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An unfinished experimental didactic novel. Chapter 10: Milan

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The day opened with partly cloudy weather. A large Japanese tour group came to occupy the hotel. Confused and tired from lack of sleep I managed to bring my buffet breakfast plate to the wrong table, embarrassing myself. The reason for my lack of sleep was the noisy but brilliant colorful fireworks that were shot over the Bosphorous last night against the background of a full moon. The moon was indeed very bright, shining down with its light shimmering over the water. Also I was becoming continuously troubled and worried about our return and what was waiting for me in the United States in the way of damage to my reputation. Trying to calm down and wake up I went out onto the spacious hotel garden. As I sat quietly waiting for the others to appear in the garden, musing over the Bosphorous and watching the large variety of boats traverse the blue water, I could think only of J. The words of Shelley in his *Epipsychidion* (lines 540-552) kept running through my mind:

> Meanwhile
> We two will rise, and sit, and walk together,
> Under one roof of blue Ionian weather,
> And wander in the meadows, or ascend
> The mossy mountains, where the blue heavens bend
> With lightest winds, to touch their paramour;
> Or linger, where the pebble-paven shore,
> Under the quick, faint kisses of the sea
> Trembles and sparkles as with ecstasy, —
> Possessing and possessed by all that is
> Within that calm circumference of bliss,
> And by each other, til love and live
> Be one.

While trying to collect myself and thinking about J., almost by magic she appeared. Apparently she was also having trouble sleeping and had come for a stroll and a rest

in the soothing and beautiful area of the garden of the Ciragăn Palace hotel where she also could sit and watch the brilliant foliage and flowers and the variegated colors of those remarkable plants growing in the garden, as well as rest her eyes on the boats going back and forth on the beautiful blue Bospherous. But J. was not friendly. She sat down on a bench next to me after a curt polite good morning. I waited for a while and finally I could stand it no longer. I said to her, "You know, in Anita Brookner's latest novel (2003) she writes, 'If I desired company it was for the company of one other person, intimate colloquy, a form of nurture that I could certainly embrace. The whole idea of friendship would have to be recast if it were to mean anything.'"

J. said nothing.

I went on, "Shakespeare in *Loves Labor Lost* (Act IV) writes

> From women's eyes this doctrine I derive
> They are the ground, the books, the academes,
> From whence doth spring the true Promethian fire.

J. said nothing.

In desperation I continued,

> He is the half part of a blessed man,
> Left to be finished by such as she;
> And she of fair divided excellence,
> Whose fullness of perfection lies in him.

This is from Shakespeare's *King John*, Act II, Scene i."

J. said nothing.

I reminded her that Emily Dickenson wrote each life converges to some center. I rambled on, "J., whether you like it or not, you are the center of convergence for me, even if I will not remember what you look like when this trip is over. Goya painted 'Maya Clothed' and 'Maya Nude' — as you might guess this famous pair of paintings made a tremendous impression on me when I saw them hanging in the Prado in Madrid. But of course that was before you decided to reject me. Yet this pair of paintings has a unique transcendence just as you do.

J. said nothing.

I went on to quote what Jean Paul Sartre wrote to Simone de Beauvoir, "It has to be you, my love, someone so closely mingled with me that we no longer know what is yours and what is mine. I love you… I cannot be separated from you, because you are like the very consistency of my being…it is impossible to be more at one than we are, you and I."

J. rose exasperatedly and looked at me coldly. "Martin, you are talking to yourself; your efforts to rekindle love in me with quotations are ridiculous and make even a greater fool of you than you are."

She started to walk away in disgust when Ali and Claire appeared. They were obviously infatuated with each other, almost drunk with pleasure in their relationship. It was clear the Claire was going to stay in Turkey with Ali and I reminded myself the

name Ali in Arabic means high, lofty, and sublime.

But now they were thinking of themselves still as residents in psychiatry and they sat down next to me and asked me to say more about intensive psychotherapy, a subject on which they has received almost no training either in Claire's American residency or Ali's Turkish residency. *[Note added later by Lisa: Martin was correct. Claire stayed on with Ali in Turkey. Ali gave up his residency in disgust out of the total concentration there in psychopharmacology. Claire also felt that she was not interested in passing out medication, something that she could have done as an internist or even as a general practitioner. Ali went into the field of television and became a wealthy and successful host of a Turkish talk show television program. Claire wrote a series of books on the clash of civilizations between the Moslems and the Christians, a clash that is still going strong as of this time.]* So both Ali and Claire wanted to learn what they could about intensive psychotherapy and psychoanalysis and asked me to chat with them on the topic. As I began to speak, Sarah wandered up to listen. J. stayed in the garden at a distance to enjoy the view now that others were there and I would bother her no longer. Finally Henry arrived and listened out of curiosity, but I did most of the talking; I had no formal talk or notes and just decided to say whatever came to me.

Martin's Last Descant

Mental illness derives in part from insoluble intrapsychic conflicts. These are unconscious, they relate to early childhood experiences, and they represent inadequately resolved infantile conflicts. Before the onset of the illness they were handled by the mechanisms of defense of the ego, by character traits, and by ego-syntonic symptoms — three factors that together constitute what is known as the everyday personality. If through combinations of inner and outer stresses previous methods of maintaining homeostasis fail, regression, symptoms, and/or ego-dystonic character traits appear. The pattern of these symptoms and character traits reveals elements of the unconscious early inner conflicts and the way that the patient's ego deals with them.

"The point of this is to focus on the ego (Wallerstein 1975). Psychotherapy takes place through the medium of the patient's ego. We never reach the unconscious itself — we only deal with *derivatives* as they manifest themselves through the ego functions of the patient. Fundamentally psychoanalytic psychotherapy is aiming at a change and improvement in the patient's ego functioning and consequent adaptation, which is reflected in increased mental health.

"Frank (1978) offered the 'demoralization hypothesis' — a plausible superficial hypothesis regardless of what school of psychoanalysis one follows - which I consider useful in assessing a patient at the beginning of treatment in order to understand why he or she is in the office now. Demoralization results when a person experiences distress that he cannot explain, or fails repeatedly in tasks of living that the person and others important to him expect him to be able to perform. It can vary greatly in duration and severity, and is characterized by a wide variety of unpleasant feelings, based on shattered self-confidence. Although I disagree with the details of Frank's approach and insistence that the symptoms themselves are all a result of demoralization, I agree that

the central role of the demoralization is often obscured by the fact that patients come to therapy asking for treatment of specific symptoms — although in this day and age I have a number of patients who come for therapy with such complaints as 'I am all screwed up.'

The importance of Frank's notion of demoralization is it helps the therapist keep in mind that pharmacologic or behavioral treatment of symptoms may completely miss the point of why the patient is there. Frank claims that all schools of psychotherapy share certain features that will bring relief by raising the patient's morale. It is possible to consider Frank's point of view without reaching his extreme reductionism by simply recognizing that although it is indeed true that all form of psychotherapy have certain basic components which are vital to therapeutic improvement, this is far from the complete story. Sloane, et al, (1975) for example, have stressed the release of tension though catharsis, cognitive learning by trial and error, as well as Gestalt, operant conditioning and corrective experiences, identification with the therapist, and improved reality-testing by working through or practice as aspects common to psychotherapy and behavior therapy.

"Frank emphasized the need for a trusting relationship between the patient and the therapist, a supportive ambience or setting — which he describes in an implicitly pejorative way as 'the aura of the healing temple.' Since therapists should be strongly discouraged from trying to impress their patients by their divinity — for certainly they will soon get into trouble — I greatly prefer Winnicott's (1958) depiction of a holding environment, one which is free from interruption and allows the therapist to concentrate on what the patient is saying and the patient to relax and think about himself. No discussion of the more complex differences of approach between various psychoanalytic orientations such as those based on the psychology of the self or object-relations theory is worthwhile unless we can first assume that the patient is provided with the basic requirements of the treatment process. There is no question that at least in intensive psychotherapy, if the correct ambiance is not provided by deliberate attention on the part of the therapist, the treatment cannot succeed. In my practice I have been faced with a number of patients who have seen a succession of psychiatrists of good training and reputation in which the treatment failed only because insufficient attention was paid to the ambiance. The therapy can be, for instance, easily destroyed by such actions as the therapist's engaging in long telephone conversations in the presence of the patient during the patient's session.

"Frank and many authors also emphasize the need for a mutually accepted procedure, consistent structure, and a conceptual scheme or rationale that maintains the therapeutic relationship, keeps the patient's hope alive, and provides the basic requirements for healing, as just described, to take place. Stone (1961) warns that not spelling out the therapeutic contract at the beginning of treatment, using drugs as a function of therapeutic despair rather than in a judicious manner, and other lapses from our basic physicianly vocation, are of course equally undermining of any therapy.

"It is necessary for conceptual clarity to distinguish nonspecific from specific treatment interventions. One might say that intensive psychotherapy begins where common

sense ends; the study of mental illness as an expression of unconscious conflict is the key to all dynamic psychotherapy. This is true whether we are doing analytic psychotherapy aiming at structural change, or even supportive psychotherapy aiming at better adaptation using the structure the patient has. It is this aim of structural change via the formation of transference or transference-like structures in the treatment procedure that differentiates intensive psychotherapy and psychoanalysis from supportive, educational and learning environments (see Chessick 1996).

"In formal psychoanalysis the basic tool is interpretation as a sequence of transferences evolve in an orderly fashion in an atmosphere of technical neutrality. In intensive psychotherapy there is also interpretation but the transference does not develop as systematically or as intensively, there is less regression, and transference manifestations are more influenced by the moment-to-moment impetus of the relationship itself, of the patient's life situation, and by the more limited overall goals. Intensive psychotherapy represents a more focused approach and it is often absolutely necessary to take an active role at the beginning of treatment to limit the patient's acting out and to form a therapeutic contract that will enable that therapy to proceed at all. This means an abandonment of neutrality and then perhaps a shift back to neutrality, a cycle which may have to occur several times or even frequently during the long-term process; these are the so-called 'parameters' that immensely complicate the process of intensive psychotherapy and may make it less theoretically neat than formal classical psychoanalysis. Some authors wish to maintain the differentiation between 'parameters' that can eventually be analyzed and 'departures' that must be maintained indefinitely to preserve the integration of certain very damaged patients. Supportive therapy, by contrast, does not aim at change in internal structures at all, and utilizes the transference primarily for suggestion and manipulative purposes in order to improve ego functioning.

"There is greater focus on the patient-therapist interaction and on the here-and-now experience of the patient's life in intensive psychotherapy than in psychoanalysis. It should be noted that the establishment of 'relatedness' is an art and it takes a certain talent to develop a bond with another human being who is either frightened or withdrawn or who can only relate, for example, through paranoid mechanisms. It is this art that is addressed in the existential language of 'the encounter,' in which the therapist must be there and the patient must experience the impact of the therapist's personality.

"Neutrality should not mean coldness or unresponsiveness. The frightened novice hiding himself behind the theoretical conception of psychoanalytic neutrality — usually because he is afraid of reporting to the supervisor what he would like to have said spontaneously, or of his own countertransference-based impulses — withholds from the patient the main ingredient of therapeutic healing. If you combine this withholding with the typical unfavorable training clinic ambiance: insufficient privacy with paper-thin walls, interruptions by secretaries or other clinical personnel or the ever-present clamor of the resident's 'beeper,' one can see the reason for the failure and a high patient drop-out rate. What is involved here is a combination of lack of understanding, overcrowding of facilities, and a typical indifference for the autonomous self of the individual that prevails in many public agencies.

"The therapist is a witness to the introspective self-observation of the patient in a well-conducted psychoanalytic therapy, and the therapist achieves psychological insights as the result of highly developed skills which he uses in the extension of his vicarious introspection that is called empathy (Kohut 1959.) This may, of course, be linked and amalgamated with other methods of observation, but the final and decisive observational act is introspective and empathetic. This defines the contents and limits of the observed field in psychoanalysis or psychoanalytic psychotherapy (Kohut 1971).

"It follows, for example, that since the reliability of the empathy declines the more dissimilar the observed is from the observer, the earliest stages of mental development — vital to an understanding of the preoedipal disorders — are a special challenge to our empathic capacities, explaining the wide disagreements among even senior psychoanalysts in this area. It also follows that the therapist must be sufficiently free of his own conflicts to be able to listen to the patient's communications and react with empathy, introspection, and "return" communications to the patient which are actually congruent with *where the patient is at.* "Psychoanalysis and intensive psychotherapy — its derivative discipline — are unique among the sciences and remain partly rooted in the tradition of the well-trained calm craftsman practicing an art as well as a science, and are clearly delineated from other sciences — even other sciences that inquire into the nature of man."

"In what Freud (1962) called 'borderline and mixed cases' he reminds us that the psychotherapist must face up to the fact he is not dealing with neuroses and is quite often struggling with patients who are suffering primarily from an arrest in psychological development. Such patients have neither the firm and consolidated psychic structures that are a necessary precondition of psychoanalysis, nor a well-differentiated ego and superego with a concomitant consolidated repression barrier. For this reason, as Freud stated, it seems unreasonable to recommend classical or formal psychoanalysis as the treatment of choice for preoedipal disorders, severe character disorders, and borderline patients. Indeed, the experience of most well trained psychotherapists indicates that the patient's treatment soon forces the therapist into the introduction of a variety of 'parameters' or 'departures' which begin to greatly stretch the definition of psychoanalysis as Freud conceived of it.

"Because of these parameters or departures, the whole treatment of preoedipal disorders becomes more controversial. The flexible therapist has to develop changes in technique to achieve the greatest clinical utility. Yet, since parameters and departures must be kept at a minimum so as not to endanger spontaneous transference formation, autonomy, and structural change through interpretation, it is necessary to have a continual and thorough psychodynamic understanding of the patient and of the effect of any parameters or departures that are introduced.

"Intensive psychotherapy is best thought of as psychoanalysis with parameters and departures, that is to say, a form of psychoanalytic treatment modified by necessity (but not counter transference-based) to suit the nature of the patient involved. Thus if we define psychoanalysis as a treatment characterized by a frequency of at least four sessions each week during which intense transferences develop and are resolved by proper interpretations, we can compare intensive psychotherapy with this procedure.

In intensive psychotherapy the patient comes in less frequently, usually twice or at most three times weekly, may or may not lie on the couch, and does not ordinarily form a full-blown set of transferences. Although strong transference reactions develop, and these are interpreted, the curative factors in intensive psychotherapy are from a variety of influences — a combination of supportive, educative, and interpretive interventions is at times unavoidably and legitimately called for, and even the use of psychopharmacologic agents. In psychoanalysis, on the other hand, interpretation of the transferences is thought to be the major and central curative factor.

"It is actually easier to exploit patients in intensive psychotherapy and to become lost in countertransference than it is in psychoanalysis, because in the latter the rules are more clear cut. For this reason, a therapist practicing intensive psychotherapy absolutely has to have undergone a deep and thoroughgoing personal analysis or intensive psychotherapy. Otherwise it is impossible to avoid major countertransference floundering, resulting in both the exploitation of and retaliation against patients.

"Intensive psychotherapy is a highly effective procedure for a large variety of emotional disorders that are not amenable to formal psychoanalysis. It is the treatment of choice for selected cases of schizophrenia, borderline patients (Chessick, 1977), personality disorders (except for the addictions), and psychosomatic conditions. It is second choice for a large number of patients who cannot afford the time and money for formal psychoanalysis. Our goals are less far reaching in intensive psychotherapy than in psychoanalysis; we are satisfied with more limited structural change, resumption of normal developmental lines, and better adaptation. Sometimes we must help the patient accept residual deficits and scars from early infancy. In fact even with psychoanalysis the greater danger of dealing with preoedipal disorders lies in raising the patient's hopes for extensive intrapsychic rearrangements, which is often not possible when profound early psychological destruction has occurred.

"The uncovering and supportive approaches can be placed on the activity spectrum of the analyst as outlined, for example, by DeWald (1964): Listening, clarification, confrontation, interpretation, suggestion and prohibition, and active control or manipulation. The greatest activity is required if the patient needs the intrusion of a real object in his life; the least activity is called for if the patient can at all tolerate the frustration of hunger for the real object. As Tarachow (1963) points out, if the patient absolutely cannot tolerate the task of setting aside the therapist as a real object, supportive interventions become mandatory at least until such time as this tolerance can be developed.

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"You can do better than that," interrupted Sarah, who could keep silent no longer and was getting bored with my long peroration, "The core assumptions of the basic psychoanalytic model include psychic determinism, the pleasure-unpleasure principle — that behavior is an effort to minimize pain and maximize pleasure and a sense of intrapsychic safety — that the individual has a biological nature which drives its psychological adaptation, a dynamic unconscious with mental forces competing for expression and, I would add, leading to continual conflict and compromise forma-

tion, and finally the genetic-development proposition, which states that all behaviors are understandable as sequences of actions developing out of earlier (even earliest infantile) events".

Calling on her extensive memory of quotations, Sarah continued, "Fonagy and Target (2003) take up Brenner's suggestion 'that all mental contents are compromise formations multiply determined by components of conflict' (p.56). They paraphrase Brenner as saying, 'Such compromises are achieved between the following components: (1) a drive derivative, an intense personal and unique childhood wish for gratification; (2) unpleasure in the form of anxiety or depressive affect, and associated fears of object loss, loss of love, or castration linked with the drive derivative; (3) defense, which functions to minimize unpleasure; and (4) manifestations of superego functioning such as guilt, self-punishment, remorse and atonement' (pp.56-57). The authors add that even self and object representations are the result of compromise formations in this schema and defense mechanisms represent simply an ego function having both an adaptive and a defensive role. Healthy functioning then would be the capacity to execute good adaptive compromise formations.

"They mention Green's concept of the dead mother which leads to a constricted capacity to love (pp. 114-116) and Klein's (p. 118) concept that the internal images of the parents are much crueler than the parents. For Fairbairn (p. 146), the search for sexual gratification may be a pathological substitute for intimacy. They point out that the relationship between patient and therapist must be crucial since all treatment methods seem to be similarly effective, and they bemoan the fact that psychoanalysis is breaking up. They say psychoanalysts are not interested in other theories and we are experiencing not pluralism but fragmentation. They maintain (p. 285) that psychoanalysts do not know how their treatment works. Psychoanalytic theories have to be like a family of ideas (p. 289), and a way must be found to prune this family tree."

* * *

I looked Ali and Claire right in the eye because the next discussion was going to be the centerpiece of my teaching to them and probably the last teaching I could do to those two wonderful young people. Determined not to be outdone by Sarah's quotation memory, I said, "The most significant conflicts in life arise in early childhood and give rise to unconscious fantasies that act subsequently as persistent, guiding, motivational forces. The unconscious conflicts in the patient occurring early in life create a mental set that is characteristic for each individual, a predetermined tendency to respond to events in a characteristic way. These fantasies go through convolutions as one develops, and some later editions may even provide defensive distortions of earlier fantasies. Arlow (1985) states, 'One can observe how the symptoms of the patient's illness, how his life history and his love relations, his character structure and his artistic creations may all represent unconscious fantasy activity, of the 'fantasied reality' that governs the individual's life" (p. 534.)

"At the core of every person there resides a crucial fantasy activity, interwoven with early infantile experiences to a greater or lesser degree, depending on how traumatic these experiences has been. But as Arlow (1985) explains, 'What constitutes

trauma is not inherent in the actual, real event, but rather the individual's response to the disorganizing, disruptive combination of impulse and fears integrated into a set of unconscious fantasies' (p. 533). The individual's experience, writes Arlow (1980), 'is usually organized in terms of a few, leading, unconscious phantasies which dominate an individual's perception of the world and creates the mental set by which she or he perceives and interprets her/his experience' (p.131.) Transference is not a repetition of the patient's actual early interactions with present objects, but expresses derivatives of the patient's persistent unconscious childhood fantasies, the 'psychic reality' of these early interactions of the patient.

"The result of the pressure of the internal childhood fantasies is that there is a tendency to reenact them in all interpersonal relationships, always attempting to actualize a derivative representation of an unconscious fantasy. Without being aware of it, the individual tries to impose a preconceived situation onto a new situation, and this attempt may lead to all sorts of difficulties in living of an acute or chronic nature that bring the patient eventually into psychotherapy or psychoanalysis.

"The patient similarly attempts to reenact derivative expressions of these unconscious fantasies and wishes in the psychoanalytic or psychotherapy situation. The analyst's behavior or style is a stimulus to the patient's unconscious fantasy life that produces the reaction we call transference. Even in the transference, a least at first we see only derivatives of the persistent unconscious fantasy activity of childhood that governs the individual's life. The analyst is given an assigned role to play in the preconceived drama and tremendous pressure is placed on him or her to act and speak in a way consistent with that unconsciously assigned role. In the ordinary analytic situation, because the analyst remains neutral and does not respond to seductions or provocations, the derivatives of these fantasies and wishes stand out in bold relief and take on varied and dramatic forms, allowing the analyst to demonstrate them to the patient. Difficulty occurs either when the patient's pressures are so great that the analyst is literally forced —as, for example, in Kohut's (1977) 'reluctant compliance' — into certain behaviors and roles outside the traditional analytic situation, or when the analyst does not realize that he or she has been successfully fit or manipulated into a predetermined role through the unconscious but nevertheless effective ministrations of the patient.

"The interpretation of the transference and of extratransference situations should ultimately aim at focusing on the central psychic fantasy core of the patient through the continuous analysis of derivatives of that core. The patient's observing ego must engage with the analyst and eventually take over the search for the infantile fantasies and/or traumata and identify them. Arlow (1985) points out that events such as the primal scene are rarely directly remembered. What counts as the patient's psychic reality is a basic core of fantasies or traumata in some combination of intensity woven into a unique special fantasy activity; in some patients the material will be almost purely fantasy and in others the most serious kind of abuse and exposure to real horror and death has taken place. Still, no matter how great the traumata, it is the basic unique fantasy activity woven around the traumata that has the primary effect on all of the patient's subsequent behavior and capacity to relate to other people.

"This view of the mental set produced by both unconscious fantasies and background practices casts considerable doubt on theories that emphasize the direct curative power of either empathetic behavior or of nontransference interpretations by the analyst, because until the assigned role has been analyzed and understood, whatever the analyst says is experienced by the patient is belonging to that assigned role or as an opportunity to manipulate or pressure the analyst into that role.

"It is unsettled to what extent infantile fantasies are derivatives of background practices and preverbal experiences, and to what extent they constitute compromise formations originating after representational thought has appeared developmentally in the middle of the second year of life. It is even difficult to see how this question could ever be answered in a general way. Each patient requires specific in-depth study. When the analyst finds himself or herself taking an after-educating roles with any given patient, careful study of countertransference is necessary. It may reveal some indigenous need in the analyst to play such a role, an unnoticed pressure or manipulation from the patient to edge the analyst into a scenario, or a genuine empathetic response to somebody with a primary deficit that needs to be corrected.

"The matter is further complicated by the infantile fantasies, for even when after-education is called for, it may not at all be experienced as such by the patient although it is offered with the best of intentions. The fantasies may have to be revealed and interpreted first. On the whole, I prefer to let after-education take care of itself out of the natural human relationship that can form between patient and therapist, and to concentrate my therapeutic endeavors on proper listening and interpretation, especially of the transference (Chessick 2000.) This is true even with quite disturbed patients, and avoids the temptation to exhibit one's self as an educator or to assume 'authority' with them."

Sarah could not resist interrupting with another quotation: "As Bowlby (1988) puts it, from the point of view of attachment theory, one of the main functions of a therapist, 'is to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present, many of which he finds difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and on occasion, guidance" (p.138).

At this point Claire showed what a wonderful psychoanalyst she could have become and how great her interest was in psychodynamic psychiatry. She said, "I have been reading the Journal of the American Psychoanalytic Association, the supplement to volume 51, 2003. I was very impressed by what Renick (2003) had to say: 'Analysts espousing different, even contradictory, theories have therapeutic successes...One explanation for this observation is that an individual analyst's personal dispositions, not covered by theory, can be more important in determining therapeutic outcome than directives of theoretical origin. Another explanation is that many therapeutically effective analysts do things that violate their theories, but deny it to themselves — or at least don't talk about it publicly. Probably both explanations have merit' " (p. 50).

To my surprise Ali added, "But in the same issue Hirsch (2003) replied, 'Greater license to interact may indeed produce a situation in which the patient is overwhelmed

by the all-too-noisy presence of the other. As in my first example [he refers here to case examples given earlier in his paper], the failure of the initial analysis likely reflected a mixture of people who were not a good match. Perhaps in an effort to connect or to be loved, the first analyst asked for too much or maybe even gave excessively, and in being too focused on being loved lost the contours of his patient'." (p. 192) Clearly Ali had been studying on his own.

Henry ended the discussion, which was making all of us somewhat tired. He concluded, "Every analytic style has its dangers and excesses, just as every school has its share of bad analysts and doctrines and thinkers. If, on the one hand, the Freudian ideals of neutrality and abstinence entail the risk of hardening into authoritarianism, so, on the other, do the relational ideals of empathy and participation risk yielding to inappropriate gratifications… This irony is reminiscent of the tendency of postmodernists to take for granted the truth of their own beliefs, while remaining condescendingly skeptical about the assertions of those with whom they disagree" (Richards, 2003, p. 84.)

Once more Henry had surprised me with his knowledge of psychoanalysis even though he did not seem to think much of the discipline. Clearly more discussion was needed but Lisa appeared and reminded us it was getting time to pack our things and leave for Milan. As I predicted, Claire did indeed stay behind with Ali. So Lisa, Sarah, Henry, J., and I took the short flight to Milan where we were to spend the afternoon and then in the evening scheduled, I thought, to embark on a plane to Chicago. The last words I heard in Turkey came to me from Abdul, the bus driver. I had Ali interpret for me to tell him how much we admired his driving skills and I gave him a large tip. To my surprise he took my hand and kissed it, and through Ali he told me he had a wife and a large brood of children and deeply appreciated the money. Here from the heart of a simple Moslem bus driver in Turkey I briefly experienced a human goodness and genuine feeling.

As we sat in the airport waiting for the plane I said to J. quietly, "Maybe this will help you to understand me. Socrates, in Plato's *Phaedrus*, objects to the idea that love is chiefly a physical desire. To him it is an impulse of beauty and goodness, a kind of divine madness that lofts the soul up and can enable it to enter the path which leads to truth, beauty, and goodness themselves. The first movement in philosophy, the impulse to seek what is higher (what Plato called 'the beyond') comes from falling in love with visible physical beauty. It follows from this that Ezra Pound was correct when he said, 'where there is no love in the house there is nothing.' And 'nothing' does not produce inspiration, creativity, and the impulse to seek what is higher; it produces despair, exhaustion, torpor, and couch potatoes."

"Even if I do understand you, Martin," she replied, "I cannot give you what you want. I am bound by my marriage vows and frankly, I am somewhat suspicious of what you are really after." There was not time in the airport to continue this, and it was clear that J. was not interested in continuing it.

We arrived in Milan and the first thing I noticed was that my atrial fibrillation was worse than before, but I ignored it. There was not much sightseeing time available and we began by visiting the *Palais Real*, which was advertising a Modigliani exhibit. But the captions were all in Italian and we were surprised to find that not many of the

painting were by Modigliani, for us an annoying disappointment. So we moved on to the *Pinacoteca Ambrosia.* This seventeenth century museum contains Caravaggio's *Basket of Fruit,* Raphael's awesome preparatory drawing for the *School of Athens*, as well as paintings by Leonardo, Botticelli, Titian, and Brueghel. It also has Italy's oldest public library, dating from 1609 but which was not available to us for a visit.

Walking through the *Duomo* plaza, we worked our way through the usual mob of tourists with much effort and found the *Pinacoteca di Brera*, containing one of the most outstanding art collections in Europe including Mantegna's *Dead Christ*, a painting which displays a remarkable precision, rendering Christ as the victim of an all too human agony, a wondrous achievement. It was hard to keep from being transfixed in front of paintings like this or Raphael's *Betrothal of the Virgin*, painted when he was 22,or Piero della Francesca's *Madonna with Saints and Angels*.

Time was running out for visits so we decided finally to end at the treasure of Milan, the *Santa Maria della Grazi* where Leonardo da Vinci's *The Last Supper* is housed. It was almost destroyed in World War II and of course, as everyone knows, it is falling apart because Leonardo did not use conventional fresco technique. We waited in line with all the other tourists and were allowed only 15 minutes in the large hall where the painting occupied one wall. At one time this was a dining hall for monks and to my great amazement I found that a door had been cut through the bottom of the painting so the monks could go more easily in and out. We stood near the front of the picture at the rope that blocked one from getting too close, and listened to the usual lecture by a guide. But it was only when we went to the back of the hall and saw the picture at a distance that one of the most transcendental transfigurations of my life occurred. This faded deteriorating artwork was the most remarkable picture I ever saw. If one stands away from the painting at the back of the long hall the figures actually come to life. The depiction of the Last Supper of course represents a very emotional moment indeed and carried an extraordinary impact for me. Aldous Huxley called it the saddest artwork in the world, but I did not find it a work that moved me to tears but rather to awe and astonishment.

As we were hustled out of the hall by the guide, causing me considerable annoyance because it was hard to tear myself away, Henry asked what it was about the human mind that made intellectual defense of tyranny possible in the twentieth century, even in a country like Italy that housed such artistic masterpieces. He brought up Lilla's (2001) book in which the author mentions Isaiah Berlin's comment that the Enlightenment, the tyrannical intellectual method, bred these political tyrannies. Or was it 'religious irrationalism' (p. 220)? Lilla suggests that intellectuals with passionately held ideas drive the young into a frenzy which leads to tyrannical action (p.211); those who say skepticism and moderation are a good idea, for example the French philosopher Raymond Aron (1905-1983), are attacked by excited irresponsible intellectuals (pp. 214-215.)

Still under the influence of this extraordinary painting I reminded Henry of what Anita Brookner's (2003) heroine had learned:

> It is the gods, who are in control, and that their pagan indifference can be visited

> on any life, no matter how correctly that life has been lived. I have come to believe that there can be no adequate preparation for the sadness that comes at the end, the sheer regret that one's life is finished, that one's failures remain indelible and one's success illusory. I also believe that there occurs a moment of renunciation, when one is vested by the knowledge that time is up, that there is to be no more time. (p. 52)

I thought to myself, "Brookner as usual gives us a story of the internal monologue of sad and isolated people, like me". " Brookner also described the longing for a soul mate," I said, turning to J.

J. said nothing and there was an uncomfortable silence.

Finally Sarah, ever the English professor, pointed out that other famous authors looked on things quite differently, more hopefully and with less all-pervasive gloom. For example, she quoted Skilton (Trollope 1858), who in his introduction to Trollope's *Dr. Thorne* wrote, "Trollope's position still displays a robust, nineteenth century humanist belief in the pre-eminent importance of human nature in western literature, and in the foundation of western civilization in general. "For Trollope," said Sarah, again quoting Skilton, " 'The plot is but the vehicle for 'created personages', who shall embody and act out his perceptions about human life and human nature,'" (p. xv.)

It certainly looked liked a new discussion was welling up while we were standing in the large plaza in front of the *Santa Maria della Grazi* church. I could almost imagine that Leonardo was listening and chortling at our inadequacies. Henry said with a sneer, "Winnicott's concept of the hidden true self is that of a most essential and unharmed aspect of a person, sort of soul-like. Winnicott recognized that it is not that the patient fears the death of the analyst but rather that the analyst will 'be unable to believe in the reality and the intensity of the patient's primitive anxiety, a fear of disintegration, or annihilation, or a falling forever and ever,'" (Rodman 2003, p. 82.)" "Here", I said, "is an authoritative psychoanalytic statement about an essential self that is in direct contradiction with current nihilistic, intersubjectivist, postmodern, and poststructuralist thought".

Sarah, who was not slow in such matters of academic debate, commented that the perspective metaphor so popular with Nietzsche and contemporary poststructuralists actually leaves open the question of whether there is or might be some 'truth in itself' which is the ultimate object of all perspectives. "After all," she continued, "to insist that something is viewed from a perspective seems to presume that 'it' exists independently of the perspectives."

All I could think of as she said this, with an obvious reference to Nietzsche (Solomon 2003), was how, as Zarathustra was climbing the mountain, he thought of how often since his youth he had wondered alone. Standing around in the plaza adjoining this beautiful church and enjoying the sunshine and blue sky I decided to launch into a discussion. I said:

What Does It Mean To Be Human?

"In dealing with human beings in the clinic, an incredible qualitative quantum leap takes place. Students are not prepared for this jump in premedical studies or even

in medical school, because there is something about human beings that makes them fundamentally different from animals, corpses, and computers. As Foucault (1970) beautifully puts it, man is a "strange double being"; he is "emprico-transcendtal."

"The problem of every physician, whether he is a psychiatrist or in any other specialty, is how to deal with the human self of each patient. In psychiatry this problem is so clear that it intrudes into every aspect of psychiatric practice, and only with the advent of pharmacological agents has it been possible to disavow it, to push it into the background. The rest of the medical profession leans heavily on a reductionist biomedical model of the human being with molecular biology as its basic scientific discipline, a model leaving no room for the social, psychological, and behavioral dimensions of illness. The lack of time for these humanistic aspects in a busy medical practice and their disavowal has led to a style of physician conduct that is creating increasing patient dissatisfaction with the entire medical profession. Patients are unable to describe exactly what is bothering them and respond only with a spate of — often nasty and unfair — malpractice suits, and complaints about physician fees.

"I went for seven years to a well-known internal medical specialist for my annual check-up. During all that time I never had to call him for anything, and I always waited in his reception room patiently for the hour or so before my physical examination. Then one day I developed a case of diarrhea that was not responding very well to self-medication, and my wife in desperation decided to call him about 6:30 a.m. (before I started to see my own patients) to find out if another medication would be better. This was our first telephone call to this doctor in seven years. We were treated to an angry lecture about disturbing him, with the result that we felt deeply humiliated and frustrated. It made us wonder what would happen if something were to be seriously wrong and we really needed him. Is this the physician model we wish to present to our psychiatric patients — the tired, overworked, irritable internist, with too many patients? This is a model in *mauvaise foi*.

"Elsewhere (Chessick 1982) I have debated the traditional biomedical view that biological indices are the ultimate criteria for defining disease. Engel (1977) pointed out that this attitude leads to the present paradox; some people with positive laboratory findings are told they are in need of treatment when in fact they are feeling quite well, while others who feel sick are assured they are well, that they have no 'disease'. He asks, 'When is grief a disease?' We might ask, 'What do we say about her complaints of fatigue and weakness to a woman who has lost her husband, or to the patient with a mild myocardial infarction who feels 'great' after his triple bypass operation and is smoking heavily again? Even Engel's 'bio-psycho-social model' will not suffice, because it is too easy to pay it lip service while practicing on the biomedical model — more 'bad faith.'

"When we are urged by professors of psychiatry at major universities to go back to being front line physicians, doing physical examinations on our patients and primarily treating them with medicines, we are asked to join this charade or pretense that our patients have no self and are simply biochemical organisms. By acquiescing in this movement, we are acting in bad faith and cooperating in a ritual of humiliation and deprivation being perpetrated on medical patients, which they are being asked to ac-

cept as 'modern science.' We are forcing what Sartre (1973) calls 'being-for-others' on our patients, a deprived state he sees as calling forth either a battle for retaliatory control or masochistic submission.

"In eagerly huddling under the mantle of so-called modern medical practice in which rich people get all the advantages and poor people get nothing, we are rushing to embrace a biomedical model that arises from a society that views man as a machine and values 'fast, fast, fast' relief above everything else; a society that measures a person's 'worth' by his financial assets and ignores the human autonomy factor as it engages in glib talk by 'experts' about limited nuclear war, nuclear overkill, and manufacturing missiles and neutron bombs. We are allowing ourselves to be shaped by a society based on what Marx (1977) called 'the fetishism of the commodity,' participating in what Heidegger (1977) deplored as inauthentic 'enframing' (*Ge-stell)*, regarding persons as ordered 'stock' for use as 'standing-reserve' and leading in our age of technology to a 'darkening of the world.' For example, an administrative psychiatrist, chairman of a local hospital department, praised a lecture of mine by referring to me as a 'valuable resource.' Here, Henry, is the source of the development of tyranny in the twentieth and — who knows — the twenty first century.

"Those currently practicing psychoanalytic psychotherapy should be especially aware of the approach of Karl Jaspers (1954), psychiatrist and philosopher, who explained that man is accessible to himself in two ways: (a) as an object of inquiry and (b) as an existence endowed with the freedom that is inaccessible to scientific empirical inquiry. Jaspers writes, 'In the one case man is conceived as object, in the other as the non-object which man is and of which he becomes aware when he achieves authentic awareness of himself… Man is fundamentally more than he could know about himself' (p.63)."

Even J. began to look interested so I decided to continue:

The Swing of the Pendulum

"As we sink deeper into what threatens to be the darkest of dark ages and towards perhaps the extinction of the human species in a nuclear winter, those of us who practice psychoanalytic psychotherapy encounter more and more patients with so-called existential complaints. These are expressed either as a vague sense that everything is wrong or as a plethora of symptoms cutting across the entire nosology of psychiatry, typical of the so-called borderline patient (Chessick, 1977). This increasingly common clinical picture, viewed either sociologically as a manifestation of the ubiquitous existential despair of our age as Kierkegaard (1946) called it when he wrote, 'The wine of life is drawn,' or intrapsychically as self state anxiety as Kohut (1977) called it, is dramatically reflected in the prescient work of contemporary artists, musicians, authors, and poets. Most current academic philosophers have responded to this situation by withdrawing into irrelevant exercises marked by symbolic logic, ignoring the fundamental questions that human beings have to struggle with every day. Most scientists and physicians, with some notable exceptions, have also ignored the problem and instead retired to their laboratories, enabling us to develop bigger and more lethal

methods of self-extermination.

"After the Second World War, American psychiatry, as Grinker (1964) described it, rode off madly in all directions. Some psychiatrists stressed the organic and biological; others became alienists in the old-fashioned sense of the word. So, for example, psychiatry distinguished itself by lending itself toward a judicial procedure that incarcerated one of the world's great poets, Ezra Pound, in a public mental institution; life in any such institution at the time could only be described as a living nightmare to a sensitive person (this was true in spite of the honest efforts of a handful of administrative psychiatrists to render the milieu 'therapeutic'). But the great thrust of psychiatry after the Second World War and in the 1950's was in the direction of psychoanalysis and intensive psychoanalytic psychotherapy, given impetus by the massive wartime exodus of outstanding psychoanalysts from Europe to the United States.

"Among them was a teacher of mine, Franz Alexander, who worried a great deal about social matters. About three months before he died, he pointed out that one of the most remarkable qualities of psychoanalytic psychotherapy was its capacity to give a contemporary meaning to the motto of the Renaissance humanists: 'Respect for the dignity of the individual.' Alexander (1964) wrote:

> Psychotherapy aims not only at enabling a person to adjust himself to existing conditions, but also to realize his unique potentials. Never was this aim more difficult and at the same time more essential. Psychoanalysis and psychotherapy in general are among the few still existing remedies against the relentlessly progressing levelization of industrial societies which tend to reduce the individual person to becoming an indistinguishable member of the faceless masses (p. 243).

"Forty years later, as we come closer and closer to a dehumanized society, American psychiatrists are increasingly deserting the field of intensive psychoanalytic psychotherapy. Psychiatrists in some other countries (not all), awed by American financial success, are following their lead. The myriad patients with borderline and existential complaints and character disorders and personality problems and psychosomatic diseases are not disappearing — they are simply being forced to turn to other practitioners for help.

"The net effect of this abandonment of psychoanalytic psychotherapy by American psychiatry is twofold. *First*, patients are being deprived of the benefits of the superb medical training of our American psychiatrists and their grounding in scientific method and ethical concern for patients; they are forced to seek treatment from a variety of nonmedical practitioners. Some of these are very good, but many are simply charlatans acting out their own problems on hapless patients. Sabshin (1985) reviews this current situation, which is becoming increasingly serious in our county.

"*Second*, medical students are increasingly disenchanted by the discipline of psychiatry. If a medical student wishes to eventually practice pharmacological and organic treatment of patients, why be a second-class internist? Furthermore, a hitherto important source of future residents, those thoughtful medical students with a humanistic orientation, find psychiatry increasingly unsatisfactory as a choice for their career specialization.

"The psychotherapist who confronts a severely disturbed patient with a psychoanalytically informed listening or analytic stance (Chessick, 1985, 2000) gets no high grades, no C.M.E. credits, no social approval, relatively little money, lots of public ridicule in cartoons and movies, and a growing sense of alienation from the medical, and now the organized psychiatric profession. All the while he or she is driven by the demands from insurance companies to get the therapy over with as quickly as possible. All of these pressures are the symptoms of the increasingly darkening of our age and the progressive dehumanization and materialization of man that Nietzsche complained stridently about at the end of the nineteenth century."

* * *

Henry was now at the top of his form. It was clear to him that I had failed to entice J. and that she was going to remain loyal to him although he realized that she did not particularly like him. So he had no compunctions about taking over the discussion and parading his philosophical erudition. He announced, "All scientific systems take certain basic philosophical assumptions for granted. In more naïve historical eras, these fundamental assumptions were considered either self-evident or to have been established for all time. The history of science overwhelmingly proves that there are no immutable eternal truths and that all of our systems of treatment rest on paradigms, as Kuhn (1962) called them in his brilliant exposition. Like it or not, one is forced in the practice of psychiatry to make certain philosophical assumptions and to form certain preconceptions. Furthermore, these differ and conflict.

"The choice of a biological paradigm in psychiatry, as is also becoming true in the general field of medicine, is an inauthentic choice. It is an act of bad faith that enables psychiatrists to temporarily avoid facing the problems that are really troubling their patients. It enables the psychiatrist to avoid a confrontation with the psychological, economic, and sociological factors from which arise the etiological power of personal and collective myths and psychic unconscious realities in the formation of a whole variety of disorders.

"By making this inauthentic choice the psychiatrist can share to the maximal degree in the social acceptability, prestige, financial rewards, insurance reimbursements, and numerous other valuables that our current society bestows on the physician, which are very considerable at the present time. In so doing, he or she simply ignores the really basic issues of the sociological, economic, and psychological forces with which patients have to grapple every day. As a result, psychiatry as Alexander described how it should be — a humanizing and revolutionary force counteracting the bellicose materialism, human alienation, and political oppression of our times — is lost, and we have in its place the so-called pragmatic eclectic with no orientation and no identity, who tries a little of everything. Or we have, at the extreme, the so-called biological psychiatrist who is, as my elderly uncle, a urologist, calls him, the 'sound neuropsychiatrist.' This sound neuropsychiatrist, who simply practices internal medicine and neurology under another name, is the most welcome of all psychiatrists to the rest of the medical profession.

"Eissler (1975) writes, 'An anguished mood of desperation has settled over the whole world... No remedy has obviously been found that could counteract the excess

of aggression and narcissism that is the property of the species Homo Sapiens'. Subsequent psychoanalytic thinkers such as Kohut have recognized this tacitly by attempting to replace entirely Freud's philosophical view of humans. For Freud, a person was a creature beset by lustful and aggressive drives, hemmed in by the superego and the demands of reality, and reluctantly attempting to tame the drives and hammer out all the compromises that will preserve as much drive satisfaction as possible. Only after years of childhood struggle does the individual reluctantly shift — as little as possible — from operating on the pleasure principle to operating on the reality principle. This shift is forced on one by the need to survive and by civilization, leaving inevitable guilt, existential malaise, and neurosis in its wake.

"Innumerable theoretical revisions and rereadings of Freud have been offered in an attempt to get away from this basically pessimistic view of people, but the dismal course of human history keeps dragging us back to it. Even massive social experiments such as in the so-called Marxist countries have totally failed to eliminate lust and aggression as barely checked forces governing people's relationships to each other. As a matter of fact, the so-called Marxist country experiments have demonstrated above all that it was the early Marx, who wrote at length about human alienation in a capitalist society — in contrast to the later Marx who produced the social and economic theories and solutions known as communism — whose writings really contain the significant psychological and philosophical contributions of Marx." (Fromm, 1980).

* * * *

It was obvious that people were becoming uncomfortable standing around and listening to Henry, especially when he started talking about Marx, so I decided to conclude the discussion as we waited for a cab to the airport. I said, "My general impression is that the higher income that accrues to the practitioner of reductionist biological psychiatry often at least temporarily compensates him or her for any fleeting suspicions of inauthenticity. Here are the final unanswered questions: Should the leaders of American psychiatry embrace the biological paradigm that will make certification easier and reward us with the material things of this world, or should psychiatry press forward as a revolutionary and humanizing force calling attention to inequities, racism, sexism, and all the ills of which society is capable, at the risk of political opprobrium, and financial loss? Should the leaders of American psychiatry commit our profession to an amelioration of those psychological and sociological factors that enter into the very fabric of society, or should they circumscribe our discipline so that it wears the trappings of internal medicine and thus gains respectability in a culture that values 'fast, fast, fast relief' — where drugs are used for everything, to the ecstatic joy of the large drug corporations that saturate our advertising media and even our professional journals and meetings with their simplistic sales messages? The American Psychiatric Association recently assessed all its members for the construction of a new building. Parkinson (1957) in one of his famous laws writes: 'The perfection of a planned layout is achieved only by institutions on the point of collapse… During a period of exciting discovery or progress there is not time to plan the perfect headquarters. The time for that comes when all the important work has been done' (pp. 60-61).

Sarah could not refrain from offering a concluding quotation. She hoped that we in psychiatry will remember the lesson from the history of psychiatry as taught by Zilboorg (1941):

> The whole course of the history of medical psychology is punctuated by the medical man's struggle to rise above the prejudices of all ages in order to identify himself with the psychological realities of his or her patients. Every time humanism has diminished or degenerated into mere philanthropic sentimentality, psychiatry has entered a new ebb. Every time the spirit of humanism has arisen, a new contribution to psychiatry has been made (pp. 524-525).

I sighed, "As Karl Jaspers said, the doctor is indeed the patient's fate."

Sarah, Lisa, and I took one taxi and Henry and J. were in the other. On the way to the airport Sarah pointed out that in France the replacement of psychoanalysis by standard behavioristic and biological aspects of medical thought was not as bad as it was in the United States. She argued that in France the new methodology of the 'era of the brain' was not as acceptable. She attacked the work of the philosopher Grunbaum who demands from psychoanalysis that it be assessed like a positivistic science, which misses the whole point for, she explained, "taking experimentation to be the only proof of a subjective truth does not perceive the difference between the natural sciences and the human sciences as well as the great truths that are offered to us by art."

"This does not mean that psychoanalysis is without fault, especially in the so-called 'institutes'", I said. "Roudenesco (2002) complains that 'psychoanalysis has withdrawn its interest from the real world and retreated into its fantasies of omnipotence' (pp. 130-131). Roudinseco argues, correctly in my opinion, that we now live in a depressive culture characterized by a preponderance of individuals suffering from malaise, a society-wide apathy, and a resistance to confrontation.

Sarah again reached into her apparently limitless collection of memorized quotations, as the cab drove into the airport area. "Eisold (2003) wrote", Sarah reminded us, "The collapse of the psychoanalytic polity, the fragmentation of the psychoanalytic world, is both the cause and effect of a profession that has lost its way, that no longer has a clear or viable public role to play. The politics of exclusion was a function of the psychoanalytic hegemony over the field of mental health, a reflection of a time when psychoanalysts ruled departments of psychiatry, when psychiatrists flocked to psychoanalytic institutes, when the other mental health disciplines emulated the dominant institutions of the mainstream and psychoanalysis was the unrivaled treatment of choice…But what is the profession of psychoanalysis now? A beleaguered guild? An increasingly rarified part of psychotherapy? A Ponzi scheme?" (p. 313)

At the airport Sarah and Lisa announced they were taking a different plane; Sarah was going back with Lisa to Berlin. Lisa and Sarah had become intellectual friends and Lisa had invited Sarah to spend a week in Germany playing golf, which, for some unfathomable reason, was a passion for both of them. They promised to keep in touch with me, Sarah bid us all a smiling farewell and her last words were from fragment 147 of Sappho (2002):

Someone will remember us
I say
Even in another time

I turned rather sadly to Lisa and asked her as her final assigned task that if anything ever happened to me she would edit my report on the trip and see that it got to the proper grant authorities who paid my way. She agreed of course. I felt terrible at losing such a loyal and dependent helper. Lisa had listened to all this discussion but said little, as she was not a professional person. But she remarked as she prepared to head with Sarah away from us toward the concourse for boarding the plane to Berlin that Nietzsche's title *Ecce Homo — How What Becomes What One Is* comes from the words Pilate spoke of Jesus, Behold, the man" (John 19:15). I listened in surprise as she turned to me and continued, "Nietzsche was trying to present a new and different image of humanity, a modern version. He struggled throughout his life and world with the importance of man overcoming himself to develop a creative and dynamic personality—a personality that can look at the absurdity of human life and feel laughter and exaltation in spite of that absurdity. Do not despair, Martin," she said, "Remember that Nietzsche insisted one must have chaos in one's self to be able to give birth to a dancing star". With this effort to be encouraging, Lisa followed Sarah to the plane that would take them to Berlin.

As we stood before the ticket counter of the airport I looked at J. and Henry, who were all that was left of our party. I thought to myself rather pedantically but choked with feeling, "How do I encounter the Other, the *alter*, when it is through her alone that my confusions and opacities can be cleared up, and only through her too, that I can consistently pursue our own joint rainbows? She serves as an alibi for my ceaseless repetitions at the same time as she opens up for me an always possible space for a new inner disposition, a new game to help me decipher and interpret in a different way the score of my imaginary music." But I said nothing.

J. and Henry announced they had decided not to fly to Chicago from Milan today. They were going to stay in Italy and tour for a while because they had been so impressed by even the small number of art collections we had visited in Milan. I could not refrain from whispering to her, "You are my sun, my days are dark without you." In spite of all my obvious long-windedness, I could think of nothing else to murmur at this parting but simply handed J. the envelope containing a quotation I had typed out for her after our episode in the garden of the Cirigăn Palace Hotel from Goethe's Faust, Act II. I had already planned to give this to her as we parted.

Once there was a king in Thule
Who was until death always faithful
And in the memory of his loved one
Caused a cup of gold to be made.
Never treasure prized he so dearly
Naught else would use on festive days,
And always when he drank from it,

His eyes with tears would be o'erflowing.
When he knew that death was near,
As he lay on his cold bench smiling,
Once more he raised with greatest effort
To his lips the golden vase.
And when he, to honor his lady,
Drank from the cup the last, last time,
Soon falling from his trembling grasp,
Then gently passes his soul away.

As Lisa had walked off with Sarah I overheard Lisa tell her, "J. appreciated what they had but did not want it anymore, probably because she began to feel Martin was a loser or getting progressively older and more compromised in his cardiac status. This devastated Martin, who adored her and found in her a reason to live and to love — something, which J. was not very aware of. J. felt she had to be blunt because Martin was so importunately desirous of her, and her husband whom she did not particularly love — and deservedly so — was close at hand. She misjudged just how desirable and lovable she was, perhaps because her husband was always blaming his problems on her, which damaged her self-esteem. Tough luck for Martin, his world really shrank away when he lost hope for her."

So I went on alone and huddled into my little coach window seat on the nonstop flight from Milan to Chicago. I did not want to think about what a failure the tour had been. I took a couple of milligrams of Ativan and fell asleep. I dreamed about Steven, the imaginary character in my short story related in Chapter 1 of this memoir. He seemed to be beckoning to me to talk about Heidegger, and Being, and how to transcend this earthly material existence. My heart was broken, mourning the failure of my trip, the ruin of my reputation, and above all, mourning the loss of J. from which I would never recover. The ancient Egyptian Wail of Isis for the dead echoed in my ears:

My heart is a wounded gazelle,
torn by the lion claws of my grief - - -
There is no sweetness in the honeycomb,
No perfume remains in the desert blossom.
My soul is an empty temple,
deserted by the god of love.

As it faded out I dreamt of my mother and my father and of being a young student again, with my life before me. That is all I remember; when I woke up there were three paramedics hovering over me. Apparently the flight attendants had assumed I was sleeping during the entire trip and it was only when the plane landed in Chicago and they could not arouse me that they realized something was wrong and called the paramedics.

During the eight or nine hours on the plane, I apparently had gone into atrial fibrillation, which shifted to a complete heart block. This led to the usual slow steady ventricular pulse that threatened at any moment to transform into ventricular fibril-

lation, which brings death. Fortunately it did not go that far but the paramedics had to convert me with an electronic device and hook me up to the various intravenous medications and so on. I was transported to this intensive care unit where it was found necessary to do immediate emergency cardiac surgery. I received five coronary artery bypasses and an artificial aortic valve but after the surgery they could not stabilize my arrhythmia. It kept recurring so they had to readmit me to the intensive care unit for observation and …

[Note by Lisa: The dictation ends at this point. Martin was found dead in his bed in the intensive care unit and, as requested in his will, since there were no relatives or descendents, his body was donated to the University of Chicago Medical School. A team of four young women medical students in the anatomy laboratory taking their basic anatomy course was assigned to dissect the stinking formaldehyde-soaked cadaver. In the course of this dissection, they discovered the weakened wall of the left ventricle had given way to massive cardiac tamponade and death.]

No, no, mother! I am Pentheus,
your own son, the child you bore to Echion!
Pity me, spare me, Mother! I have done a wrong
but do not kill your own son for my offense."
But she was foaming at the mouth, and her crazed eyes
rolling with frenzy. She was mad, stark mad,
possessed by Bacchus. Ignoring his cries of pity,
she seized his left arm at the wrist; then, planting
her foot upon his chest, she pulled, wrenching away
the arm at the shoulder — not by her own strength,
for the god had put inhuman power in her hands.
Ino, meanwhile, on the other side, was scratching off
his flesh. Then Autonee and the whole horde
of Bacchae swarmed up on him. Shouts everywhere,
he screaming with what little breath was left,
they shrieking in triumph. One tore off an arm,
another a foot still warm in its shoe. His ribs
were clawed clean of flesh and every hand
was smeared with blood as they played ball with scraps
of Pentheus' body.

… *The Bacchae* (Euripides)

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