

Psychotherapy: Portraits in Fiction

EMERGENCY

Helmuth Kaiser

Emergency

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Introduction

“Emergency” by Helmuth Kaiser

What constitutes the primary healing ingredients of psychotherapy? Some emphasize the cathartic discharge of unexpressed emotions, others the widening of consciousness, and still others the experience of discovering oneself in the process of communicating authentically.

The quality of relatedness in an authentic dialogue transcends words. “Emergency,” by Helmuth Kaiser, dramatizes the author’s conviction that a therapist free of restrictive theoretical preoccupations and techniques and rigid roles will maximize the healing potential of genuine communication. Implicit in Kaiser’s view is the belief that patients can have a healing influence on their therapists.

Emergency

Helmuth Kaiser

SEVEN DIALOGUES REFLECTING THE ESSENCE OF PSYCHOTHERAPY IN AN
EXTREME ADVENTURE

Prologue

Just as the normal function of an organ or an organism is frequently illuminated by pathologic events, so the views of a therapist on the essential nature of his daily work may become unusually lucid when they are applied to an extreme and unusual case which is theoretically possible but has never occurred in real life.

The following seven dialogues sketch such an unusual case. The views of the therapist in the story are my views. They are not easy to present or to transmit, not because they imply a complicated theory, but because they are simple where one expects the elaborate. When they are expressed in abstract terms, as a textbook would do, the reader is likely to miss their meaning, as if he had to decipher a melody from the grooves of a gramophone disk.

The sequence of scenes contains, in condensation, interaction between the therapist and his patient. However, I do not intend to prove, but only to

show.

Scene 1

Dr. Terwin's office. Dr. Terwin is in the process of clearing his desk, as he usually does before leaving for the day. He picks up a letter and gets caught up in reading it through.

Secretary: Dr. Terwin—Dr. Terwin!

Dr. Terwin [*his eyes still on the letter*]: Yes, Linda?

Secretary: You didn't forget that you still have to see a patient?

Dr. Terwin: A patient?

Secretary: You know—the lady who phoned this afternoon, Mrs. Estella Porfiri.

Dr. Terwin [*hardly remembering*]: Oh yes, something urgent, didn't you say?

Secretary: Right, Doctor, she made it sound very urgent indeed!

Dr. Terwin [*good-naturedly*]: You never know; it might be a real emergency.

Secretary: Anyway, she seemed dead set on seeing you today, no matter what. But I can tell you now: When she complains about lack of will power,

general apathy, and no interest in life—don't believe a word of it!

Dr. Terwin: Who knows?

Secretary: I know! May I leave? Or—

Dr. Terwin: By all means! Enjoy yourself!

Secretary: Thank you. Good-bye, Dr. Terwin!

Dr. Terwin [*after another look at the letter*]: O.K. [*He opens the door to the waiting room.*] Mrs. Porfiri, I assume?

Mrs. Porfiri [*entering*]: How do you do, Dr. Terwin!

Dr. Terwin: How do you do! Will you sit down here, Mrs. Porfiri?

[*Mrs. Porfiri sits down and looks attentively at Dr. Terwin, who takes a chair facing her. She seems surprised by his appearance.*]

Mrs. Porfiri: You look so different from what I had expected!

Dr. Terwin [*with a little smile*]: Maybe you came to the wrong person. I am *Simon F.* Terwin.

Mrs. Porfiri: No, no! Dr. Simon F. Terwin. There is no other Dr. Terwin in the whole city. You know Dr. Redstone, do you?

Dr. Terwin: Dr. Oliver Redstone? He was one of my teachers.

Mrs. Porfiri: I know! [*She lapses into a thoughtful silence.*]

Dr. Terwin: I understood you were in a kind of emergency?

Mrs. Porfiri: Because I insisted on seeing you as soon as possible? I have been in fear for a long time—especially in the last four months. And I did not know what to do. And then, suddenly, I learned that you were in the city—that you have been in this very city for something like a quarter of a year. *[With a faint smile]* So I felt I should not lose any more time!

Dr. Terwin: I am not sure that I understand you fully. Do you mean to say that Dr. Redstone referred you to me?

Mrs. Porfiri: He did, but I should rather say he confirmed my opinion. I'll explain in a minute! *[Tensely]* May I ask you a question first?

[Dr. Terwin looks somewhat astonished and waits.]

Mrs. Porfiri: It is very important to me. All depends—

Dr. Terwin: Of course! What do you want to know?

Mrs. Porfiri: About half a year ago I read an article of yours—I forget the title—was it “Talking to People” in the *Clinical Psychologist*?

Dr. Terwin: That's right.

Mrs. Porfiri *[quickly]*: There you said something like, “In order to treat a person, nothing more is required than that the therapist meets this person regularly for a sufficient time in his office. There are no rules for the patient.

He need not talk about any specific topics or talk at all.” I want to know whether you mean this literally. *[She looks at Dr. Terwin in great suspense.]*

Dr. Terwin *[smiling]*: The answer is yes.

Mrs. Porfiri *[repeating his word]*: Yes. Good—that’s very important. *[She seems to rest from the effort of settling this question and to ponder about the next step.]* You—you don’t think that it matters where the doctor sees the patient?

Dr. Terwin: I don’t know what you have in mind. I would not want to see a patient in—let’s say, a restaurant.

Mrs. Porfiri: Of course, of course! That’s not what I meant. There is really no point in trying—

Dr. Terwin: Trying what?

Mrs. Porfiri *[impatiently]*: Oh, my God, to trap you! Can’t you see? To get you to commit yourself by answering my general questions, so that you cannot back out when I beg your help in my special case! But it won’t work! If you are a coward, you will back out anyway!

Dr. Terwin: That might be. But I can neither back out nor accede to your request as long as I am completely in the dark as to what it is you are asking for.

Mrs. Porfiri *[proudly]*: I am not going to ask for a favor. I’ll tell you what

my fears are and you will either help or refuse to do so! You know who I am?

Dr. Terwin: I understood, Mrs. Estella Porfiri!

Mrs. Porfiri [*waving her hand impatiently*]: I mean, do you know my husband?

Dr. Terwin: You expect me to know him? Don't forget that it's been only three months since I moved to this city!

Mrs. Porfiri: Good, very good! I thought you might have heard the name: Dr. Emilio Porfiri, psychiatrist.

Dr. Terwin: I am sorry. The name sounds only vaguely familiar to me. I would not have known that he is a psychiatrist and lives in this city, if you had not said so.

Mrs. Porfiri: He is not very well known. He is 36, in private practice, and he hasn't published anything—oh, in the last five or six years. We have been married almost eight years. It may sound strange to you when I say that it has only been during the last two or, perhaps, three years that I have come to understand how unhappy Emilio really is. Or maybe it is not my better understanding—it might also be that in the beginning of our marriage he was not so unhappy or disturbed as he became later. I know that during the last four months a change for the worse has taken place.

Dr. Terwin: You would say that your husband is severely depressed?

Mrs. Porfiri: Oh, God yes! Severely depressed! I don't mean that he goes around groaning and moaning; but there is no sparkle in his eye any more. He doesn't complain—or only very rarely. Seeing him from afar you wouldn't notice much. He is well controlled, has always been. He goes to his office, sees his patients, goes to meetings, and even gives speeches occasionally. But it is as if he were far away in his mind, only going through the motions of life.

Dr. Terwin: And you say all this has become more pronounced in the last—I think, four months you said?

Mrs. Porfiri: Yes—as far as I can tell; it began gradually, yet—

Dr. Terwin: Yet?

Mrs. Porfiri: I wanted to say that in the last four months he has become very restless, which he had not been before at all. You know, he used to design furniture; he was quite good at it. When we needed something he did the design. He liked to work it out carefully, and it always took him a long time to do it exactly the way he wanted to. Yet he always finished what he had started. Now he seems unable to stick with anything which is not absolutely necessary.

Dr. Terwin: When you say that there was a deterioration in the last four months, are you only making an estimate of the time, or can you think of an event which occurred four months ago?

Mrs. Porfiri: The latter, Dr. Terwin. There was an event which caused Emilio great concern and distress. And I don't doubt that it contributed in some way to the deterioration. Only, as you will see, it cannot be the clue to everything!

Dr. Terwin: You seem hesitant to describe this event.

Mrs. Porfiri [*thoughtfully*]: I *am* hesitant. It's silly, I know! I feel that this incident will bias you against Emilio, but, as you will see, there was really nothing he could have done to prevent it. It was simply hard luck. This is what happened: Emilio had a patient, a Mr. Dorand, whom he had seen for approximately two years. An addict! Four months ago, the patient, who had improved and seemed decidedly on the way up, had to interrupt treatment for two weeks. Some family problem. When he came back, a few days later than anticipated, he called my husband, as we learned from the answering service which had picked up the call. We got the message late on a Sunday afternoon. My husband called the patient's number several times, but there was no answer. He tried again in the evening; again no answer. The same happened Monday morning. But as soon as Emilio had left for the office, Mr. Dorand called! I told him that Dr. Porfiri had tried to reach him, and that Mr. Dorand should call him at his office in fifteen minutes. The patient remained silent a few seconds, but I could hear him clear his throat. Then the line went dead. I called his apartment, but there was no answer. Apparently he had called from somewhere else, and he never got back home. Somebody found

his dead body Monday night in a little motel. Suicide! I have told all the details to show that, as far as I can see, Emilio had done all that could be done under the circumstances. It seemed natural that Emilio was terribly upset when he learned about the suicide. He canceled some of his hours; he went to the police, to the coroner, and to the morgue. He got in touch with the relatives. And for a week or so this unhappy event kept him occupied. I have asked myself, of course, and have asked Emilio more than once, whether his worrying on Sunday evening was completely accidental or whether he had any reason to suspect that something had gone wrong with the patient. “No reason,” he said, “not the slightest bit of a reason. But, look, in spite of the lack of any reason I *was* worried, and you know I was. I must have made a mistake and must have known it without knowing when or how.”

Dr. Terwin: What followed?

Mrs. Porfiri: Well, to the best of my recollection, Emilio recovered from the shock, I would say, within a week or two. But then—I cannot tell how it started. There must have been a slow transition or—well, I don’t know. But he must have slid into his present behavior, this—what should I call it: aloofness, restlessness, silent despair—oh, it is uncanny!

Dr. Terwin: It frightens you?

Mrs. Porfiri: It does! Oh, my God, it does!

Dr. Terwin: I understand your husband is working as before the—the

accident?

Mrs. Porfiri: I think so. He keeps his hours, sees his patients. However, during these four months or so he has lost some other patients—not in the same way, of course, but two or three quit prematurely, as I understood. Emilio has mentioned that occasionally, but not as he would have done before—in former times, I mean. It used to concern him a good deal if a patient left without too good a reason, but now he doesn't seem to care. No, that's not right! He does care, but something has changed in him. I think sometimes that he takes the other side, Mr. Dorand's side—he used this expression once, in a different context, but it sticks in my mind.

Dr. Terwin: I see—

Mrs. Porfiri: Dr. Terwin, can you say anything? Can you help?

Dr. Terwin: Possibly! I would certainly be glad to talk to your husband. Isn't that what you have in mind?

Mrs. Porfiri: *[after sighing and then remaining silent for a few seconds]*: I had it in mind. Of course, I had it in mind. I had it in mind a year ago, and during these last four months I've had little else in my mind. But, you know, he does not want to. Calmly and firmly, he refuses to see anybody.

Dr. Terwin: His reasons?

Mrs. Porfiri: I'm not sure that I can answer this question. He says it

won't help him—something like that—but this can't be the real reason. How could he know without trying? I have asked, begged, implored him to try. But he seems unassailable.

Dr. Terwin: You know, your husband might simply need more time to make his decision. A psychiatrist has, perhaps, more serious obstacles to overcome than many who are not of the faculty.

Mrs. Porfiri [*intently*]: You tell me to wait?

Dr. Terwin: Let me ask: What is it you are so afraid of?

Mrs. Porfiri [*in a low voice*]: Suicide!

Dr. Terwin: I assume your husband moves in a circle of psychiatrists. It would be strange if not one of his friends had noticed the change in him which you have observed?

Mrs. Porfiri: I can't tell whether anybody has noticed. Nobody has said anything to me about it—with the exception of our maid. She asked me, oh, some weeks ago: "Is Dr. Porfiri ill? He doesn't seem to feel well." Dr. Terwin—believe me, oh, *do* believe me, it *is* urgent!

Dr. Terwin: Mrs. Porfiri, you will understand that I am in no position to confirm or deny the urgency of the case. [*As he notices a look of despair on her face, he goes on.*] Do not misunderstand me! I am ready to act on the assumption that there *might* be urgency. But I have to get some idea that my

action would at least not make things worse! I refuse to act simply for the sake of giving you, or myself, the feeling that action has been taken! Let me ask: What do you think would happen if you told your husband that you had asked me to come and see him? Presenting him with a *fait accompli*, as it were? [As she makes a gesture to interrupt and even starts to say something, he raises his hands to make her listen.] Please, don't feel you have to decide in a hurry. Such a *fait accompli* method has an advantage and also a disadvantage, and which prevails depends essentially on the patient's personality. I want you to consider as calmly as you can these two sides. Look, when you want psychiatric help for your husband, you imply that his refusal to go to see somebody is unreasonable and its motivation irrational. You follow me?

Mrs. Porfiri: Yes, but—

Dr. Terwin: All right, listen: We may then assume that what prevents him from consulting a colleague is something like shame or pride. More generally, he might consider it as wrong in some sense or other for him to admit to a colleague his worry, depression, or whatever it is. This would not exclude the possibility that he would like to have somebody help him, but his countermotivation overrides the desire. If this were so, it might help to present him with a *fait accompli*. He would not feel so keenly that he himself is asking for help, because you had taken all the initiative. He might tell himself that not to talk to me, when I had been summoned by you, would be rude. So it would not be his doing if he talked to me, but rather yours.

Mrs. Porfiri: But, Dr. Terwin—

Dr. Terwin: Allow me a minute more—we are not *that* much in a hurry. I said that there is a disadvantage, too, in the *fait accompli* method. I take it that he has no close friends. You are probably the only person at the present moment he feels close to and has some confidence in. Your calling in a psychiatrist, behind his back, as it were, your putting before him a *fait accompli* and trying to force him into treatment, might impress him most of all not as a sign of your caring for him and loving him, but as a sign that you have lost confidence in him—that you, well, declare him incompetent to look out for himself and are now acting like a guardian who forces onto his helpless ward what *he*, the guardian, thinks is best.

Mrs. Porfiri: That is exactly what I am afraid will happen! That's what I wanted to say all the time. Emilio is terribly sensitive about what he calls "people with the best intentions." He would cancel the appointment or, if it were too late for that, he might even leave the house. No, that *fait accompli* method has no chance and would be very, very dangerous.

Dr. Terwin: Hm! Your estimate as to your husband's reaction might be completely correct. But I am baffled! I thought you would take the opposite view. What, then, is it that *you* suggest? I understood you wanted to make a suggestion, didn't you?

Mrs. Porfiri: I *do* want to make a suggestion. It is not by chance that I

came to see *you* and no other psychiatrist. *[There is a short pause. She is highly conscious that this is the moment of decision.]* I called you the minute I learned you were here—or rather, I wired Dr. Redstone and called you as soon as I had heard from him. I have a very definite idea how you could help. You remember my question—the one I asked right at the beginning? Well, the answer you gave me confirmed what I had thought. Listen, Dr. Terwin, I can see that you can't simply take my word that there is danger. But, as you admitted—and I appreciate very much that you did—you also can't say for sure that I am in error. I know that I am going to ask something unusual from you—something, let's say, that is not usually done by a professional man. But, please, listen to me with an open mind! *[A little pause]* Let me say something more: Dr. Oliver Redstone is a friend of mine. I had talked with him earlier, over the phone. We had a long discussion. He is very old, but his mind is as sharp as ever. Well, his verdict was: "Not impossible! But who would dare to do it, and be able to do it?" Your name was mentioned. But you lived far away then. Now you will understand how I felt when I heard that you were here in this very city of ours—just now, when I need help more than ever. *[She pauses to catch her breath.]*

Dr. Terwin *[in a low, almost dreamy voice]*: Oliver Redstone! How strange! *[Without raising his voice, but very firmly]* And your suggestion, Mrs. Porfiri?

Mrs. Porfiri: It can't matter where you see your patient. Emilio is a

therapist. So you could go and see him as his patient! *[Her voice is faltering.]*

Dr. Terwin: See him as his patient, you say?

Mrs. Porfiri *[bravely]*: As his patient. You would call him and make an appointment. He has sufficient time open. You wouldn't have to use another name. I know that psychiatrists occasionally ask colleagues for their professional help. *[She smiles breathlessly.]*

Dr. Terwin *[in a controlled voice]*: But he would ask how I came to consult him, wouldn't he?

Mrs. Porfiri: I thought of that. You could mention Dr. Redstone. He doesn't know Emilio personally very well, but he thinks well of him as a psychiatrist. And anyway he would agree to your using his name. He says so in his letter!

Dr. Terwin: As you have read my article so carefully and talked to my teacher and friend, Dr. Redstone, about me, you certainly must know that it is my conviction that treatment can't accomplish anything substantial as long as the therapist keeps pretending, lying, play-acting.

Mrs. Porfiri: I thought of that! Your objections against lying and pretending in such a case are not based, I understand, on moral principles. Are they?

Dr. Terwin: Correct! They are not!

Mrs. Porfiri: But on the thought that lying and cheating would interfere with treatment?

Dr. Terwin: Indeed, they would.

Mrs. Porfiri: Now, listen, Dr. Terwin, I thought of that too. It is true you will have to tell lies in the initial interview—you will have to say or indicate that you want treatment, and probably also why you want treatment. You will have to pretend, invent, lie, and cheat. But as soon as treatment starts, once you are accepted as a patient, you have the inalienable privilege of the patient to say what you like. And it is up to you to limit yourself to truthful statements and leave unsaid the essentially conventional formalities as to whom *you* consider to be the patient and whom *you* consider to be the therapist. *[She looks at him with the courage of desperation.]*

Dr. Terwin: Mrs. Porfiri, you suggest that I, a psychiatrist, call a colleague of mine, another psychiatrist, and ask him for his professional help, ask him to take me into treatment for some real or invented troubles of mine, while, in reality, I am hired by his wife to treat him. Do you realize what that means?

Mrs. Porfiri *[proudly]*: I know what it means! It means doing the only thing which could probably save him!

Dr. Terwin *[with a faint smile]*: That is your point of view, which I certainly respect. But it is not the only possible one. I listened to you, as you

asked me to, with a fairly open mind. Now I would like you to return the favor! [*He looks her straight in the face; she answers in the affirmative with a minimal nod.*]

Dr. Terwin: If everything goes well and we get over the point [*he wants to say, which I shudder to think of, but suppresses this remark and replaces it by taking a deep breath*] when I can tell your husband what it's all about, and we can continue the treatment in a more—usual way—it won't matter so much if the thing becomes known—it can be played down. My colleagues will call me a screwball, no doubt, but nothing succeeds like success. As long as neither you nor Dr. Porfiri complains, nothing much can happen. But it would be childish—or worse, it would be ludicrous, megalomaniacal, idiotic, irresponsible—not to consider the possibility of failure. Let's say that after three months or so I come to the conviction that I am getting nowhere. Please realize that something like that may happen under absolutely normal conditions of treatment, while here the conditions would be extremely unfavorable. In a normal case I would not worry. I know that it frequently takes more time to tune in, to hear the patient accurately, to acquire the necessary precision of perception. Yet in this case, which would be as new to me as doing psychotherapy with the pet wife of an Arabian sheik whose prisoner I was, I wouldn't know where to look for a helpful idea. I would never know whether it was only I who was not perceptive enough, or whether it was the damned situation I was in which limited my means of expression. If I got desperate

enough, I would back out. It wouldn't be too hard to make my withdrawal plausible—at least as plausible as the quitting of most patients who stop prematurely, where nobody can ever tell for sure just what made them quit. But worse might happen. We cannot exclude the possibility that Dr. Porfiri might become suspicious. And then what?

Mrs. Porfiri: Oh God! You are right. We cannot exclude every danger. But you can be sure that as long as *you* didn't confess about our agreement, and I didn't, Emilio would always respect you as a patient and would rather accuse himself of a paranoid delusion and break off the treatment than accuse you of —of—being an impostor. I can assure you of one thing. Come hell or high water, neither I nor Dr. Redstone will admit as much as even the thought of our agreement, whoever might ask us about it.

Dr. Terwin [*murmuring*]: Crazy, crazy! So what if—your suggestion—

Mrs. Porfiri: Dr. Terwin, let me ask this: When you, for a moment, disregard the unusualness of my suggestion and the trouble it might cause you with your colleagues or your conscience, do you think it could have a chance of success?

Dr. Terwin [*looking at her thoughtfully*]: A chance of success? Heavens, what do you think I am arguing about? The answer is: Yes, a chance! [*For a whole minute the two stare at each other, sometimes frowning, sometimes smiling, obviously intent on reading the other's mind.*]

Mrs. Porfiri [*starts crying. After 20 seconds she manages to say between sobs*]: Excuse me, Dr. Terwin! I have no words any more.

Dr. Terwin [*confused and embarrassed*]: But—but—I—I did not say anything yet! You, you—don't—have to feel so—desperate.

Mrs. Porfiri [*with a faint smile through her tears*]: I don't cry out of despair. I—I am so—grateful!

Dr. Terwin: Who of us is the therapist? How could you know? Anyway, you are right. So cry if you feel like it!

Mrs. Porfiri [*somewhat recovered*]: I—I have this letter from Dr. Redstone—it might help some.

Dr. Terwin [*taking the letter without looking at it*]: Is there anybody besides Dr. Redstone to whom you have talked about your plan?

Mrs. Porfiri: Nobody!

Dr. Terwin: Good! Don't talk to anybody, no matter what happens. And don't get in touch with me as long as the experiment lasts. No need to complicate matters. Should I find it necessary to back out, I'll let you know. Do you think you can agree to that?

Mrs. Porfiri: I agree. About the fee—will you read the letter first? Dr. Terwin [*reads mumbling to himself for a while, then aloud*]: “I declare that if Dr. Terwin should decide to undertake it, he has my full approval. I ask him in

this case to send his statements for the time he will spend and the money he pays as fee to Dr. Porfiri to me. I'll take full financial responsibility for the whole treatment." So that takes care of that. Do you have any more questions?

Mrs. Porfiri: No, I can't think of any. You know how grateful I am!

Dr. Terwin: That's all right. Let's see what happens. I'll call your husband tomorrow. [*Both get up.*] Good luck, Mrs. Porfiri!

Mrs. Porfiri: I feel hopeful!

Scene 2

Dr. Terwin's office. He is dictating a letter to his secretary, Linda.

Dr. Terwin: "Dear Oliver: This is not the usual thank-you-for-the-referral note with the additional information that I have seen the patient and treatment has been arranged. You will know very well, dear Oliver, that things are somewhat different. My feelings are different, my expectations are different—so this letter will be different, too. It is more like a letter one writes before boarding a ship for an adventurous exploration of the unknown—a farewell letter. Big words! They may seem out of proportion to the unspectacular occasion. What, after all, is the big issue? An attempt at therapy under unusual circumstances? But every patient is unusual. There is always the risk, there is always a lot of unknown factors. Maybe it is the starting with a lie? Yet I shouldn't be too impressed by this bit of initial play-acting. I guess

it is rather the challenge which goes with your expression of confidence! I have made an appointment with Porfiri for this afternoon, an hour from now. I liked his voice. I didn't find it difficult to talk to him—at least over the phone. But I still cannot imagine how it will go. I have a few sketchy ideas of what I am going to say. But I know that no preparation at all would be just as good—or better! Mrs. Porfiri referred to the inalienable privilege of the patient to say what he pleases. She is right; for a long time there will be no danger of arousing suspicion. The danger is rather of behaving too much like a patient. If for one reason or another the plan has to be abandoned or changed, I'll let you know! Wish me luck and thanks a lot! *Yours. . .*” I would like to sign this letter before I leave and have it mailed before I come back.

Linda: O.K.

Dr. Terwin: I don't want to be tempted to add something after I meet Dr. Porfiri.

Linda: I see. You'll have it in a minute!

Scene 3

Dr. Porfiri's office. Dr. Porfiri is sitting at his desk and talking into the telephone.

Dr. Porfiri: Sorry, I have to stop. I'm just about to see a new patient and I'm already late. 'Bye, Bob! [*He puts the receiver down, slumps somewhat in his chair, and sighs. Then he looks at his desk, begins straightening out the things*

on its surface, interrupts himself, gets up, and wanders about the room, like someone who is trying to bring about order, but is not attentive to what he is doing. Finally he pulls himself together and goes over to the door of the waiting room and opens it.] Dr. Terwin?

Dr. Terwin [*entering*]: How do you do, Dr. Porfiri? Very glad to meet you.

Dr. Porfiri: How do you do, Dr. Terwin? It is certainly—well, will you sit down? [*He steers Dr. Terwin to the chair at the side of his desk, then sits down behind the desk and takes up a pen.*]

Dr. Terwin: Thank you very much for arranging a meeting so soon after my call! [*He stops somewhat abruptly and looks toward the window.*] Very nice view!

Dr. Porfiri: Thank you, quite pleasant! Did I understand correctly—you wanted to consult me?

Dr. Terwin: Yes! Yes, I mean I would like to ask for your professional help—for myself!

Dr. Porfiri [*frowning*]: May I ask what made you pick me?

Dr. Terwin: I am new here, as you probably know. I relied on the recommendation of an old teacher of mine. [*Dr. Porfiri looks questioningly at him.*] Dr. Oliver Redstone. He was your teacher, too, I understood, though this must have been some years before my time.

Dr. Porfiri: 1937 to '39.

Dr. Terwin: Well, I met him for the first time in—I think '42. *[Pause]* I have been in treatment once, during my training. I thought then that I did it in the first place for learning purposes. I now see it differently. Anyway, I thought I should be used to it by now, but I find myself quite uncomfortable when it comes to discussing my troubles. Mind if I smoke? *[Before Dr. Porfiri can answer, Dr. Terwin pulls out a package of cigarettes and lights one. Then he offers Dr. Porfiri the package.]*

Dr. Porfiri: No, thanks! When did you start this treatment?

Dr. Terwin: During my residency—I think in '43.

Dr. Porfiri: And how long did it last?

Dr. Terwin: Close to three years, I guess.

Dr. Porfiri: Why was it terminated?

Dr. Terwin: Let's say mutual agreement. There were some improvements.

Dr. Porfiri: Improvements? In what?

Dr. Terwin: In what? A good question, Dr. Porfiri. I suppose in my symptoms. I—I had felt all kinds of anxieties, and after three years I felt them less, or less frequently, or I felt more ashamed to mention them. You see, I

was then an advanced patient and a budding psychiatrist and—and felt under a kind of obligation to respond to treatment properly—that is, with improvement.

Dr. Porfiri: I see! And now?

Dr. Terwin [*more seriously*]: Now? Now I feel less obligated, or I have lost my power of imagination, my talent for self-deception. In a word, it doesn't work any more! [*Pause*] You probably are going to ask me what my symptoms are at the present time. You know, I often wonder to what degree the symptoms we hear so much about in our initial interviews are really the things our patients are bothered with most. In a way, I feel tempted to enumerate a whole lot of complaints, just because they have names. It is easy to say: I am suffering from insomnia of medium severity. Or to say: When I have to meet new people, I try to delay it, I feel an aversion to talking to them. I have to force myself into a conversation and usually fall silent after a short while. I don't work as persistently as I would like and frequently I waste time. Or, I am irritable with my wife and my children. And so on and so forth. All that would be true. All these things bother me—occasionally—I could even say frequently. And yet—I wonder whether these and, maybe, a dozen similar complaints have made me come and look for help. [*He pauses and looks at Dr. Porfiri in a kind of impersonal evaluation, and then his glance goes toward the window and his face takes on an expression of absent-mindedness.*]

Dr. Porfiri [*after having waited for a minute or so*]: What, then, made you come?

Dr. Terwin: What made me come? Perhaps the fact that two obsessional thoughts creep into my mind every so often. Sometimes they both appear together. The one runs: “. . . and so it will go on forever and ever! How awful!” And the other goes: “Somewhere, at some moment, it will stop and it will be as if there never was anything, as if nothing ever had happened.” And that is just as terrible!

Dr. Porfiri: Would you say that these thoughts are—at least sometimes—concomitant with experiences of depersonalization?

Dr. Terwin: I think you understand what I mean. “Concomitant with experiences of depersonalization,” very good! I would venture to say that these thoughts or feelings *are* experiences of depersonalization.

Dr. Porfiri: Hm, I see. Can you say anything as to the time when these obsessive thoughts, to use your expression, first appeared or reappeared—or, maybe I should say, when they became so obnoxious that you started to think of—of consulting somebody?

Dr. Terwin: A year before we moved here we lost a child, my oldest daughter. She was 12 and died of a congenital heart disease. The long-drawn-out alternation of hope and despair which preceded the final event was hard on all of us and left my wife, after all was over, in a state of depression or

exhaustion which was very disquieting. So, after four or five months had gone by without any noticeable change, I thought that it might help to change our surroundings. It took some time to make the decision and another six months before we actually moved. Well, as far as I can see, it really helped. From the moment the decision was made and the preparations started, there was a marked change for the better. Well, to answer your question: During the time when the decision to move had been made, but the move itself had not taken place, it occurred to me for the first time that it might be sensible for me to go into therapy again.

Dr. Porfiri: Can you say that at the time you thought of returning into therapy your wife's condition had already improved?

Dr. Terwin: I am not too sure, but it could be.

Dr. Porfiri: The illness and death of your oldest daughter must have been a highly traumatic experience, not only for your wife, but also for yourself. And yet you seem in no way to connect your symptomatology with these tragic events.

Dr. Terwin [*after a short pause*]: I do not feel any connection.

Dr. Porfiri: That's what I assume. But isn't it astonishing that you did not even *think* of a connection?

Dr. Terwin: There aren't so many things left which I can find truly

astonishing!

Dr. Porfiri: You told me that your wife felt better after the decision to move, and I take it that she has improved even more since the move, but you—you seem to feel worse here than in the other city, don't you?

Dr. Terwin: I have no way to tell, except that here I am arranging for treatment while there I managed without. But that doesn't prove anything. [Pause] By the way, when could you take me? Once I made this decision—[He finishes the sentence by a silent gesture.]

Dr. Porfiri: Well, as a matter of fact—I have hours open; you could start any time.

Dr. Terwin: Very good! If it's O.K. with you I'll come twice a week. As to the hours, the later in the day the better.

Dr. Porfiri: How about Monday and Friday at 7 P.M.?

Dr. Terwin: Friday is fine; could we make it Tuesday instead of Monday?

Dr. Porfiri: I guess that will be possible. I'll find out before our next meeting.

Dr. Terwin: Oh—well—what is your fee?

Dr. Porfiri: Twenty dollars the hour.

Dr. Terwin: All right; so I'll see you—

Dr. Porfiri: There is plenty of time left. I am free until six. If you want to start right now?

Dr. Terwin [*after a short hesitation*]: All right.

Dr. Porfiri: Let's sit over there! [*They move to other chairs.*]

Dr. Terwin: It sounds ridiculous, but I feel as if I had really done something—spectacular!

Dr. Porfiri: Well, you made a decision.

Dr. Terwin: No, my mind was made up before I came that I would give it a try anyway. [*Pause*]

Dr. Porfiri: I know so little about you yet. Won't you tell me something about your background, your upbringing, and so on?

Dr. Terwin [*a bit sadly*]: Come down to business? So that work can start? Is that what you mean?

Dr. Porfiri [*with friendly reproach*]: Of course; you know as well as I that I need a lot of information!

Dr. Terwin: Be it as you wish! I am forty-two now. Of my parents I remember only my father. My mother died when I was two years old.

I have a picture of her in my mind, but when I describe it to my sister she says it's all wrong. As she is eight years my senior she must be right, and I

must have confused our mother with some other female. . . .

Scene 4

Dr. Terwin's office. Linda is sorting some papers.

Dr. Terwin [*entering from the hall*]: Hello, Linda!

Linda: Hello, Dr. Terwin! Back already? Cured?

Dr. Terwin: Almost, almost, Linda—of my megalomania. What I let myself in for! Likeable person, Dr. Porfiri, very likeable. But I feel lost. You can't make a plan. I mean, I made a plan; but I couldn't stick to it. At the end I felt very exhausted. Not that it had been difficult to talk, on the contrary! I would never have thought before that it could be that attractive to the patient! This inalienable right to say what one pleases!

Linda: What, then, was so exhausting? Did you have difficulty in sounding convincing?

Dr. Terwin: As a matter of fact, I was not concerned with sounding convincing. The thought never entered my mind. It rather took an effort to keep alert to the purpose of my visit.

Linda: You know, you sound quite excited!

Dr. Terwin: It is exciting and—confusing; and very different from what I expected.

Linda: Did the lying bother you much?

Dr. Terwin: I am ashamed to admit that no, it didn't; certainly not much. Once or twice, when I had to invent a bit in answering a direct question, I felt some pangs. But otherwise—no! I must be more used to it than I thought. But, then, there weren't so many lies required. Since the other guy assumes that you are coming for treatment, every little idea which goes beyond "Hello" and "How are you?" will appear to him as a symptom. When I come to think of it—I was more truthful in this one hour than any member of the faculty ever is in any staff conference, myself included. You know: The patient's inalienable right. It includes—strange as it may sound—the right to say the truth.

Linda: I knew it! It musn't be bad at all to be a patient! What would you think of extending this right to other people too—let's say, to secretaries?

Dr. Terwin: God forbid! What a subversive idea!

Scene 5

Dr. Porfiri's office. Dr. Porfiri is talking through the half-open door to a patient who is just leaving.

Dr. Porfiri: We'll talk about that day after tomorrow—at 10 A.M. Good-bye!

Woman's Voice: Tell me only one thing: You really think that I wanted to

hurt him?

Dr. Porfiri [*against his will*]: I can't know what you wanted. I did not say that you wanted to hurt him—only *you* said so!

Woman's Voice: But Dr. Porfiri, you know very well that I can't really know. *You* have to tell me!

Dr. Porfiri [*pained and without a smile*]: But not before day after tomorrow at 10 A.M. Good-bye!

Woman's Voice: You are cruel! [*The door is slammed shut.*]

[*Dr. Porfiri almost falls into his chair, drops his arms lifelessly, and lowers his head until his chin touches his chest. He murmurs: In a way she is right—she is damned right! He sits motionless, staring at the floor. There is a knock at the door. Startled, he jumps up and for a moment faces the door, uncertain what to do. Another knock makes him unlock the door carefully and open it a bit. He says: Oh, it's you! Come in, quick! [Mrs. Porfiri enters.]*

Dr. Porfiri: I am sorry. I have hardly any time. What is it?

Mrs. Porfiri: Hi Emilio! I was just at Cynthia's. Her husband, Phil, came home early and we thought it would be nice if the four of us could eat out together. So I ran over to ask you—I thought you had this hour free—would you like to come?

Dr. Porfiri: Too bad! I can't. The hour has been filled again. You're quite

right, it has been free. But now it isn't.

Mrs. Porfiri: Can't you skip it?

Dr. Porfiri: No, the patient must be already here, and besides, he's a new patient and a colleague to boot.

Mrs. Porfiri: What a pity! Maybe you can cut the hour short?

Dr. Porfiri: I tell you, I'd like to! The man is a nightmare!

Mrs. Porfiri: So sick, you mean?

Dr. Porfiri: No, not sick, but he's a queer guy, with a very evasive way of talking. It's hard to understand what he's really talking about.

Mrs. Porfiri: Confused?

Dr. Porfiri: No, not confused. He is very bright and yet—sort of unpredictable, I would say. Why don't you go on with Cynthia and Phil and I'll see you later at home. [*Points toward the waiting room.*] He, too, is a student of Oliver's!

Mrs. Porfiri: Really? No, I'll be at home and have dinner with you. We can dine with the Tenners another time! All right? I'm off! [*She leaves.*]

Dr. Porfiri: O.K. [*He sighs. Then he walks slowly toward the waiting room door, looking around as if he were searching for a way out. Finally he shrugs his shoulders and opens the door.*] Hello, Dr. Terwin!

Dr. Terwin: Hello, Dr. Porfiri! *[They sit down in chairs facing each other. There is a pause, during which Dr. Terwin carefully studies him vis-a-vis.]* You look brave. I like brave people. But I don't like to be the one to provide them with an opportunity to prove their courage. *[He pauses a little, so as to give Dr. Porfiri a chance to answer.]* But, as it is, that can't be helped, can it?

Dr. Porfiri: I am not sure that I understand you. You feel irritated?

Dr. Terwin: Not irritated, Dr. Porfiri! No, not irritated! But I notice that you don't seem especially happy to see me!

Dr. Porfiri *[with a smile]*: You expect people to feel happy whenever you appear?

Dr. Terwin: Of course not! I confess I was somewhat facetious when I said that you did not seem especially happy to see me. I meant only that you had a somewhat strained expression on your face, as if—as if you had to brace yourself—you know, a long working day and now, at 7 P.M., one more patient.

Dr. Porfiri: You might be right!

Dr. Terwin: Of course, I don't expect people to be happy just to see me. But maybe it would be nice if it happened—let's say—occasionally. *[Pause]* I am tired too. It seemed a very long day to me. There were not only the patients. I had to talk at a meeting—a group of social workers—quite interesting, but it's difficult for me to see their problems clearly. So it was

strenuous. When I feel tired, I tend to become philosophical. I wonder whether other people react in the same way. As long as I am alert and wide awake I enjoy the details, like to see and to listen, to observe, I might say. But when I feel fatigued, I think in generalities, *of* generalities, and everything takes on a philosophical color. It becomes confused and self-contradictory—which is so characteristic of philosophical thoughts. No, no—I don't want to say anything against philosophy! We cannot skip over confusion. It seems an important ingredient of our thinking and its development. What is clear from the beginning isn't worth much.

Dr. Porfiri: If your theory is correct, you must be very tired indeed, as you are becoming more philosophical by the minute. But I don't think that your philosophical bent is the effect of fatigue. It rather serves a purpose. It helps you evade the real issue.

Dr. Terwin: The real issue? What's that?

Dr. Porfiri [*seriously and somewhat sadly*]: I can hardly believe that you don't know what I mean. I mean, of course, the things you want help for! Your philosophical speculations about the worthlessness of statements which are perfectly clear from the beginning might be very true, but in terms of your therapy—as you know as well as I—to dwell on such thoughts is simply a waste of time.

Dr. Terwin [*after some hesitation*]: A waste of time! As a matter of fact, I

don't know as well as you. I have my doubts there. But be that as it may! You know, I made a discovery, or should I say rediscovery? I even talked to my secretary about it. Linda is her name. She is a very sensible person—originally a social worker but—one of the exceptions. You know, I would say that it belongs to those features of her which constitute her exceptionality that she had no qualms about becoming a secretary instead of continuing to do social work. Well, my rediscovery! I say rediscovery because I assume I must have discovered this trivial truth in my first treatment with Ingelman. Yet I can't say that I remember doing so, as this whole treatment has almost completely faded from my memory. Even the name of my therapist has only now come back—Ingelman! I am sure that if you had asked me in the previous hour who my therapist was, I would not have been able to conjure up the name. What I wanted to say is that after our previous hour, I realized what a great thing we offer our patients—*that they may say whatever they want to*. Even if we set aside the question of final results and whether we really help them or not, this opportunity to talk—to talk about what you feel like talking about—is unique. However little our patients may avail themselves of this marvelous chance, it is the most humane feature of therapy. You must think differently, or, at least, when you think of results and achievements, you feel that enjoying this unique opportunity to the fullest is a waste of time, or could possibly be a waste of time. And, as a conscientious therapist myself, somehow I have got the notion that you are a very conscientious therapist—you

don't want your patient to waste time. Your brows contract a little, almost to the point of a frown. It is as if you had heard the call of duty, and, your face looking strained and somewhat sad, you dismiss humanity with a shrug and offer the warning: "You are wasting time!" [Pause] I admit that I respect this conscientiousness of yours—it has dignity. It certainly has. But, since it makes you look sad, it makes me feel sad too. I don't know how I would feel if you were not saddened by your submission to duty but pronounced your warning with a ringing voice and a sparkle in your eye. Maybe I would feel annoyed! Maybe I would laugh. As it is—and I can almost hear you sigh, figuratively speaking—well, here again the thought is creeping up: This will go on and on forever and ever. How awful!

Dr. Porfiri: This?

Dr. Terwin: What I mean by "this"? I'll tell you. Look how many things we have in common. We are approximately the same age and of a very similar background. We have gotten our training, partially at least, in the same place with the same teacher. We are both psychiatrists in private practice, doing psychotherapy essentially and by choice. As I did not know you before I made our first appointment, I would not have come without Oliver Redstone's mediation. But I would not have arranged for further visits, after our first interview, if I had not felt—well, that I could talk to you. Well, all these conditions making for ready mutual understanding being fulfilled in our case, all comes to naught because of the preoccupation with purpose, with rules

and regulations, with wasting time and good use of time, with theory and psychological concepts—in one word, with duty!

Dr. Porfiri [*after a pause of a minute*]: You sound so—well, should I say enthusiastic—almost passionate. And yet, would you ever say such things to a patient of yours?

Dr. Terwin: Do you want me to talk to you as if you were my patient?

Dr. Porfiri: Of course not! But you can't have one truth for your patients and another one for yourself!

Dr. Terwin: True, very true—and I don't!

Dr. Porfiri: You know, it seems that you have an aversion to seeing yourself in the role of a patient.

Dr. Terwin: That's very true. I have an aversion to seeing myself in any kind of role. That is essentially what I said before, though in different words. [*There is a pause of more than a minute, and then he continues in a low voice.*] I even find it unsatisfactory to see others acting a role.

Dr. Porfiri: I am not sure that I understand you.

Dr. Terwin: Perhaps you understand but don't like to think you do?

Dr. Porfiri [*after a moment's hesitation*]: I think that is correct. I, somehow, feel that you are critical of me, but I can't put my finger on it. When

I listen to you, there are moments when I feel I understand what you mean and, in a way, could agree. But then, a few seconds later, I have lost you, and I get confused.

Dr. Terwin [*after 30 seconds*]: You see, Dr. Porfiri, I feel much better now. It is, of course, not a law of nature, or of logic or anything like that. There certainly are exceptions, but by and large I think it is true that if things are clear from the beginning, the exchange is not worth while. Only the transition from misunderstanding and confusion to—maybe only a faint sense of approaching a vague notion of something which was possibly meant. Well, it is completely empirical, but I have come to distrust a conversation where everything is lucid and transparent and one says, “Yes, indeed,” or “No, under no conditions.” Well, as I said, there are probably exceptions. I am not impatient. I don’t have to have everything at once. And I don’t expect others to expect that either. Isn’t that what our job consists of most of the time, and especially where it is not in vain? Well, we use up a lot of time—we deal with months and years. We are very generous in this respect. And it would not make sense to be impatient. I often think that time has a different significance or, maybe, a different texture, in our job from that it has in many others. Though we are paid by the hour, our achievements do not consist of just surviving or staying awake for a certain number of minutes, as it is with the night watchman. Nor do we work like the pieceworker, who wants to cram into a given time as many holes drilled or springs soldered or bolts riveted as

possible. One could say that we are not fighting time, neither urging it on to pass quicker, nor trying to slow it down and make it hold more. If everything goes well—whatever that means—we are at peace with time.

Dr. Porfiri [*with some irritation in his voice*]: You say “we”!

Dr. Terwin: Well, I assume that others might see it the same way I do.

Dr. Porfiri [*with a wry expression on his face*]: Or *should* see it the same way you do? Isn’t that what you want to say?

Dr. Terwin [*calmly*]: Of course, I really meant to say something about the nature of our job that—more or less—everybody must notice.

Dr. Porfiri: And if they don’t—

Dr. Terwin: Oh, you disagree?

Dr. Porfiri: I did not say that!

Dr. Terwin: But you mean just that! [Dr. Porfiri keeps silent, although it takes some effort. After more than a minute Dr. Terwin continues.] So why shouldn’t you disagree? Heavens, it wouldn’t be the first time that two therapists disagree in how they view their work! I can’t see anything bad about that. Do you?

Dr. Porfiri [*with noticeable irritation, although he tries to keep calm*]: It seems to me you constantly manage to ignore the fact that you come to me for

treatment as a patient and not for a social visit as a colleague!

Dr. Terwin: And you feel that that is wrong. Well, there you may be right. And yet—I get confused. I may see things in the wrong perspective. But don't you expect that something must be wrong with a man who comes to see you for treatment? If he were not inclined to see himself or the other guy in a somewhat distorted way, what would be there for you to treat?

Dr. Porfiri: Aren't you playing with words?

Dr. Terwin: Good—that you say that! I guess I am. I know that I am tempted to do that very, very frequently. But when I do it, I don't recognize, or don't *always* recognize, that I am doing it. And sometimes—you see—sometimes I feel—Oh, my God, how can I say it and make myself understood? I feel that I am playing with words and at the same time—or by this very thing—but how could you possibly understand me? Well, perhaps I can say it this way: Sometimes—oh, not always, but sometimes—I can't find any better expression for what I want to say than just to play with words. It is like a curse! You'll probably call it an obsession! *It is* an obsession. It makes me sad or even desperate—I mean, trying to find the right words and not finding them, and playing with words instead. I get my thoughts entangled in sentences—and they are all in knots. It's like having a long wet fishing line which is all muddled up. You can't leave it alone, but the more you try to straighten it out, the more it gets entangled. So I can't leave it alone, can't stop

talking and allow things to settle themselves. I have to talk on and add words, and more and more and more words, and it goes on and on and looks like an aimless playing and leads to nothing—most of the time. And there again I have the feeling: This will go on and on forever and ever. How awful!

Dr. Porfiri: Well, I think we better stop here. The time is not quite up—but I am tired, I must say—it would not—

Dr. Terwin: Oh, that is all right! We don't have to be pedantic. I am tired myself. I'll see you—?

Dr. Porfiri: Tuesday—same hour.

Dr. Terwin: Good-bye!

Dr. Porfiri: Good-bye, Dr. Terwin! [*He does not look up when Dr. Terwin leaves. He appears disconcerted, brooding and agitated at the same time.*] Thank goodness! It's over—finally. [*He sits down and looks very dejected. Two minutes pass. The telephone rings.*] Hello! Oh, Estella! Yes, I will. I can do that—easily. No, nothing special—tired perhaps. Yes, indeed. I don't know what Oliver had in mind. He didn't care to send me a note. So I don't know what he thinks about his protege—or what he knows of him, for that matter. But I will write him. It is really a kind of imposition. Crazy! Yes, I said crazy and I mean it—very obscure—can't make him out. It is really very inconsiderate of Redstone—maybe it *is* old age! Practically no excuse—no, no—well intentioned, sure—but there is only a limited amount of good intentions one

can survive—yes, I'll have to write him anyway! No, I won't forget. I'll leave soon! See you! [*He puts the receiver down with a sigh.*]

Scene 6

Dr. Terwin's office, about two weeks later. Linda is working at her desk. The telephone rings. Linda is visibly reluctant to take off the receiver, but when it rings for the fourth time she can't hold out.

Linda: Dr. Terwin's office! No, not yet, Madam. . . . I don't know. You called earlier? It's all right, but. . . . No, no. . . . Perhaps you can try later in the afternoon. Do you want to leave a message? Well, as you prefer. . . . [*Puts down the receiver.*] That's she!

[Dr. Terwin enters. He looks tired and preoccupied.]

Dr. Terwin: I am late, I know. I should really refuse to take part in these conferences. There's no point in it—formalities—[*Looks at her for the first time.*] Eh—what's the matter, Linda, you look so gloomy? [*As she says nothing but seems to be searching for words, he becomes alarmed.*] Has something gone wrong? What is it? Speak up! Dr. Porfiri—?

Linda: I am afraid that something *is* wrong! Mrs. Porfiri called—I don't know how many times. She didn't give her name, but I recognized her voice. She may call again any minute.

Dr. Terwin [*frowning*]: Well, hm, that's just too bad; I can't talk to her. But, you know, she has been under stress now for a long time. Besides, I am seeing Dr. Porfiri tonight. Today is Friday, isn't it? [*Linda nods.*] O.K.—so I will see him. What more can I do? [*He sits down. The telephone rings.*]

Linda [*agitatedly*]: If it's she, I think you should talk to her! Dr. Porfiri wants to stop! [*The telephone rings again.*]

Dr. Terwin: What's that? Answer the phone and tell her that I'm not in yet but will be in in 15 minutes.

Linda [*desperately*]: You have a message from Dr. Redstone about Dr. Porfiri! [*The telephone rings.*]

Dr. Terwin [*firmly*]: Take it and tell her what I told you to!

Linda [*into the phone*]: Hello, Dr. Terwin's office! Beg pardon? Whom did you say? No, you've got the wrong number! We are not the dry cleaners!

Dr. Terwin: Heaven knows what we are! What was that about Dr. Porfiri's stopping? Did he cancel tonight's hour?

Linda: I should have told you first! [*She is trying to control her voice.*]

Dr. Terwin [*his hands on his forehead*]: My God, already! It would have been the seventh hour—three weeks! When did he call?

Linda: He didn't! You got me wrong. There was a message from Dr.

Redstone—

Dr. Terwin: From Dr. Redstone? [*He takes the receiver off the telephone and puts it on the table.*] I want to get this straight! Not from Dr. Porfiri but from Dr. Redstone?

Linda: I am sorry, a night letter came this morning from Dr. Redstone. Here it is!

Dr. Terwin [*reading*]: “Decided to let you know. Disturbed letter from Emilio. Accuses me of not telling him in advance about you. Calls you evasive, unpredictable, conceited, crazy, hostile. Without transition says all his own fault. Apologizes, thanks for my damnable, misplaced confidence. Estella called me, desperate about Emilio’s getting worse, talking daily about that ‘new patient.’ Wants to terminate. I am ready to take next plane if you think advisable. Sorry, Oliver.” Hm, that’s it?

Linda [*almost in tears*]: Oh, Dr. Terwin, I knew the odds were all against you. But I had wished so much you would succeed. [*She takes the receiver to put it back on the phone.*]

Dr. Terwin: Wait, leave it on the table; let’s have it nice and quiet—for a while at least! We’ll do some thinking! The night letter was sent last night. Since mail reaches Oliver’s mountain retreat only once a day, at 10 in the morning, Emilio’s letter must have gotten there yesterday—Thursday morning. An airmail letter takes three full days to get from here to Oliver’s

wilderness, so Emilio's disturbed message can't have been mailed any later than Monday morning. That fits nicely with the mood of the letter. This type of confused message one may write late at night after a miserable week end.

Linda: But what's your point?

Dr. Terwin: Now look! I saw Dr. Porfiri in my Tuesday evening hour! Well, whatever he may have felt or thought—and at times he became quite emotional—he neither looked nor acted like one who is about to withdraw! And this was two days after he wrote the alarming letter, two days in which he had time to plan appropriate action. So he *gets* irritated and furious and *says* alarming things to poor Mrs. Porfiri. What, really, could we expect? If what I am doing with him is therapy at all, it must have the effect of therapy whether he thinks of it as therapy or as a course in Esperanto! And the effect of therapy is what it always is and should be: It stirs him up, tempts him to step out of his rut; and when he does and feels the wind blowing and in his first bewilderment and panic tries to bury himself even deeper—well, that's what every patient does when therapy takes. Now, with Dr. Porfiri things have to go at a sharper pace; they simply have to.

Linda: At a sharper pace?

Dr. Terwin: If any other patient under the influence of treatment steps out of his rut and then, frightened, runs for shelter again, he can soften the impact of therapy for a while by blaming the therapist and fighting him. But

Dr. Porfiri can't fight his therapist because, so far as he knows, this man is his patient, with whom he should not get involved in a fight. Here his professional self-esteem is at stake.

Linda [*still shaky*]: I am glad you see it that way, and I can understand what you meant by a sharper pace. But how can you know that this extraordinary dilemma he is in will not lead to a disastrous explosion?

Dr. Terwin: I don't know. Or rather, I know it *must* lead to an explosion. This situation cannot last long. The question is only: Will the little breeze of fresh air which made him unbutton his neurotic strait jacket be sufficient to make him accept normal treatment?

Linda: I see; but how can one take this risk?

Dr. Terwin: Only if one realizes that one would take an equal or even worse risk by refusing to risk, if you see what I mean.

Linda [*thoughtfully*]: I do.

Dr. Terwin: I have to leave for my hour! Put the receiver back and send a wire to Oliver: "Don't see advisability of visit. Tonight's appointment still uncanceled. Don't see danger increased. Love, Simon." I'm off!

Linda: Good luck! [*Dr. Terwin leaves.*] What a life!

Scene 7

Dr. Porfiri's office. Dr. Terwin is sitting in the patient's chair, while Dr. Porfiri is talking over the phone.

Dr. Porfiri [*into the phone*]: No, I can't. I will call you back at, let's see—eight sharp. [*He puts the receiver down and addresses Dr. Terwin.*] Sorry, I interrupted you!

Dr. Terwin: Did you? I can't remember having said anything. As far as I am concerned, you could have continued on the phone for the whole hour. I wasn't sure for a while whether I would come today or not. Isn't that ridiculous? When I ask myself what makes me reluctant to come here, I find that it's stage fright. Will I know my lines? Or more precisely: How can I make you listen? And I resent the effort.

Dr. Porfiri: You have the feeling that I don't listen to you?

Dr. Terwin: That's the trouble. You don't! You are so busy trying to find something you can do for me that you have no time, or rather no attention, left to listen.

Dr. Porfiri [*fairly unperturbed*]: This impression of yours that I do not listen carefully enough to what you are saying—don't you think that this is just a reflection of your own evasiveness, a projection, to use the proper word?

Dr. Terwin [*after a glance at his opponent*]: My evasiveness?

Dr. Porfiri: You—well, sometimes you talk about yourself; yet most of the time you talk about me or what I am doing with you!

Dr. Terwin: When you are at the dentist's and you say to him, "You are hurting me!," are you talking about the dentist or are you talking about yourself? See what I mean? someone might say: "I am afraid to drive home now in the rush hour!," or "The show last night was superb!," or "It's too bad you don't listen to me!" If you are primarily impressed by the grammar, you may say that the one who confesses fear of driving talks about himself, but the one who praises the show talks about the show, and I—when I complain that frequently you don't listen to me—I am talking about you. But all three of us are saying what it is that concerns us—right now, at the moment.

Dr. Porfiri [*slightly uneasy, but forcing himself to speak in a serious, matter-of-fact tone*]: I think I see what you mean. Your little lecture on the ambiguity of language or grammar might be perfectly correct. Yet the fact remains that you prefer to give a little lecture which has nothing to do with the purpose of our sessions instead of talking about your personal problems. [*With a smile which is meant to be friendly but comes out sarcastic*] I am sure if one of your patients talked to you the way you did just now, you would describe him as an intellectualizer.

Dr. Terwin [*thoughtfully*]: The purpose of our sessions—look, if I were talking to you, for whatever purpose, and I saw you suddenly turn white and

shiver and slump in your chair, would you expect me to continue talking about, let's say, the nomination of Dr. X for president of our psychiatric association, or about my insomnia, or about whatever we had planned to discuss? I would jump up and ask, "What is the matter with you?" and, perhaps, take your pulse; and it would be ridiculous to do otherwise—to pursue my topic in the very moment you are fainting.

Dr. Porfiri [*with some sharpness*]: Look, Dr. Terwin, look at your parallel! That's what you are fantasizing about and wishing for: namely, that I fall ill right here under your nose and you jump up and take my pulse and act as the doctor and turn me into the patient. You are fighting your role as a patient and want to reverse the positions!

Dr. Terwin: I think you have a point there, Dr. Porfiri—although, perhaps, not exactly the point you want to make. Let me say first that I don't think that I would feel any satisfaction if you fainted or suffered any kind of physical accident. It would embarrass me terribly. I am not good at physical medicine and never was. I would call the nearest GP and would be afraid I might have failed to apply the proper first-aid measure. So I don't think that I wish you to fall ill. But you perceived something which I too recognize as true. It is—no, let me say it in this way: I am not sure that I would notice it if you were only to change color. But I do notice it when you are not listening to me. And it's more than just noticing it. It jolts me and absorbs my attention. If it happens it is for me: the business at hand, the one I want to attend to. Well,

you see here I think you made a good point. This sensitivity—or call it hypersensitivity if you want to—I developed in working as a therapist, or maybe it determined my becoming a therapist.

Dr. Porfiri [*puzzled*]: This sensitivity?

Dr. Terwin: Well, the fact that it pains me if the other person is not listening to my words but is only registering them, as it were—that he does not talk to me but only exposes me to information, if I may say so.

Dr. Porfiri [*incredulously*]: And that, you say, determined your becoming a therapist?

Dr. Terwin: I feel it is the essence of my being a therapist! Therefore, although I can't quite go along with your formulation, I would say you made a good point when you complained that I don't adhere to my role as a patient. As a matter of fact, I don't know what the role of the patient is. Are there things which only the therapist should say and other things reserved for the patient? From my viewpoint, that is not so! You are quite right when you assume that frequently the things I am saying to you I could also have said to a patient of mine, and vice versa. Well, the expression "vice versa" is not clear. What I mean is: Sometimes patients say things to me which I could have said to them or to other patients. For instance, it has happened that a patient has said to me: "You are not listening to me!"

Dr. Porfiri [*spontaneously, and regretting it later*]: And how did you react

then?

Dr. Terwin [*with a light smile*]: Of course, not always in the same way, but sometimes I have seen that the patient was right. In one case, I remember, I had noticed the patient's beautiful tie and suddenly thought of a suit of mine which I needed for that very evening but had forgotten to fetch from the cleaners. So—

Dr. Porfiri [*interrupting almost against his will*]: And what do you think is preventing *me* from listening to you?

Dr. Terwin: I might say: Your preoccupation with therapy!

Dr. Porfiri: My what?

Dr. Terwin [*calmly*]: Your preoccupation with therapy. What I mean is: You are obviously under the urge to do something—oh—*therapeutic!*—no matter what you feel or how you feel. You are keeping yourself, should I say, protected, or at a distance from what I am saying, so that you can manage not to take it in, not as you would take in an ordinary telephone message or the question of your neighbor when he asks you whether your electricity has been cut off too, or something like that. I am sure, for instance, that in this very moment you are uneasy about whether you are doing right to be interested in my views on therapy, or rather, to permit yourself to act upon this interest and ask questions about them, instead of looking into the significance of my talking the way I do, interpreting it, using it as sample

behavior as a psychologist uses the Rorschach response of his subject.

Dr. Porfiri [*he jumps up from his chair, paces around his desk and, with an effort, sits down again*]: Excuse me—Why are you talking to me in this way? No, that's not what I wanted to say! Sorry! [*He makes several attempts to say something, but unsuccessfully.*]

Dr. Terwin [*seriously*]: Are you sure? I rather got the impression that that was exactly what you felt like saying, while at the same time you seemed to feel you shouldn't!

Dr. Porfiri [*passionately*]: You know damned well I shouldn't!

Dr. Terwin: Not at all! Look, Dr. Porfiri, I think—and I have no doubt you will agree with me—it is a sad truth that rarely, very, very rarely, do people say what they feel like saying. Here we are, the both of us, in this office together, free for an hour to say what we think. We do not have to sell anything to each other, nor do we have to agree on bylaws or resolutions. We don't have to fight each other, beguile each other, persuade each other. We might not always grasp immediately the other's meaning, but we have the potential of doing so. Why waste this unique opportunity?

Dr. Porfiri [*he now has one of his knees drawn up, the elbow of his right arm on the knee, and his forehead resting in his right hand. His searching glance, under drawn brows, is on Dr. Terwin's face, with an expression as if he were in a dream and trying to awake*]: Whatever the merits or demerits of

your reasoning, if I may call it that, it certainly has the effect of confusing me—surprisingly. No, that is not even the whole story. If you were only confusing me, it would not be so strange! There are many things so complicated, or complex, or maybe even paradoxical- one is uncertain about them, bewildered, and one needs time to get them organized. Nothing unusual about that. So what? I get confused, so I shut up and give myself time to think! But, look, what am I doing? [*With lowered voice*] I don't shut up, I continue talking—in spite of knowing better. I could say—I feel tempted to say: You are seducing me! And so I say it! But what is the sense of putting the blame on you? You are the patient, or supposed to be the patient, so you have the privilege of talking seductive nonsense. But I, supposedly the therapist, should be able to stand up to it. I should be able to hold my own and not to succumb, no matter what you say. [*More firmly*] There is only one way out of this situation—and you know it!

Dr. Terwin: At least, I know what you mean. However, you seem to me like one who has been brought up in a religious faith, and then one day discovers that he does not believe in God. And he is terrified! “My God,” he thinks, “what could be a worse insult to God than not to believe in Him!” It is true! I can see it—you have violated your principles, but—does not what you would call the violation consist of doubting them?

Dr. Porfiri [*again in a low voice*]: My principles—?

Dr. Terwin: Well, the word is questionable. It might be more than mere principles. I think it is no accident that it occurs so rarely that people say what they mean.

Dr. Porfiri [*with an effort, looking Dr. Terwin straight in the face*]: I understand what you say, but I cannot help but feel that I should not, and that I would be better off if I didn't or couldn't! But not even that is completely true! Be that as it may—one thing is for sure! I cannot treat you!

Dr. Terwin: Be that as it may—it seems pretty immaterial in comparison with the fact that we—at least at times—have managed to say to each other what we meant! I—I think that I might do even slightly better the next time! I see there are only a few minutes left, and I would like to discuss this matter more fully. Would it be all right if I kept my next appointment—under whatever heading you wish?

Dr. Porfiri: Of course, Dr. Terwin, of course! I really should not—should not have-

Dr. Terwin: Don't worry! I feel fine! Day after tomorrow at 6—all right?

Dr. Porfiri [*with a half smile*]: All right!