, it was necessary to establish to Thelma's satisfaction that the obsession had to be eradicated. For a love obsession drains life of its reality, obliterating new experience, both good and bad—as I know from my own life. Indeed, most of my deeply held beliefs about therapy, and my areas of keenest psychological interest, have arisen from personal experience. Nietzsche claimed that a

philosopher's system of thought always arises from his autobiography, and I believe that to be true for all therapists—in fact, for anyone who thinks about thought.

At a conference approximately two years prior to meeting Thelma, I had encountered a woman who subsequently invaded my mind, my thoughts, my dreams. Her image took up housekeeping in my mind and defied all my efforts to dislodge it. But, for a time, that was all right: I liked the obsession and savored it afresh again and again. A few weeks later, I went on a week's vacation with my family to a beautiful Caribbean island. It was only after several days that I realized I was missing everything on the trip—the beauty of the beach, the lush and exotic vegetation, even the thrill of snorkeling and entering the underwater world. All this rich reality had been blotted out by my obsession. I had been absent. I had been encased in my mind, watching replays over and over again of the same and, by then, pointless fantasy. Anxious and thoroughly fed up with myself, I entered therapy (yet again), and after several hard months, my mind was my own again and I was able to return to the exciting business of experiencing my life *as it was happening*. (A curious thing: my therapist eventually became a close friend and years later told me that, at the time he was treating me, he himself was obsessed with a lovely Italian woman whose attention was riveted to someone else. And so, from patient to therapist to patient goes *La Ronde* of obsessional love.)

So, in my work with Thelma, I stressed to her how her obsession was vitiating her life, and often repeated her earlier comment that she was living her life eight years before. No wonder she hated being alive! Her life was being stifled in an airless, windowless chamber ventilated only by those long-gone twenty-seven days.

But Thelma never found this thesis persuasive—with, I now think, good reason. Generalizing from my experience to hers, I had mistakenly assumed her life to have richness that she was missing because of her obsession. Thelma felt, though she did not explicitly say so at the time, that the obsession contained infinitely more vitality than her lived experience. (Later we were to explore, also with minimal impact, the reverse of that formula—that it was *because* of the impoverishment of her life that she embraced the obsession in the first place.)

By approximately the sixth session, I had worn her down and—to humor me, I believe—she agreed that the obsession was the enemy and had to be extirpated. We spent session after session simply reconnoitering the obsession. It seemed to me that the source of its hold on her was the power she had given Matthew. Nothing could be done until we diminished that power.

"Thelma, this feeling that the only thing that matters is for Matthew to think well of you—tell me everything you know about it."

"It's hard to put into words. The idea of him hating me is unbearable. He's the one person who has ever known *everything* about me. So the fact that he could still love me, despite everything he knew, meant so much."

This, I thought, is precisely the reason therapists should not become emotionally involved with patients. By virtue of their privileged role, their access to deep feelings and secret information, their reactions always assume larger-than-life meanings. It is almost impossible for patients to see therapists as they really are. My anger toward Matthew grew.

"But, Thelma, he's just a person. You haven't seen him for eight years. What *difference* does it make what he thinks of you?"

"I can't tell you why. I know it doesn't make sense but, to the bottom of my soul, I believe that I'd be all right, I'd be happy, if he thought well of me."

This thought, this core false belief, was the enemy. I had to dislodge it. I made an impassioned plea.

"You are you, you have your own existence, you continue to be the person you are from moment to moment, from day to day. Basically your existence is impervious to the fleeting thoughts, to the electromagnetic ripples occurring in some unknown mind. Try to see that. All this power that Matthew has—you've given it to him—every bit of it!"

"I get sick in my stomach at the thought of his despising me."

"What goes on in another person's mind, someone you never even see, who probably isn't even aware of your existence, who is caught up in his own life struggles, doesn't change the person you are."

"Oh, he's aware of my existence, all right. I leave a lot of messages on his telephone-answering tape. In fact, I left a message last week to let him know I was seeing you. I think he ought to know that I'm talking about

him to you. Over the years I've always called him whenever I've changed therapists."

"But I thought you did not discuss him with all these therapists."

"I didn't. I promised him that, even though he never asked it, and I kept that promise—until now. Even though I didn't talk about him all those years, I still thought he should know which therapist I was seeing. Many of them were from his school. They might have even been his friends."

Because of my vindictive feelings toward Matthew, I was not displeased with Thelma's words. On the contrary, I was amused when I imagined his discomfiture over the years when listening to Thelma's ostensibly solicitous messages on his tape. I began to relinquish my ideas of striking back at Matthew. This lady knew how to punish him and needed no help from me in that task.

"But, Thelma, go back to what I was saying earlier. Can't you see that you're doing this to yourself? His thoughts really can't change the kind of person you are. You *let* him influence you. He's just a person like you or me. If *you* think poorly of a person with whom you never have any contact, will *your* thoughts—those mental images circulating in your brain and known only to you—affect *that* person? The only way that can happen is through voodoo influence. Why do you surrender your power to Matthew? He's a person like anyone else, he struggles to live, he'll age, he'll fart, he'll die."

No response from Thelma. I upped the ante.

"You said before that one could hardly have deliberately designed behavior more likely to hurt you. You've thought that maybe he was trying to drive you to suicide. He is not interested in your welfare. So what sense does it make to elevate him so? To believe that nothing in life is more important than that he think well of you?"

"I don't really believe he's trying to drive me to suicide. It's just a thought I have sometimes. I flip back and forth quickly in my feelings about Matthew. Most of the time what's important is that he would wish me well."

"But why is his wish so all-important? You've elevated him to a superhuman position. Yet he seems to be a particularly screwed-up person. You yourself mention his significant sexual problems. Look at

the whole issue of integrity—at his code of ethics. He's violated the basic code of any helping profession. Look at the distress he's caused you. We both know it is simply wrong for a professional therapist, who is sworn to act in the best interests of his patient, to hurt anyone the way he has hurt you."

But I might as well have been talking to the wind.

"It was only *when* he started acting professionally, *when* he went back into a formal role, that he hurt me. When we were simply two human beings in love he gave me the most precious gift in the world."

It was deeply frustrating. *Obviously*, Thelma was responsible for her own life predicament. *Obviously*, it was a fiction that Matthew had any real power over her. *Obviously*, she gave him that power in an effort to deny her own freedom and her responsibility for the constitution of her own life. Far from wanting to take back her freedom from Matthew, she had a lust for submission.

From the beginning, of course, I had known that the pure forcefulness of my argument would not penetrate deep enough to effect any change. It almost never does. It's never worked for me when I've been in therapy. Only when one feels an insight *in one's bones* does one own it. Only then can one act on it and change. Pop psychologists forever talk about "responsibility assumption," but it's all words: it is extraordinarily hard, even terrifying, to own the insight that you and only you construct your own life design. Thus, the problem in therapy is always how to move from an ineffectual intellectual appreciation of a truth about oneself to some emotional *experience* of it. It is only when therapy enlists deep emotions that it becomes a powerful force for change.

And powerlessness was the problem in my therapy with Thelma. My attempts to generate power were shamefully inelegant and consisted mainly of fumbling, nagging, and repetitively circling her obsession and bashing away at it.

How I long at such junctures for the certainty that orthodoxy offers. Psychoanalysis, to take the most catholic of the psychotherapy ideological schools, always posits such strong convictions about the necessary technical procedures—indeed, analysts seem more certain of *everything* than I am of *anything*. How comforting it would be to feel, just once, that I know exactly what I'm doing in my psychotherapeutic work—for

example, that I am dutifully traversing, in proper sequence, the precise stages of the therapeutic process.

But, of course, it is all illusion. If they are helpful to patients at all, ideological schools with their complex metaphysical edifices succeed because they assuage the *therapist's*, not the patient's, anxiety (and thus permit the therapist to face the anxiety of the therapeutic process). The more the therapist is able to tolerate the anxiety of not knowing, the less need is there for the therapist to embrace orthodoxy. The creative members of an orthodoxy, *any* orthodoxy, ultimately outgrow their disciplines.

Though there is something reassuring about an omniscient therapist who is always in control of every situation, there can be something powerfully engaging about a fumbling therapist, a therapist willing to flounder with the patient until they, together, stumble upon an enabling discovery. Alas, however, as Thelma was to teach me before this case was over, much wonderful therapy may be wasted on a patient!

In my search for power, I pushed to the limits. I tried to rattle and shock her.

"Suppose, for a moment, that Matthew died! Would that release you?"

"I've tried to imagine that. When I imagine him dead, a great sadness descends. I'd be living in an empty world. I never can think past that."

"How can you release yourself from this? How could you be released? Could Matthew release you? Have you ever imagined a conversation in which he releases you?"

Thelma smiled at this question. She looked at me with what I imagined to be more respect—as though she were impressed with my mind-reading abilities. I had obviously tapped into an important fantasy.

"Often, very often."

"Share it with me. How would it go?"

I don't rely on role-playing or chair-switching, but this seemed the perfect place for it. "Let's try role-playing it. Would you move to the other chair, play the role of Matthew, and talk to Thelma here in this chair?"

Since Thelma had opposed everything else I suggested, I was preparing my argument to convince her when, to my surprise, she enthusiastically agreed. Perhaps, in her twenty years of therapy, she had worked

with gestalt therapists who had employed these techniques; perhaps it was her stage experience shining through. She almost leaped out of her chair, cleared her voice, pantomimed putting on a necktie and buttoning a suit jacket, assumed a saintly smile and a delightfully exaggerated expression of benevolent magnanimity, cleared her voice, sat down in the other chair, and became Matthew.

"Thelma, I came to you remembering you pleasantly from the work we did together in therapy and wanting you as a friend. I enjoyed the give-and-take. I enjoyed the joking about your shitty habits. I was truthful. I meant the things I said to you, every one of them. And then an event occurred which I chose not to tell you about and which caused me to change my mind. It was nothing that you did—there was nothing about you that was obnoxious, although we didn't have enough to build a lasting relationship. What happened was that a woman, Sonia——"

Here Thelma broke role for a minute and said in a loud stage whisper, "Dr. Yalom, Sonia was my stage name when I was a dancer."

She became Matthew again and continued. "This woman, Sonia, entered on the scene, and I realized that a life with her was the proper way for me. I tried to stay away, tried to tell you to quit calling, and—I'll be honest—it annoyed me that you wouldn't. After your suicide attempt, I knew I had to be very careful with what I said, and *that's* why I became so distant. I saw a shrink, and it was *he* who advised complete silence. You are someone I'd love to have as a friend, but there is no way to do it on an open basis. There is your Harry, and there is my Sonia."

She stopped and sank into her chair. Her shoulders slumped, her benevolent smile vanished, and, entirely spent, she became Thelma again.

We sat in silence together. As I thought about the words she'd put in Matthew's mouth, I could easily understand their appeal and why she had no doubt replayed them so often: they confirmed her view of reality, they absolved Matthew of any responsibility (after all, it was his shrink who advised him to be silent), and they confirmed that there was nothing wrong with her or incongruous about their relationship; it was only that Matthew had a greater obligation to another. That the other woman was Sonia, herself as a young woman, suggested I needed to spend more time looking at Thelma's feelings about her age.

I was fascinated with the idea of release. *Would those words from*

Matthew really release her? There flashed into my mind an interaction with a patient from my first year of residency (these first clinical experiences stay with one, as through an imprinting in one's professional infancy). The patient, who was very paranoid, insisted that I was not Dr. Yalom but an FBI agent, and demanded proof of my identification. When, at the next session, I artlessly presented him with my birth certificate, driver's license, and passport, he announced that I had proved him correct: only FBI connections could have produced forgeries so quickly. If a system is infinitely expanding, one cannot *not* be encircled by it.

Not, of course, that Thelma was paranoid, but I wondered whether she, too, would defeat any releasing statements, even ones from Matthew, by infinitely demanding more proof and reassurance. Nonetheless, in looking back over this case, I believe that it was at this moment that I first began to consider seriously whether to involve Matthew in the therapy process—not her idealized Matthew, but the real-life, flesh-and-blood Matthew.

"How do you feel about the role-playing, Thelma? What did it stir up in you?"

"I felt like an idiot! It's ridiculous for someone of my age to act like a foolish adolescent."

"Is there a question in there for me? Do you think I feel that way about you?"

"To be honest, that's another reason (in addition to my promise to Matthew) that I haven't talked about him to therapists or anyone else. I know they'll say that it's an infatuation or a crush or transference. 'Everybody falls in love with their therapist'—I can hear it now. Or else they'll talk about it as—what is it called when the therapist transfers something to the patient?"

"Countertransference."

"Yes, countertransference. In fact, you were suggesting that last week when you talked about Matthew 'working out' his personal problems in his therapy with me. I'll be frank (like you tell me to be in therapy): that grates on me. It's as though I didn't matter, as though I were some innocent bystander in something he was playing out with his mother."

I held my tongue. She was right; those were exactly my thoughts. You and Matthew *are* both "innocent bystanders." Neither of you were really

relating to the other but to some fantasy of the other. You fell in love with Matthew because of what he represented to you: someone who would love you totally and unconditionally; who would be entirely devoted to your welfare, to your comfort and growth; who would undo your aging and love you as the young, beautiful Sonia; who provided you the opportunity to escape the pain of being separate and offered you the bliss of selfless merger. You may have been "in love," but one thing's for sure: you didn't love Matthew; you have never known Matthew.

And Matthew? Who or what was he loving? I didn't know yet, but I didn't think he was either "in love" or loving. He wasn't loving you, Thelma, he was using you. He had no genuine care for Thelma, for the flesh-and-blood Thelma! Your comment about his playing something out with his mother probably isn't a bad guess.

As though she were reading my mind, Thelma continued, lifting her chin and projecting her words as to a large audience. "When people think that we really hadn't loved one another, it belittles the love that we had. It takes away the depth—it makes it into nothing. The love was, and is, *real*. *Nothing has ever been more real to me*. Those twenty-seven days were the high point of my life. Those were twenty-seven days of paradise, and I'd give anything to have them back!"

A powerful lady, I thought. She had drawn the line effectively: "Don't take away the high point of my life. Don't take away the only real thing that has ever happened to me." Who could bear to do that to *anyone*, much less a depressed, suicidal, seventy-year-old woman?

But I had no intention of being blackmailed in that fashion. To yield to her now would render me absolutely ineffective. So I continued in a manner-of-fact tone. "Tell me about the euphoria, all that you remember."

"It was an out-of-the-body experience. I had no weight. It was as though I wasn't there, or at least the part of me that hurts and pulls me down. I just stopped thinking and worrying about me. I became a *we*."

The lonely I ecstatically dissolving into the *we*. How often I've heard that! It's the common denominator of every form of bliss—romantic, sexual, political, religious, mystical. Everyone wants and welcomes this blissful merger. But it's different with Thelma—it's not that she *wants* it, but that she *has to have it in order to escape some danger*.

"That fits with what you told me about sex with Matthew—that it wasn't important that he be in you. What was important was that he connect or even fuse with you."

"That's right. That's what I meant when I said you were making too much out of the sexual relationship. Sex, itself, didn't play too important a role."

"This helps us understand the dream you had a couple of weeks ago."

Two weeks ago Thelma had reported an anxiety dream—the only dream she reported during the entire therapy:

I was dancing with a large black man. Then he turned into Matthew. We were lying on the dance floor having sex. Just as I started to come, I whispered, "Kill me," into his ear. He vanished, and I was all alone on the dance floor.

"It's as though you want to get rid of your separateness, to lose yourself (which the dream symbolizes by 'Kill me'), and Matthew is to be the instrument by which that happens. Any thoughts about this happening on a dance floor?"

"I said earlier that it was only those twenty-seven days that I ever felt euphoric. That's not entirely true. I often felt euphoric when I was dancing. Often everything disappeared then, me and everything else, there was just the dance and the moment. When I dance in my dreams, it means I'm trying to make everything that's bad disappear. I think it also means being young again."

"We've talked very little about your feelings about being seventy. How much do you think about it?"

"I guess I'd have a different slant on therapy if I were forty rather than seventy. I'd have something to look forward to. Wouldn't psychiatry rather work with younger people?"

I knew that there was rich material here. I felt strongly that Thelma's fear of aging and death fueled her obsession. One of the reasons she wanted to merge in love, and be obliterated by it, was to escape the terror of facing obliteration by death. Nietzsche said, "The final reward of the dead—to die no more." Yet here was also a wonderful opportunity to work on our relationship. Although the two themes we had been exploring (the flight from freedom and from the isolation of separateness)

constituted, and would continue to constitute, the *content* of our discourse, I felt that my best chance to help Thelma lay in the development of a meaningful relationship with her. I hoped that the establishment of an intimate bond with me might sufficiently attenuate her bond with Matthew so that she could pry herself loose from him. Only then would we turn to the identification and removal of the obstacles that were preventing her from establishing intimate relationships in her social life.

"Thelma, when you ask whether psychiatry doesn't prefer to work with younger patients, it sounds to me that there is a personal question in there."

Thelma, as usual, avoided the personal. "It stands to reason that there is more to be gained in working with, say, a young mother with three children. She has her whole life ahead of her, and her improved mental condition would benefit her children and her children's children."

I persisted. "What I meant was that I thought there was a question, a personal question, you might be asking me, something involving you and me."

"Wouldn't psychiatrists rather treat a thirty-year-old patient than a seventy-year-old patient?"

"Can we focus on *you* and *me* rather than on *psychiatry*, *psychiatrists*, and *patients*? Aren't you asking this question: 'How do you, Irv'?"—Thelma smiled here. She rarely addressed me by name, either given name or surname—" 'feel about treating me, Thelma, a woman who is seventy years old?' "

No answer. She stared out the window. Her head shook ever so slightly. Damn, she was stubborn!

"Am I right? Is that the question?"

"That's a question, not necessarily *the* question. But if you had just answered my question the way I first put it, I would have gotten the answer to the question you just asked."

"You mean you would have learned my opinion about how psychiatry, in general, feels about the treatment of the average elderly patient, and then you would have assumed that that was the way I felt about treating you."

Thelma nodded.

"But that's so roundabout. And it may be inaccurate. My general

comment may have been a guess about the whole field and not an expression of *my* personal feelings about *you*. What stops you from directly asking me the real question?"

"This is the kind of thing I worked on with Matthew. This is exactly what he called my shitty habits."

That gave me pause. Did I want to ally myself in any way with Matthew? Yet I was certain this was the correct trail to follow.

"Let me try to answer your questions—the general one you asked and the personal one you didn't. I'll start with the more general one. I, personally, like to work with older patients. As you know from all those questionnaires you filled out before we started, I'm in the midst of a research project and work with a lot of patients in their sixties and seventies. I'm learning that they do as well in therapy as younger patients, maybe better, and I get just as much gratification from the work.

"I appreciate your question about the young mother and her potential influence, but I see it differently. You, too, have much influence. All younger people with whom you come into contact will look upon you as a guide or model for their next stages of life. And from your individual standpoint, I believe it is possible at seventy to discover a new perspective that will permit you to flood retroactively, as it were, your whole earlier life with new meaning and significance. I know that that's difficult to see now—but, trust me, it often happens.

"Now let me answer the personal part of the question—how do *I* feel about working with *you*? I *want* to see you. I think I understand your pain, and I have a lot of empathy for it—I've experienced that kind of pain in the past myself. I'm interested in the problem you're struggling with, and I think I can help you. In fact, I'm committed to helping you. The hardest part for me in our work together is the frustration I have at the amount of distance you put between us. Earlier you said you can find out (or at least make a good guess about) the answer to a personal question by asking an impersonal one. But consider the effect of that on the other person. When you keep asking me impersonal questions, as you did a few minutes ago, I feel pushed away."

"This is exactly the sort of thing Matthew used to say."

I smiled and silently ground my teeth. I could think of nothing con-

structive to say. This frustrating, laborious interaction was prototypical. We were to have many similar exchanges.

It was hard and unrewarding work. Week after week I chipped away. I tried to teach her the ABCs of the language of intimacy: for example, how to use the pronouns *I* and *you*, how to identify feelings (starting with the difference between feelings and thoughts), how to "own" and to express feelings. I tutored her in the basic feelings (*bad*, *sad*, *mad*, and *glad*). I provided sentences to complete: for example, "Irv, when you say that, I feel _____ toward you."

She had an impressive repertory of distancing operations. She would, for example, introduce what she was about to say with a lengthy, boring preamble. When I pointed this out to her, she acknowledged that I was right, but then launched into an account of how, when someone asks her for the time, she gives a lecture on watchmaking. Several minutes later when she finished that anecdote (complete with a full historical account of how she and her sister first developed the habit of telling long tangential stories), we were hopelessly removed from our starting place and I had been effectively distanced.

On one occasion she acknowledged that she had a significant problem with expressing herself. She had been herself, in a fully spontaneous way, in only two situations in her adult life—when she danced and when she and Matthew had been in love for twenty-seven days. That's an important part of the reason Matthew's acceptance of her loomed so large: "He knew me as very few people ever have—as I really am, completely open, nothing held back."

When I asked about how we were doing today, or asked her to describe all the feelings she had experienced toward me in the session so far that day, she rarely responded. Usually she denied having any feelings, but sometimes she disarmed me completely by saying that she had felt very intimate that hour—an hour when I experienced her as particularly evasive and distant. Exploring the discrepancy in our views was treacherous because then she was likely to feel rebuffed.

As the evidence mounted that no meaningful relationship was developing between us, I felt baffled and rejected. Insofar as I could tell, I was making myself available to her. Yet she remained indifferent to me. I

tried to raise this question with her but, no matter how I put it, I felt that I was whining: "Why don't you like me as much as Matthew?"

"You know, Thelma, there's something else going on alongside your letting Matthew's opinion of you mean everything, and that is you refuse to let my opinion mean anything at all to you. After all, like Matthew, I know a great deal about you. I, too, am a therapist—in fact I am twenty years more experienced and probably wiser than Matthew. I wonder why what I think and feel about you doesn't count?"

She responded to the content but not to the emotion. She mollified me: "It's not you. I'm sure you know your business. I'd be this way with any therapist in the world. It's just that I've been so hurt by Matthew that I'm not going to make myself vulnerable again to another therapist."

"You've got good answers for everything, but what it all adds up to is 'Don't get close.' You can't get close to Harry because you don't want to hurt him by telling him your intimate thoughts about Matthew and suicide. You can't become intimate with friends lest you hurt them when you ultimately commit suicide. You can't be intimate with me because another therapist, eight years ago, hurt you. The words are different in each case, but the music is the same."

Finally, by the fourth month, there were signs of progress. Thelma stopped battling on every point and, to my surprise, began one session by telling me that she had spent many hours during the last week making a list of all her close relationships and what happened to each. She realized that whenever she got really close to someone, she managed, in one way or another, to break off the relationship.

"Maybe you're right, maybe I do have a serious problem with getting close to people. I don't think I've had a good girlfriend for thirty years. I'm not sure whether I've ever had one."

This insight could have been a turning point in our therapy: for the first time, Thelma identified and took responsibility for a specific problem. I was hopeful now of plunging into real work. Instead, the opposite occurred: she withdrew even more, claiming that her problem with intimacy doomed our work in therapy.

I tried mightily to persuade her that it was a positive, not a negative, thing that had emerged in therapy. Again and again, I explained that

intimacy difficulties are not extraneous static that just happen to get in the way of treatment, but are the core issue. It was a *positive*, not a negative, development that it had surfaced here and now where we could examine it.

Yet her despair deepened. Now every week was a bad week. She obsessed more, she wept more, she withdrew more from Harry, she spent much time planning how she would commit suicide. More and more frequently did I hear criticisms of therapy. She claimed that our sessions succeeded only in "stirring the pot," in increasing her discomfort, and she regretted having committed herself to six full months of therapy.

Time was running out. We were now beginning the fifth month; and, though Thelma assured me she would honor her commitment, she made it clear that she would not be willing to continue longer than six months. I felt discouraged: all my strenuous efforts had been ineffective. I had not even managed to establish a solid therapeutic alliance with her: her emotional energy, every dram of it, was riveted to Matthew, and I had found no way to pry it loose. The moment had come to play my final card.

"Thelma, ever since that hour a couple of months ago when you role-played Matthew and spoke the words that would release you, I've been deliberating about inviting him into my office and having a three-way session—you, me, and Matthew. We've only got seven more sessions, unless you reconsider your decision to stop"—Thelma shook her head firmly. "I think we need some help to move along further. I'd like your permission to phone Matthew and invite him to join us. I think just a single three-way session would be sufficient, but we ought to do it soon because I think we'll need several hours afterward to integrate what we learn."

Thelma, who had been apathetically slumped in her chair, suddenly bolted upright. Her string purse fell from her lap onto the floor, but she ignored it to listen wide-eyed to me. Finally, finally, I had gotten her attention, and she sat silently for several minutes contemplating my words.

Although I had not fully thought through my proposal, I believed that Matthew would agree to meet with us. I hoped that my reputation in the

field would intimidate him into cooperating. Moreover, eight years of Thelma's taped phone messages *had* to be getting to him, and I was confident that he, too, longed for release.

I was not certain what would happen in this extraordinary three-way meeting, yet I felt strangely confident that all would be for the best. Any information would help. Any introduction of reality should help me release Thelma from her fixation on Matthew. Regardless of the depth of his character flaw—and I had no doubt that it was a trench of considerable magnitude—I was sure he would do nothing in my presence to encourage her fantasies of ultimate reunion.

After an unusually long silence, Thelma stated that she needed more time to think about it. "So far," she said, "I see more cons than pros—"

I sighed and settled back into my chair. I knew that Thelma would take the rest of the hour spinning obsessional webs.

"On the positive side I guess it would give Dr. Yalom some first hand observations."

I sighed even more deeply. This was going to be worse than usual: she was speaking of me in the third person. I started to point out that she was speaking as though I weren't in the same room with her, but couldn't summon the energy—she had worn me down.

"On the negative side, I can think of several possibilities. First, your call would alienate him from me. I've got a one- or two-percent chance now that he'll come around. Your call would drop my chances to zero, or less."

I was definitely growing irritated and thought, "*Eight years* have gone by, Thelma, can't you get the message? And besides, how can your chances be less than zero, you ninny?" This really was my final card and I was beginning to feel that she would trump it. But I kept silent.

"His only motivation to participate would be professional—helping a sickie who's too incompetent to run her own life. Number three,——"

My God! She was talking in lists again. I couldn't stand it.

"Number three, Matthew will probably tell the truth, but the wording will be patronizing and would be heavily influenced by Dr. Yalom's presence. I don't think I could take being patronized. Number four, this

is going to put him in a very compromising and embarrassing position professionally. He will never forgive me for it."

"But, Thelma, he's a therapist. He knows that in order for you to get well, you've got to talk about him. If he's the spiritually minded person you think him to be, then surely he's experienced much guilt at your distress and would take pleasure in helping."

But Thelma was too involved in developing her list to hear my words.

"Number five, what possible help could I get from a three-way meeting? There is almost no chance he'll say what I hope he'll say. I don't even care if he means it, I just want him to say he cares about me. If I'm not going to get what I want and need, why should I expose myself to the pain? I've been hurt enough. Why should I do it?" Thelma got out of her chair and walked over to the window.

Now I was deeply concerned. Thelma was getting herself worked up into an irrational frenzy and was going to block my last chance to help her. I took my time and thought out my words carefully.

"The best answer I can give to all the questions you've raised is that speaking to Matthew will bring us closer to the truth. Surely you want that?" She had her back to me, but I thought I could see a slight nod of agreement. "You can't go on living a lie or an illusion!"

"You know, Thelma, you've many times asked me questions about my theoretical orientation. I often haven't answered because I thought that talking about schools of therapy would get us away from the personal discourse we needed to have. But let me give you one answer to that question now. Perhaps the single most important therapeutic credo that I have is that 'the unexamined life is not worth living.' Getting Matthew into this office might be the key to a true examination and understanding of what's been happening to you these past eight years."

My answer soothed Thelma. She walked back to her chair and sat down.

"This is stirring up a lot of stuff in me. My head is spinning. Let me think about it for a week. But you must promise me one thing—that you won't call Matthew without my permission."

I promised that unless I heard from her, I would not call Matthew

during the next week, and we parted. I wasn't about to give a guarantee that I would *never* call—but fortunately she didn't ask for that.

Thelma came in for the next session looking ten years younger and with a spring to her step. She had had her hair done and was attractively dressed in an argyle wool skirt and stockings, instead of her usual polyester slacks or jogging suit. She immediately took her seat and got down to business.

"I've spent all week thinking about a meeting with Matthew. I've gone over all the pros and cons, and I now believe you are right—I'm in such bad shape that it's not likely anything could make me worse!"

"Thelma, those aren't my words. I said that——"

But Thelma was not interested in my words and spoke over me. "But your plan of phoning him was not a good idea. It would have been a shock to get an out-of-the-blue call from you. So I decided to call him to prepare him for your call. Of course, I didn't reach him, but I told his telephone-answering tape about your proposal, and I said for him to phone me or you and—and——"

Here, with a big grin on her face, she paused to let the suspense build. I was astonished. I had never before seen her play. "And?"

"Well, you've got more clout than I thought. For the first time in eight years, he returned my call and we had a twenty-minute friendly chat."

"How did it feel to talk to him?"

"Wonderful! I can't tell you how wonderful. It was like we had just talked the previous day. He was the old gentle, caring Matthew. He asked all about me. He was concerned about my depression. He was glad I was seeing you. We had a good talk."

"Can you tell me what you discussed?"

"God, I don't know. We just chattered away."

"About the past? The present?"

"You know, it sounds crazy, but I don't remember!"

"Can you remember any of it?" A lot of therapists, at this point, would have made an interpretation about the way she was shutting me out. Perhaps I should have, but I couldn't wait. I was so damn curious! It was typical of Thelma not to think that I might have some wishes, too.

"You know, I'm not trying to conceal anything. I just can't remember.

I was too excited. Oh, yes, he told me he had been married and divorced and that he had gone through a lot of turmoil about the divorce.

"But the main thing is that he is willing to come in for a three-way meeting. You know, it's funny, he even sounded eager—as though it has been me avoiding him. I told him to come in to your office at my regular hour next week, but he told me to ask you if we could make it sooner. Now that we've decided to do it, he wants to do it as soon as possible. I guess I feel the same way."

I suggested a time two days hence, and Thelma said she'd inform Matthew. Following that, we reviewed her phone conversation once again and planned the next hour. Thelma never did recall all the details of her phone conversation but she did remember what they had *not* talked about. "Ever since I hung up the phone, I've been kicking myself for chickening out and not having asked Matthew the two really important questions. First, what *really* happened eight years ago? Why did you break off? Why have you remained silent? Second, how do you really feel about me now?"

"Let's be certain that you don't also finish our three-way meeting wanting to kick yourself for something you didn't ask. I promise to help you ask all the questions you want to ask, all the questions that might release you from the power you've given Matthew. That's going to be my main job in the session."

During the rest of the hour, Thelma repeated a lot of old material: she talked about her feelings toward Matthew, how they were *not* transference, how Matthew had given her the best days of her life. It seemed to me that she droned on interminably, went off into tangent after tangent, and, moreover, said everything to me as though for the first time. I became aware of how little she had changed and how much depended on something dramatic happening the next session.

Thelma arrived twenty minutes early for the session. I was doing correspondence that morning and passed her in the waiting room a couple of times as I conferred with my secretary. She was dressed in an attractive royal-blue knit dress—a daring outfit for a seventy-year-old woman, but I thought she pulled it off well. Later, when I invited her into my office, I complimented her on it and she told me, with a conspiratorial hush and a finger crossing her lips, that she had spent most

of the week shopping for it. It was the first new dress she had bought in eight years. As she touched up her lipstick she told me that Matthew would arrive in a minute or two, precisely on time. He had told her that he didn't want to spend too much time in the waiting room because he wanted to minimize the possibility of running into colleagues who might be passing by. I could not blame him for that.

Suddenly, she stopped talking. I had left my door ajar, and we could hear that Matthew had arrived and was speaking to my secretary.

"I came to some lectures here when the department was in the old building. . . . When did you move? . . . I really like the light, airy feel of this building, do you?"

Thelma put her hand to her breast as though to still her heartbeat and whispered, "You see? You see how naturally his caring comes?"

Matthew entered. It was the first time he had seen Thelma in eight years, and if he was in any way startled by the physical aging she had undergone, his boyish, good-natured smile gave no evidence of it. He was older than I expected, perhaps in his early forties, and conservatively dressed in an un-Californian three-piece suit. Otherwise, he was much as Thelma had described him—slender, mustached, well tanned.

I was prepared for his directness and sincerity and, therefore, not thrown off by it. (Sociopaths often present themselves well, I thought.) I began by briefly thanking him for coming.

He immediately rejoined, "I've been wanting a session like this for years. It's *my* place to thank *you* for bringing it to pass. Besides, I've read your books for years. It's an honor to meet you."

He's not without some charm, I thought, but I did not want to get involved in a distracting personal or professional discussion with Matthew: it was best for me to keep a low profile in this session and for Thelma and Matthew to interact as much as possible. I turned the session over to them: "We've got a lot to talk about today. Where to start?"

Thelma began: "It's funny, I haven't increased my medication." She turned to Matthew. "I'm still on antidepressants. It's eight years later—my goodness, eight years, that's hard to believe—but it's eight years later, I've probably tried eight new antidepressants and they *still* don't work. But the interesting thing is that all the side effects are greater today. My

mouth is so dry I can hardly talk. Now why should that be? Does stress increase side effects?"

Thelma continued to ramble and to consume huge chunks of our precious time with preambles to preambles. I was in a dilemma: under ordinary circumstances, I might have attempted to clarify the consequences of her indirect discourse. For example, I might point out that she was staking out a role of fragility that would immediately discourage the open discussion she said she wished. Or that she had invited Matthew here to speak freely and yet immediately mobilized his guilt by reminding him she had been on antidepressants since he left her. But such interpretations would only result in most of the hour being used as a conventional individual therapy session—exactly what none of the three of us wanted. Besides, if I were in any way to label her behavior as problematic, she would feel humiliated and would never forgive me for that.

But too much was riding on this hour. I could not bear for Thelma to waste this opportunity with indirect meanderings. This was her chance to ask the questions that had plagued her for eight years. This was her chance to be released.

"I'm going to interrupt you for a minute, Thelma, if I may. I'd like, if you two agree, to have the role of timekeeper today and to keep us focused. Can we spend a minute or two establishing our agenda?"

There was silence for a short time until Matthew punctured it.

"I'm here today to be helpful to Thelma. I know she has been going through bad times, and I know that I bear the responsibility for that. I'll be as open as possible to any questions."

That was Thelma's perfect cue. I gave her a starting glance. She caught it and began.

"There is nothing worse than to feel bereft, to feel that you are absolutely alone in the world. When I was a child, one of my favorite books—I used to take it to Lincoln Park in Washington, D.C., to read on the benches there—was——"

Here I shot Thelma the nastiest, most vicious look I could muster. She got it.

"I'll get to the point. I guess the bottom line is"—and she slowly and carefully turned to Matthew—"what do you feel about me?"

Atta girl! I positively beamed at her.

Matthew's answer made me gasp. He looked straight at her and said, "I've thought about you every day for the last eight years! I care about you. I care a great deal. I want to know what happens to you. I wish that there were some way in the world of our meeting every few months so I could catch up on you. I don't want to be cut off."

"Then," Thelma asked, "why have you been silent all these years?"

"Sometimes caring can be best expressed by silence."

Thelma shook her head. "That's like one of your Zen riddles that I could never understand."

Matthew continued, "Whenever I tried to talk to you, it made things worse. You asked for more and more until it reached the point when I couldn't find a way to give any more. You called me a dozen times a day. You showed up time and time again in my office waiting room. Then when you almost killed yourself, I knew—and my therapist agreed—that the best thing was to cut it off completely."

Matthew's statement, I thought, bore an uncanny resemblance to the releasing scenario Thelma had shared in our role-playing session.

"But," Thelma commented, "it's natural for a person to be bereft if something so important is taken away so suddenly."

Matthew nodded understandingly to Thelma and briefly put his hand on top of hers. Then he turned to me. "I think it's important for you to know exactly what happened eight years ago. I'm speaking to you now rather than to Thelma because I've already told her this story, more than once." He turned to her. "Sorry you have to hear this whole thing yet again, Thelma."

Then Matthew, ingenuously, turned to me and began: "This is not easy for me. The best way to do it is simply to do it. So here goes.

"Eight years ago, about a year after I finished my training, I had a serious psychotic break. During that time I was heavily into Buddhism and was sitting Vipassana—that's a form of Buddhist meditation——" When Matthew saw me nod, he interrupted his story. "You seem familiar with it—I'd be very interested to know your opinion of it. But today I guess I'd better continue. . . . I was sitting Vipassana for three to four hours a day. I considered becoming a Buddhist monk and went to India for a thirty-day meditation retreat in Igapuri, a small village north of Bombay. The regimen was too severe for me—total silence, total isola-

tion, sitting meditation for fourteen hours a day—and I began to lose my ego boundaries. By the third week I was hallucinating and thought that I could see through walls and had total access to both my past and future lives. The monks took me to Bombay, and an Indian doctor put me on antipsychotic medication and called my brother, who flew to India to take me home. I was hospitalized for about four weeks in Los Angeles. After I was discharged I immediately flew back to San Francisco, and it was the following day that I met Thelma, sheerly by chance, in Union Square.

"I was still in a very fragmented state of mind. I had turned the Buddhist doctrines into a real craziness and believed I was in a state of oneness with everybody. I was glad to run into Thelma—into *you*, Thelma," turning to her. "I was glad to see you. It helped me feel anchored again."

Matthew turned back to me and, until he finished his story, did not again look at Thelma.

"I had nothing but good feelings for her. I felt one with Thelma. I wanted her to have everything she wanted in life. More than that—I thought her quest for happiness was my quest as well. It was the same quest, she and I were the same. I took the Buddhist credo of universal oneness and egolessness very literally. I didn't know where I ended and another started. I gave her everything she wanted. She wanted me to be close to her, she wanted to come home with me, she wanted sex—I was willing to give her everything in a state of perfect oneness and love.

"But she wanted more and I couldn't give more. I grew more disturbed. After three or four weeks my hallucinations returned, and I had to re-enter the hospital—this time for six weeks. I hadn't been out very long when I heard about Thelma's suicide attempt. I didn't know what to do. It was catastrophic. It was the worst thing that had ever happened to me. I've been haunted by it for eight years. I answered her calls at first, but they kept coming. My psychiatrist finally advised me to sever all contact, to be totally silent. He said that would be necessary for my own sanity, and he was certain that it would be best for Thelma as well."

As I listened to Matthew, my head began to spin. I had developed a variety of hypotheses about his behavior, but I was not remotely prepared for the story I had just heard.

First, was it true? Matthew was a charmer. He was smooth. Was he

staging all this for me? No, I had no doubt that things were as he described them: his words had the unmistakable ring of truth. He freely offered the names of hospitals and his treating physicians if I should want to call. Furthermore, Thelma, to whom he said he had told this in the past, had listened with rapt attention and offered no demurral whatsoever.

I turned to look at Thelma, but she averted her glance. After Matthew finished talking, she began to stare out the window. Was it possible that she knew all this from the start and had concealed it from me? Or had she been so absorbed with her own distress and her own needs that, throughout, she had been completely unaware of Matthew's mental state? Or had she known for some brief period and then repressed the knowledge because it clashed with her own vital lie?

Only Thelma could tell me. But which Thelma? The Thelma who deceived me? The Thelma who deceived herself? Or the Thelma who was deceived by herself? I doubted that I would find the answers to these questions.

Primarily, though, my attention was fixed on Matthew. Over the last several months, I had constructed a vision—or, rather, several alternative visions—of him: an irresponsible, sociopathic Matthew who exploited his patients; a callous and sexually confused Matthew who acted out his personal conflicts (with women in general or mother in particular); an errant, grandiose young therapist who mistook the love desired for the love required.

Yet he was none of these. He was something else, something I had never anticipated. But what? I wasn't certain. A well-intentioned victim? A wounded healer, a Christ figure who had sacrificed his own integrity for Thelma? Certainly, I no longer viewed him as an offending therapist: he was as much a patient as Thelma and, furthermore (I could not help thinking, glancing toward Thelma, who was still staring out the window), a *working* patient, a patient after my own heart.

I remember feeling dislocated—so many constructs exploded in so few minutes. Gone forever was the construct of Matthew as sociopath or exploiter-therapist. Instead there arose a haunting question: *In this relationship, who had exploited whom?*

This was all the information I could handle (and all that I thought I

needed). I have only a dim recollection of the rest of the hour. I remember that Matthew encouraged Thelma to ask more questions. It was as though he, too, sensed that she could be released only by information, that her illusions could not endure the beam of truth. And I think, too, that he realized that only through Thelma's release could he obtain his own. I remember that Thelma and I both asked many questions, each of which he answered fully. His wife had left him four years ago. She and he had increasingly diverging views about religion, and she could not follow his conversion into a fundamentalist Christian sect.

No, he was not gay. Nor had he ever been, though Thelma had often asked him about that. It was only at this moment that his smile narrowed and a trace of irritation entered his voice ("I kept telling you, Thelma, that straight people live in the Haight, too.")

No, he had never had a personal relationship with any other patient. In fact, as a result of his psychosis and what had happened with Thelma, he had, several years ago, realized that his psychological problems posed an insurmountable barrier, and he had stopped being a therapist. But, committed to a life of service, he did psychological testing for a few years; then he worked in a biofeedback lab; and, more recently, he had become the administrator of a Christian health maintenance organization.

I was musing about Matthew's professional decision, even wondering whether he had evolved to the point where he should go back to doing therapy—perhaps he now might make an exceptional therapist—when I noticed that our time was almost up.

I inquired whether we had covered everything. I asked Thelma to project herself into the future and to imagine how she might feel several hours from now. Would she be left with unasked questions?

To my surprise, she began sobbing so forcefully that she could not catch her breath. Tears poured down upon her new blue dress until Matthew, outracing me, handed her the box of tissues. As her sobbing subsided, Thelma's words grew audible.

"I *don't* believe, I simply *can't* believe that Matthew really cares about what happens to me." Her words were directed neither to Matthew nor to me but to some point between us in the room. I noted with some satisfaction that I wasn't the only one she addressed in the third person.

I tried to help Thelma talk. "Why? Why don't you believe him?"

"He's saying that because he has to. It's the right thing to say. It's the only thing he can say."

Matthew did his best, but communication was difficult because of her sobbing. "I mean exactly what I said. I've thought about you every day these eight years. I care about what happens to you. I care about you a great deal."

"But your caring—what does it mean? I know about your caring. You care about the poor, about ants and plants and ecological systems. I don't want to be one of your ants!"

We had run twenty minutes over and had to stop even though Thelma had still not regained her composure. I gave her an appointment for the following day not only to be supportive but also because it would be best to see her again quickly, while the details of this hour were still fresh in her mind.

The three of us ended the hour with round-robin handshakes and parted. A few minutes later, as I was getting some coffee, I noticed Thelma and Matthew chatting in the corridor. He was trying to make a point to her, but she was looking away from him. Shortly afterward, I saw them walk away in different directions.

Thelma had not recovered by the next day and was exceptionally labile throughout our session. She wept often and, at times, flashed into anger. First, she lamented that Matthew had such a low opinion of her. She had worked and worried Matthew's statement that he "cared" for her until it now seemed an insult. He had, she noted, mentioned none of her positive features, and Thelma convinced herself that his basic posture to her had been "unfriendly."

Furthermore, she was convinced that, probably because of my presence, he had adopted a pseudo-therapeutic voice and manner which she had found patronizing. Thelma rambled a great deal and swerved back and forth between her reconstruction of the hour and her reaction to it.

"I feel like an amputation has taken place. Something has gone from me. Despite Matthew's high-sounding ethics, I believe I am more honest than he. Especially in his account of who seduced who."

Thelma remained cryptic on this matter, and I did not press her for explication. Although I would have relished finding out what "really" happened, her reference to "amputation" intrigued me even more.

"I haven't had any more fantasies about Matthew," she went on. "I'm not daydreaming any more. But I want to. I want to sink into the embrace of some warm daydream. It's cold out and I feel empty. There's just nothing any more."

Like a drifting boat torn loose from its mooring, I thought—but a sentient boat desperately searching for a berth, any berth. Now, between obsessions, Thelma was in a rare free-floating state. This was the time I had been waiting for. Such states don't last long: the unbonded obsessional, like nascent oxygen, quickly melds with some mental image or idea. This moment, this brief interval between obsessions, was the crucial time for us to work—before Thelma re-established her equilibrium by latching onto something or someone. Most likely she would reconstruct the hour with Matthew so that her version of reality could once again support her fusion fantasy.

It seemed to me that real progress had occurred: the surgery was complete, and now my task was to prevent her from preserving the amputated limb and quickly stitching it back on again. My opportunity arrived soon, as Thelma proceeded to lament her loss.

"My predictions of what might happen have come true. I don't have any more hope, I'll never have any more satisfaction. I could live with that one-percent chance. I've lived with it a long time."

"What was the satisfaction, Thelma? A one-percent chance for what?"

"For what? For those twenty-seven days. Until yesterday there was always a chance that Matthew and I could go back to that time. We were there, the feeling was real, I know love when I feel it. As long as Matthew and I were alive, we always had the chance to return to it. Until yesterday. In your office."

There were still a few threads of illusion to be severed. I'd almost totally destroyed the obsession. It was time to finish the job.

"Thelma, what I have to say now is not pleasant, but I think it's important. Let me try to get my thoughts out clearly. If two people share a moment or share a feeling between them, if they both feel the same thing, then I can see how it might be possible for them, as long as they are alive, to re-establish that precious feeling between the two of them. It would be a delicate procedure—after all, people change, and love never

stays—but still, perhaps, it is within the realm of possibility. They could communicate fully, they could try to achieve a deep authentic relationship which, since authentic love is an absolute state, should approximate what they had before.

"But suppose it was never a shared experience! Suppose the two people had widely different experiences. And suppose one of them mistakenly thought her experience was the same as his?"

Thelma's eyes were fixed on me. I was certain that she understood me perfectly.

I continued. "What I heard in the session with Matthew was precisely that. His experience and your experience were very different. Can you see how impossible it would be for each of you to re-create the particular mental state you were in? The two of you can't help one another with this because it was not a shared state.

"He was in one place and you were in another. He was lost in a psychosis. He didn't know where his boundaries were—where he ended and you began. He wanted you to be happy because he thought he was the same as you. He wasn't having a love experience, because he didn't know who he was. Your experience was very different. You cannot re-create a state of shared romantic love, of the two of you being deeply in love with one another *because it was never there in the first place.*"

I don't think I've ever said a crueller thing, but to make myself heard, I had to speak in words so strong and so stark that they could be neither twisted nor forgotten.

There was no doubt my comment struck home. Thelma had stopped crying and just sat there stock still considering my words. I broke the heavy silence after several minutes:

"How do you feel about what I said, Thelma?"

"I can't feel anything any more. There's nothing else to feel. I have to find a way to live out my time. I feel numb."

"You've been living and feeling one way for eight years, and now suddenly in twenty-four hours all that is pulled away from you. These next few days are going to feel very disorienting. You're going to feel lost. But we have to expect that. How could it be otherwise?"

I said this because often the best way to prevent a calamitous reaction is to predict it. Another way is help the patient get outside of it and move into the observer role. So I added, "It will be important this week to be an

observer and recorder of your own inner state. I'd like you to check in on your internal state every four hours, when you are awake, and jot down your observations. We'll go over them next week."

But the next week Thelma, for the first time, missed her appointment. Her husband called to apologize for his wife, who had overslept, and we agreed upon a meeting two days later.

When I went to the waiting room to greet Thelma, I was dismayed at her physical deterioration. She was back in her green jogging suit and had obviously not combed her hair or made any other attempts to groom herself. Moreover, for the first time, she was accompanied by her husband, Harry, a tall, white-haired man with a large bulbous nose, who sat there squeezing a grip strengthener in each hand. I remembered Thelma's telling me about his teaching hand-to-hand combat in wartime. I could picture him strangling someone.

I thought it was odd that he accompanied her that day. In spite of her age, Thelma is physically fit and had always driven herself to my office. My curiosity was piqued even more by her comment in the waiting room that Harry wanted to meet with me today. I had met him once before: in the third or fourth session I saw him together with Thelma for a fifteen-minute discussion—primarily to see what kind of person he was and to learn about the marriage from his perspective. Never before had he asked to meet with me. Obviously something important was up. I agreed to speak to him for the last ten minutes of Thelma's hour and also made it clear that I would feel free to report back to her the entirety of our discussion.

Thelma looked weary. She slumped into her chair and spoke slowly and softly in a resigned tone.

"My week has been a horror, sheer hell! My obsession has gone or almost gone, I guess. Rather than ninety percent of the time, I spend less than twenty percent of my waking time thinking about Matthew, and even that twenty percent is different.

"But what have I been doing instead? Nothing. Absolutely nothing. I've been sleeping twelve hours a day. All I do is sleep and sit and sigh. I'm all dried up, I can't cry any more. Harry, who is almost never critical of me, said to me last night as I picked at my dinner—I've hardly eaten anything this week—'Are you feeling sorry for yourself again?'"

"How do you explain what's happening to you?"

"It's like I've been in a magic show and now I've come outside—and it's very gray outside."

I felt goose bumps. I had never before heard Thelma speak metaphorically; it was as though someone else were speaking.

"Say some more about how you feel."

"I feel old, really old. For the first time I know I'm seventy years old, seven zero—that's older than ninety-nine percent of the people walking around. I feel like a zombie, run out of gas, my life's a void, a dead end. Nothing to do but live out my time."

These words were said quickly, but the cadence slowed for the last sentence. Then she turned to me and fixed her eyes on mine. That in itself was unusual, for she had seldom ever looked directly at me. Maybe I was wrong, but I think her eyes said, "Are you satisfied now?" I did not comment on her gaze.

"All of this followed our session with Matthew. What happened in that hour to throw you like this?"

"What a fool I was to have protected him for eight years!"

Thelma's anger enlivened her. She took her string purse from her lap, placed it on the floor, and put a lot of energy into her words. "What reward did I get? I'll tell you. A kick in the teeth! If I hadn't kept his secret from my therapists all these years, maybe the dominoes might have fallen differently."

"I don't understand. What was the kick in your teeth?"

"You were there. You saw it. You saw his callousness. He didn't say hello or goodbye to me. He didn't answer my questions. How much effort would it have taken him? He *still* hasn't told me why he cut me off!"

I tried to describe to her how I had seen things differently, and how, in my view, Matthew had been warm to her and had gone into lengthy and painful detail about why he had broken off with her.

But Thelma rushed on, not listening to my comments. "He was clear about only one thing—Matthew Jennings is sick and tired of Thelma Hilton. You tell me: What's the perfect scenario to drive an ex-lover to suicide? *Sudden dismissal with no reasons given*—that's exactly what he's done to me!

"In one of my daydreams yesterday, I could see Matthew, eight years

ago, bragging to one of his friends (and placing a bet on it) that he could use his psychiatric knowledge to first seduce me and then totally destroy me in twenty-seven days!"

Thelma leaned over, opened her purse and pulled out a newspaper clipping about murder. She waited a couple of minutes for me to read it. She had underlined with red pencil a paragraph that claimed that suicides are, in actuality, double homicides.

"I saw that in last Sunday's paper. Could that have been true for me? Maybe when I tried to commit suicide, I really wanted to kill Matthew? You know, it feels right. Right here." She pointed to her heart. "I never thought of it that way before!"

I fought to keep my equilibrium. Naturally, I was concerned about her depression. And yet, *of course*, she was in despair. How could it be otherwise? Only the deepest despair could have generated an illusion with the strength and the tenacity to have endured for eight years. And if I eradicated the illusion, then I had to be prepared to encounter the despair it had concealed. So, bad as it was, Thelma's distress was a good sign, a homing signal that we were on target. Everything was going well. The preparation was finally complete, and the real therapy could now begin.

In fact, it had already begun! Thelma's surprising outbursts, her sudden eruption of anger toward Matthew was a sign that the old defenses were no longer holding. She was in a fluid state. Every severely obsessional patient has a core of anger, and I was not unprepared for its emergence in Thelma. All in all, I considered her anger, despite its irrational components, an excellent development.

I was so preoccupied with these thoughts and with plans for our future work that I missed the first part of Thelma's next comment—but I heard the ending of the sentence all too clearly.

"... and *that's* why I have to stop therapy!"

I scrambled to respond. "Thelma, how can you even consider that? This is the worst possible time to stop therapy. Now is the time you can make some real progress."

"I don't want to be in therapy any more. I've been a patient for twenty years, and I'm tired of being treated like a patient. Matthew treated me

like a patient, not a friend. You treat me like a patient. I want to be like everyone else."

I no longer remember the sequence of my words. I only know that I pulled out all stops and placed the utmost pressure on her to reconsider. I reminded her of the six-month commitment, of which five weeks remained.

But she countered, "Even you would agree that that there's a time when you have to protect yourself. A little more of this 'treatment' would be unendurable." She added, with a grim smile, "A little more treatment would kill the patient."

All of my arguments met a similar fate. I insisted that we had made real progress. I reminded her that she had originally come to see me to free her mind from her preoccupation, and we had made great strides toward that. Now was the time we could address the underlying sense of emptiness and futility that had fueled the obsession.

Her response was, in effect, that her losses had been too great—more than she could bear. She had lost her hope for the future (by that she meant she had lost her "one-percent chance" of reconciliation); she had also lost the best twenty-seven days of her life (if, as I had shown her, they weren't "real," then she had lost this sustaining memory of her life's highest point); and she had also lost eight years of sacrifice (if she had been protecting an illusion, then her sacrifice had been meaningless).

So powerful were Thelma's words that I found no effective way to counter them, other than to acknowledge her losses and say that there was much mourning that she had to do and that I wanted to be with her to help her mourn. I tried, also, to point out that regret was extraordinarily painful to endure once it was in place, but that we could do much to prevent further regret from taking root. For example, consider the decision facing her at this moment: would she not—a month, a year from now—deeply regret her decision to stop treatment?

Thelma replied that, though I was probably right, she had made a promise to herself to stop therapy. She compared our three-way session to a visit with the doctor when you suspect you have cancer. "You've been in great turmoil—so frightened that you've put this visit off time and again. The doctor confirms that you do have cancer, and all your turmoil about not knowing is ended—but what are you left with?"

As I tried to sort out my feelings, I realized that one of my first responses clamoring for attention was, "How can you do this to me?" Though, no doubt, my outrage derived in part from my own frustration, I was also certain I was responding to Thelma's feeling toward me. I was the person responsible for all three losses. The three-way meeting had been *my* idea and I had been the one who stripped her of her illusions. I was the disillusioner. It occurred to me that I was performing a thankless task. Even the word *disillusion*, with its negative, nihilistic connotation, should have warned me. I thought of O'Neill's *The Iceman Cometh* and the fate of Hickey, the disillusioner. Those whom he tries to restore to reality ultimately turn against him and re-enter the life of illusion.

I remembered my discovery a few weeks before that Thelma knew how to punish and didn't need my help. I think her suicide try *was* a murder attempt, and I now believed that her decision to stop therapy was also a form of double homicide. She considered termination to be an attack upon me—and she was right! She had perceived how critically important it was to me to succeed, to satisfy my intellectual curiosity, to follow everything through until the very end.

Her revenge upon me was to frustrate each of these aims. No matter that the cataclysm she meant for me would engulf her as well: in fact, her sadomasochistic trends were so pronounced that she was attracted by the idea of dual immolation. I noted wryly that my resorting to professional diagnostic jargon meant I must really be angry with her.

I tried to explore these ideas with Thelma. "I hear your anger toward Matthew, but I'm also wondering if you're not upset with me, too. It would make a lot of sense if you were angry—very angry, indeed—with me. After all, in some ways you must feel that I got you into the fix you are in now. It was my idea to invite Matthew, my idea to ask him the questions you did." I thought I saw her nod her head.

"If that's so, Thelma, what better place to work on it than right here and now in therapy?"

Thelma nodded her head more vigorously. "My head tells me that you're right. But sometimes you've got to do what you've got to do. I promised myself not to be a patient any more, and I'm going to keep that promise."

I gave up. I was facing a stone wall. Our hour was long over, and I had

yet to see Harry, to whom I had promised ten minutes. Before parting, I extracted some commitments from Thelma: she agreed to think more about her decision and to meet with me again in three weeks, and she promised to honor her commitment to the research project by meeting, six months hence, with the research psychologist and completing the battery of questionnaires. I ended the session thinking that, though she might fulfill her research commitment, there was little chance she would resume therapy.

Her pyrrhic victory safely in her grasp, she could afford a little generosity and, as she was leaving my office, she thanked me for my efforts and said that if she ever went back into therapy, I would be her first choice as a therapist.

I escorted Thelma to the waiting room and Harry to my office. He was brisk and direct: "I know what it is to run a tight ship, Doc—I did it in the army for thirty years—and I see that you're running late. That means you'll be running late all day, doesn't it?"

I nodded but assured him that I had time to meet with him.

"Well, I can keep it very brief. I'm not like Thelma. I never beat around the bush. I'll come right to the point. Give me back my wife, Doctor, the old Thelma—just the way she used to be."

Harry's voice was pleading rather than threatening. Just the same, he had my full attention—and, as he spoke, I could not help glancing at his large, strangler's hands. He proceeded, and now reproach entered his voice, to describe how Thelma had gotten progressively worse since she and I had started working together. After hearing him out, I tried to offer some support by stating that a long depression is almost as hard on the family as it is on the patient. Ignoring my gambit, he responded that Thelma had always been a good wife and that perhaps he had aggravated her problem by being on the go and traveling too much. Finally, when I informed him of Thelma's decision to terminate, he seemed relieved and gratified: he had been urging her in this direction for several weeks.

After Harry left my office, I sat there tired and stunned and angry. God, what a couple! Deliver me from both of them! The irony of it all. The old fool wants his "old Thelma back again." Has he been so "absent" he hasn't noticed that he never *had* the old Thelma? The old Thelma was never home: for the last eight years she has spent ninety percent of her life lost in the fantasy of a love she never had. Harry, no

less than Thelma, chose to embrace illusion. Cervantes asked, "Which will you have: wise madness or foolish sanity?" It was clear which choice Harry and Thelma were making!

But I got little solace from pointing my finger at Thelma and Harry or from lamenting the weakness of the human spirit—that feeble wraith unable to survive without illusion, without enchantment or pipe dreams or vital lies. It was time to face the truth: I had botched this case beyond belief, and I could not transfer blame to the patient, or her husband, or the human condition.

My next few days were filled with self-recrimination and worry about Thelma. At first concerned about suicide, I ultimately soothed myself with the thought that her anger was so overt and so outwardly directed that it was unlikely she would turn it against herself.

To combat my self-recriminations, I attempted to persuade myself that I had employed a proper therapeutic strategy: Thelma *was* in extremis when she consulted me and something *had* to be done. Although she was in bad shape now, she was no worse than when she started. Who knows, maybe she was better, maybe I had successfully disillusioned her, and she needed to lick her wounds in solitude for a while before proceeding with any form of therapy? I *had* tried a more conservative approach for four months and had resorted to a radical intervention only when it was apparent I had no other choice.

But this was all self-deception. I knew that I had good reason to be guilty. I had, once again, fallen prey to the grandiose belief that I can treat anyone. Swept along by hubris and by my curiosity, I had disregarded twenty years of evidence at the outset that Thelma was a poor candidate for psychotherapy, and had subjected her to a painful confrontation which, in retrospect, had little likelihood of success. I had stripped away defenses without building anything to replace them.

Perhaps Thelma was right in protecting herself from me at this point. Perhaps she was right in saying that "a little more treatment would kill the patient!" All in all, I deserved Thelma and Harry's criticism. I had also embarrassed myself professionally. In describing her psychotherapy at a teaching conference a couple of weeks before, I had aroused considerable interest. I cringed now at the prospect of colleagues and students asking me in the weeks to come, "Fill us in. How did it all turn out?"

As I had expected, Thelma did not keep her next appointment three

weeks later. I phoned her and had a brief but remarkable conversation. Though she was adamant in reaffirming her intention to quit the realm of patienthood, I detected less rancor in her voice. Not only was she turned off therapy, she volunteered, but she had no further need of it: she had been feeling much better, certainly far better than three weeks ago! Seeing Matthew yesterday, she told me offhandedly, had helped immeasurably!

"What? Matthew? How did that come about?" I asked.

"Oh, I had a pleasant talk with him over coffee. We've agreed to meet for a chat every month or so."

I was in a frenzy of curiosity and questioned her closely. First, she responded in a teasing way ("I told you all along that's what I needed"). Then she simply made it clear that I no longer had the right to make personal inquiries. Eventually I realized I would learn no more, and said my final goodbye. I went through the ritual of telling her that I was available as a therapist should she ever change her mind. But she apparently never again developed an appetite for my type of treatment, and I did not hear from her again.

Six months later, the research team interviewed Thelma and re-administered the battery of psychological instruments. When the final research report was issued, I turned quickly to their review of the case of Thelma Hilton.

In summary, T.H. is a 70-year-old married Caucasian woman who, as a result of a five-month, once-weekly course of therapy, improved significantly. In fact, of the twenty-eight geriatric subjects involved in this study, she had the most positive outcome.

She is significantly less depressed. Her suicidality, extremely high at the onset, was reduced to the point where she may no longer be considered a suicidal risk. Self-esteem improved and there was corresponding significant improvement on several other scales: anxiety, hypochondriacal, psychoticism, and obsessionalism.

The research team is not entirely clear about the nature of the therapy which produced these impressive results because the patient continues to be unaccountably secretive about the details of therapy. It appears that the therapist successfully employed a prag-

matic symptom-oriented treatment plan designed to offer relief rather than deep insight or personality change. In addition, he effectively employed a systems approach and introduced, into the therapy process, both her husband and a lifelong friend (from whom she had been long estranged).

Heady stuff! Somehow it afforded me little comfort.

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Contents

To my family:

My wife, Marilyn, and my children, Eve, Reid, Victor, and Ben