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**SEEING
RED**

A Sandra Krasnapol Story

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Seeing Red



Best to establish a strong frame from the start. That's what Sandra Krasnapol had been taught, anyway, decades ago.

Her one o'clock was home with influenza, so she could have begun the new patient's session as soon as she heard the serial squeaks of doors to the suite and the waiting room, but she did not. Instead, she returned a phone call, skimmed through the morning's email, and filled out the deposit slip for the week's checks. Then it was time.

He had hung his things on the stand in the vestibule, which was once a pantry in the converted Victorian mansion. The woolen coat exuded a scent reminiscent of the too-soft pomelo she'd removed from the back of the fruit drawer the night before, a fuzz of green beneath it. Water still dripped from the umbrella propped against the wall.

She had to look behind the waiting-room door to find him in the corner chair. A pleasant-looking man. "Ordinary" came into her mind, but then that could also have described her. Blond, with a wind-worn complexion that aged him a bit. He pulled his charging cord from the outlet as he rose. He was taller than she, by a half foot at least, and aggressively nondescript, a distinguished Ken doll. "Mr. Denisen?" She extended her hand, as was her custom when

greeting a new patient, wondering what would be in the touch, this intimacy that she would offer again only at the very end of a treatment— if all went well, that is. She breathed in a pleasant, sharp iteration of citrus.

A colleague from her training cohort still defined psychotherapy as “two anxious people in a room, the therapist usually being slightly less so.” For years, her right hand betrayed her, its chill not attenuated by the stolen moments squashed between her thigh and the leather chair seat. These days, though, she found it difficult to hide her confidence, her excitement at the prospect of yet another opportunity to exercise the hard-won mastery of her craft, both treating patients and supervising younger therapists. Last year, one new patient peered through his half-century-thick veil of depression. “You’re

comfortable in your own skin,” he said. An observation: not a question. She knew well, though, that the next impossible situation awaited her, if not today, then tomorrow or tomorrow. To be confident did not mean to be fearless—only that she knew she could trust her instincts.

“I looked you up on Psychology Today—you know, the website,” Mr. Denisen had said on the phone, his vowels bearing the trace of an unidentifiable accent. “I have a small thing, a conflict with my wife...about a favor I agreed to do for an old friend. My wife insists that I see someone, or she’ll...it should only take a few sessions.” How could he know in advance how long it will take? she’d asked him, especially when his marriage might be on the line. “Well, it’s hard to explain...the phone, you know.”

Vague, certainly, but no alarm bells went off in her head. Perhaps he had some problems with trust, but a great many men are not comfortable on the phone. So she offered him an appointment. She had a knack for working with middle-aged men with personality issues.

She withdrew from the handshake and gestured the patient through the hall-like vestibule that led to her office, the former dining room, with its low ceiling and still glorious casement windows of old leaded glass. “Please,” she said, “Go ahead in.” She turned back to make certain that the door was firmly closed, then followed him around the corner of the ell, already in listening mode of alertness and reverie.

“Oof!” Sandra’s grunt was involuntary, for she had collided with the patient—and with such

force that her body bounced off his.

It was as though a giant hardwood had erupted from the floor. Full-on bodily contact: her breasts crushed against his chest and right arm, her nose bumped into his breastbone, hard. She could feel the buttons of his shirt underneath his sweater. He must have perceived every contour of her body—breasts, belly, thigh—through her featherweight knit dress. She felt like a fool. And angry: Who the hell plants himself just around a little corner when he knows somebody’s right behind him?

“Are you all right?” he asked.

“Yes...yes, thanks,” she muttered, trying to recover her equanimity.

The unexpected physicality had annulled the social structure of their roles, and Sandra felt

feminine, self-conscious. She knew she was flushed: Should he have been, too? She was acutely aware that her lipstick might have turned into a clownish smear on her face or even smudged onto his pale blue sweater. The impact might even have given her a nosebleed.

What would he—or his wife, for that matter—think? She'd never heard of a colleague who'd had to confront this problem: physical evidence of one's body touching a patient. For a split second she saw the words on the settlement her malpractice insurer would negotiate: "Our client acknowledges inappropriate touch of a sexual nature...." But no. She couldn't discern any blood or Dior 999 on him. She took a breath and tried to calm her agitation. But he must have felt her breasts—the fact was inescapable. "Uh, please have a seat."

She wouldn't need to check her lips, she decided, even as she found herself adding, "Excuse me for a moment." She couldn't remember the last time she'd been so off balance in a session. She turned her back to him and reached for the compact in her pocketbook.

Her hands were unsteady, she saw, as she reapplied her smudged lipstick, their trembling doubled, trebled by the shaky image in the shaky mirror. She remembered a comedian's bit about how a man can identify a breast no matter how many layers of clothing there are between it and him. This patient had felt her breasts, her body. Nothing had prepared her for this. There had been no article in the *International Journal of Psychoanalysis* on this subject, no seminars at the institute on how to manage accidental breast contact.

Accidental: he had not apologized, she realized, or appeared the slightest bit uncomfortable. She felt the power struggle acutely and could not remember any patient who had succeeded in infusing a sadomasochistic dynamic into a therapeutic encounter in such short order. She felt grateful that her unconscious had forced her to take a time out.

Her back to Mr. Denisen, her irritation growing, she heard metal on the glass table, first what was probably keys and then a shower of coins. Why did men do this? Was it really so uncomfortable to sit with these items in their pockets? And he'd been charging his phone in her waiting room, too, treating her domain as though it were his.

Annoyance and insight stilled her twitchy nerves, and she allowed herself longer than

necessary to repair the finicky red pigment. Rearming, she thought. She caught a glimpse of the patient in miniature as she closed the compact. Had he been able to see a tiny image of her as well? She took a long breath, attempting to exhale memory and desire, purge herself of everything except curiosity and the wish to be of help.

So to bring it up or not: that was the question. With an established patient, there would be no doubt that any physical contact had to be analyzed: what cannot be talked about metastasizes. But to do a biopsy now? With a new patient, a stranger who might construe any comment as seductive? She decided to bookmark it for later in treatment—in case there was a later with this patient. So she smiled as she left her desk. “Well, that was certainly an

unusual beginning.” The chair accepted her weight with its familiar comforting squeak, and she reached for her portfolio and pen. “Larry... Lawrence?...Denisen, could you—”

“Larry is for Lars, actually. My given name.”

“Oh. Well, I see you gave me all the basics on the phone. Your birth date is...so that makes you forty-three. And you said that you’re an architect.” He nodded. “Well, please let me know if my note taking becomes a distraction for you.” She inclined her head slightly in his direction and waited.

The moment was his. “Where would you like me to start?” The air in the room retained its voltage.

She kept silent.

“Well, Dr. Krasnapol, I’ve got this friend who asked me to do a favor for him.” A friend or a “friend”? she wondered. Could it be that difficult for him to speak directly about himself?

“Well, you see, Chip and I have been friends since...I don’t know. Third grade, maybe. Through college. Then he went away for medical school and moved back here about eight or nine years ago. He...”

“Yes?” she said.

“Well, anyway, he came over to watch the football game. We were alone in the house; my wife was doing errands. It felt like old times. We had chips and dip. A few beers, then some Scotch—you get the picture? So he asked me to do a little favor for him. A prank, I guess. Like something from Seinfeld. We were laughing,

figuring out how it could be done. He dared me to try. And then, all of a sudden, we saw my wife leaning on the door to the library. The TV must have been louder than I thought, 'cause I hadn't heard her come in. I don't know how long she'd been listening.

“The look on her face—full preachy-teachy mode. The mood got dark real quick. ‘Are you two serious?’ she said. ‘That’s just plain nasty.’ I saw her take in the fifth of Scotch on the side table. ‘How old are you, anyway? Lars, you’re not actually thinking about doing this, are you?’ Something like that. She huffed her way out of the den, and Chip and I just sat, heavy on the couch, knowing without words that it has been decided for us: I was definitely up for the game. And ‘Lars’: she saves that for when she’s really pissed—pardon my French.”

“It sounds as though you felt rebellious. Can you say more about your marriage?”

“Sure, Sandi,” he said. “I hope first names are all right.”

She didn’t respond. He’d insinuated himself right past “Sandra” into an uninvited intimacy, and she somehow knew that he had used the cheapish “i.” Her sense of surreality returned, bringing a feverish chill—he had touched her breasts. Even if the collision was accidental, which seemed increasingly doubtful, it was in keeping with the man’s personal style. Politeness followed by an attempt to control: that was his pattern. A little rape-y. But although he might have sidestepped her question, he’d actually provided a rather more complete example of how he related to women than he had consciously intended.

He continued. “Okay, so my wife. You know, she’s wanted me to see a therapist for a long time. She wouldn’t let the subject go that night. ‘Now’s the time. You’ve got to see someone.’”

She waited.

“But now that I’m actually here, well, I’m completely distracted.”

“Distracted?”

“Yes, all I can think of is your picture.”

Ah, she thought something had caught his eye when he entered the office. He’s an obsessional, maybe, or he has a touch of Asperger’s. Or perhaps it was akin to the shock some patients experience upon seeing the red areas of the second Rorschach blot—an indication of conflicts about anger. Her respiration slowed as she felt her mind working.

Warmth wafted around as the heating system kicked on.

“My picture?”

“Yes, the poster.”

It had finally happened: somebody noticed her little illicit jouissance.

“Tell me,” she said.

“Well, it just doesn’t really fit with anything in the room. It clashes. I mean, there’s no rule that you can’t have bright red in a room whose accent colors are all seafoam and pastels. By the way, I’d never have put so many black leather pieces in such a small room.”

To be reproached about her furniture? Really! “You seem to have noticed a great deal

in a very few seconds, Mr. Denisen. And you seem to have strong preferences.”

He continued as though she hadn't spoken. “Red doesn't go at all. And the bookshelf really doesn't hide it, you know.” The manifestly authoritative verdict of an insecure narcissist. But was there a touch of menace in his disdain?

“I'm an architect,” he said. “I can't help it. And...your lipstick, too. It's the only other red in the room. You'll have to tell me, Doc. After all, you're the one who might as well be pointing right at the poster with a giant red arrow.”

It's always uncanny when a patient intuits something accurately. She hadn't realized that the lipstick was her “tell,” a clue for anyone who

cared to play Sherlock Holmes. “Can you say more about all this?”

His point was well taken, really, but cheeky! Who’s analyzing whom? Still, his speech wasn’t pressured. He displayed no signs of anxiety, no genuine fear of her. He didn’t need to know about the poster—he wanted to know. This man’s aggression was right at the surface.

“Well,” he continued, “you’ve clearly gone to some trouble to curate the space. The crystals on the coffee table. That little figure of the fish is Lalique, if I’m not mistaken. And two of the clear ones are old-ish Tiffany paperweights. From the ’80s, I think. And the furniture—well, it is what it is. Serviceable.

“But most of the stuff on the walls—that’s personal. The photos—I’m guessing you took

them. All your diplomas gathered around your desk. The Jules Olitski lithograph is the only serious piece in here. Except for the poster—if it's real, of course. That would have to be worth—what, fifteen thousand dollars? More, maybe. So the poster jumps out, like, ‘What doesn't belong in this picture?’” He gestured with a muscular arm as though to say, “Duh.”

Impressive. She was taken aback by how much detail he'd noticed. It was provocative, to say the least. A borderline personality, perhaps. Too soon for that diagnosis, though. Better be careful not to go there when he'd already gotten her back up.

Outside, the little bits of sky visible through maple leaves darkened, and sheets of rain battered the parked cars below her windows.

Indeed the poster did not harmonize with the decor. He was not wrong about that. It was red—very red. A black silhouette, a hatted man, limbs akimbo, tries to catch a woman in heels and a flowy dress, a ghostly white outline. They are both falling into a white spiral vortex against the bright red background. An off note that she had expected—correctly, until now—to go unremarked upon.

She'd never encountered a patient who deployed his defenses in this manner, never heard a comparable anecdote in any case presentation or article. Defenses, however, always reveal what they seek to camouflage. This man had put her office through a giant MRI scanner—without, apparently, any idea that he'd simultaneously handed her the films of his own pass through the machine. Could it be mere

chance that his estimate of the poster's value might have been accurate? He couldn't have known that hers was the one that won approval from the master. The back, visible in its double-sided frame when you turned it over but protected from UV rays and Mr. Denisen's scrutiny, sported the penciled notation OK-HITCH.

“Well, Mr. Denisen. Your concern has transferred from yourself and the prank to me and my office in short order.” The analytic method is wise in most situations, even when a patient has felt almost your entire body: show nothing to the patient but a mirror.

She knew that she, too, was in defensive mode, employing good analytic technique but buying time to reflect, to play out alternative scenarios. Because Mr. Denisen had caught her

in flagrante. The poster had been a better-kept almost-secret in her previous office, tucked away in the little alcove above her desk, visible to only the nosiest patients as they reentered the real world at minute forty-six. But in this office, nicer by far though differently configured, no wall offered a comparable private-ish space.

“I don’t see it like that. After all, I don’t know you. Yes, you were recomm—your credentials are impressive; you’ve published; you’ve been on the editorial boards of professional journals; you’ve got lots of cryptic initials after your name. But so what? That tells me nothing, not a thing about you as a person.”

“Did you notice that you interrupted the flow of your thoughts, Mr. Denisen?” she parried. “You were about to say something else.”

Recommended: a telltale fart he couldn't take back.

He was peeved, activated. “No, no, not at all. It's entirely about trust. You're a stranger. How can I trust you when you've practically installed a red question mark on your wall? It's so off—what's that say about you? No, I've got to know about that poster.” Self-satisfied, as though he'd offered an irrefutable argument to the jury.

The moment was taut with possibilities and hazards. There were some right ways and many more wrong ways to respond to his sortie.

She could refuse to answer, taking this opportunity to explain how little the information would matter, in the end, and that whatever the patient imagined would help them both understand his mind better.

She could invite him to speculate. But that seemed unlikely to be effective, for this patient already brought to mind Freud's pithy comment about the rider who could only guide the horse where the beast itself wants to go.

She believed, too, that the interchange must flow freely in a first meeting; she and the patient had to get a feel for each other. That's why she'd long ago stopped taking a formal history during first sessions. Not a good idea to start off with rules and instructions about the process when she had no idea whether she'd recommend analysis, see him for the few sessions he thought would suffice, or decide they were not a good match.

She considered answering Mr. Denisen's question in a superficial manner. Nothing but the truth, but not the whole truth: "Oh, it's a

scholarly interest of mine. The Vertigo poster marked the publication of an article I wrote.” She wouldn’t mention that it was an original contribution to Hitchcock scholarship, the result of decades of viewings and re-viewings of the film and thousands of hours spent reading the massive literature. She wouldn’t mention that her husband gave her the poster for her fiftieth birthday, an emblem of thirty years of fascination, fifteen years of research, and the obsession that would likely be extinguished only as her body burned to ashes.

However, Mr. Denisen perhaps did know about her obsession already. One click on her Psychology Today profile took any surfer to her own website and bibliography. No, she suspected he must be after much more personal

information tucked behind the display of the poster.

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The poster wasn't originally evidence of infidelity to her profession. But now? It might as well have been the sound of her own heart beating beneath the floor. Why had she not removed it when its meaning had metamorphosed—that is, after she started writing her novel?

On a sunny September 11, the day she had approved the galleys of her article, her unconscious offered her an apple, Honeycrisp-irresistible. “What if . . . oh, never mind,” it said.

“No, go ahead,” she responded, as if she were encouraging a shy patient.

“What if the psychiatrist in *Vertigo* had treated both Kim Novak and Jimmy Stewart? Wouldn’t that be fascinating? You know, don’t you, that nobody else in the world could write that story besides you?”

Fear clawed at her insides. “Not fiction! I can’t do that!”

Her devil responded, “Doesn’t the lovely mottling on the apple skin resemble the spiral motif in the credit sequence?” And she was smitten.

She began tentatively, a few words each day. Then the ideas began intruding faster than she could catch them—during showers, sessions, traffic jams, and trips home over empty night roads. She placed decorative memo pads and pens in every room of the house so that she

could capture phrases and plot twists before they could escape back to their netherworld—back into her unconscious. Hypomanic glee possessed her almost daily; she had never enjoyed her own mind so much. For time seemed to vanish in the jigsaw puzzle of words and paragraphs and in the ecstatic liberation from footnotes. This was her world: no patient's well-being depended upon her choices!

Was writing an illness? She would probably have had no doubt about disclosing to patients the existence of a physical illness that absorbed so much of her attention. But this? The immersion in the strange etiquette of the literary world, the thrill of serious agents asking her to send the full manuscript, and then, most of all, the waiting, the glacial, apparently interminable

waiting. All that she kept to herself, tucked away in her writer's persona.

But what did it matter if patients knew, after all? Patients will sculpt any fact about their therapists according to their personal fears and dreams. Still, some of her colleagues would be appalled at the very idea of acknowledging even an obvious personal fact. She thought of the archaic and ridiculous belief that a pregnant analyst must allow her patients to be the first to comment on her growing belly. Her book, she thought: it's like trying to keep her pregnancy secret from her other lover. Luckily, she had a strong work ego, a therapeutic persona so well compartmentalized that no patient ever guessed when personal fortune or misfortune had struck. With a single exception: Wednesday, November 9, 2016.



“Mr. Denisen, you’re right, of course, that I’m not going to be able to be of much help to you if you don’t trust me. That’s quite true. Yet I don’t sense anxiety as you speak. I don’t get the sense that you feel particularly vulnerable or worried.”

He gripped the arms of the chair, appearing uneasy for the first time in the session.

“Maybe it would be useful for you to tell me more about the dilemma that brought you here, your friend’s prank and the disagreement with your wife. Most people don’t come to a therapist unless something is hurting pretty badly. Or unless they’re hurting someone else pretty badly. I may be wrong—and please tell me if I am—but you do not seem terribly troubled by either of those matters. Or to be genuinely worried about whether I am trustworthy.”

She almost missed the tightening of his jaw and the hardening of his eyes, his expression barely visible in the low, relaxing lighting of her office.

“Yes, the favor. A harmless thing,” he said, crossing his arms, their strength only slightly softened by his sky-blue cable-knit sweater.

A tremor went through her own musculature. Neither fight nor flight for her, though. As Jay Greenberg, a psychoanalytic luminary, advised, “Don’t just do something. Sit there.” So she did, chilled by the implicit threat and by the fact that he had brought up the question of harm.

“That movie, though, Sandi. Why would you bring that in here? Murder; people falling off towers. And people using each other for their

own schemes. What kind of signal are you sending to people on my side of the room?”

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Why had she kept the poster when she moved to this office? Really, it was as though she'd hung a window into her other existence, daring patients to take a look. That there was no room for even one more thing on her mostly sloping walls at home was a weak rationalization. No, she had needed this poster behind her right shoulder as she sat for hours every day behind the right shoulders of those on her couch. The moment had turned pure Rear Window—the observer now exposed, the patient analyzing the analyst. She felt floaty, on the edge of dizzy.

A psychoanalyst must renounce the wish to be known. That was the requirement, and she had mostly reveled in the responsibility to focus

on the other. Following her curiosity had given her the greatest pleasure. She didn't mind having a space devoid of family photos, and she'd never had the urge to discuss her books, her existence as a psychoanalytic scholar. Until *Vertigo*. Now, she apparently needed her patients to see her. To see her, after having been content—and honored—to serve as an object of transference for so many years. Only now that she was caught did Sandra realize that she didn't fully understand her own motives.

It had taken her around twenty years to think of herself as seasoned; her psychoanalytic muscles were limber and well toned. She could do this forever, she thought sometimes. The fewer psychoanalytic papers she read, the better her clinical work seemed to become. In the words of another luminary, she had the courage

of her own stupidity: she was no longer tentative in her interpretations for fear of making mistakes. She received more grateful accolades from patients and more respect from colleagues than she ever had in her career. Why, then, would she need anything beyond this precious satisfaction? Were her patients no longer enough of a challenge?

Maybe there was a masochism in her, a drive that won't let her rest in a state of enjoyment. "No, no," said her devil. "You have to try something new now. You've collected your two hundred dollars per hour: you may pass Go. To a new game, ancient, alluring, as difficult to master as psychoanalysis. You'll love it!"

So she began a morning and weekend affair with fiction, using only her wit and her iPad. Stories and patients were not so very different,

she discovered. They were both cerebral and sensual lovers, demanding at times, requiring devotion and attention to minutiae, her love conveyed through the right gesture and tone of voice. Words were elixir in both arenas—seductive, invasive—this fact unacknowledged, of course, in her professional ethics codes. A patient became well and a story came into being when they took her words inside themselves, when her voice became theirs. Two different routes to immortality. She thought about patients just as she did about her writing—at odd moments, when she least expected it. She could lose herself equally in a session or a paragraph.

What was she to do about her affair, her disloyalty? Should the ethics codes prescribe the appropriate conduct? Section P, subsection whatever: thou must confess thy infidelity to thy

patients. Could she simply go on with both lovers?

Months ago, over salads and iced tea, Suzanne, her closest friend from training, had said, “You know, you sound really guilty every time you tell me how well your writing is going. Maybe even ashamed.” The observation came as a shock, and it had taken her a few days to recognize the truth in it.

To confess would be to wound, to commit the most mortal of sins. *Primum non nocere*. “You’re not enough for me.” The sadism of baring the unavoidable truth that her patients needed her more than she needed them. The truth that she would indeed abandon them if the work ceased to give her emotional satisfaction and intellectual challenges.

Maybe this man, pressuring her, putting her on the spot, was punishment for her greed. She wondered whether she'd been unconsciously searching, dangling bait in the waters of Psychology Today for the right sort of patient. This particular patient, perhaps? A patient who would notice the sign of her infidelity, a patient who'd force her to test how long she could maintain her balancing act. Did she have the wherewithal to keep both lovers until death or dementia did them part? Or would she renounce one or the other, a simultaneous murder-suicide? The biggest question, however: Could she work with the man who'd contrived that full-body collision? This would not be the only unusual enactment of his issues that he'd engineer. That was certain.

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“So, Mr. Denisen. Here we are. How can we understand that this object on the wall has quickly become more important than the concern that brought you to me in the first place? However innocuous this prank may be, it would appear to be the ‘other shoe’ that dropped between you and your wife. How did this state of affairs come about?”

“Oh, it’s really nothing. She just thinks I’m too into my friends. You know, watching the game with them no matter what. Poker parties, that kind of thing. I don’t understand it, frankly. She loved that about me not so long ago. Her first husband didn’t do a thing outside of work. She hated that. And now she wants me to be more like him. But it’s really not that big a deal. And how do I know you’ll understand, anyway?”

Are you even married? I don't see a wedding band behind that giant sapphire."

"Mr. Denisen, if I didn't know better, I might think you were trying to prevent me from getting to know you. I might think you were trying to pick a fight with me. But there'd be no reason for you to do that, would there?"

Silence. He shifted in the chair, recrossing his khaki-clad legs.

"Or would there?"

"A fight? No. Why would I do that?"

"That has me confused, too, but I think you can feel the tension in this room as well as I can."

"Tension? Oh, no, no. It's just the poster. It's so distracting. That and your lipstick. I can't

think of anything else.”

The phone rang, and the patient started. She ignored it, keeping her gaze fixed on him.

“Is this often a problem for you?” she asked.
“Getting distracted? Losing your focus?”

“I don’t have ADHD, if that’s what you’re thinking, Sandi.” Faux indignation.

“Well, then, let’s try to understand together why you are here.” Iron fist in velvet voice.

He glanced at the door a couple of times, then at her, and then over her shoulder, as though he expected the poster to rescue him. The white noise machine didn’t quite cover the sound of the wind whipping the maple leaves at the window. She could see their undersides, a warning of a thunderstorm.

“All right, all right. I’m supposed to be able to tell you anything, right? Anything I want?”
His ears were almost as red as her lipstick.

She waited. The skies darkened, and the branches seemed to try to claw their way through the window.

“Okay,” Mr. Denisen said, the “kay” a separate, defiant word. “I lied.”

“Lied?” What could there have been to lie about?

“Yes, sort of . . . well, yes. Chip asked me not to let on that he wanted me to see you.”

Chip. Not his wife. She was mystified.

“Mr. Denisen,” she said, leaning forward, “you’re going to have to help me out. I have no

idea who Chip might be.” She heard the astringent edge in her voice.

Chip. Could it be . . . or the guy who . . . or maybe . . . or . . .

Sandra’s mental search function had been activated. She had no colleague named Chip who could have referred Mr. Denisen to her, so she scanned thousands of sessions, nuances of dreams and fantasies, enraged and erotic transferences, sifting through her guts for uncatalogued and untoward reactions. Names and possibilities filled her mind’s eye, neon flashing, Times Square.

“Oh, Sandi, I can’t tell you who he is. I gave him my word!”

She thought of a vignette she heard from a fellow psychoanalyst, an eminence in the field.

A patient said he had to keep a certain matter secret because the president has ordered him to do so. The analyst responded, “And suppose it had been the vice president?”

“Mr. Denisen, I am confused. You requested this appointment, and there’s nothing preventing you from leaving if you feel that I’m untrustworthy. There’s nothing preventing you from leaving for any reason. But trust goes both ways. I cannot help you if I cannot trust that you’ll be forthcoming with me. Did you not expect that I would need to know why you’re here?”

The lights flickered, and she had to restrain her reflexive reach for the flashlight she kept in her file drawer. The idea of conducting this session in the dark . . .

What to do when a patient lies or knowingly withholds essential information? A cuckolded analyst is a fool and of no use to the patient. A real Lacanian would say, “Oh, but every patient can only lie! The unconscious is unknown to all of us, so a deliberate lie is really no different.” She disagreed, though she’d always found a certain allure in Lacan’s practice of the seven-minute hour—that is, ending the session at the first sign of bullshit, even if it’s after only a few minutes. Should she do that now, for the first time in her career? A defense of herself, yes, but mainly a defense of the integrity of the therapeutic process.

Finally he spoke, brazen in his defeat: “Chip told me he could never understand why you’d hang a Hitchcock poster in your office.”

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Sandra was aware that her patient had spoken rather loudly, but it seemed nonetheless that his words had been entirely absorbed into the books that lined her office walls. “I beg your pardon? I didn’t quite catch that.”

Mr. Denisen said, softly this time, “Chip wanted to know about your poster.”

“What?” She shook her head rapidly and pushed as far into the back of her chair as she could. “You mean tell me that this is a prank? That I am the prank?”

The gall of this man, the gall of Chip, whoever the fuck he was; she had never seen arrogance like this.

But who was “Chip”? Which male patients had the temperament and social connections to be friends with Mr. Denisen? Which ones would

have even mentioned therapy? It's not a thing men usually confide to their buddies. Who could have been so interested in her poster? Who had the capacity to satisfy his curiosity with such underhanded hostility?

Oh. There was a Chip, sort of. The one who got obsessed with his two ex-wives. Was he in treatment when she first hung the poster? She thought so.

This was the guy who took the name of his stepfather after his father died in Vietnam. His paternal grandfather stayed involved and used to call him Chip, as in "off the old block." But he never used the nickname. And he only mentioned that once, when she was taking his developmental history. No, she didn't think he was the one. But somebody did want to learn about the poster very badly.

“Yeah, that’s right.”

Had she heard a soupçon of shame?

“Chip said he had to know why. But I became as curious as Chip—I had to know, too.”

Really, then, he’d been honest in a way—that is, he wasn’t really changing the subject by insisting on finding out about the poster. The lie was that he had come to seek genuine psychological help. Although perhaps he didn’t know yet that he also wanted that. When she thought of the choreography that must have gone into this . . .

“He said you were kind of attractive, too, in a Mimi Rogers kind of way.”

Vindicated: she knew he’d have spelled her name with an “i.” And they were getting back to

the bread and butter of understanding transference—both Chip’s and his own.

He went on: “You know, she’s a poker player, too, a pro. So that added a little *je ne sais quoi* to the whole thing. Made it into a career. Fun. Could I carry it off?”

He had turned boastful. Why? He’d been found out. It didn’t make sense. Unless . . . yes, that must have been his unconscious desire. He thought he’d kill two birds by stoning one psychoanalyst. He’d get his wife off his back while spying for his friend. And then it turned out to be more exciting than he expected. No wonder his wife thought he needed to see a therapist for real. She could barely imagine that marriage, though Mrs. Denisen undoubtedly had her own motives for staying with him. Yes, sadomasochism was like an image in a fun-

house hall of mirrors, an image reiterated and distorted, its origin impossible to determine.

What was happening? What was this man doing to her? Could he have known the curiosity this would stir up in her? And the ethical dilemma? Even if she figured out who Chip was, she could under no circumstances let on that she knew. The very act of acknowledging that any individual is or was a patient would constitute an ethical violation. As she thought again of her roster of patients, she was suddenly suffused with panic. Had she been oblivious to a danger? Some patient had it in him to organize this vengeful act.

But no. She didn't think she would have missed this serious a propensity to act out. No, she'd never been that blind to an antisocial

character trait. Suppose Chip hadn't been a patient at all?

✱

Oh. She knew. It had to be her “apt pupil.” The supervisee who was so deferential that she knew he must be harboring Saudi-size reserves of envy. And anger tucked away behind an annoying last question posed as soon as she indicated that their time had ended. Unlike most of her supervisees, he had not posed a single query, not one, about how to set up an office or how to establish payment policies and vacation coverage, even as he was hanging out his own shingle.

She heard the muffled sounds of the doors to her suite and waiting room; her next patient had arrived.

What were her obligations of confidentiality to a former supervisee? She couldn't remember any mention of this in the ethics codes. But even if there were no such obligation, she could not indicate that she had solved the mystery of "Chip." After all, if you violate one confidential relationship, you demonstrate that you might violate others, too. That would give Mr. Denisen a reason to mistrust her. And he certainly needed to be somebody's patient.

She might never comprehend how that silent supervisee's unspoken curiosity putrefied into a hostile aggression. Pretty crazy, really, to coach a surrogate to masquerade as a patient. It did sound a bit like a Larry David scheme.

She imagined the intricacies of treating this patient, a previously unimaginable configuration of clinical and ethical quandaries—it was like

the scent of truffles to a pig. Oh, the blend of sociopathy and narcissism, sadism and masochism, that had gone into his dramatic charade! And the old-fashioned notion of immaturity—that, too. Some people never grow up, after all.

“You have to find out, don’t you?” said her devil. “This is a new cultivar, even better than the Honeycrisp. Here—take a bite. Vertigo was about liars, too. remember? And he’s right, you know: you are a bit of a gambler. Now, isn’t that just delicious?”

“Has this been fun?” Sandra asked. “Did you enjoy watching to see if I would squirm?”

“It was!” Mr. Denisen said. “To imagine the back-and-forth with you . . . yes, it was a lot of fun.”

“Tell me, Mr. Denisen, have you ever been caught before when you’ve broken the rules?”

Nature cooperated, punctuating the question with a gust of wind that smashed a branch against the window.

His face was downcast. “Are you going to kick me out? Now that you know . . .”

“Kick you out? Why would I do that?” she asked. “When you’ve demonstrated so effectively that you desperately need my help?”

“Oh, Sandi.” He smiled. “Yes! Oh, yes.”