

AUTHOR OF *LOVE'S EXECUTIONER*
IRVIN D. YALOM

A Novel



*LYING ON
THE COUCH*

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I doubt that either one could have come up with
a yarn as taut and telling.”

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Lying on the Couch

A NOVEL

IRVIN D. YALOM



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To the future—Lily, Alana, Lenore, Jason, Desmond.
May your lives be filled with wonder.

Contents

Acknowledgments
Prologue

Chapter One
Chapter Two
Chapter Three
Chapter Four
Chapter Five
Chapter Six
Chapter Seven
Chapter Eight
Chapter Nine
Chapter Ten
Chapter Eleven
Chapter Twelve
Chapter Thirteen
Chapter Fourteen
Chapter Fifteen
Chapter Sixteen
Chapter Seventeen
Chapter Eighteen
Chapter Nineteen
Chapter Twenty
Chapter Twenty-One
Chapter Twenty-Two
Chapter Twenty-Three
Chapter Twenty-Four
Chapter Twenty-Five
Chapter Twenty-Six
Chapter Twenty-Seven
Chapter Twenty-Eight
Chapter Twenty-Nine

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PROLOGUE

Ernest loved being a psychotherapist. Day after day his patients invited him into the most intimate chambers of their lives. Day after day he comforted them, cared for them, eased their despair. And in return, he was admired and cherished. And paid as well, though, Ernest often thought, if he didn't need the money, he would do psychotherapy for nothing.

Lucky is he who loves his work. Ernest felt lucky, all right. More than lucky. Blessed. He was a man who had found his calling—a man who could say, I am precisely where I belong, at the vortex of my talents, my interests, my passions.

Ernest was not a religious man. But when he opened his appointment book every morning and saw the names of the eight or nine dear people with whom he would spend his day, he was overcome with a feeling that he could only describe as religious. At these times he had the deepest desire to give thanks—to someone, to something—for having led him to his calling.

There were mornings when he looked up, through the skylight of his Sacramento Street Victorian, through the morning fog, and imagined his psychotherapy ancestors suspended in the dawn.

“Thank you, thank you,” he would chant. He thanked them all—all the healers who had ministered to despair. First, the ur ancestors, their empyreal outlines barely visible: Jesus, Buddha, Socrates. Below them, somewhat more distinct—the great progenitors: Nietzsche, Kierkegaard, Freud, Jung. Nearer yet, the grandparent therapists: Adler, Horney, Sullivan, Fromm, and the sweet smiling face of Sandor Ferenczi.

A few years ago, they answered his cry of distress when, after his residency training, he fell into lockstep with every ambitious young neuropsychiatrist and applied himself to neurochemistry research—the face of the future, the golden arena of personal opportunity. The ancestors knew he had lost his way. He belonged in no science laboratory. Nor in a medication-dispensing psychopharmacological practice.

They sent a messenger—a droll messenger of power—to ferry him to his destiny. To this day Ernest did not know *how* he decided to become a therapist. But he remembered *when*. He remembered the day with astonishing clarity. And he remembered the messenger, too: Seymour Trotter, a man he saw only once, who changed his life forever.

Six years ago Ernest's department chairman had appointed him to serve a term on the Stanford Hospital Medical Ethics Committee, and Ernest's first disciplinary action was the case of Dr. Trotter. Seymour Trotter was a seventy-one-year-old patriarch of the psychiatric community and the former president of the American Psychiatric Association. He had been charged with sexual misconduct with a thirty-two-year-old female patient.

At that time Ernest was an assistant professor of psychiatry just four years out of residency. A full-time neurochemistry researcher, he was completely naive about the world of psychotherapy—far too naive to know he had been assigned this case because no one else

would touch it: every older psychiatrist in Northern California greatly venerated and feared Seymour Trotter.

Ernest chose an austere hospital administrative office for the interview and tried to look official, watching the clock while waiting for Dr. Trotter, the complaint file on the desk in front of him, unopened. To remain unbiased, Ernest had decided to interview the accused with no previous knowledge and thus hear his story with no preconceptions. He would read the file later and schedule a second meeting, if necessary.

Presently he heard a tapping noise echoing down the hallway. Could Dr. Trotter be blind? No one had prepared him for that. The tapping, followed by shuffling, grew closer. Ernest rose and stepped into the hallway.

No, not blind. Lame. Dr. Trotter lurched down the hall, balanced uneasily between two canes. He was bent at the waist and held the canes widely apart, almost at arm's length. His good, strong cheekbones and chin still held their own, but all softer ground had been colonized by wrinkles and senile plaques. Deep folds of skin hung from his neck, and puffs of white hairy moss protruded from his ears. Yet age had not vanquished this man—something young, even boyish, survived. What was it? Perhaps his hair, gray and thick, worn in a crew cut, or his dress, a blue denim jacket covering a white turtleneck sweater.

They introduced themselves in the doorway. Dr. Trotter staggered a couple of steps into the room, suddenly raised his canes, twisted vigorously, and, as though by the sheerest chance, pirouetted into his seat.

“Bull’s-eye! Surprised you, eh?”

Ernest was not to be distracted. “You understand the purpose of this interview, Dr. Trotter—and you understand why I’m tape-recording it?”

“I’ve heard that the hospital administration is considering me for the Worker of the Month award.”

Ernest, staring unblinking through his large goggle spectacles, said nothing.

“Sorry, I know you’ve got your job to do, but when you’ve passed seventy, you’ll smile at good cracks like that. Yeah, seventy-one last week. And you’re how old, Dr. . . . ? I’ve forgotten your name. Every minute,” he said as he tapped his temple, “a dozen cortical neurons buzz out like dying flies. The irony is, I’ve published four papers on Alzheimer’s—naturally I forget where, but good journals. Did you know that?”

Ernest shook his head.

“So you never knew and I’ve forgotten. That makes us about even. Do you know the two good things about Alzheimer’s? Your old friends become your new friends, and you can hide your own Easter eggs.”

Despite his irritation Ernest couldn’t help smiling.

“Your name, age, and school of conviction?”

“I’m Dr. Ernest Lash, and perhaps the rest isn’t germane just now, Dr. Trotter. We’ve got a lot of ground to cover today.”

“My son’s forty. You can’t be more than that. I know you’re a graduate of the Stanford residency. I heard you speak at grand rounds last year. You did well. Very clear presentation. It’s all psychopharm now, isn’t it? What kind of psychotherapy training you guys getting now? Any at all?”

Ernest took off his watch and put it on the desk. “Some other time I’ll be glad to forward you a copy of the Stanford residency curriculum, but for now, please, let’s get into the matter at hand, Dr. Trotter. Perhaps it would be best if you tell me about Mrs. Felini in your own way.”

“Okay, okay, okay. You want me to be serious. You want me to tell you my story. Sit back, *boychik*, and I’ll tell you a story. We’ll start at the beginning. It was about four years ago—at

least four years ago . . . I've misplaced all of my records on this patient . . . what was the date according to your charge sheet? What? You haven't read it. Lazy? Or trying to avoid unscientific bias?"

"Please, Dr. Trotter, continue."

"The first principle of interviewing is to forge a warm, trusting environment. Now that you've accomplished that so artfully, I feel a great deal freer to talk about painful and embarrassing material. Oh—*that* got to you. Gotta be careful of me, Dr. Lash, I've had forty years reading faces. I'm very good at it. But if you've finished the interruptions, I'll start. Ready?"

"Years ago—let's say about four years—a woman, Belle, walks into, or I should say drags herself into, my office—or bedraggles herself in—bedraggles, that's better. Is *bedraggle* a verb? About mid-thirties, from a wealthy background—Swiss-Italian—depressed, wearing a long-sleeved blouse in the summertime. A cutter, obviously—wrists scarred up. If you see long sleeves in the summertime, perplexing patient, always think of wrist cutting and drug injections, Dr. Lash. Good-looking, great skin, seductive eyes, elegantly dressed. Real class, but on the verge of going to seed.

"Long self-destructive history. You name it: drugs, tried everything, didn't miss one. When I first saw her she was back to alcohol and doing a little heroin chipping. Yet not truly addicted. Somehow she didn't have the knack for it—some people are like that—but she was working on it. Eating disorder, too. Anorexia mainly, but occasional bulimic purging. I've already mentioned the cutting, lots of it up and down both arms and wrists—liked the pain and blood; that was the only time she felt alive. You hear patients say that all the time. A half-dozen hospitalizations—brief. She always signed out in a day or two. The staff would cheer when she left. She was good—a true prodigy—at the game of Uproar. You remember Eric Berne's *Games People Play*?"

"No? Guess it's before your time. Christ, I feel old. Good stuff—Berne wasn't stupid. Read it—shouldn't be forgotten.

"Married, no kids. She refused to have them—said the world was too ghastly a place to inflict on children. Nice husband, rotten relationship. He wanted kids badly, and there was lots of fighting about that. He was an investment banker like her father, always traveling. A few years into the marriage, his libido shut off or maybe got channeled into making money—he made good money but never really hit the big time like her father. Busy busy busy, slept with the computer. Maybe he fucked it, who knows? He certainly didn't fuck Belle. According to her, he had avoided her for years, probably because of his anger about not having children. Hard to say what kept them married. He was raised in a Christian Science home and consistently refused couples therapy, or any other form of psychotherapy. But she admits she has never pushed very hard. Let's see. What else? Cue me, Dr. Lash.

"Her previous therapy? Good. Important question. I always ask that in the first thirty minutes. Nonstop therapy—or attempts at therapy—since her teens. Went through all the therapists in Geneva and for a while commuted to Zurich for analysis. Came to college in the U.S.—Pomona—and saw one therapist after another, often only for a single session. Stuck it out with three or four of them for as long as a few months, but never really took with anyone. Belle was—and is—very dismissive. No one good enough, or at least no one right for her. Something wrong with every therapist: too formal, too pompous, too judgmental, too condescending, too business-oriented, too cold, too busy with diagnosis, too formula-driven. Psych meds? Psychological testing? Behavioral protocols? Forget it—anyone suggest those and they were scratched immediately. What else?"

“How’d she choose me? Excellent question, Dr. Lash—focuses us and quickens our pace. We’ll make a psychotherapist of you yet. I had that feeling about you when I heard your grand rounds. Good, incisive mind. It showed as you presented your data. But what I liked was your case presentation, especially the way you let patients affect you. I saw you had all the right instincts. Carl Rogers used to say, ‘Don’t waste your time training therapists—time is better spent in *selecting* them.’ I always thought there was a lot to that.

“Let’s see, where was I? Oh, how she got to me: her gynecologist, whom she adored, was a former patient of mine. Told her I was a regular guy, no bullshit, and willing to get my hands dirty. She looked me up at the library and liked an article I wrote fifteen years ago discussing Jung’s notion of inventing a new therapy language for each patient. You know that work? No? *Journal of Orthopsychiatry*. I’ll send you a reprint. I took it even further than Jung. I suggested we invent a new therapy for each patient, that we take seriously the notion of the uniqueness of each patient and develop a unique psychotherapy for each one.

“Coffee? Yeah, I’ll have some. Black. Thanks. So that’s how she got to me. And the next question you should ask, Dr. Lash? *Why then?* Precisely. That’s the one. Always a high-yield question to ask a new patient. The answer: dangerous sexual acting out. Even she could see it. She had always done some of this stuff, but it was getting very heavy. Imagine driving next to vans or trucks on the highway—high enough for the driver to see in—and then pulling up her skirt and masturbating—at eighty miles an hour. Crazy. Then she’d take the next exit and if the driver followed her off, she’d stop, climb into his cabin, and give him a blow job. Lethal stuff. And lots of it. She was so out of control that when she was bored, she’d go into some seedy San Jose bar, sometimes Chicano, sometimes black, and pick someone up. She got off on being in dangerous situations surrounded by unknown, potentially violent men. And there was danger not only from the men but from the prostitutes who resented her taking their business. They threatened her life and she had to keep moving from one place to another. And AIDS, herpes, safe sex, condoms? Like she never heard of them.

“So that, more or less, was Belle when we started. You get the picture? You got any questions or shall I just go on? Okay. So, somehow, in our first session I passed all her tests. She came back a second time and a third and we began treatment, twice, sometimes three times a week. I spent a whole hour taking a detailed history of her work with all her previous therapists. That’s always a good strategy when you’re seeing a difficult patient, Dr. Lash. Find out how they treated her and then try to avoid their errors. Forget that crap about the patient not being ready for therapy! *It’s the therapy that’s not ready for the patient*. But you have to be bold and creative enough to fashion a new therapy for each patient.

“Belle Felini was not a patient to be approached with traditional technique. If I stay in my normal professional role—taking a history, reflecting, empathizing, interpreting—poof, she’s gone. Trust me. Sayonara. Auf Wiedersehen. That’s what she did with every therapist she ever saw—and many of them with good reputations. You know the old story: the operation was a success, but the patient died.

“What techniques did I employ? Afraid you missed my point. *My technique is to abandon all technique!* And I’m not just being smart-assed, Dr. Lash—that’s the first rule of good therapy. And that should be your rule, too, if you become a therapist. I tried to be more human and less mechanical. I don’t make a systematic therapy plan—you won’t either after forty years of practice. I just trust my intuition. But that’s not fair to you as a beginner. I guess, looking back, the most striking aspect of Belle’s pathology was her impulsivity. She gets a desire—bingo, she has to act on it. I remember wanting to increase her tolerance for frustration. That was my starting point, my first, maybe my major, goal in therapy. Let’s see, how did we start? It’s hard to remember the beginning, so many years ago, without my notes.

“I told you I lost them. I see the doubt in your face. The notes are gone. Disappeared when I moved offices about two years ago. You have no choice but to believe me.

“The main recollections I have are that in the beginning things went far better than I could have imagined. Not sure *why*, but Belle took to me immediately. Couldn’t have been my good looks. I had just had cataract surgery and my eye looked like hell. And my ataxia did not improve my sex appeal . . . this is familial cerebellar ataxia, if you’re curious. Definitely progressive . . . a walker in my future, another year or two, and a wheelchair in three or four. *C’est la vie*.

“I think Belle liked me because I treated her like a person. I did exactly what you’re doing now—and I want to tell you, Dr. Lash, I appreciate your doing it. I didn’t read any of her charts. I went into it blind, wanted to be entirely fresh. Belle was *never* a diagnosis to me, not a borderline, not an eating disorder, not a compulsive or antisocial disorder. That’s the way I approach all my patients. And I hope I will never become a diagnosis to you.

“What, do I think there’s a place for diagnosis? Well, I know you guys graduating now, and the whole psychopharm industry, live by diagnosis. The psychiatric journals are littered with meaningless discussions about nuances of diagnosis. Future flotsam. I know it’s important in some psychoses, but it plays little role—in fact, a negative role—in everyday psychotherapy. Ever think about the fact that it’s easier to make a diagnosis the first time you see a patient and that it gets harder the better you know a patient? Ask any experienced therapist in private—they’ll tell you the same thing! In other words, certainty is inversely proportional to knowledge. Some kind of science, huh?

“What I’m saying to you, Dr. Lash, is not just that I didn’t *make* a diagnosis on Belle; I didn’t *think* diagnosis. I still don’t. Despite what’s happened, despite what she’s done to me, I still don’t. And I think she knew that. We were just two people making contact. And I liked Belle. Always did. Liked her a lot! And she knew that, too. Maybe *that’s* the main thing.

“Now Belle was not a good talking-therapy patient—not by anyone’s standard. Impulsive, action-oriented, no curiosity about herself, nonintrospective, unable to free-associate. She always failed at the traditional tasks of therapy—self-examination, insight—and then felt worse about herself. *That’s* why therapy had always bombed. And that’s why I knew I had to get her attention in other ways. That’s why I had to invent a new therapy for Belle.

“For example? Well, let me give you one from early therapy, maybe third or fourth month. I’d been focusing on her self-destructive sexual behavior and asking her about what she really wanted from men, including the first man in her life, her father. But I was getting nowhere. She was real resistive to talking about the past—done too much of that with other shrinks, she said. Also she had a notion that poking in the ashes of the past was just an excuse to evade personal responsibility for our actions. She had read my book on psychotherapy and cited me saying that very thing. I hate that. When patients resist by citing your own books, they got you by the balls.

“One session I asked her for some early daydreams or sexual fantasies and finally, to humor me, she described a recurrent fantasy from the time she was eight or nine: a storm outside, she comes into a room cold and soaking wet, and an older man is waiting for her. He embraces her, takes off her wet clothes, dries her with a large warm towel, gives her hot chocolate. So I suggested we role-play: I told her to go out of the office and enter again pretending to be wet and cold. I skipped the undressing part, of course, got a good-sized towel from the washroom, and dried her off vigorously—staying nonsexual, as I always did. I ‘dried’ her back and her hair, then bundled her up in the towel, sat her down, and made her a cup of instant hot chocolate.

“Don’t ask me why or how I chose to do this at that time. When you’ve practiced as long as I have, you learn to trust your intuition. And the intervention changed everything. Belle was speechless for a while, tears welled up in her eyes, and then she bawled like a baby. Belle had never, never cried in therapy. The resistance just melted away.

“What do I mean by her resistance melting? I mean that she trusted me, that she believed we were on the same side. The technical term, Dr. Lash, is ‘therapeutic alliance.’ After that she became a real patient. Important material just erupted out of her. She began to live for the next session. Therapy became the center of her life. Over and over she told me how important I was to her. And this was after only three months.

“Was I *too* important? No, Dr. Lash, the therapist can’t be too important early in therapy. Even Freud used the strategy of trying to replace a psychoneurosis with a transference neurosis—that’s a powerful way of gaining control over destructive symptoms.

“You look puzzled by this. Well, what happens is that the patient becomes obsessed with the therapist—ruminates powerfully about each session, has long fantasy conversations with the therapist between sessions. Eventually the symptoms are taken over by therapy. In other words, the symptoms, rather than being driven by inner neurotic factors, begin to fluctuate according to the exigencies of the therapeutic relationship.

“No, thanks, no more coffee, Ernest. But you have some. You mind if I call you Ernest? Good. So to continue, I capitalized on this development. I did all I could to become even more important to Belle. I answered every question she asked me about my own life, I supported the positive parts of her. I told her what an intelligent, good-looking woman she was. I hated what she was doing to herself and told her so very directly. None of this was hard: all I had to do was tell the truth.

“Earlier you asked what my technique was. Maybe my best answer is simply: I *told the truth*. Gradually I began to play a larger role in her fantasy life. She’d slip into long reveries about the two of us—just being together, holding each other, my playing baby games with her, my feeding her. Once she brought a container of Jell-O and a spoon into the office and asked me to feed her—which I did, to her great delight.

“Sounds innocent, doesn’t it? But I knew, even at the beginning, that there was a shadow looming. I knew it then, I knew it when she talked about how aroused she got when I fed her. I knew it when she talked about going canoeing for long periods, two or three days a week, just so she could be alone, float on the water, and enjoy her reveries about me. I knew my approach was risky, but it was a calculated risk. I was going to allow the positive transference to build so that I could use it to combat her self-destructiveness.

“And after a few months I had become so important to her that I could begin to lean on her pathology. First, I concentrated on the life-or-death stuff: HIV, the bar scene, the highway-angel-of-mercy blow jobs. She got an HIV test—negative, thank God. I remember waiting the two weeks for the results of the HIV test. Let me tell you, I sweated that one as much as she did.

“You ever work with patients when they’re waiting for the results of the HIV test? No? Well, Ernest, that waiting period is a window of opportunity. You can use it to do some real work. For a few days patients come face to face with their own death, possibly for the first time. It’s a time when you can help them to examine and reshuffle their priorities, to base their lives and their behavior on the things that really count. *Existential shock therapy*, I sometimes call it. But not Belle. Didn’t faze her. Just had too much denial. Like so many other self-destructive patients, Belle felt invulnerable at anyone’s hand other than her own.

“I taught her about HIV and about herpes, which, miraculously, she didn’t have either, and about safe-sex procedures. I coached her on safer places to pick up men if she absolutely had

to: tennis clubs, PTA meetings, bookstore readings. Belle was something—what an operator! She could arrange an assignation with some handsome total stranger in five or six minutes, sometimes with an unsuspecting wife only ten feet away. I have to admit I envied her. Most women don't appreciate their good fortune in this regard. Can you see men—especially a pillaged wreck like me—doing that at will?

“One surprising thing about Belle, given what I've told you so far, was her absolute honesty. In our first couple of sessions, when we were deciding to work together, I laid out my basic condition of therapy: *total honesty*. She had to commit herself to share every important event of her life: drug use, impulsive sexual acting out, cutting, purging, fantasies—everything. Otherwise, I told her, we were wasting her time. But if she leveled with me about everything, she could absolutely count on me to see this through with her. She promised and we solemnly shook hands on our contract.

“And, as far as I know, she kept her promise. In fact, this was part of my leverage because if there were important slips during the week—if, for example, she scratched her wrists or went to a bar—I'd analyze it to death. I'd insist on a deep and lengthy investigation of what happened just before the slip. ‘Please, Belle,’ I'd say, ‘I must hear everything that preceded the event, everything that might help us understand it: the earlier events of the day, your thoughts, your feelings, your fantasies.’ That drove Belle up the wall—she had other things she wanted to talk about and hated using up big chunks of her therapy time on this. That alone helped her control her impulsivity.

“Insight? Not a major player in Belle's therapy. Oh, she grew to recognize that more often than not her impulsive behavior was preceded by a feeling state of great deadness or emptiness and that the risk taking, the cutting, the sex, the bingeing, were all attempts to fill herself up or to bring herself back to life.

“But what Belle didn't grasp was that these attempts were futile. Every single one backfired, since they resulted in eventual deep shame and then more frantic—and more self-destructive—attempts to feel alive. Belle was always strangely obtuse at apprehending the idea that her behavior had consequences.

“So insight wasn't helpful. I had to do something else—and I tried every device in the book, and then some—to help her control her impulsivity. We compiled a list of her destructive impulsive behaviors, and she agreed not to embark on any of these before phoning me and allowing me a chance to talk her down. But she rarely phoned—she didn't want to intrude on my time. Deep down she was convinced that my commitment to her was tissue-thin and that I would soon tire of her and dump her. I couldn't dissuade her of this. She asked for some concrete memento of me to carry around with her. It would give her more self-control. Choose something in the office, I told her. She pulled my handkerchief out of my jacket. I gave it to her, but first wrote some of her important dynamics on it:

I feel dead and I hurt myself to know I'm alive.

I feel deadened and must take dangerous risks to feel alive.

I feel empty and try to fill myself with drugs, food, semen.

But these are brief fixes. I end up feeling shame—and even more dead and empty.

“I instructed Belle to meditate on the handkerchief and the messages every time she felt impulsive.

“You look quizzical, Ernest. You disapprove? Why? Too gimmicky? Not so. It seems gimmicky, I agree, but desperate remedies for desperate conditions. For patients who seem never to have developed a definitive sense of object constancy, I've found some possession,

some concrete reminder, very useful. One of my teachers, Lewis Hill, who was a genius at treating severely ill schizophrenic patients used to breathe into a tiny bottle and give it to his patients to wear around their necks when he left for vacation.

“You think that’s gimmicky too, Ernest? Let me substitute another word, the proper word: *creative*. Remember what I said earlier about creating a new therapy for every patient? This is exactly what I meant. Besides, you haven’t asked the most important question.

“Did it work? Exactly, exactly. That’s the proper question. The *only* question. Forget the rules. Yes, it worked! It worked for Dr. Hill’s patients and it worked for Belle, who carried around my handkerchief and gradually gained more control over her impulsivity. Her ‘slips’ became less frequent and soon we could begin to turn our attention elsewhere in our therapy hours.

“What? Merely a transference cure? Something about this is really getting to you, Ernest. That’s good—it’s good to question. You have a sense for the real issues. Let me tell you, you’re in the wrong place in your life—you’re not meant to be a neurochemist. Well, Freud’s denigration of ‘transference cure’ is almost a century old. Some truth to it, but basically it’s wrong.

“Trust me: if you can break into a self-destructive cycle of behavior—no matter *how* you do it—you’ve accomplished something important. The first step has *got to be* to interrupt the vicious circle of self-hate, self-destruction, and then more self-hate from the shame at one’s behavior. Though she never expressed it, imagine the shame and self-contempt Belle must have felt about her degraded behavior. It’s the therapist’s task to help reverse that process. Karen Homey once said . . . do you know Horney’s work, Ernest?

“Pity, but that seems to be the fate of the leading theoreticians of our field—their teachings survive for about one generation. Horney was one of my favorites. I read all of her work during my training. Her best book, *Neuroses and Human Growth*, is over fifty years old, but it’s as good a book about therapy as you’ll ever read—and not one word of jargon. I’m going to send you my copy. Somewhere, perhaps in that book, she made the simple but powerful point: ‘If you want to be proud of yourself, then do things in which you can take pride.’

“I’ve lost my way in my story. Help me get started again, Ernest. My relationship with Belle? Of course, that’s what we’re really here for, isn’t it? There were many interesting developments on that front. But I know that the development of most relevance for your committee is physical touching. Belle made an issue of this almost from the start. Now, I make a habit of physically touching all of my patients, male and female, every session—generally a handshake upon leaving, or perhaps a pat on the shoulder. Well, Belle didn’t much care for that: she refused to shake my hand and began making some mocking statement like, ‘Is that an APA-approved shake?’ or ‘Couldn’t you try to be a little more formal?’

Sometimes she’d end the session by giving me a hug—always friendly, not sexual. The next session she’d chide me about my behavior, about my formality, about the way I’d stiffen up when she hugged me. And ‘stiffen’ refers to my body, not my cock, Ernest—I saw that look. You’d make a lousy poker player. We’re not yet at the lascivious part. I’ll cue you when we arrive.

“She’d complain about my age-typing. If she were old and wizened, she said, I’d have no hesitation about hugging her. She’s probably right about that. Physical contact was extraordinarily important for Belle: she insisted that we touch and she never stopped insisting. Push, push, push. Nonstop. But I could understand it: Belle had grown up touch-deprived. Her mother died when she was an infant, and she was raised by a series of remote Swiss governesses. And her father! Imagine growing up with a father who had a germ phobia, never

touched her, always wore gloves in and out of the home. Had the servants wash and iron all his paper currency.

“Gradually, after about a year, I had loosened up enough, or had been softened up enough by Belle’s relentless pressure, to begin ending the sessions regularly with an avuncular hug. Avuncular? It means ‘like an uncle.’ But whatever I gave, she always asked for more, always tried to kiss me on the cheek when she hugged me. I always insisted on her honoring the boundaries, and she always insisted on pressing against them. I can’t tell you how many little lectures I gave her about this, how many books and articles on the topic I gave her to read.

“But she was like a child in a woman’s body—a knockout woman’s body, incidentally—and her craving for contact was relentless. Couldn’t she move her chair closer? Couldn’t I hold her hand for a few minutes? Couldn’t we sit next to each other on the sofa? Couldn’t I just put my arm around her and sit in silence, or take a walk, instead of talking?

“And she was ingeniously persuasive. ‘Seymour,’ she’d say, ‘you talk a good game about creating a new therapy for each patient, but what you left out of your articles was “as long as it’s in the official manual” or “as long as it doesn’t interfere with the therapist’s middle-aged bourgeois comfort.” She’d chide me about taking refuge in the APA’s guidelines about boundaries in therapy. She knew I had been responsible for writing those guidelines when I was president of the APA, and she accused me of being imprisoned by my own rules. She’d criticize me for not reading my own articles. ‘You stress the honoring of each patient’s uniqueness, and then you pretend that a single set of rules can fit all patients in all situations. We all get lumped together,’ she’d say, ‘as if all patients were the same and should be treated the same.’ And her chorus was always, ‘What’s more important: following the rules? Staying in your armchair comfort zone? Or doing what’s best for your patient?’

“Other times she’d rail about my ‘defensive therapy’: ‘You’re so terrified about being sued. All you humanistic therapists cower before the lawyers, while at the same time you urge your mentally ill patients to grab hold of their freedom. Do you really think I would sue you? Don’t you know me yet, Seymour? You’re saving my life. And I love you!’

“And, you know, Ernest, she was right. She had me on the run. I *was* cowering. I was defending my guidelines even in a situation where I knew they were antitherapeutic. I was placing my timidity, my fears about my little career, before her best interests. Really, when you look at things from a disinterested position, there *was* nothing wrong with letting her sit next to me and hold my hand. In fact, every time I did this, without fail, it charged up our therapy: she became less defensive, trusted me more, had more access to her inner life.

“What? Is there any place at all for firm boundaries in therapies? Of course there is. Listen on, Ernest. My problem was that Belle railed at all boundaries, like a bull and a red flag. Wherever—*wherever*—I set the boundaries she pushed and pushed against them. She took to wearing skimpy clothes or see-through blouses with no brassiere. When I commented on this, she ridiculed me for my Victorian attitudes toward the body. I wanted to know every intimate contour of her mind, she’d say, yet her skin was a no-no. A couple of times she complained about a breast lump and asked me to examine her—of course, I didn’t. She’d obsess about sex with me for hours on end, and beg me to have sex with her just once. One of her arguments was that one-time sex with me would break her obsession. She’d learn that it was nothing special or magical and then be freed to think about other things in life.

“How did her campaign for sexual contact make me feel? Good question, Ernest, but is it germane to this investigation?

“You’re not sure? What seems to be germane is what I *did*—that’s what I’m being judged for—not what I felt or thought. Nobody gives a shit about that in a lynching! But if you turn

off the tape recorder for a couple of minutes, I'll tell you. Consider it instruction. You've read Rilke's *Letters to a Young Poet*, haven't you? Well, consider this my letter to a young therapist.

"Good. Your pen, too, Ernest. Put it down, and just listen for a while. You want to know how this affected me? A beautiful woman obsessed with me, masturbating daily while thinking of me, begging me to lay her, talking on and on about her fantasies about me, about rubbing my sperm over her face or putting it into chocolate chip cookies—how do you *think* it made me feel? Look at me! Two canes, getting worse, ugly—my face being swallowed up in my own wrinkles, my body flabby, falling apart.

"I admit it. I'm only human. It began to get to me. I thought of her when I got dressed on the days we had a session. What kind of shirt to wear? She hated broad stripes—made me look too self-satisfied, she said. And which aftershave lotion? She liked Royall Lyme better than Mennen, and I'd vacillate each time over which one to use. Generally I'd splash on the Royall Lyme. One day at her tennis club, she met one of my colleagues—a nerd, a real narcissist who's always been competitive with me—and as soon as she heard he had some connection to me, she got him to talk about me. His connection to me turned her on, and she immediately went home with him. Imagine, this schnook gets laid by this great-looking woman and doesn't know it's because of me. And I can't tell him. Pissed me off.

"But having strong feelings about a patient is one thing. Acting on them is another. And I fought against it—I analyzed myself continually, I consulted with a couple of friends on an ongoing basis, and I tried to deal with it in the sessions. Time after time I told her there was no way in hell I would ever have sex with her, that I wouldn't ever again be able to feel good about myself if I did. I told her that she needed a good, caring therapist much more than she needed an aging, crippled lover. But I did acknowledge my attraction to her. I told her I didn't want her sitting so close to me because the physical contact stimulated me and rendered me less effective as a therapist. I took an authoritarian posture: I insisted that my long-range vision was better than hers, that I knew things about her therapy that she couldn't yet know.

"Yes, yes, you can turn the recorder back on. I think I've answered your question about my feelings. So, we went along like this for over a year, struggling against outbreaks of symptoms. She'd have many slips, but on the whole we were doing well. I knew this was no cure. I was only 'containing' her, providing a holding environment, keeping her safe from session to session. But I could hear the clock ticking; she was growing restless and fatigued.

"And then one day she came in looking all worn-out. Some new, very clean stuff was on the streets, and she admitted she was very close to scoring some heroin. 'I can't keep living a life of total frustration,' she said. 'I'm trying like hell to make this work, but I'm running out of steam. I know me, I know me, I know how I operate. You're keeping me alive and I want to work with you. I think I can do it. But *I need some incentive!* Yes, yes, Seymour, I know what you're getting ready to say: I know your lines by heart. You're going to say that I already have an incentive, that my incentive is a better life, feeling better about myself, not trying to kill myself, self-respect. But that stuff is not enough. It's too far away. Too airy. I need to touch it. I need to touch it!'

"I started to say something placating, but she cut me off. Her desperation had escalated and out of it came a desperate proposition. 'Seymour, work with me. My way. I beg you. If I stay clean for a year—really clean, you know what I mean: no drugs, no purging, no bar scenes, no cutting, no *nothing*—then *reward me!* Give me some incentive! Promise to take me to Hawaii for a week. And take me there as man and woman—not shrink and sap. Don't smile, Seymour, I'm serious—dead serious. I need this. Seymour, for once, put *my* needs ahead of the rules. Work with me on this.'

“Take her to Hawaii for a week! You smile, Ernest; so did I. Preposterous! I did as you would have done: I laughed it off. I tried to dismiss it as I had dismissed all of her previous corrupting propositions. But this one wouldn’t go away. There was something more compelling, more ominous in her manner. And more persistent. She wouldn’t let go of it. I couldn’t move her off it. When I told her it was out of the question, Belle started negotiating: she raised the good-behavior period to a year and a half, changed Hawaii to San Francisco, and cut the week first to five and then to four days.

“Between sessions, despite myself, I found myself thinking about Belle’s proposition. I couldn’t help it. I toyed with it in my mind. A year and a half—*eighteen months*—of good behavior? Impossible. Absurd. She could never do it. Why were we wasting our time even talking about it?

“But *suppose*—just a thought experiment, I told myself—suppose that she were really able to change her behavior for eighteen months? Try out the idea, Ernest. Think about it. Consider the possibility. Wouldn’t you agree that if this impulsive, acting-out woman were to develop controls, behave more ego-syntonicly for eighteen months, off drugs, off cutting, off all forms of self-destruction, *she’d no longer be the same person?*

“What? ‘Borderline patients play games’? That what you said? Ernest, you’ll never be a real therapist if you think like that. That’s exactly what I meant earlier when I talked about the dangers of diagnosis. There are borderlines and there are borderlines. Labels do violence to people. You can’t treat the label; you have to treat the person behind the label. So again, Ernest, I ask you: Wouldn’t you agree that this person, not this label, but this Belle, this flesh and blood person, would be intrinsically, radically changed, if she behaved in a fundamentally different fashion for eighteen months?

“You won’t commit yourself? I can’t blame you—considering your position today. And the tape recorder. Well, just answer silently, to yourself. No, let me answer for you: I don’t believe there’s a therapist alive who wouldn’t agree that Belle would be a vastly different person if she were no longer governed by her impulse disorder. She’d develop different values, different priorities, a different vision. She’d wake up, open her eyes, see reality, maybe see her own beauty and worth. And she’d see me differently, see me as you see me: a tottering, moldering, old man. Once reality intrudes, then her erotic transference, her necrophilia, would simply fade away and with it, of course, all interest in the Hawaiian incentive.

“What’s that, Ernest? Would I miss the erotic transference? Would that sadden me? Of course! Of course! I love being adored. Who doesn’t? Don’t you?

“Come on, Ernest. *Don’t you?* Don’t you love the applause when you finish giving grand rounds? Don’t you love the people, especially the women, crowding around?

“Good! I appreciate your honesty. Nothing to be ashamed of. Who doesn’t? Just the way we’re built. So to go on, I’d miss her adoration, I’d feel bereft: but that goes with the territory. That’s my job: to introduce her to reality, to help her grow away from me. Even, God save us, to forget me.

“Well, as the days and the weeks went on, I grew more and more intrigued with Belle’s wager. *Eighteen months of being clean*, she offered. And remember that was still an early offer. I’m a good negotiator and was sure I could probably get more, increase the odds, provide even more room. Really cement the change. I thought about other conditions I could insist upon: some group therapy for her, perhaps, and a more strenuous attempt to get her husband into couples therapy.

“I thought about Belle’s proposition day and night. Couldn’t get it out of my mind. I’m a betting man, and the odds in my favor looked fantastic. If Belle lost the bet, if she slipped—by taking drugs, purging, cruising bars, or cutting her wrists—*nothing would be lost*. We’d merely

be back to where we were before. Even if I got only a few weeks or months of abstinence, I could build on that. And if Belle won, she'd be so changed that she would never collect. This was a no-brainer. Zero risk downside and a good chance upside that I could save this woman.

"I've always liked action, love the races, bet on anything—baseball, basketball. After high school I joined the navy and put myself through college on my shipboard poker winnings; in my internship at Mount Sinai in New York I spent many of my free nights in a big game on the obstetrics unit with the on-call Park Avenue obstetricians. There was a continuous game going on in the doctors' lounge next to the labor room. Whenever there was an open hand, they called the operator to page 'Dr. Blackwood.' Whenever I heard the page, 'Dr. Blackwood wanted in the delivery room,' I'd charge over as fast as I could. Great docs, every one of them, but poker chumps. You know, Ernest, interns were paid almost nothing in those days, and at the end of the year all the other interns were in deep debt. Me? I drove to my residency at Ann Arbor in a new De Soto convertible, courtesy of the Park Avenue obstetricians.

"Back to Belle. I vacillated for weeks about her wager and then, one day, I took the plunge. I told Belle I could understand her needing incentive, and I opened serious negotiation. I insisted on two years. She was so grateful to be taken seriously that she agreed to all my terms, and we quickly fashioned a firm, clear contract. Her part of the deal was to stay entirely clean for two years: no drugs (including alcohol), no cutting, no purging, no sex pickups in bars or highways or any other dangerous sex behavior. Urbane sexual affairs were permitted. And no illegal behavior. I thought that covered everything. Oh, yes, she had to start group therapy and promise to participate with her husband in couples therapy. My part of the contract was a weekend in San Francisco: all details, hotels, activities were to be her choice—*carte blanche*. I was to be at her service.

"Belle treated this very seriously. At the finish of negotiation, she suggested a formal oath. She brought a Bible to the session and we each swore on it that we would uphold our part of the contract. After that we solemnly shook hands on our agreement.

"Treatment continued as before. Belle and I met approximately two times a week—three might have been better, but her husband began to grumble about the therapy bills. Since Belle stayed clean and we didn't have to spend time analyzing her 'slips,' therapy went faster and deeper. Dreams, fantasies—everything seemed more accessible. For the first time I began to see seeds of curiosity about herself; she signed up for some university extension courses on abnormal psychology, and she began writing an autobiography of her early life. Gradually she recalled more details of her childhood, her sad search for a new mother among the string of disinterested governesses, most of whom left within a few months because of her father's fanatical insistence on cleanliness and order. His germ phobia controlled all aspects of her life. Imagine: until she was fourteen she was kept out of school and educated at home because of his fear of her bringing home germs. Consequently she had few close friends. Even meals with friends were rare; she was forbidden to dine out and she dreaded the embarrassment of exposing her friends to her father's dining antics: gloves, hand washing between courses, inspections of the servants' hands for cleanliness. She was not permitted to borrow books—one beloved governess was fired on the spot because she permitted Belle and a friend to wear each other's dresses for a day. Childhood and daughterhood ended sharply at fourteen, when she was sent to boarding school at Grenoble. From then on, she had only perfunctory contact with her father, who soon remarried. His new wife was a beautiful woman but a former prostitute—according to a spinster aunt, who said the new wife was only one of many whores her father had known in the previous fourteen years. Maybe, Belle wondered—and this was her very first interpretation in therapy—*he* felt dirty, and that was why he was always washing and why he refused to let his skin touch hers.

“During these months Belle raised the topic of our wager only in the context of expressing her gratitude to me. She called it the ‘most powerful affirmation’ she’d ever gotten. She knew that the wager was a gift to her: unlike ‘gifts’ she had received from other shrinks—words, interpretations, promises, ‘therapeutic caring’—this gift was real and palpable. Skin to skin. It was tangible proof that I was entirely committed to helping her. And proof to her of my love. Never before, she said, had she ever been loved like that. Never before had anyone put her ahead of his self-interests, ahead of the rules. Certainly not her father, who never gave her an ungloved hand and until his death ten years ago sent her the same birthday present every year: a bundle of hundred-dollar bills, one for every year of her age, each bill freshly washed and ironed.

“And the wager had another meaning. She was tickled by my willingness to bend the rules. What she loved best about me, she said, was my willingness to take chances, my open channel to my own shadow. ‘There’s something naughty and dark about you, too,’ she’d say. ‘That’s why you understand me so well. In some ways I think we are twin brains.’

“You know, Ernest, that’s probably why we hit it off so quickly, why she knew immediately that I was the therapist for her—just something mischievous in my face, some irreverent twinkle in my eyes. Belle was right. She had my number. She was a smart cookie.

“And you know, I knew exactly what she meant—exactly! I can spot it in others the same way. Ernest, just for a minute, turn off the recorder. Good. Thanks. What I wanted to say is that I think I see it in you. You and I, we sit on different sides of this dais, this judgment table, but we have something in common. I told you, I’m good at reading faces. I’m rarely wrong about such things.

“No? C’mon! You know what I mean! Isn’t it precisely for this reason that you listen to my tale with such interest? More than interest! Do I go too far if I call it *fascination*? Your eyes are like saucers. Yes, Ernest, you and me. You could have been me in my situation. My Faustian wager could have been yours as well.

“You shake your head. Of course! But I don’t speak to your head. I aim straight at your heart, and the time may come when you open yourself to what I say. And more—perhaps you will see yourself not only in me but in Belle as well. The three of us. We’re not so different from one another! Okay, that’s all—let’s get back to business.

“Wait! Before you turn the recorder back on, Ernest, let me say one more thing. You think I give a shit about the ethics committee? What can they do? Take away hospital admitting privileges? I’m seventy, my career is over, I know that. So why do I tell you all this? In the hope that some good will come of it. In the hope that maybe you’ll allow some speck of me into you, let me course in your veins, let me teach you. Remember, Ernest, when I talk about your having an open channel to your shadow, I mean that *positively*—I mean that you may have the courage and largeness of spirit to be a great therapist. Turn the recorder back on, Ernest. Please, no reply is necessary. When you’re seventy, you don’t need replies.

“Okay, where were we? Well, the first year passed with Belle definitely doing better. No slips whatsoever. She was absolutely clean. She placed fewer demands on me. Occasionally she asked to sit next to me, and I’d put my arm around her and we’d spend a few minutes sitting like that. It never failed to relax her and make her more productive in therapy. I continued to give her fatherly hugs at the end of sessions, and she usually planted a restrained, daughterly kiss on my cheek. Her husband refused couples therapy but agreed to meet with a Christian Science practitioner for several sessions. Belle told me that their communication had improved, and both of them seemed more content with their relationship.

“At the sixteen-month mark, all was still well. No heroin—no drugs at all—no cutting, bulimia, purging, or self-destructive behavior of any sort. She got involved with several fringe

movements—a channeler, a past-lives therapy group, an algae nutritionist, typical California flake stuff, harmless. She and her husband had resumed their sexual life, and she did a little sexual acting out with my colleague—that jerk, that asshole, she met at the tennis club. But at least it was safe sex, a far cry from the bar and highway escapades.

“It was the most remarkable therapy turnabout I’ve ever seen. Belle said it was the happiest time of her life. I challenge you, Ernest: plug her into any of your outcome studies. She’d be the star patient! Compare her outcome with any drug therapy: Risperidone, Prozac, Paxil, Effexor, Wellbutrin—you name it—my therapy would win hands down. The best therapy I’ve ever done, and yet I couldn’t publish it. Publish it? I couldn’t even tell anyone about it. Until now! You’re my first real audience.

“At about the eighteen-month mark, the sessions began to change. It was subtle at first. More and more references to our San Francisco weekend crept in, and soon Belle began to speak of it at every session. Every morning she’d stay in bed for an extra hour daydreaming about what our weekend would be like: about sleeping in my arms, phoning for breakfast in bed, then a drive and lunch in Sausalito, followed by an afternoon nap. She had fantasies of our being married, of waiting for me in the evenings. She insisted that she could live happily the rest of her life if she knew that I’d come back home to her. She didn’t need much time with me; she’d be willing to be a second wife, to have me next to her for only an hour or two a week—she could live healthy and happy with that forever.

“Well, you can imagine that by this time I was growing a little uneasy. And then a lot uneasy. I began to scramble. I did my best to help her face reality. Practically every session I talked about my age. In three or four years I’d be in a wheelchair. In ten years I’d be eighty. I asked her how long she thought I would live. The males in my family die young. At my age my father had been in his coffin for fifteen years. She would outlive me at least twenty-five years. I even began exaggerating my neurological impairment when I was with her. Once I staged an intentional fall—that’s how desperate I was growing. And old people don’t have much energy, I repeated. Asleep at eight-thirty, I’d tell her. Been five years since I’d been awake for the ten o’clock news. And my failing vision, my shoulder bursitis, my dyspepsia, my prostate, my gassiness, my constipation. I even thought of getting a hearing aid, just for the effect.

“But all this was a terrible blunder. One hundred eighty degrees wrong! It just whet her appetite even more. She had some perverse infatuation with the idea of my being infirm or incapacitated. She had fantasies of my having a stroke, of my wife leaving me, of her moving in to care for me. One of her favorite daydreams involved nursing me: making my tea, washing me, changing my sheets and my pajamas, dusting me with talcum powder, and then taking off her clothes and climbing under the cool sheets next to me.

“At the twenty-month mark, Belle’s improvement was even more pronounced. On her own she had gotten involved with Narcotics Anonymous and was attending three meetings a week. She was doing volunteer work at ghetto schools to teach teenage girls about birth control and AIDS, and had been accepted in an MBA program at a local university.

“What’s that, Ernest? How did I know she was telling me the truth? You know, I never doubted her. I know she has her character flaws but truth telling, at least with me, seemed almost a compulsion. Early in our therapy—I think I mentioned this before—we established a contract of mutual and absolute truth telling. There were a couple of times in the first few weeks of therapy when she withheld some particularly unseemly episodes of acting out, but she couldn’t stand it; she got into a frenzy about it, was convinced that I could see inside her mind and would expel her from therapy. In each instance she could not wait till the next session to confess but had to phone me—once after midnight—to set the record straight.

“But your question is a good one. Too much was riding on this to simply take her word for it, and I did what you would have done: I checked all possible sources. During this time I met with her husband a couple of times. He refused therapy but agreed to come in to help accelerate the pace of Belle’s therapy, and he corroborated everything she said. Not only that but he gave me permission to contact the Christian Science counselor—who, ironically enough, was getting her Ph.D. in clinical psychology and was reading my work—and who also corroborated Belle’s story: working hard on her marriage, no cutting, no drugs, community volunteer work. No, Belle was playing it straight.

“So what would you have done in this situation, Ernest? What? Wouldn’t have been there in the first place? Yeah, yeah, I know. Facile answer. You disappoint me. Tell me, Ernest, if you wouldn’t have been there, where *would* you have been? Back in your lab? Or in the library? You’d be safe. Proper and comfortable. But where would the patient be? Long gone, that’s where! Just like Belle’s twenty therapists before me—they all took the safe route, too. But I’m a different kind of therapist. A saver of lost souls. I refuse to quit on a patient. I will break my neck, I’ll put my ass on the line, I’ll try anything to save the patient. That’s been true my whole career. You know my reputation? Ask around. Ask your chairman. He knows. He’s sent me dozens of patients. I’m the therapist of last resort. Therapists send me the patients they give up on. You’re nodding? You’ve heard that about me? Good! It’s good you know I’m not just some senile schnook.

“So consider my position! What the hell could I do? I was getting jumpy. I pulled out all the stops: I began to interpret like mad, in a frenzy, as if my life depended on it. I interpreted everything that moved. And I got impatient with her illusions.

“For example, take Belle’s loony fantasy of our being married and her putting her life on hold waiting all week, in suspended animation, for an hour or two with me. ‘What kind of life is that and what kind of relationship?’ I asked her. It was not a relationship—it was shamanism. Think of it from my point of view, I’d say: What did she imagine I’d get out of such an arrangement? To have her healed by an hour of my presence—it was unreal. Was this a relationship? No! We weren’t being real with each other; she was using me as an icon. And her obsession with sucking me and swallowing my sperm. Same thing. Unreal. She felt empty and wanted me to fill her up with my essence. Couldn’t she see what she was doing, couldn’t she see the error in treating the symbolic as if it were concrete reality? How long did she think my thimbleful of sperm would fill her up? In a few seconds her gastric hydrochloric acid would leave nothing but fragmented DNA chains.

“Belle gravely nodded at my frenetic interpretations—and then returned to her knitting. Her Narcotics Anonymous sponsor had taught her to knit, and during the last weeks she worked continuously on a cable-stitched sweater for me to wear during our weekend. I found no way to rattle her. Yes, she agreed that she might be basing her life on fantasy. Maybe she was searching for the wise old man archetype. But was that so bad? In addition to her MBA program, she was auditing a course in anthropology and reading *The Golden Bough*. She reminded me that most of mankind lived according to such irrational concepts as totems, reincarnation, heaven, and hell, even transference cures of therapy, and the deification of Freud. ‘Whatever works works,’ she said, ‘and the thought of our being together for the weekend works. This has been the best time in my life; it feels just like being married to you. It’s like waiting and knowing you’ll be coming home to me shortly; it keeps me going, it keeps me content.’ And with that she turned back to her knitting. That goddamned sweater! I felt like ripping it out of her hands.

“By the twenty-two-month mark, I hit the panic button. I lost all composure and began wheedling, weaseling, begging. I lectured her on love. ‘You say you love me, but love is a

relationship, love is caring about the other, caring about the growth and the being of the other. Do you ever care about me? How *I* feel? Do you ever think about my guilt, my fear, the impact of this on my self-respect, knowing that I've done something unethical? And the impact on my reputation, the risk I'm running—my profession, my marriage?"

"How many times," Belle responded, "have you reminded me that we are two people in a human encounter—nothing more, nothing less? You asked me to trust you, and I trusted you—I trusted for the first time in my life. Now I ask *you* to trust *me*. This will be our secret. I'll take it to my grave. No matter what happens. Forever! And as for your self-respect and your guilt and your professional concerns, well, what's more important than the fact that you, a healer, are healing me? Will you let rules and reputation and ethics take precedence over that?" You got a good answer for that, Ernest? I didn't.

"Subtly, but ominously, she alluded to the potential effects of my welching on the wager. She had lived for *two years* for this weekend with me. Would she ever trust again? Any therapist? Or *anyone*, for that matter? *That*, she let me know, would be something for me to feel guilty about. She didn't have to say very much. I knew what my betrayal would mean to her. She had not been self-destructive for over two years, but I had no doubt she had not lost the knack. To put it bluntly, I was convinced that if I welched, Belle would kill herself. I still tried to escape from my trap, but my wing beats grew more feeble.

"I'm seventy years old—you're thirty-four," I told her. "There's something unnatural about us sleeping together."

"Chaplin, Kissinger, Picasso, Humbert Humbert and Lolita," Belle responded, not even bothering to look up from her knitting.

"You've built this up to grotesque levels," I told her; "it's all so inflated, so exaggerated, so removed from reality. This whole weekend cannot fail to be a downer for you."

"A downer is the best thing that could happen," she replied. "You know—to break down my obsession about you, my "erotic transference," as you like to call it. This is a no-loser for our therapy."

"I kept weaseling. 'Besides, at my age, potency wanes.'"

"Seymour," she chided me, "I'm surprised at you. You still haven't gotten it, still haven't gotten that potency or intercourse is of no concern. What I want is you to be with me and hold me—as a person, a woman. Not as a patient. Besides, Seymour," and here she held the half-knitted sweater in front of her face, coyly peeked over, and said, "I'm going to give you the fuck of your life!"

"And then time was up. The twenty-fourth month arrived and I had no choice but to pay the devil his due. If I welched, I knew the consequences would be catastrophic. If, on the other hand, I kept my word? Then, who knows? Perhaps she was right, perhaps it *would* break the obsession. Perhaps, without the erotic transference, her energies would be freed to relate better to her husband. She'd maintain her faith in therapy. I'd retire in a couple of years, and she'd go on to other therapists. Maybe a weekend in San Francisco with Belle would be an act of supreme therapeutic agape.

"What, Ernest? My countertransference? Same as yours would have been: gyrating wildly. I tried to keep it out of my decision. I didn't act on my countertransference—I was convinced I had no other rational choice. And I'm convinced of that still, even in the light of what has happened. But I'll cop to being more than a little enthralled. There I was, an old man facing the end, with cerebellar cortical neurons croaking daily, eyes failing, sexual life all but over—my wife, who's good at giving things up, gave sex up long ago. And my attraction toward Belle? I won't deny it: I adored her. And when she told me she was going to give me the fuck of my life, I could hear my worn-out gonadal engines cranking up and turning over again. But let me

say to you—and the tape recorder, let me say it as forcefully as I can—*that's not why I did it!* That may not be important to you or the ethics board, but it's of life-or-death importance to me. I never broke my covenant with Belle. I never broke my covenant with any patient. I never put my needs ahead of theirs.

“As for the rest of the story, I guess you know it. It's all in your chart there. Belle and I met in San Francisco for breakfast at Mama's in North Beach on Saturday morning and stayed together till Sunday dusk. We decided to tell our spouses that I had scheduled a weekend marathon group for my patients. I do such groups for ten to twelve of my patients about twice a year. In fact, Belle had attended such a weekend during her first year of therapy.

“You ever run groups like that, Ernest? No? Well, let me tell you that they are powerful . . . accelerate therapy like mad. You should know about them. When we meet again—and I'm sure we will, under different circumstances—I'll tell you about these groups; I've been doing them for thirty-five years.

“But back to the weekend. Not fair to bring you this far and not share the climax. Let's see, what can I tell you? What do I *want* to tell you? I tried to keep my dignity, to stay within my therapist persona, but that didn't last long—Belle saw to that. She called me on it as soon as we had checked into the Fairmont, and very soon we were man and woman and everything, everything, that Belle had predicted came to pass.

“I won't lie to you, Ernest. I loved every minute of our weekend, most of which we spent in bed. I was worried that all my pipes were rusted shut after so many years of disuse. But Belle was a master plumber, and after some rattling and clanging everything began to work again.

“For three years I had chided Belle for living in illusion and had imposed my reality on her. Now, for one weekend, I entered her world and found out that life in the magic kingdom wasn't so bad. She was my fountain of youth. Hour by hour I grew younger and stronger. I walked better, I sucked in my stomach, I looked taller. Ernest, I tell you, I felt like bellowing. And Belle noticed it. ‘This is what you needed, Seymour. And this is all I ever wanted from you—to be held, to hold, to give my love. Do you understand that this is the first time in my life I have given love? Is it so terrible?’

“She cried a lot. Along with all other conduits, my lachrymal ducts, too, had unplugged, and I cried too. She gave me so much that weekend. I spent my whole career giving, and this was the first time it came back, really came back, to me. It's like she gave for all the other patients I've ever seen.

“But then real life resumed. The weekend ended. Belle and I went back to our twice-weekly sessions. I never anticipated losing that wager, so I had no contingency plans for the postweekend therapy. I tried to go back to business as usual, but after one or two sessions I saw I had a problem. A big problem. It is almost impossible for intimates to return to a formal relationship. Despite my efforts, a new tone of loving playfulness replaced the serious work of therapy. Sometimes Belle insisted on sitting in my lap. She did a lot of hugging and stroking and groping. I tried to fend her off, I tried to maintain a serious work ethic, but, let's face it, it was no longer therapy.

“I called a halt and solemnly suggested we had two options: either we try to go back to serious work, which meant returning to a non-physical and more traditional relationship, or we drop the pretense that we're doing therapy and try to establish a purely social relationship. And ‘social’ didn't mean sexual: I didn't want to compound the problem. I told you before, I helped write the guidelines condemning therapists and patients having post-therapy sexual relationships. I also made it clear to her that, since we were no longer doing therapy, I would accept no more money from her.

“Neither of those options were acceptable to Belle. A return to formality in therapy seemed a farce. Isn’t the therapy relationship the one place where you don’t play games? As for not paying, that was impossible. Her husband had set up an office at home and spent most of his time around the house. How could she explain to him where she was going for two regular hours a week if she were not regularly writing checks for therapy?

“Belle chided me for my narrow definition of therapy. ‘Our meetings together—intimate, playful, touching, sometimes making good love, real love, on your couch—that *is* therapy. And good therapy, too. Why can’t you see that, Seymour?’ she asked. ‘Isn’t effective therapy good therapy? Have you forgotten your pronouncements about the ‘one important question in therapy’? *Does it work?* And isn’t my therapy working? Aren’t I continuing to do well? I’ve stayed clean. No symptoms. Finishing grad school. I’m starting a new life. You’ve changed me, Seymour, and all you have to do to maintain the change is continue to spend two hours a week being close to me.’

“Belle was a smart cookie, all right. And growing smarter. I could marshal no counterargument that such an arrangement was not good therapy.

“Yet I knew it couldn’t be. I enjoyed it too much. Gradually, much too gradually, it dawned on me that I was in big trouble. Anyone looking at the two of us together would conclude that I was exploiting the transference and using this patient for my own pleasure. Or that I was a high-priced geriatric gigolo!

“I didn’t know what to do. Obviously I couldn’t consult with anyone—I knew what they would advise and I wasn’t ready to bite the bullet. Nor could I refer her to another therapist—she wouldn’t go. But to be honest, I didn’t push that option hard. I worry about that. Did I do right by her? I lost a few nights’ sleep thinking about her telling another therapist all about me. You know how therapists gossip among themselves about the antics of previous therapists—and they’d just love some juicy Seymour Trotter gossip. Yet I couldn’t ask her to protect me—keeping that kind of secret would sabotage her next therapy.

“So my small-craft warnings were up but, even so, I was absolutely unprepared for the fury of the storm when it finally broke. One evening I returned home to find the house dark, my wife gone, and four pictures of me and Belle tacked to the front door: one showed us checking in at the registration desk of the Fairmont Hotel, another of us, suitcases in hand, entering our room together, the third was a close-up of the hotel registration form—Belle had paid cash and registered us as Dr. and Mrs. Seymour. The fourth showed us locked in an embrace at the Golden Gate Bridge scenic overlook.

“Inside, on the kitchen table, I found two letters: one from Belle’s husband to my wife, stating that she might be interested in the four enclosed pictures portraying the type of treatment her husband was offering his wife. He said he had sent a similar letter to the state board of medical ethics and ended with a nasty threat suggesting that if I ever saw Belle again, a lawsuit would be the least important thing the Trotter family would have to worry about. The second letter was from my wife—short and to the point, asking me not to bother to explain. I could do my talking to her lawyer. She gave me twenty-four hours to pack up and move out of the house.

“So, Ernest, that brings us up to now. What else can I tell you?

“How’d he get the pictures? Must’ve hired a private eye to tail us. What irony—that her husband chose to leave only when Belle had improved! But, who knows? Maybe he’d been looking for an escape for a long time. Maybe Belle had burned him out.

“I never saw Belle again. All I know is hearsay from an old buddy of mine at Pacific Redwood Hospital—and it ain’t good hearsay. Her husband divorced her and ultimately skipped the country with the family assets. He had been suspicious of Belle for months, ever

since he had spotted some condoms in her purse. That, of course, is further irony: it was only because therapy had curbed her lethal self-destructiveness that she was willing to use condoms in her affairs.

“The last I heard, Belle’s condition was terrible—back to ground zero. All the old pathology was back: two admissions for suicidal attempts—one cutting, one a serious overdose. She’s going to kill herself. I know it. Apparently she tried three new therapists, fired each in turn, refuses further therapy, and is now doing hard drugs again.

“And you know what the worst thing is? I know I could help her, even now. I’m sure of it, but I’m forbidden to see her or speak to her by court order and under the threat of severe penalty. I got several phone messages from her, but my attorney warned me that I was in great jeopardy and ordered me, if I wanted to stay out of jail, not to respond. He contacted Belle and informed her that by court injunction I was not permitted to communicate with her. Finally she stopped calling.

“What am I going to do? About Belle, you mean? It’s a tough call. It kills me not to be able to answer her calls, but I don’t like jails. I know I could do so much for her in a ten-minute conversation. Even now. Off the record—shut off the recorder, Ernest. I’m not sure if I’m going to be able to just let her sink. Not sure if I could live with myself.

“So, Ernest, that’s it. The end of my tale. *Finis*. Let me tell you, it’s not the way I wanted to end my career. Belle is the major character in this tragedy, but the situation is also catastrophic for me. Her lawyers are urging her to ask for damages—to get all she can. They will have a feeding frenzy—the malpractice suit is coming up in a couple of months.

“Depressed! Of course I’m depressed. Who wouldn’t be? I call it an appropriate depression: I’m a miserable, sad old man. Discouraged, lonely, full of self-doubts, ending my life in disgrace.

“No, Ernest, not a drug-treatable depression. Not that kind of depression. No biological markers: psychomotor symptoms, insomnia, weight loss—none of that. Thanks for offering.

“No, not suicidal, though I admit I’m drawn to darkness. But I’m a survivor. I crawl into the cellar and lick my wounds.

“Yes, very much alone. My wife and I had been living together by habit for many years., I’ve always lived for my work; my marriage has always been on the periphery of my life. My wife always said I fulfill all my desires for closeness with my patients. And she was right. But that’s not why she left. My ataxia’s progressing fast, and I don’t think she relished the idea of becoming my full-time nurse. My hunch is that she welcomed the excuse to cut herself loose from that job. Can’t blame her.

“No, I don’t need to see anyone for therapy. I told you I’m not clinically depressed. I appreciate your asking, Ernest, but I’d be a cantankerous patient. So far, as I said, I’m licking my own wounds and I’m a pretty good lick.

“It’s fine with me if you phone to check in. I’m touched by your offer. But put your mind at ease, Ernest. I’m a tough son of a bitch. I’ll be all right.”

And with that, Seymour Trotter collected his canes and lurched out of the room. Ernest, still sitting, listened to the tapping grow fainter.



When Ernest phoned a couple of weeks later, Dr. Trotter once again refused all offers of help. Within minutes he switched the conversation to Ernest’s future and again expressed his strong conviction that, whatever Ernest’s strengths as a psychopharmacologist, he was still missing

his calling: he was a born therapist and owed it to himself to fulfill his destiny. He invited Ernest to discuss the matter further over lunch, but Ernest refused.

“Thoughtless of me,” Dr. Trotter had responded without a trace of irony. “Forgive me. Here I am advising you about a career shift and at the same time asking you to jeopardize it by being seen in public with me.”

“No, Seymour,” for the first time Ernest called him by first name, “that is absolutely not the reason. The truth is, and I am embarrassed to say this to you, I’m committed already to serve as an expert witness at your civil suit trial for malpractice.”

“Embarrassment is not warranted, Ernest. It’s your duty to testify. I would do the same, precisely the same, in your position. Our profession is vulnerable, threatened on all sides. It is our duty to protect it and to preserve standards. Even if you believe nothing else about me, believe that I treasure this work. I’ve devoted my entire life to it. That’s why I told you my story in such detail—I wanted you to know it is not a story of betrayal. I acted in good faith. I know it sounds absurd, yet even to this moment I think I did the right thing. Sometimes destiny pitches us into positions where the right thing is the wrong thing. I never betrayed my field, nor a patient. Whatever the future brings, Ernest, believe me. I believe in what I did: I would never betray a patient.”

Ernest did testify at the civil trial. Seymour’s attorney, citing his advanced age, diminished judgment, and infirmity, tried a novel, desperate defense: he claimed that Seymour, not Belle, had been the victim. But their case was hopeless, and Belle was awarded two million dollars—the maximum of Seymour’s malpractice coverage. Her lawyers would have gone for more but there seemed little point to it since, after his divorce and legal fees, Seymour’s pockets were empty.

That was the end of the public story of Seymour Trotter. Shortly after the trial he silently left town and was never heard from again, aside from a letter (with no return address) that Ernest received a year later.



Ernest had only a few minutes before his first patient. But he couldn’t resist inspecting, once again, the last trace of Seymour Trotter.

Dear Ernest,

You, alone, in those demonizing witch hunt days, expressed concern for my welfare. Thank you—it was powerfully sustaining. Am well. Lost, but don’t want to be found. I owe you much—certainly this letter and this picture of Belle and me. That’s her house in the background, incidentally: Belle’s come into a good bit of money.

Seymour

Ernest, as he had so many times before, stared at the faded picture. On a palm-studded lawn, Seymour sat in a wheelchair. Belle stood behind him, forlorn and gaunt, fists clutching the handles of the wheelchair. Her eyes were downcast. Behind her a graceful colonial home, and beyond that the gleaming milky-green water of a tropical sea. Seymour was smiling—a big, goofy, crooked smile. He held on to the wheelchair with one hand; with the other, he pointed his cane jubilantly toward the sky.

As always, when he studied the photograph, Ernest felt queasy. He peered closer, trying to crawl into the picture, trying to discover some clue, some definitive answer to the real fate of Seymour and Belle. The key, he thought, was to be found in Belle’s eyes. They seemed

melancholy, even despondent. Why? She had gotten what she wanted, hadn't she? He moved closer to Belle and tried to catch her gaze. But she always looked away.