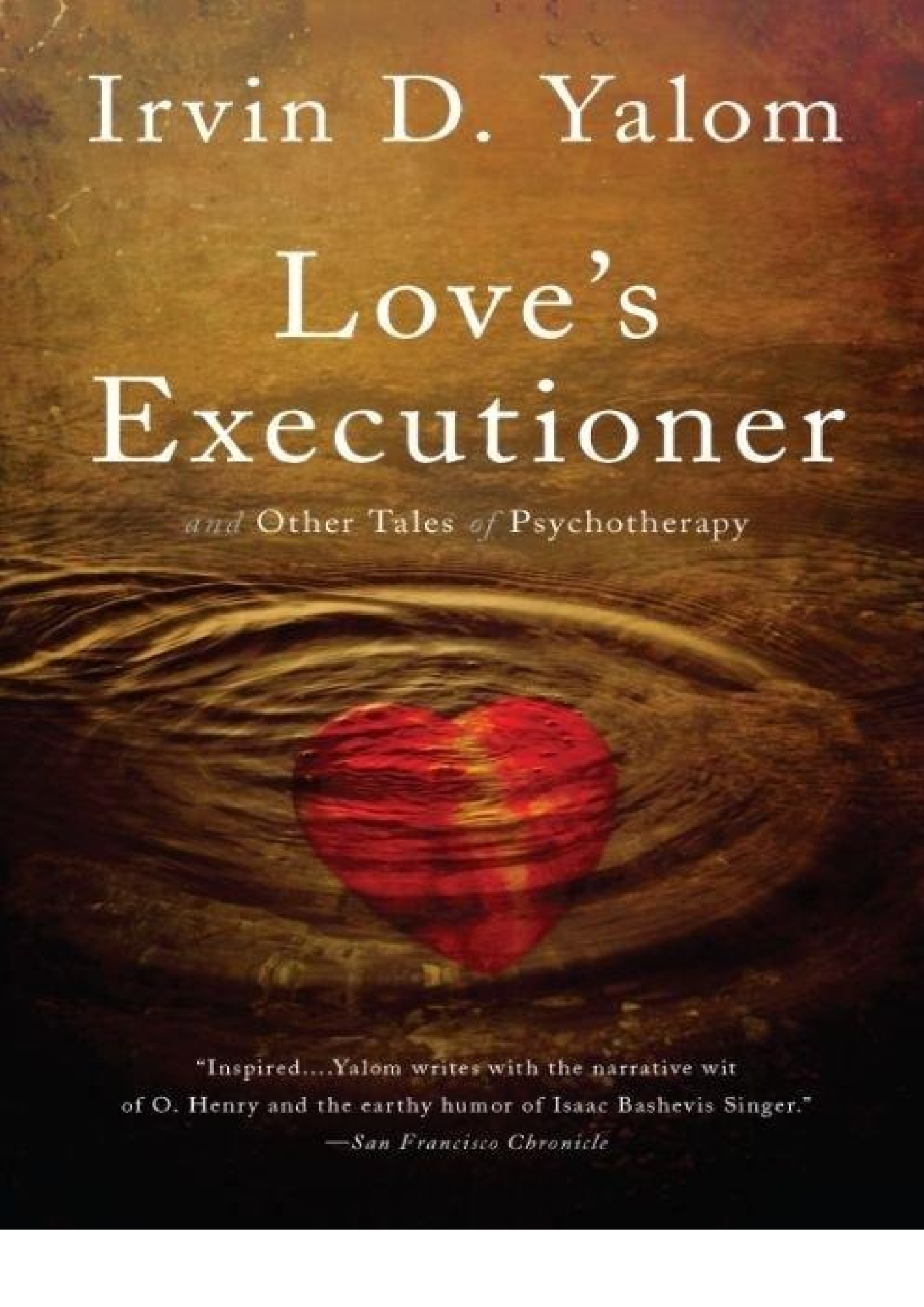
Irvin D. Yalom
Love's Executioner
and Other Tales of Psychotherapy
"Inspired....Yalom writes with the narrative wit
of O. Henry and the earthy humor of Isaac Bashevis Singer."
—San Francisco Chronicle

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LOVE'S EXECUTIONER

And Other Tales of Psychotherapy

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To my family:
my wife, Marilyn,
and my children, Eve, Reid, Victor, and Ben

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I owe a great debt to the ten patients who grace these pages. Each read every line of his or her sto (except for one patient who died before I finished) and gave me approval for publication. Eac checked and approved the disguise, many offered editorial help, one (Dave) gave me the title of h story, some commented that the disguise was unnecessarily extensive and urged me to be mo accurate, a couple were unsettled by my personal self-revelation or by some of the dramatic liberties took but, nonetheless, in the hope that the tale would be useful to therapists and/or other patients, gav me both their consent and their blessing. To all, my deepest gratitude.

These are true stories, but I have had to make many changes to protect the identity of the patients have often made symbolically equivalent substitutes for aspects of a patient's identity and li circumstances; occasionally I have grafted part of another patient's identity onto the protagonis Often dialogue is fictional, and my personal reflections post hoc. The disguise is deep, penetrable each case only by the patient. Any readers who believe they recognize one of the ten will, I am certai be mistaken.

PROLOGUE

Imagine this scene: three to four hundred people, strangers to each other, are told to pair up and as their partner one single question, "What do you want?" over and over and over again.

Could anything be simpler? One innocent question and its answer. And yet, time after time, I hav seen this group exercise evoke unexpectedly powerful feelings. Often, within minutes, the room roc with emotion. Men and women—and these are by no means desperate or needy but successful, wel functioning, well-dressed people who glitter as they walk—are stirred to their depths. They call out those who are forever lost—dead or absent parents, spouses, children, friends: "I want to see yo again." "I want your love." "I want to know you're proud of me." "I want you to know I love you an how sorry I am I never told you." "I want you back—I am so lonely." "I want the childhood I nev had." "I want to be healthy—to be young again. I want to be loved, to be respected. I want my life mean something. I want to accomplish something. I want to matter, to be important, to b remembered."

So much wanting. So much longing. And so much pain, so close to the surface, only minutes dee Destiny pain. Existence pain. Pain that is always there, whirring continuously just beneath th membrane of life. Pain that is all too easily accessible. Many things—a simple group exercise, a fe minutes of deep reflection, a work of art, a sermon, a personal crisis, a loss—remind us that o deepest wants can never be fulfilled: our wants for youth, for a halt to aging, for the return of vanishe ones, for eternal love, protection, significance, for immortality itself.

It is when these unattainable wants come to dominate our lives that we turn for help to family, friends, to religion—sometimes to psychotherapists.

In this book I tell the stories of ten patients who turned to therapy, and in the course of their wo struggled with existence pain. This was not the reason they came to me for help; on the contrary, a ten were suffering the common problems of everyday life: loneliness, self-contempt, impotenc migraine headaches, sexual compulsivity, obesity, hypertension, grief, a consuming love obsessio mood swings, depression. Yet somehow (a "somehow" that unfolds differently in each story), therap uncovered deep roots of these everyday problems—roots stretching down to the bedrock of existence

"I want! I want!" is heard throughout these tales. One patient cried, "I want my dead darlin daughter back," as she neglected her two living sons. Another insisted, "I want to fuck every woman see," as his lymphatic cancer invaded the crawl spaces of his body. And another pleaded, "I want th parents, the childhood I never had," as he agonized over three letters he could not bring himself open. And another declared, "I want to be young forever," as she, an old woman, could not relinquis her obsessive love for a man thirty-five years younger.

I believe that the primal stuff of psychotherapy is always such existence pain—and not, as is ofte claimed, repressed instinctual strivings or imperfectly buried shards of a tragic personal past. In m therapy with each of these ten patients, my primary clinical assumption—an assumption on which based my technique—is that basic anxiety emerges from a person's endeavors, conscious an unconscious, to cope with the harsh facts of life, the "givens" of existence.[1]

I have found that four givens are particularly relevant to psychotherapy: the inevitability of dea for each of us and for those we love; the freedom to make our lives as we will; our ultimate alonenes and, finally, the absence of any obvious meaning or sense to life. However grim these givens ma seem, they contain the seeds of wisdom and redemption. I hope to demonstrate, in these ten tales psychotherapy, that it is possible to confront the truths of existence and harness their power in th service of personal change and growth.

Of these facts of life, death is the most obvious, most intuitively apparent. At an early age, f
earlier than is often thought, we learn that death will come, and that from it there is no escap
Nonetheless, “everything,” in Spinoza’s words, “endeavors to persist in its own being.” At one’s co
there is an ever-present conflict between the wish to continue to exist and the awareness of inevitab
death.

To adapt to the reality of death, we are endlessly ingenious in devising ways to deny or escape
When we are young, we deny death with the help of parental reassurances and secular and religiou
myths; later, we personify it by transforming it into an entity, a monster, a sandman, a demon. Afte
all, if death is some pursuing entity, then one may yet find a way to elude it; besides, frightening as
death-bearing monster may be, it is less frightening than the truth—that one carries within the spor
of one’s own death. Later, children experiment with other ways to attenuate death anxiety: the
detoxify death by taunting it, challenge it through daredevilry, or desensitize it by exposi
themselves, in the reassuring company of peers and warm buttered popcorn, to ghost stories a
horror films.

As we grow older, we learn to put death out of mind; we distract ourselves; we transform it in
something positive (passing on, going home, rejoining God, peace at last); we deny it with sustainin
myths; we strive for immortality through imperishable works, by projecting our seed into the futu
through our children, or by embracing a religious system that offers spiritual perpetuation.

Many people take issue with this description of death denial. “Nonsense!” they say. “We don’t den
death. Everyone’s going to die. We know that. The facts are obvious. But is there any point
dwelling on it?”

The truth is that we know but do not know. We know *about* death, intellectually we know the fact
but we—that is, the unconscious portion of the mind that protects us from overwhelming anxiety-
have split off, or dissociated, the terror associated with death. This dissociative process
unconscious, invisible to us, but we can be convinced of its existence in those rare episodes when th
machinery of denial fails and death anxiety breaks through in full force. That may happen only rarel
sometimes only once or twice in a lifetime. Occasionally it happens during waking life, sometim
after a personal brush with death, or when a loved one has died; but more commonly death anxie
surfaces in nightmares.

A nightmare is a failed dream, a dream that, by not “handling” anxiety, has failed in its role as th
guardian of sleep. Though nightmares differ in manifest content, the underlying process of eve
nightmare is the same: raw death anxiety has escaped its keepers and exploded into consciousnes
The story “In Search of the Dreamer” offers a unique backstage view of the escape of death anxie
and the mind’s last-ditch attempt to contain it: here, amidst the pervasive, dark death imagery
Marvin’s nightmare is one life-promoting, death-defying instrument—the glowing white-tipped ca
with which the dreamer engages in a sexual duel with death.

The sexual act is seen also by the protagonists of other stories as a talisman to ward o
diminishment, aging, and approaching death: thus, the compulsive promiscuity of a young man in th
face of his killing cancer (“If Rape Were Legal . . . “); and an old man’s clinging to yellowing thirty
year-old letters from his dead lover (“Do Not Go Gentle”).

In my many years of work with cancer patients facing imminent death, I have noted two particular
powerful and common methods of allaying fears about death, two beliefs, or delusions, that afford
sense of safety. One is the belief in personal specialness; the other, the belief in an ultimate rescue
While these are delusions in that they represent “fixed false beliefs,” I do not employ the ter
delusion in a pejorative sense: these are universal beliefs which, at some level of consciousness, exi
in all of us and play a role in several of these tales.

Specialness is the belief that one is invulnerable, inviolable—beyond the ordinary laws of huma

biology and destiny. At some point in life, each of us will face some crisis: it may be serious illnes career failure, or divorce; or as happened to Elva in "I Never Thought It Would Happen to Me," it ma be an event as simple as a purse snatching, which suddenly lays bare one's ordinariness and challeng the common assumption that life will always be an eternal upward spiral.

While the belief in personal specialness provides a sense of safety from within, the other maj mechanism of death denial—*belief in an ultimate rescuer*—permits us to feel forever watched a protected by an outside force. Though we may falter, grow ill, though we may arrive at the very edg of life, there is, we are convinced, a looming, omnipotent servant who will always bring us back.

Together these two belief systems constitute a dialectic—two diametrically opposed responses the human situation. The human being either asserts autonomy by heroic self-assertion or seeks safe through fusing with a superior force: that is, one either emerges or merges, separates or embeds. O becomes one's own parent or remains the eternal child.

Most of us, most of the time, live comfortably by uneasily avoiding the glance of death, chuckling and agreeing with Woody Allen when he says, "I'm not afraid of death. I just don't want be there when it happens." But there is another way—a long tradition, applicable to psychotherapy- that teaches us that full awareness of death ripens our wisdom and enriches our life. The dying wor of one of my patients (in "If Rape Were Legal . . .") demonstrate that though the *fact*, the physicalit of death destroys us, the *idea* of death may save us.

Freedom, another given of existence, presents a dilemma for several of these ten patients. When Bett an obese patient, announced that she had binged just before coming to see me and was planning binge again as soon as she left my office, she was attempting to give up her freedom by persuading m to assume control of her. The entire course of therapy of another patient (Thelma in "Love Executioner") revolved around the theme of surrender to a former lover (and therapist) and my searc for strategies to help her reclaim her power and freedom.

Freedom as a given seems the very antithesis of death. While we dread death, we generally consid freedom to be unequivocally positive. Has not the history of Western civilization been punctuate with yearnings for freedom, even driven by it? Yet freedom from an existential perspective is bonde to anxiety in asserting that, contrary to everyday experience, we do not enter into, and ultimate leave, a well-structured universe with an eternal grand design. Freedom means that one is responsib for one's own choices, actions, one's own life situation.

Though the word *responsible* may be used in a variety of ways, I prefer Sartre's definition: to b responsible is to "be the author of," each of us being thus the author of his or her own life design. W are free to be anything but unfree: we are, Sartre would say, condemned to freedom. Indeed, som philosophers claim much more: that the architecture of the human mind makes each of us ev responsible for the structure of external reality, for the very form of space and time. It is here, in th idea of self-construction, where anxiety dwells: we are creatures who desire structure, and we a frightened by a concept of freedom which implies that beneath us there is nothing, she groundlessness.

Every therapist knows that the crucial first step in therapy is the patient's assumption responsibility for his or her life predicament. As long as one believes that one's problems are cause by some force or agency outside oneself, there is no leverage in therapy. If, after all, the problem li out there, then why should one change oneself? It is the outside world (friends, job, spouse) that mu be changed—or exchanged. Thus, Dave (in "Do Not Go Gentle"), complaining bitterly of being locke in a marital prison by a snoopy, possessive wife-warden, could not proceed in therapy until h recognized how he himself was responsible for the construction of that prison.

Since patients tend to resist assuming responsibility, therapists must develop techniques to mak

patients aware of how they themselves create their own problems. A powerful technique, which I us
in many of these cases, is the here-and-now focus. Since patients tend to re-create *in the therap*
setting the same interpersonal problems that bedevil them in their lives outside, I focus on what
going on at the moment between a patient and me rather than on the events of his or her past or curre
life. By examining the details of the therapy relationship (or, in a therapy group, the relationshi
among the group members), I can point out on the spot how a patient influences the responses of oth
people. Thus, though Dave could resist assuming responsibility for his marital problems, he could n
resist the immediate data he himself was generating in group therapy: that is, his secretive, teasin
and elusive behavior was activating the other group members to respond to him much as his wife d
at home.

In similar fashion, Betty's ("Fat Lady") therapy was ineffective as long as she could attribute h
loneliness to the flaky, rootless California culture. It was only when I demonstrated how, in our hou
together, her impersonal, shy, distancing manner re-created the same impersonal environment
therapy, that she could begin to explore her responsibility for creating her own isolation.

While the assumption of responsibility brings the patient into the vestibule of change, it is n
synonymous with change. And it is change that is always the true quarry, however much a therapi
may court insight, responsibility assumption, and self-actualization.

Freedom not only requires us to bear responsibility for our life choices but also posits that chan
requires an act of will. Though *will* is a concept therapists seldom use explicitly, we nonethele
devote much effort to influencing a patient's will. We endlessly clarify and interpret, assuming (and
is a secular leap of faith, lacking convincing empirical support) that understanding will invariab
beget change. When years of interpretation have failed to generate change, we may begin to mal
direct appeals to the will: "Effort, too, is needed. You have to try, you know. There's a time fo
thinking and analyzing but there's also a time for action." And when direct exhortation fails, th
therapist is reduced, as these stories bear witness, to employing any known means by which o
person can influence another. Thus, I may advise, argue, badger, cajole, goad, implore, or simp
endure, hoping that the patient's neurotic worldview will crumble away from sheer fatigue.

It is through *willing*, the mainspring of action, that our freedom is enacted. I see willing as havi
two stages: a person initiates through wishing and then enacts through deciding.

Some people are wish-blocked, knowing neither what they feel nor what they want. Witho
opinions, without impulses, without inclinations, they become parasites on the desires of others. Su
people tend to be tiresome. Betty was boring precisely because she stifled her wishes, and others gre
weary of supplying wish and imagination for her.

Other patients cannot decide. Though they know exactly what they want and what they must d
they cannot act and, instead, pace tormentedly before the door of decision. Saul, in "Three Unopene
Letters," knew that any reasonable man would open the letters; yet the fear they invoked paralyzed h
will. Thelma ("Love's Executioner") knew that her love obsession was stripping her life of realit
She *knew* that she was, as she put it, living her life eight years ago, and that, to regain it, she wou
have to give up her infatuation. But that she could not, or would not, do and fiercely resisted all m
attempts to energize her will.

Decisions are difficult for many reasons, some reaching down into the very socket of being. Jo
Gardner, in his novel *Grendel*, tells of a wise man who sums up his meditation on life's mysteries
two simple but terrible postulates: "Things fade: alternatives exclude." Of the first postulate, death
have already spoken. The second, "alternatives exclude," is an important key to understanding wh
decision is difficult. Decision invariably involves renunciation: for every yes there must be a no, ea
decision eliminating or killing other options (the root of the word *decide* means "slay," as in *homici*
or *suicide).* Thus, Thelma clung to the infinitesimal chance that she might once again revive h

relationship with her lover, renunciation of that possibility signifying diminishment and death.

Existential isolation, a third given, refers to the unbridgeable gap between self and others, a gap th exists even in the presence of deeply gratifying interpersonal relationships. One is isolated not on from other beings but, to the extent that one constitutes one's world, from world as well. Suc isolation is to be distinguished from two other types of isolation: interpersonal and intraperson isolation.

One experiences *interpersonal* isolation, or loneliness, if one lacks the social skills or personali style that permit intimate social interactions. *Intrapersonal* isolation occurs when parts of the self a split off, as when one splits off emotion from the memory of an event. The most extreme, an dramatic, form of splitting, the multiple personality, is relatively rare (though growing more widel recognized); when it does occur, the therapist may be faced, as was I in the treatment of Marg ("Therapeutic Monogamy"), with the bewildering dilemma of which personality to cherish.

While there is no solution to existential isolation, therapists must discourage false solutions. One efforts to escape isolation can sabotage one's relationships with other people. Many a friendship o marriage has failed because, instead of relating to, and caring for, one another, one person use another as a shield against isolation.

A common, and vigorous, attempt to solve existential isolation, which occurs in several of thes stories, is fusion—the softening of one's boundaries, the melting into another. The power of fusio has been demonstrated in subliminal perception experiments in which the message "Mommy and I a one," flashed on a screen so quickly that the subjects cannot consciously see it, results in the reporting that they feel better, stronger, more optimistic—and even in their responding better tha other people to treatment (with behavioral modification) for such problems as smoking, obesity, o disturbed adolescent behavior.

One of the great paradoxes of life is that self-awareness breeds anxiety. Fusion eradicates anxiety i a radical fashion—by eliminating self-awareness. The person who has fallen in love, and entered blissful state of merger, is not self-reflective because the questioning lonely *I* (and the attenda anxiety of isolation) dissolve into the *we*. Thus one sheds anxiety but loses oneself.

This is precisely why therapists do not like to treat a patient who has fallen in love. Therapy and state of love-merger are incompatible because therapeutic work requires a questioning self-awarene and an anxiety that will ultimately serve as guide to internal conflicts.

Furthermore, it is difficult for me, as for most therapists, to form a relationship with a patient wh has fallen in love. In the story "Love's Executioner," Thelma would not, for example, relate to me: he energy was completely consumed in her love obsession. Beware the powerful exclusive attachment another; it is not, as people sometimes think, evidence of the purity of the love. Such encapsulate exclusive love—feeding on itself, neither giving to nor caring about others—is destined to cave in o itself. Love is not just a passion spark between two people; there is infinite difference between fallin in love and standing in love. Rather, love is a way of being, a "giving to," not a "falling for"; a mod of relating at large, not an act limited to a single person.

Though we try hard to go through life two by two or in groups, there are times, especially whe death approaches, that the truth—that we are born alone and must die alone—breaks through wi chilling clarity. I have heard many dying patients remark that the most awful thing about dying is th it must be done alone. Yet, even at the point of death, the willingness of another to be fully preser may penetrate the isolation. As a patient said in "Do Not Go Gentle," "Even though you're alone i your boat, it's always comforting to see the lights of the other boats bobbing nearby."

Now, if death is inevitable, if all of our accomplishments, indeed our entire solar system, shall on

day lie in ruins, if the world is contingent (that is, everything could as well have been otherwise), human beings must construct the world and the human design within that world, then what enduri meaning can there be in life?

This question plagues contemporary men and women, and many seek therapy because they fe their lives to be senseless and aimless. We are meaning-seeking creatures. Biologically, our nervou systems are organized in such a way that the brain automatically clusters incoming stimuli in configurations. Meaning also provides a sense of mastery: feeling helpless and confused in the face random, unpatterned events, we seek to order them and, in so doing, gain a sense of control over ther Even more important, meaning gives birth to values and, hence, to a code of behavior: thus the answ to *why* questions (Why do I live?) supplies an answer to *how* questions (How do I live?).

There are, in these ten tales of psychotherapy, few explicit discussions of meaning in life. Th search for meaning, much like the search for pleasure, must be conducted obliquely. Meaning ensue from meaningful activity: the more we deliberately pursue it, the less likely are we to find it; th rational questions one can pose about meaning will always outlast the answers. In therapy, as in lif meaningfulness is a by-product of engagement and commitment, and that is where therapists mu direct their efforts—not that engagement provides the rational answer to questions of meaning, but causes these questions not to matter.

This existential dilemma—a being who searches for meaning and certainty in a universe that ha neither—has tremendous relevance for the profession of psychotherapist. In their everyday wor therapists, if they are to relate to their patients in an authentic fashion, experience considerab uncertainty. Not only does a patient's confrontation with unanswerable questions expose a therapist t these same questions, but also the therapist must recognize, as I had to in "Two Smiles," that th experience of the other is, in the end, unyieldingly private and unknowable.

Indeed, the capacity to tolerate uncertainty is a prerequisite for the profession. Though the publ may believe that therapists guide patients systematically and sure-handedly through predictable stag of therapy to a foreknown goal, such is rarely the case: instead, as these stories bear witness, therapis frequently wobble, improvise, and grope for direction. The powerful temptation to achieve certain through embracing an ideological school and a tight therapeutic system is treacherous: such beli may block the uncertain and spontaneous encounter necessary for effective therapy.

This encounter, the very heart of psychotherapy, is a caring, deeply human meeting between tw people, one (generally, but not always, the patient) more troubled than the other. Therapists have dual role: they must both observe and participate in the lives of their patients. As observer, one mu be sufficiently objective to provide necessary rudimentary guidance to the patient. As participant, on enters into the life of the patient and is affected and sometimes changed by the encounter.

In choosing to enter fully into each patient's life, I, the therapist, not only am exposed to the sam existential issues as are my patients but must be prepared to examine them with the same rules inquiry. I must assume that knowing is better than not knowing, venturing than not venturing; and th magic and illusion, however rich, however alluring, ultimately weaken the human spirit. I take wi deep seriousness Thomas Hardy's staunch words: "If a way to the Better there be, it exacts a full loo at the Worst."

The dual role of observer and participant demands much of a therapist and, for me in these te cases, posed harrowing questions. Should I, for example, expect a patient, who asked me to be th keeper of his love letters, to deal with the very problems that I, in my own life, have avoided? Was possible to help him go further than I have gone? Should I ask harsh existential questions of a dyin man, a widow, a bereaved mother, and an anxious retiree with transcendent dreams—questions fo which I have no answers? Should I reveal my weakness and my limitations to a patient whose othe alternative personality I found so seductive? Could I possibly form an honest and a caring relationsh

with a fat lady whose physical appearance repelled me? Should I, under the banner of sel
enlightenment, strip away an old woman's irrational but sustaining and comforting love illusion? C
forcibly impose my will on a man who, incapable of acting in his best interests, allowed himself to l
terrorized by three unopened letters?

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

1

Love’s Executioner

I do not like to work with patients who are in love. Perhaps it is because of envy—I, too, crav enchantment. Perhaps it is because love and psychotherapy are fundamentally incompatible. The goo therapist fights darkness and seeks illumination, while romantic love is sustained by mystery an 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 saw in my first glance—her wrinkled seventy-year-old face with that senile chin tremor, her thinnin bleached, unkempt yellow hair, her emaciated blue-veined hands—told me she had to be mistake that she could not be in love. How could love ever choose to ravage that frail, tottering old body, house itself in that shapeless polyester jogging suit?

Moreover, where was the aura of love bliss? Thelma’s suffering did not surprise me, love bein always contaminated by pain; but her love was monstrously out of balance—it contained *no* pleasu 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 ra variant which she mistook for love. Not only did I believe that I could help Thelma but I was intrigue by the idea that this counterfeit love could be a beacon that might illuminate some of the deep myste of love.

Thelma was remote and stiff in our first meeting. She had not returned my smile when I greeted h in the waiting room, and followed a step or two behind me as I escorted her down the hall. Once w entered my office, she did not inspect her surroundings but immediately sat down. Then, witho waiting for any comment from me and without unbuttoning the heavy jacket she wore over h 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. 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 foreshado the type of relationship I will be able to establish with a patient. Words permit one to cross into th 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 a young beautiful dancer wearing a sleek black leotard. I was startled, when I looked into the face 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-o handsome but stolid woman, “was taken about eight years ago. As you see”—she ran her finge 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 ha said nothing about not believing her. In fact, I had said nothing at all. I had tried to maintain comple objectivity but she must have noticed some evidence of disbelief, some small cue, perhaps minuscule widening of my eyes. I decided not to protest her accusation that I did not believe her. Th 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 psychiatr treatment almost continuously. Much of her therapy had been obtained at the local county ment health clinic, where she had been treated by a series of trainees.

About eleven years before, she began treatment with Matthew, a young, handsome psycholog intern, and met weekly with him for eight months at the clinic and continued to see him in his priva practice for another year. The following year, when Matthew took a full-time position at a sta 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 sh had ever had, and she had grown fond of him, very fond, and for those twenty months looked forwa all week to her therapy hour. Never before had she been as totally open with anyone. Never before ha 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 lovin I’ve had other therapists who tried to be warm, to put you at ease, but Matthew was different. H *really* cared, he *really* accepted me. No matter what I did, what horrid things I thought, I knew he accept it and still—what’s the word?—confirm me—no, *validate* me. He helped me in the wa 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 livi things. He taught me to think about the reasons I was put here on earth. But he didn’t have his head 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 the clouds as she spoke. I could see she liked talking about Matthew. “I loved the way he tangled wi 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 s deliberately that I assumed they had been Matthew’s words, maybe an example of his fine techniqu My negative feelings toward him were rapidly growing, but I kept them to myself. Thelma’s word 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 helpe 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 on Saturday afternoon at Union Square in San Francisco. They chatted and, to escape the swirl shoppers, had coffee together in the café at the St. Francis Hotel. There was so much to talk about, s much that Matthew wanted to know about Thelma’s past year, that their coffee hour extended into th 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. reality, they had had a strictly professional relationship which had in no way splashed over the form patient-therapist boundary. They had learned to know each other in weekly segments of precisely fif minutes, no more, no less.

But that evening, for reasons Thelma, even now, cannot comprehend, she and Matthew slippe outside everyday reality. Neither looked at the time; they silently colluded in pretending that the was nothing unusual about talking personally or sharing coffee or dinner. It seemed natural for her adjust the crumpled collar of his shirt, to brush the lint from his jacket, to take his arm as the climbed Nob Hill. It seemed natural for Matthew to describe his new “pad” in the Haight, and so ve natural for Thelma to say she was dying to see it. They had chuckled when Thelma said that h husband was out of town: Harry, a member of the advisory board of the Boy Scouts of America, spok at Boy Scout functions somewhere in America almost every night of the week. Matthew was amuse

that nothing had changed; there was no need to explain anything to him—after all, he knew everythi about her.

"I don't remember," Thelma continued, "much about the rest of the evening, about how thing happened, about who touched who first, about how we decided to go to bed. We didn't make an decisions, everything just happened effortlessly and spontaneously. What I do remember most clear was that lying in Matthew's arms was transporting—one of the greatest moments in 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 sever 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 yea 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 happene 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 reach him on the phone, so I popped in unannounced at his office. He was eating a sandwich and ha about twenty minutes before he had to lead a therapy group. I asked about why he hadn't returned m 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 tak another walk across the Golden Gate Bridge? Would I be allowed to hug you?' Matthew answered m 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 returne 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 wa speaking more deliberately, in a bitter, forlorn tone, but there were no more tears. I thought that no 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 w have to return to our real lives, and then added that he was involved with a new person." I suspecte 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 wa gay: he lived in one of San Francisco's gay enclaves, and was beautiful in the way many gay men ar with his neatly combed mustache, boyish face, and Mercury-like body. This possibility occurred to h a couple of years later when, while taking an out-of-town guest sightseeing, she warily entered a ga 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. Thelm thought about him continuously, not an hour passing without some prolonged fantasy about him. Sh became obsessed with *why? Why* had he rejected her and cast her out? *Why* then? *Why* would he n see her or even speak to her on the phone?

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

phone call from the East Coast, took the phone off the hook, swallowed all the tablets, and went bed.

Harry, unable to sleep that night, phoned Thelma back and grew alarmed at the continual bus signal. He called his neighbors, who banged, in vain, on Thelma's door and windows. Soon they calle 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 regainin consciousness was to Matthew's tape machine. She assured him she would keep their secret an pleaded with him to visit her in the hospital. Matthew came to visit but stayed only fifteen minut and his presence, Thelma said, was worse than his silence: he evaded any allusions she made to the twenty-seven days of love and insisted on remaining formal and professional. Only once did he st out of role: when Thelma asked him how the relationship with the new person in his life was goin 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 resigned, weary voice, "I've never seen him again. I call to leave taped messages for him on importa dates: his birthday, June 19 (our first date), July 17 (our last date), Christmas, and New Year's. Ever 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 awake yet, and at eight I imagine him eating his oatmeal (he loves oatmeal—he grew up on Nebraska farm). I keep looking for him when I walk down the street. I often mistakenly think I s him, and rush up to greet some stranger. I dream about him. I replay in my mind each of our meetin together during those twenty-seven days. In fact, most of my life goes on in these daydreams— 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, whi don't do much except allow me to sleep. Not much other therapy has gone on. Talking treatments hav never helped. I guess you could say I didn't give therapy much chance since I made a decision 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 thought of in decades entered my mind: I was a student in a medical school interviewing class. A wel 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 early Rogerian techniqu of coaxing the patient along by repeating the patient's words, usually the last word of the statemen The patient, who had been enumerating ghastly deeds committed by his tyrannical father, ended b commenting, "And he eats raw hamburger!" The interviewer, who had struggled hard to maintain h neutrality, was no longer able to contain his outrage, and bellowed back, "*Raw hamburger?*" For th rest of that year, the phrase "raw hamburger" was often whispered in lectures and invariably cracke up the class.

I, of course, kept my reverie to myself. "But today, you've made a decision to come to see me an 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 on last chance and asked them who I should see. Your name appeared on four of their lists—they said yo were a good 'last ditch' therapist. So that was one thing in your favor. But I also knew they were you former students, so I checked you out some more. I went to the library and checked out one of yo books. I was impressed by two things: you were clear—I could understand your writing—and yo were willing to speak openly about death. And I'm going to be open with you: I'm almost certain

will eventually commit suicide. I'm here to make one final attempt in therapy to find a way to liv
with some iota of happiness. If not, I hope you'll help me die and help me find a way to cause as litt
pain as possible to my family."

I told Thelma that I thought we could work together, but I suggested we have another consultatio
hour to consider things further and also to let her assess whether she could work with me. I was goi
to say more when Thelma looked at her watch and said, "I see that my fifty minutes are up and,
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—wh
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 see
too many patients badly damaged by therapists using them sexually. It's *always* damaging to a patie

Therapists' excuses are invariably patent and self-serving rationalizations—for example, that th
therapist is accepting and affirming the patient's sexuality. While plenty of patients may need sexu
affirmation—those who are markedly unattractive, extremely obese, surgically disfigured—I have y
to hear of a therapist affirming one of *them* sexually. It's always the attractive woman who ge
chosen for affirmation. It is, of course, the offending therapists who are in need of sexual affirmatio
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
be seduced—same thing), he had just finished graduate school and thus must have been in his la
twenties or early thirties. So *why*? Why does an attractive, presumably accomplished young ma
select a sixty-two-year-old woman who has been lifeless and depressed for many years? I thoug
about Thelma's speculation that he was gay. Perhaps the most reasonable hypothesis was th
Matthew was working on (or acting out) some personal psychosexual issues—and using his patient(
to do it.

It's precisely for this reason that we urge trainees to be in prolonged personal therapy. But toda
with brief training courses, less supervision, a relaxation of training standards and licensu
requirements, therapists often refuse, and many patients have suffered from a therapist's lack of sel
knowledge. I feel little charity for the irresponsible professionals and have urged many patients
report sexually offending therapists to professional ethics boards. I considered, momentarily, wh
recourse I had with Matthew, but supposed he was beyond the statute of limitations. Still, I wante
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
motivation. But I was to struggle with that question many times before the dénouement of th
therapy, and could not have guessed then that, of all the riddles in the case of Thelma, it was the ridd
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 n
external reinforcement. The obsession filled her entire life space. She was right: she *was* living h
life eight years ago. The obsession must draw part of its strength from the impoverishment of the re
of her existence. I doubted whether it would be possible to separate her from her obsession witho
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 h
marriage, there was apparently little closeness between her and her husband. Perhaps the function
the obsession was simply to provide intimacy: it bonded her to another—but not to a real person, to
fantasy.

My best hope might be to establish a close, meaningful relationship between the two of us and the
use that relationship as a solvent in which to dissolve her obsession. But that would not be easy. H
account of therapy was chilling. Imagine being in therapy for eight years and not talking about the re

problem! That takes a special type of person, someone who can tolerate considerable duplicit 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 alwa presented a paradox for her. “I know I need to be seen, I can’t manage without it. And yet every time talk about what’s happened, I have a miserable week. Therapy sessions always just stir the pot. The 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 m 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 Har 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 sa Matthew once by chance. I must have talked too much because later Harry stated that he believed th Matthew was in some way responsible for my suicide attempt. If he ever were to know the truth, honestly believe he would kill Matthew. Harry is full of Boy Scout honor slogans—the Boy Scout that’s all he thinks about—but underneath he’s a violent man. He was a British commando offic 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 sai 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 liv for two things only: making love and dancing. I refused to stop dancing to have children, but I w forced to stop thirty-one years ago because I got gout in my large toe—not a good disease for ballerina. As for love, when I was younger I had many, many lovers. You saw that picture of me—b honest, tell the truth, was I not beautiful?” She continued, without waiting for my response. “But on I married Harry, love was over. Very few men (though there were some) were brave enough to lov me—everyone was terrified of Harry. And Harry gave up sex twenty years ago (he’s good at givi 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 talk, yet still without seeming to be talking to me. She gave no evidence of wanting a response fro 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 it, it’s the only way out. But I never breathe a word of this to Harry. It almost killed him when attempted suicide. He suffered a small stroke and aged ten years right before my eyes. When, to m surprise, I woke up alive in the hospital, I did a lot of thinking about what I had done to my famil Then and there I made some resolutions.”

“What sort of resolutions?” No real need for my question, since Thelma had been on the verge describing the resolutions, but I had to have some exchange with her. I was getting plenty 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 giv him everything, to give in to him on every issue. He wants to build a new room for his exerci equipment—O. K. He wants Mexico for 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, ev since I knew I would eventually commit suicide, I haven’t wanted to meet anyone new. New friend 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 the experience is in some way transformational, and they ripen into new maturity and new wisdom. A re confrontation with death usually causes one to question with real seriousness the goals and conduct

one's life up to then. So also with those who confront death through a fatal illness: how many peop have lamented, "What a pity I had to wait till now, when my body is riddled with cancer, to know ho to live!" Yet Thelma was different. Rarely have I encountered anyone who came so close to death y learned so little from it. Those resolutions she made when she regained consciousness after h overdose: Could she really believe that she would make Harry happy by rubber-stamping his eve request and keeping her own wishes and thoughts concealed? And what could be worse for Harry tha for his wife to cry last week and share nothing with him? This was a woman steeped in self-deceptio

Her self-deception was particularly evident when she discussed Matthew. "He has a gentlene about him that touches the life of everyone who comes into contact with him. The secretaries all lov him. He said something caring to each of them, he knew all their children's names, he brought doughnuts for them three or four mornings a week. Whenever we went out during the twenty-sev days, he never failed to say something that would make the waiter or the store clerk feel good. Do y 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 th practice as well. That's exactly why I would never, not in a hundred years, dream that he would tre me like this. His silence is killing me. Sometimes when I get deep into thought, I feel that it would n be possible for him—the person who taught me to be open—to devise a more terrible punishment tha total silence. More and more these days"—here Thelma lowered her voice almost to a whisper— 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 possib explanation!"

"Yes, 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 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 tha no chance at all. I don't expect Matthew to love me again, I just want him to care about my being this planet. It's not too much to ask—when we walked in Golden Gate Park, he almost sprained h 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 suc reverence. Though I was gradually entering her experiential world and growing accustomed 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 h 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 on five-minute phone call a year would cure her. I wondered whether it would. I remember thinking th if everything else failed, I wasn't beyond trying to set up that experiment! I recognized that th chances for success in therapy were not good: Thelma's self-deception, her lack of psychologic mindedness, her resistance to introspection, her suicidality—all signalled, "Be careful!"

Yet her problem fascinated me. Her love obsession—what else could one call it?—was powerfu and tenacious, having dominated eight years of her life. Still, the roots of the obsession seeme extraordinarily friable. A little effort, a little ingenuity should suffice to yank the whole weed out. An then? Underneath obsession, what would I find? Would I discover the brutal facts of huma experience that the enchantment concealed? Then I might really learn something about the function love. Medical researchers discovered, in the early days of nineteenth-century medical research, th

the best way to understand the purpose of an endocrine organ is to remove it and observe th subsequent physiological functioning of the laboratory animal. Though I was chilled by th inhumaneness of my metaphor, I wondered: *Might not the same principle hold here*? So far it wa apparent that Thelma's love for Matthew was, in reality, something else—perhaps an escape, a shie against aging and isolation. There was little of Matthew in it, nor—if love is a caring, giving, nee free relationship—much love.

Other prognostic signs clamored for my attention, but I chose to ignore them. I could have, f example, given more serious consideration to Thelma's *twenty years* of psychiatric care! When I wa a student at the Johns Hopkins Psychiatric Clinic, the staff had many "back room" indices chronicity. One of the most irreverent of these was poundage: the heavier the patient's clinical char the worse the prognosis. Thelma would have been a seventy-year-old "ten pounder" at least, and n 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 the concerns.

Twenty years of therapy? Well, the last eight can't be counted as therapy because of Thelma 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 he therapists were young trainees. Surely, I could offer her more. Thelma and Harry, with limite financial means, had never been able to afford to see anyone other than student therapists. But I wa currently funded by a research institute to study the psychotherapy of the elderly and could se Thelma for a minimal fee. Surely this was an unusual opportunity for her to obtain therapy from a experienced clinician.

My real reasons for taking on Thelma lay elsewhere: first, I was fascinated by encountering a lov obsession at once deeply rooted and in a vulnerable, exposed state, and I was not to be swayed fro 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 define *hubris* as "insubordination to divine law"; I was insubordinate, of course, not to divine law but natural law, the laws that govern the flow of events in my professional field. I think I had premonition at the time that, before my work with Thelma was over, I would be called to account fo hubris.

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

I took pains to inform her that therapy would undoubtedly be unsettling, and attempted to get her 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 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 yo cannot live life because you continually replay past history over and over. I thought you came to se 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 sh leaned back in her chair.

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

"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 t dislodge it. I'll need to challenge some of your beliefs, and therapy might be stressful. I need yo 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 promi from you that for the next six months you will do nothing physically self-destructive. If you feel o the verge, call me. Phone me at any time and I'll be there for you. But if you make any attempt—n matter how slight—then our contract is broken, and I will not continue to work with you. Often I p 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 mood 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 start without this. Do you want to think some more about it, Thelma, and we'll schedule anoth meeting next week?"

She immediately became conciliatory. I don't think she had expected me to take such a firm stan 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' agree to do my best."

"Do my best"—I didn't feel that this was enough, yet hesitated to get into a control struggle s 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 h hand, and said, "You have my promise."

Next week we commenced our work. I decided to maintain a sharp focus on relevant and immedia issues. Thelma had had sufficient time (twenty years of therapy!) to explore her developmental year 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 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, eve such important issues as her relationship with Harry, she considered the session a waste of tim 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 expect any personal rewards from my work with Thelma. I never experienced pleasure from being her presence and, as early as the third or fourth session, realized that any gratification for me in th therapy would have to issue from the intellectual realm.

Most of our time together we devoted to Matthew. I inquired about the precise content of h daydreams, and Thelma seemed to enjoy talking about them. The ruminations were highly repetitiou most were a fairly faithful replay of any one of their meetings during the twenty-seven days. The mo common was their first encounter—the chance meeting in Union Square, the coffee at the St. Franci the walk to Fisherman's Wharf, the view of the bay from Scoma's restaurant, the excitement of th 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 fac though there had been considerable sexual caressing during her twenty-seven days with Matthew, the had had intercourse only once, the first evening. They had attempted intercourse two other times, b Matthew was impotent. I was becoming more convinced that my hunch about his behavior w

correct: namely, that he had major psychosexual problems which he had acted out on Thelma (ar probably other unfortunate patients).

There were so many rich leads that it was hard to select and concentrate on one. First, however, was necessary to establish to Thelma's satisfaction that the obsession had to be eradicated. For a lov obsession drains life of its reality, obliterating new experience, both good and bad—as I know fro my own life. Indeed, most of my deeply held beliefs about therapy, and my areas of keene psychological interest, have arisen from personal experience. Nietzsche claimed that a philosopher system of thought always arises from his autobiography, and I believe that to be true for all therapis —in fact, for anyone who thinks about thought.

At a conference approximately two years prior to meeting Thelma, I had encountered a woman wh subsequently invaded my mind, my thoughts, my dreams. Her image took up housekeeping in m mind and defied all my efforts to dislodge it. But, for a time, that was all right: I liked the obsessio and savored it afresh again and again. A few weeks later, I went on a week's vacation with my famil to a beautiful Caribbean island. It was only after several days that I realized I was missing everythin on the trip—the beauty of the beach, the lush and exotic vegetation, even the thrill of snorkeling ar entering the underwater world. All this rich reality had been blotted out by my obsession. I had bee absent. I had been encased in my mind, watching replays over and over again of the same and, by the pointless fantasy. Anxious and thoroughly fed up with myself, I entered therapy (yet again), and afte several hard months, my mind was my own again and I was able to return to the exciting business experiencing my life *as it was happening.* (A curious thing: my therapist eventually became a clos friend and years later told me that, at the time he was treating me, he himself was obsessed with lovely Italian woman whose attention was riveted to someone else. And so, from patient to therapist 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 ofte repeated her earlier comment that she was living her life eight years before. No wonder she hate being alive! Her life was being stifled in an airless, windowless chamber ventilated only by tho long-gone twenty-seven days.

But Thelma never found this thesis persuasive—with, I now think, good reason. Generalizing fro my experience to hers, I had mistakenly assumed her life to have richness that she was missin because of her obsession. Thelma felt, though she did not explicitly say so at the time, that th obsession contained infinitely more vitality than her lived experience. (Later we were to explore, als with minimal impact, the reverse of that formula—that it was *because* of the impoverishment of h 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 agree that the obsession was the enemy and had to be extirpated. We spent session after session simpl reconnoitering the obsession. It seemed to me that the source of its hold on her was the power she ha 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 m 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 ha 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 wi patients. By virtue of their privileged role, their access to deep feelings and secret information, the reactions always assume larger-than-life meanings. It is almost impossible for patients to se 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