

A Malicious Sense of Survival

Reuven Bar-Levav

Paul came immediately to mind when I contemplated writing this article on the abrasive patient. He was such an obnoxious, difficult, and unfriendly man in his thirties, handsome but bear-like, and what was most typical about him was his sullenness. Did he ever smile, even once, during our 8-years' association? He was always serious, he walked slowly, he trusted nobody, and when he was hurt or scared he would attack viciously those who were nearest to him. He was very bright and his verbal attacks upon me and upon members of his psychotherapy group were always delivered in a calm and excessively deliberate manner, as if he were above the scuffle and not touchable by us. Since he was so very sensitive and so very scared he had developed a special capacity to detect and to remember everyone's Achilles' heel, and he used it well. He would pounce only at the right moment, almost never impulsively, in a slow and merciless manner, upon any real shortcoming of the other. Instinctively he attempted to establish a psychologic *cordon sanitaire* around him, a safe zone into which no one was allowed and, therefore, no one could hurt him. He fully expected to be damaged by anyone, anywhere, always. He was exceedingly sensitive to embarrassment, shame, and humiliation. Even an innocent or friendly remark was often misinterpreted by him as having a secret, hostile intent. He had serious difficulties with his self-image and his sexual identification, and in a paranoid-like way, he was sure that others actually saw him as a distorted and worthless creature. From his point of view he merely lashed back at his enemies who would always, as a matter of course, attack and belittle him, as if he were less than a person.

Why did he stay in individual therapy with me so long and how could he tolerate being in a psychotherapy group? In spite of the obvious psychopathology, he also had a great deal of strength. These islands of health brought him to treatment in the first place, and they maintained him there

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in spite of all the hardships. But beyond that he was also a very stubborn man, not one to give in or to yield under pressure, no matter how extreme. It was far too humiliating to do so. He would not allow himself to be seen in such a light under any circumstances. So, he stuck it out, month after month, year after year, as I did also.

But why did I stick with him? This question surfaced quite naturally as I was dictating these notes, for it seemed even to me as I was describing Paul that only a masochistic person full of self-hate would agree to work under such difficult and degrading circumstances. I did not need him to earn a living, so why did I do it? Because my experiences with Paul were not really so difficult and they were never degrading. Although he could look at me, almost snake-like, with cold eyes and with venom in his mouth and hurl invectives at me that were extreme and indecent under other circumstances, it usually did not cause me pain, nor was I scared or insulted by him.

I do not assume a detached position vis-à-vis my patients, and I did not with Paul. I also did not hide behind the mantle of being a professional and did not dismiss him as a crazy person whose words to not count for much. In fact, I respected his great intelligence, and I even managed to like him somehow. My work with people requires that we form a real and involving relationship, one in which I do not merely sell my time but where I also give of myself. If I did not respect and like him in spite of all his antics, I could not do what needed to be done. It would have become obvious after a very short lapse of time that my words were empty and that my presence was only as-if. Of all my patients Paul would have detected this earlier than most, for his distrust and his intuitive suspiciousness were exceedingly well developed, indeed. But he did stay for 8 long years, and I remember many instances of looking forward to his sessions with me. What made this possible?

As I was contemplating this question, I first thought that the answer would be found in the theoretical model to which I adhere and which serves as the basis for my work with patients. The model is a medical one, and according to it, I, a physician and an expert, am making myself available for the treatment of illnesses of those human beings who come to me. Paul's obnoxious and hostile manner was part of his illness, unpleasant as is the stench of a festering flesh wound or the bowel movements of an old or dying patient unable to control his anus. I don't have to like it, but I can't blame the patient for it.

Paul was often not a pleasant patient, but then, in this model, I have no right to expect pleasantness, although I always welcome it. All that my patients owe me is a fair compensation for my time; I cannot and should not expect appreciation, gratification, gratitude, or love. When these are offered, as they often are, they are bonuses that I am very happy about. My sincerest efforts on behalf of my patients cannot be conditional upon

receiving them. Old-time and hard-working physicians who treated with equal devotion and conscientiousness battlefield casualties of both camps served as my models when I fashioned my professional identity. I am perhaps old-fashioned, but I still do not regard being a physician as merely a good way of making a living and surely not as a business. I still believe that it imposes upon me an obligation to do my best for every human being, regardless of color, creed, political persuasion, or nationality. Human beings really are a miracle of creation, and they must be treated respectfully as such; their pain and suffering must be minimized, their welfare and health maximized.

This theoretical model and my professional identity as a physician surely helped me when I worked with Paul. These views of myself and of others have become over the years more than mere beliefs that I held on to. They have become an integral part of my personality and value system, and they helped me in difficult moments with Paul. I continued to maintain my objectivity and my detachment from the accusations and the invectives that he repeatedly hurled against me, without detaching or distancing myself from really being involved with him, the person throwing such accusations directly at my face.

This, however, was not the entire story. I also remembered the teachings of my old professor of psychiatry, John Dorsey, who had impressed upon me many years ago that everyone does the very best one can, that if one only could one would surely do better. I am not so sure even now whether my old professor meant this only as an explanation or also as an alibi, but for me it was always an important reminder that even obnoxious characteristics are a person's self-helpful ways of existing in the world. For me at least, it is always merely an explanation, not an excuse, and it helps me remain nonjudgmental and noncritical, at least in the clinical setting, even in the face of extreme provocation. It also helps me to accept in that setting that which would otherwise be unacceptable.

Such an acceptance of obnoxious ways of being is in any event limited and welcome only as long as it remains confined to verbal or vocal expressions, and only if it is not actually manifested in actions or in behavior. What I was willing and able to tolerate from Paul is unacceptable to me when it comes even from a close relative in a social situation.

Hysterical and/or obnoxious behavior in such a setting is very embarrassing to less-disturbed friends and relatives who must witness it, and they often try to minimize their embarrassment by appeasing the obnoxious person with the hope of cutting the outbursts short. Such appeasement is as futile in personal as it is in political relationships, and it always breeds tragedy in the long run. Munich did not avert World War II. No healthy relationship, therapeutic or otherwise, can survive unless it is based on mutual respect and on mutual regard, at least for the physical safety of both parties and for the setting in which they find themselves.

Most long-term relationships are, unfortunately, held together by a different glue: fear of loneliness and of abandonment.

Psychiatrists and other mental health professionals often err in assuming that since they understand the unconscious roots and motivations of behavior better than others, therefore it naturally follows that they should also advocate excusing anti-social acts. After all, they always have overdetermined causes. If it is true, the argument goes, that every person does the very best he or she can, then how can anyone be blamed for their failures or be held responsible for them?

Such a line of reasoning is based on a fundamental fallacy. It focuses so totally on the individual that it overlooks the existence of a society which has a responsibility to all its members to protect them from being forced by some. Even acts committed because of irresistible forces within an individual have social consequences. The deep daily involvement of mental health professionals with individual human beings in distress and the intimate knowledge they have of their pain and suffering has blinded many of them to the fact that we all live in social contexts. The very survival of societies may dictate the taking of steps that limit an individual's freedom to act according to his or her wishes or needs. The Bill of Human Rights is unenforceable if it guarantees conflicting rights to individuals living together. In practice, it is and must be limited by the requirements of societal living, even in the absence of a Bill of Societal Rights.⁴ Because of the tendency to confuse understanding with excusing a person's acts, many psychiatrists and psychotherapists have in the past assumed "liberal" positions as if by a knee-jerk reflex, even when such positions made absolutely no sense. This is part of the reason why our professional image is relatively so low.

Aside from his verbal attacks, Paul's behavior toward members of his psychotherapy group and toward me was essentially correct and proper. He adhered strictly to our non-acting-out contract. He was both too afraid to grossly act out, for he knew that this would not be tolerated and he did not wish to risk our relationship, and he was also too healthy to act crazily. This made it possible for him and for me to maintain our long association and to continue our long struggle. The volleys of his invectives may have been extreme and his denunciations of me and of others were often sharp and expressed in the strongest terms, but he was, nevertheless, respectful at all times of the rules of our contract. Obviously there were no violent acts and no threats of such. He usually came on time and canceled appropriately; he paid as agreed upon; he was willing and able to consider and to examine post-factum the meaning of his behavior; and when not hurt or afraid he was often thoughtful and openly introspective. But what really made it possible for me to stay the course and even to look forward to being with him was the clear definition of my own ego boundaries.

I never ignore what people, including my patients, tell me about my-

self, and I always try to examine as well as I can how valid both their accusations and their compliments are. I suspect the motives of those who hate and vilify me no more than those who love and adore me. I generally find that there is no smoke without fire, and that in spite of inaccuracies there generally is a grain of truth to be found in everything. What enables me to examine even painful and difficult words is my ability to sustain myself and to not excessively need the approval of others for maintaining my self-respect and my sense of self-worth. I wish for approval, acceptance, and love, and I am happier when I get them, but I survive reasonably well for long periods of time without getting them from others, since I am usually able to give them to myself. In the absence of confirmation from others I try to find resources within myself to nourish me, even under conditions of some stress. I essentially know where I begin and where I end, what is me and what is not, what is inside and what is outside of me.

Since I have worked on sprucing up and clarifying the boundaries of my self over several decades through much painful self-observation and self-scrutiny, some of the accusations that Paul hurled against me have found their target, but many have clearly been mere expressions of his need to keep me at a safe distance. They had little to do with my real being. I always tried to ask myself whether he had caught me at a moment of inner tension or weakness, but I could also ascertain when he was off the mark. Most often he wanted to push me aside when he experienced my intimate involvement with him as an unwelcome intrusion upon his life-space. This he sensed as a wish on my part to diminish him, to swallow him, to cause him to no longer be separate as an individual. Such horrible fears of engulfment or of nonbeing were obviously based on very early pre-verbal sensations of the infant within him, but only rarely did I interpret them. Right or wrong, in the midst of fear such interpretations are of no value.

If Paul was to be helped beyond the point where he existed it would be through our real relationship, through his increasing knowledge that I was not the way he perceived me. His earliest caretakers, especially his mother, were probably experienced as wishing to "take him over," but this was another age, and he already understood all this cognitively. What he needed to do was to actually experience himself as an adult, no longer the infant. He was competent and capable, intelligent and sensitive, except that he himself was the last to know it.

Noah Webster defined abrasive as something that tends to provoke anger and ill will. Abrasion is an aggressively irritating action, caused by a rough substance such as sandpaper. This is how Paul intended to be. An abrasive substance causes a wearing off and a grinding down of that which it rubs against; it can scrape the skin and the feelings of those not so secure within their own boundaries. Whenever a patient is experi-

enced, or is described, as abrasive, it always indicates that he or she succeeded in aggressively acting upon the therapist. The patient merely does what he or she unconsciously senses as necessary for survival, but if this provokes anger and ill will then it signifies a breakdown in the therapeutic relationship. It must be repaired or ended. Repair means that the therapist must attend to the task of shoring up his or her own ego boundaries, a difficult but necessary process that requires time and much effort.

As long as the therapeutic contract is adhered to, no abrasive patients should theoretically ever exist, except in the perception of therapists whose sense of self is shaky. Attacks upon the person of the therapist are perceived as dangerous *ad hominem* attacks only in the absence of clear ego boundaries. When the boundaries are fuzzy such fear of attrition of the self can be stimulated even by sharp professional interchanges, which explains why so much boring double-talk and vaguely worded criticism typifies most scientific meetings.

The treatment of the abrasive patient requires, therefore, first and foremost, that the therapist define his or her own self as clearly as possible. The task of separation-individuation must essentially be completed before the work with such difficult patients can get under way. Verbal attacks of any intensity would then no longer be a cause of alarm to the therapist, and none would cause him or her to lose the perspective of reality.

Only once over a period of two decades or so of working intensively with many people have I been threatened physically by a patient. A Vietnam veteran over 6 feet tall that I had been seeing individually and in a group came into my office one day, pulled out a large knife from his boot, and cut my telephone wire. He was angry and disappointed and told me that he was not getting his way in therapy and that we surely wouldn't be interrupted once the phone was dead. I would now have to listen to all his complaints and correct the situation. I would surely hear him now, he claimed, a thing he believed was normally not true. He himself was able to recognize soon that I had treated him decently and consistently; in reality he was still sitting on my couch, knife in hand, telling me not to scream because "by the time they come I could cut your throat." I induced him finally to throw his knife to the far corner of the room and immediately stopped my work with him.

This man was obviously not an abrasive patient; his act was not an irritation but an actual threat. Patients who are described as abrasive are not violent; they are merely chronically unpleasant, a pain to be with, a repeated drain on one's energies.

Why are they this way? Because this was their most effective way to relate to the mothering person during the earliest period of their lives. They were perhaps colicky babies. Their abrasive traits are their trademark, their identity, their way of being-in-the-world. They had found themselves a niche within their families as irritants, trouble makers, dour

and sour, unpleasant and unhappy creatures, sometimes loud-mouths, sometimes pouters, eternally unsatisfiable. Not many smiles, not much joy, but plenty of complaints and bitterness. What is abrasive to others helps them find a little security and comfort. Without their abrasive traits they would experience themselves as totally naked and powerless to affect those around them; they would not even be recognized. Without their abrasive traits, they fear, nobody would attend to, or care for, them; they would not only be overlooked but also forgotten. Most important, being abrasive is their way of making contact. Being abrasive also provides them with a wonderful way of continuously testing their relationships. Each time they are not turned out into the cold, not rejected, confirms to them that they are worthy, still welcome, loved. As such, being abrasive is a necessity for feeling safe. It must not be given up.

Since most human beings, including psychotherapists, are far from finished in their task of individuating, the boundaries of the self are often somewhat soft and ill-defined. Having had a long analysis or even an extensive course of intensive psychotherapy does not guarantee that the urgent hunger for confirmation from the environment has been eliminated. Abrasive patients are, therefore, a very real and heavy burden for most therapists who often eventually reject them and pronounce them as unanalyzable, incurable, and hopeless. A therapist may find it very difficult to stay with a patient unless he or she shows signs of getting well or at least of making good progress, which the therapist may need as an antidote for a sense of powerlessness. When the patient not only seems to be stuck but is also battering the therapist verbally, when he or she rubs the therapist the wrong way, as any irritant would, it is easy to tire of the task. The relationship is often allowed to die if the patient does not leave first, or it is actually terminated by the therapist. In either case it confirms the pathologic expectation of the patient that he or she is unworthy and would always be rejected eventually.

Each failure of this kind rigidifies and fixes the maladaptive defensive structure even more, and both patient and therapist unwittingly and unconsciously become partners to this self-fulfilling prophesy. Recognizing this unconscious collusion may help therapists stay with these patients in spite of the difficulties. Avoidable tragedies will thus occur less often.

The use of combined individual and group psychotherapy has been found to be one way of diluting the damaging effects to a relationship that an abrasive patient presents. Since the abrasive qualities interfere with the formation of a close relationship, it is at best difficult to get such a patient intimately involved in a one-to-one relationship. A psychotherapy group in which he or she does not become scapegoated can become a relatively safe setting in which provocative engagements are minimized, since this setting allows the patient to titrate the distance between himself and others. Sufficient distance can thus be created also between the patient and

his or her pathology, which facilitates self-observation. This is a necessary first step before the willingness to engage in the more difficult work of character reorganization can be mobilized.

A therapist who might not be able to submit to repeated assaults in the dyadic setting alone may well find it possible to continue working with an abrasive patient in combined individual and group therapy, since in the latter other humans provide reality reminders about the therapist's position and worth. This should ideally not be necessary, but in practice the presence of others during repeated episodes in which the patient inveighs, denounces, denounces, rails against, and scolds the therapist (or another patient) forces a greater measure of reality into this distorted situation. It also helps both the abrasive patient and those attacked by him or her from losing perspective altogether.

Although such a patient may put a heavy burden on the functioning of a psychotherapy group, the presence of two such patients in any one group sometimes makes it easier for both and for the remaining group members. Each one of these abrasive patients may be blind to his or her own distortions for a long time, but they are usually able to see without too much difficulty how another person with similar psychopathological adjustments distorts reality. This speeds up the process and helps the distorting patient to also become aware of his or her own pathology more easily. Contrary to widespread belief, such awareness is not curative in itself, but it is a step in the right direction.

Patients who appear as abrasive are essentially extremely scared people, very sensitive and very hurt. Their typical ways of being help them maintain sufficient distance between themselves and others. This, however, is only one side of their personality, for in having lived this way throughout life they also find themselves in a state of extreme loneliness, and they usually also experience tremendously powerful yearnings for closeness, contact, and acceptance. This paradoxical and tragic contradiction often leads to suicide. The apparent provocative anger which they display in all close relationships also serves as a defense against these powerful yearnings, which they commonly deny because they are so terrifying.

Therapists who discover within themselves the stamina, and who possess sufficiently well-defined boundaries, will discover that working with these patients is a most rewarding human experience which literally saves lives. By a lucky coincidence, I recently discovered an audiotape made with Paul's permission during one of the last hours before he left therapy with me. He terminated before his work was finished, in part because of external circumstances, and the termination was somewhat abrupt, as the following transcript shows. Not having remembered the existence of this tape since it was originally made several years ago, I was deeply touched as I finally listened to it in preparation for writing this article.

My basic memory residue of our long relationship consisted of the many confrontations and of the sullenness to which I had been repeatedly subjected in such a merciless fashion. I also remembered his sensitivity and his pain, but I did not remember sufficiently well how very loving he also was. The tape reminded me. The transcription is accurate but for several deletions, and yet, like all transcripts, it fails to convey the voice quality, its quivering or his soft sobbing when he was deeply touched. But here it is, anyway.

Paul: You know, [slowly, softly, thoughtfully] what I feel sad about, for myself, is that on the one hand I am a little suspicious. I also don't see enough of the other person's agenda and what they do, and I see so much of it as a reaction to me, or a failure on my part.

RBL: Yes, it is your tendency to do so. [Long silence] Before we go further, there is one week in December in which I won't be here, the week of December 8th, and I already told you so. But the following week I cannot be here on Wednesday afternoon, could you come on Wednesday morning?

Paul: Well, that brings up something I was going to talk about today, sooner or later. I don't think I will be able to come to therapy after the end of this month.

RBL: [Surprised] You mean at the end of November?

Paul: The end of November, right.

RBL: Okay, talk about that.

Paul: Well, plain and simple, I don't have any more money.

RBL: That is plain and simple.

Paul: [After pause] But that doesn't mean that there are not a lot of feelings, and it is not the way I would want to do it. [Pause] What it amounts to is that at the end of this month I run out of money.

RBL: So, this is it, it is over?

Paul: Well, you know, in a way that is going to be it, but on the other hand, it isn't something that I have not known about for a while. And it has had a bearing on the way I act, the way I think, and the way I react, and how scared I get. So, kind of by myself, I have been living the end of my therapy.

RBL: Why by yourself?

Paul: Well, partly, [pause] I don't know, I didn't like to bring it up in group because I was afraid the people would, you know, I was afraid of what I considered people's reaction, and I was concerned that I also might be little hysterical, might be overplaying this money stuff. [Pause] And, I kept thinking, figuring out what I could do and how I could do, and I kept looking at my feelings. And, why I didn't bring it up to you, I guess—oh, any number of reasons, I guess I am not entirely sure why. I kept thinking that

maybe I would borrow the money. The more I think about it, I don't want to involve my wife, you know that I am dependent upon her . . . if I was really to go and say, "I'm really, *really* crazy, I can't live without therapy. I'm going to borrow the money," maybe I could get her to co-sign, you know I don't have a job now—but it's too distasteful for me, so I am not going to do it. [Silence] You know, I say all this against the background of maybe I can change my mind. I am hesitant to sound in absolutes, but all things considered this is my current position.

RBL: I'm glad you don't sound too absolute.

Paul: Because I got a vague—I got a pretty good, it is not so vague—idea where my craziness is, and there are things to work on—you know, I hurt so easy, I color my relationships the way I just described—those are the two big things. When I get hurt, I get angry, and beyond that, which doesn't come up so often in here, I really judge myself harshly. Those are three big areas. One that I don't talk much about, that I try to sneak into the group lately, one which I reflect on a lot, is how over the years . . . [pause] But in all areas, my life has improved . . . I even enjoy lately the idea of, I mean, I like my fantasy of my being a little leaner, maybe meaner looking, my hair shorter, my face more . . . a kind of leaner, more wiry-looking guy who could just call some woman up and say, you know, "I saw you today, and I would like to be with you tonight, tomorrow night," whatever, you know.

RBL: To meet you . . .

Paul: Yeah, to meet you. I'd like to sleep with you. I'd like to take you to London. I'll spend money on you. I'll make you happy for 3 days, you make me happy for 3 days. You know, not heavy, not let's get married and have babies, forever, not that type of stuff, (pause) that's new, to be free to think this way . . .

RBL: That's new.

Paul: Yes, and I like it. [12-second pause] Those are some of the feelings. Some of the other feelings are really sad, about [silence] there are a lot of things between us that aren't really said. From me to you in any case, and I wish [voice faltering] I had the time to say it. I'm afraid of being [pause] ah well, [pause] but I am also very appreciative. I didn't want to rush into this, because sometimes I think I am not done fighting with you, but . . . I don't think I can fight still.

RBL: One does not preclude the other.

Paul: Another good thing is that in the time I fight with you I can find now, that even though what I believe are things that I don't like about you are not reasons for killing you, or [pause] I am able to expand the concept of you, around those things, and I don't feel

that I have to give up certain things, compromise myself, I am able to see many good things about you [said with a voice in a low register—trying to control his voice while saying these words].

RBL: The world is not so black and white. I am not.

Paul: Yes, it is not an either/or situation, and yet I don't compromise my fierceness or my intensity—I'm just bigger.

RBL: Loving doesn't make you weak, in other words.

Paul: No it doesn't. But beyond that, it would appear it is bigger than that. [Pause] That is certainly true. [5-second silence] Yeah, it is bigger, loving is bigger. [25-second silence]

RBL: ?

Paul: . . . eight years, and then to say good-bye in 3 weeks, [with pain in his voice] it is so hard. Eight years of fighting, and three weeks of not . . .

RBL: [With slight chuckle] We're not sure about that yet, but there was lots of loving in the past, too. [Sounds as if there are tears in the therapist's eyes also]

Paul: Well, not like . . . now [with tears]. I have always been very careful not to admit that I loved you, in public. I was always careful to say things precisely about you which I believed . . . in other words the truth about you. [12-second silence] In effect, I was disowning you, although I would say good things about you. Now, even if someone else would say things that were not good about you, and I believed them to be true, I think that I would still not disown you.

RBL: That's good for both of us. Mostly, for you. You are big enough that you can do that. [10-second delay] You got guts, it takes a man, not a boy. [33-second delay] If you really leave, Paul, I will miss you. I don't know if you will really leave at the end of the month or not, but I will surely miss you if you go. It is also 8 years of my life. [24-second silence]

Paul: [Large breath of air taken by Paul, hardly audible] It's been a long time. [12-second silence]

RBL: Your life really changed, huh?

Paul: I think it has. I have given it a lot of thought in the last 6 to 8 months. And in many ways I am the same, the same core person, but different. Not in opposition, but different. [12-second silence]

RBL: The core may not be the same either. It may not be all done, but it is not the same. You forget how you were when you came here. You were very far from being a man.

Paul: That's true, that's very true. [20-second silence] I came up with, in my mind a lot of deals to make, this last [pause] but I am

ashamed of all the deals that I have made in the past, in which I made myself small, had people take care of me, I don't want to do that anymore.

RBL: It would be better if you didn't have to leave, because this is the first time that you really are much more flexible in regards to people. It shows especially in your group. [Pause] Somebody told me, only yesterday, that it was a pleasure to see some of the things you did to help another person, and you did it not as if you were a detached therapist, although it was nice therapy too, but as one human being would be with another, without leaving yourself out. I wasn't there, I didn't see it, but it didn't surprise me, and I was pleased to hear it. [Pause] So, this is so new for you, and you may not get much support for that kind of living, in a less defensive way. You may not have a chance to express yourself this way much, to develop it much, plus all the other things that you mentioned earlier. So, it would be good for you if you could stay and finish the job. But . . . it is also good to see where you have come from.

Paul: Well, I hear what you are saying. I am sad because I know it is true. But I am ashamed . . . [silence]

RBL: I am not trying to influence you to stay. I don't know what the solution is. It may be more useful for you, if there is no honorable way for you to stay, that you leave. Perhaps you'll come back sometime. Maybe you ought to take a year's vacation. I don't know what, just it is such an inopportune time because you are so deeply and differently involved. . . . I am not suggesting that you compromise your dignity. [Pause] If there is a dignified way of staying that would be best. You compromised your dignity a lot, and I am glad that you are sensitive to it now. I am glad that you don't want to stay at any cost. [14-second silence] You are still living in sort of a desert, at home, at school, in terms of open, reasonably loving and trusting human relationships in which there is mutuality, no compromises based on fears, there is dignity . . . [pause]

Paul: I know what you are saying. It may sound strange . . .

RBL: Why strange?

Paul: Well, so many people don't know what all this means . . . and many people know the words, but they don't know what they really mean. [13-second silence] If I were afraid I wouldn't survive in this desert, I would pay the price of dignity.

RBL: Yeah.

Paul: I mean that this is not the Garden of Eden, but it is not the middle of the desert either.

RBL: You are likely to survive in the desert, because you are a hardy plant. It is just that it would be nice if you didn't have to fall back on your hardy-plant-living so much. It would be nice if conditions were better.

Paul: That is interesting, because lately, I don't think of myself so much as a hardy plant any more. I know that I take sustenance for myself, I don't see myself as getting it from anybody else. I mean, except that I get it from you.

RBL: Not even from me so much. You find a place with me, near me, with me, in which you can draw on yourself, without having to distort yourself much.

Paul: [Slowly, quietly] That's true.

RBL: I'm not giving you so much as I am providing you a place to flex your muscles. And to experience your tenderness. [Pause]

Paul: I have given that a lot of thought lately, why, you know, the way I react so I don't have to show my tenderness. I guess I am afraid, if I am tender, I won't survive. And yet, my tenderness is such a big part of me, so when I act tough, I hide such a big part of me.

RBL: And the best part of you. The toughness you had all along, but it wasn't tempered with your softness. [45-second silence]

Paul: My marriage, it is like a desert, too, really, I mean, it is a good analogy. My wife is very loving, very kind, she works her ass off. I say to myself, the reason is that she is afraid . . . she is very loving.

RBL: The reason for what?

Paul: The reason she is what she is. The reason that she acts the way she acts. She is loving, there is a part of her that is loving. I'm sad, maybe I'm wrong, maybe it's not justifiable, but I see her in some ways as a little girl, trying very hard to do what is right. She does it because it is right. [Pause] We are together, but we are apart. I am reluctant to say anything really definitive, in case it is me. [20-second silence]

RBL: What happens when you are sensitive and tender with her?

Paul: She likes that.

RBL: Does she respond to you?

Paul: Yeah.

RBL: Well, that's good. Why do you call it desert?

Paul: Well, it is almost as though, the way I see it, everything important to me, I mean, psychology, and therapy, and people's feelings, and why they do things, she just thinks that is all a crock of shit. I mean, she tolerates me.

RBL: You can't talk to her?

Paul: I can't talk to her about everything, about anything like that.

RBL: Have you tried?

Paul: Yeah.

RBL: So, if you come enthusiastically with something that happened to you, she is unreceptive?

Paul: That's right . . . [46-second silence]

RBL: Do you talk openly?

Paul: Not about psychology. No.

RBL: Not about psychology. About yourself, about your feelings, about your life, your hopes, your aspirations, your fears, not psychology . . . that sounds like a college course. Or about her feelings, about her aspirations, her wishes.

Paul: Well, what happens is that she doesn't usually talk about her feelings or her wishes until she gets very, very tired, and she goes to a meeting and they tell her that she has to come in on Saturday, then she tells me the details of how she involves herself. The way I see it, I see her as technically expert and sophisticated in many ways, but very vulnerable to the cunning of some of the men she works with. It is almost as if she can be trapped into doing more, to the point of where she is spread so thin. I worry about her, and when I try to show her how she does this, she gets angry.

RBL: At you?

Paul: Yeah. She says, "You're full of shit. Every God-damned thing I try to do, you turn into something, nothing is ever simple, it always has some reason underneath. Can't you ever just listen to me?"

RBL: She can't see that you are motivated by a wish to help her. A loving wish to help her?

Paul: Right, that is my belief. She does not see me as having a loving wish to help her. As a matter of fact, that is her major complaint because I do not just sit there and listen, in other words, provide a listening ear, without any kind of comment. That is her reason for saying that I don't love her, that I don't give a shit, and that I don't care about anybody except myself. That record is being played out about every 11 weeks. It is harsh perhaps to say that. . . . I've never been able to really get her, have her, believe that I am really on her side. Lately, I have just cut right in and asked her, "Do you really believe that I am on your side?" . . . the other day, we had a very harsh argument about the way we treat—each of us treats—the kids. I was very angry, because I believe she is always annoyed. When she gets hard, she is annoyed. Our daughter can't do anything right. And I am very afraid that she could be in a lot of trouble . . . [Long silence] We scream at each other . . . she is a rigid, unyielding, very afraid young woman. Not so young anymore. I told her the other day

that if she didn't start changing, I told her, "You know what? It is going to be very tough for us to die, married to each other." [Short silence] I didn't want to talk to you about her.

RBL: You are not talking about her, you are talking about yourself. Your disappointment, your hurt. . . . You are looking at yourself at this moment not critically, with a sense that you have done all that one can do.

Paul: [Pause] Yeah, I've done a lot, I mean honest effort is an easy way to describe it. I really made it work. I am ashamed of some things, you know, I am ashamed that I don't work and earn money now. But I sure looked into myself and changed myself.

RBL: She is really not changing?

Paul: No. [Pause] In some ways she is. I am telling you the problem parts, but my wife is shifting. [9-second pause] She doesn't act on her impulses like I do . . . she has been able to make some shifts out of sheer will.

RBL: Also because she is a little less scared when you are less threatening.

Paul: That could well be true. She is more relaxed socially, you know what I mean. That must be because I'm picking up the slack. She is more open and shows more of herself. And she is not ashamed of herself. There are some parts that if they were me, I would be ashamed, and I look at her and see that she is more open. Not that I would be rightfully ashamed, but ashamed because of the harshness in which I judge myself. [65-second pause]

RBL: How do you feel?

Paul: I have a strange kind of mixture. I feel loving. I feel sad and I feel good.

RBL: Happy?

Paul: I don't know if it is happy. If I have to go through with this, I can do it. I can survive. At least until I can get a job. And more than likely, I will survive. [Pause] The sadness will be the way I say good-bye, and not because I need so much more therapy. [Pause] But the fact that I cheat myself out of being with you [with tears, sobbing] and with all the people in the group.

RBL: When it finally gets easier.

Paul: [Crying openly] I didn't think of it that way. It's because it is so good.

RBL: That is what I meant, too.

Paul: [14-second silence] It is a hard thing to say, that if I distort myself this way more, I wouldn't be able to enjoy the goodness.

RBL: That's right.

Paul: One piece of candy to enjoy is better than a boxful, if you are too fat.

- RBL: [Chuckle, 43-second pause]
[Large breath of air taken in by Paul]
- Paul: I have a terrible headache. . . . I am just wondering now if it is because I had to say this today. It may be because I have a bad cold also.
- RBL: What does "this" refer to? Is it because you consider seriously leaving, or because you're loving. Which is the "this"?
- Paul: [With a slight chuckle] Even before you said it, I knew it was the question that I had to ask myself. It was clear that I knew I had to say that I had to seriously consider leaving, but it may well have been that if I have to leave, I have to stop clowning around and admit that I do love you and respect you. And it is not so much that it has to be said, but that I want to say it. [This is all said quietly, thoughtfully, slowly, with a trembling voice.]
- RBL: It has to be said for your integrity.
- Paul: Yeah, that's it.
- RBL: These are words that the little boy couldn't say, even on an occasion when, maybe, it was called for.
- Paul: Mmm. I don't know, but that is one of the best things that has happened to me since I have been here. Whatever happens in my life, it is clear, and it is more clear lately, being able to say that, I don't know where it comes from. . . . My wife, I know, also wants to be clearer on these issues . . . but she can't. [Tears]
- RBL: You know that your life is not threatened anymore. You often felt that it was. You helped yourself on such occasions, because there was no better way, with confusion, but no more. [Pause] You are getting away from the horror [pause] which didn't really exist in the first place.
- Paul: Right, and in my case it was so real. What I have to be a little more concerned about now is how much I like you. I know the gratifying aspects of distorting myself. This I don't know very well yet. It is still philosophic here, I understand . . .
- RBL: That is enough for today.

The "abrasive" patient was no more. He had vanished. A loving and lovable human being appeared in his stead.