

REALITY COMES FIRST: BUT WHAT IS REALITY?

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Several years ago, while a resident in psychiatry, a woman was transferred from another hospital to the ward where I served as the physician, and both the transfer notes and her history reported that the reason for the transfer had to do with difficulties between her and the medical staff. It soon became obvious to me from the patient that while she was hospitalized she was involved in repeated episodes of sexual intercourse with one of the physicians in that state hospital, that she got confused by these involvements and apparently became increasingly more psychotic, which eventually necessitated her transfer to the other psychiatric hospital.

As a young physician, I was outraged. I happened to have had a supervision hour with a senior analyst in town soon after the woman was admitted, and I presented the case and told him that I believed a complaint should be filed with the ethics committee of the medical society and that the license of such a physician should be revoked. He asked me how I knew what happened, and I repeated my evidence for the story. In reply, I was again asked what had happened, and thinking that perhaps my story was not clear, that I left out important details, I filled-in what I thought I might have missed in the first and second telling. I explained what I believed had happened. Again, I was asked how I knew what had happened, and it finally dawned on me that I could only answer that I did not really know, that at best I had hear-say evidence, although not altogether without substantiation. Some action may have been necessary, but my knowledge of the facts was clearly insufficient.

I remain grateful to this day to my supervisor who impressed upon me forever that reality is not always easily ascertainable. I could not really know what had happened on the basis of the information I had, and even when I know things more directly through the evidence of my own senses, of that I cannot really always be sure. The courts of law are full of people who claim to have seen or heard things that simply did not happen, without knowingly lying. As a clinician I daily see patients who do not hear what they are told. Strong feelings, especially fear, but also hurt, anger or love distort, and sometimes blot out altogether, simple, clear and concise facts.

As a psychiatrist it is my responsibility first and foremost to help my patients elucidate and define reality clearly, and yet, being human I know that in spite of my own past therapy and on-going and never-ceasing self-scrutiny, I cannot ever assume that I will always, necessarily, perceive reality correctly, even when I believe I pay careful attention to its manifestation. I am not above error, or distortion, and I must check, double-check and triple-check my statements and facts. The gravest of all misdeeds a psychiatrist can commit involves his distorting reality in his dealings with patients, since they often check their perceptions of reality against his for accuracy. Although I make it as difficult as possible for my patients to use me either as model or as a yardstick of reality, I and all psychotherapists are often cast into such a role. Our first responsibility, therefore, is to be sure that we attend to reality most scrupulously at all times.

This is easier said than done. In the practice which I head the therapists routinely and regularly discuss with each other problems and difficulties involving their patients, to minimize counter-transference distortions. They are additionally engaged, on a regular basis, in

more formal group supervision, at least in one two-hour session each week. But all this does not always clarify all puzzles and dilemmas, nor does it make our life easier at all times, as the following recent episode demonstrates. It raises important ethical and practical issues that every psychiatrist and non-medical psychotherapist must face.

Sue is an attractive woman in her late 20's who came to therapy because of a life-long depression which interfered with her personal relationships. She had been seen in individual therapy as well as in a group for a total of three times a week continuously for about three years, and is well into the middle-phase. She was referred by another patient, a man with whom she has had a long-term intimate relationship of several years' duration. This man, Joe, is seen individually by another therapist and is also a participant in a group for a total of three times weekly. Joe, who is somewhat older, presented himself because of moderately severe physical manifestations of anxiety which threatened his ability to maintain his job. His presenting symptoms have disappeared long ago, but as these depressive equivalents vanished, a full-blown, life-long, severe depressive illness on a matrix of an immature personality structure manifested itself. His therapy was progressing well, and in his fifth year of therapy the depression was in the process of lifting and the personality structure was slowly yielding to the pressures upon it when the following events took place:

Sue's brother and sister were visiting from another town. The brother, twenty years old, is an eager, well-meaning and bright young man in good physical health. He is a thoughtful and introspective college student, doing reasonably well. The oldest sibling is the sister, a very withdrawn, very frightened woman, clearly in need of urgent help for emotional

difficulties. The incident occurred a few days before New Year's eve, and both brother and sister were visiting Sue during their Christmas vacation.

Around 11:00 p.m. one evening, Sue reports calling Joe, as usual, to wish him goodnight and for a little chat before retiring for the evening. According to her, they have been having telephone contact once, twice or more often every day, and this call was consistent with their usual practice. The three siblings reportedly spent a pleasant evening together at home. The next time Sue talked to Joe was when he called her sometime in the afternoon of the next day. He sounded to her somewhat agitated and irritated, and she reports that she asked him whether anything was troubling him. He asked her in reply, somewhat sarcastically, how happy she was with the visit by her brother and sister, and she answered that it was a good visit and that both had just left, she had just returned from driving them to the airport. She reports that Joe made a few "strange" remarks which troubled her. She claims to have asked what this was all about, but the conversation was inconclusive. Joe seemed bitter but did not elaborate.

When the couple met later that same evening, the whole story was revealed: Joe accused Sue of having had sexual contact with her brother, perhaps not sexual intercourse, but at least mutual sexual masturbation. He claimed that after the phone call the evening before, he was troubled because he had suspected for some time that some strange things were happening between her and her brother, and that he was agitated enough to leave his apartment across town, drive for 45 minutes around midnight to Sue's place. There he looked through the window into her house which was lit. He claimed to have seen Sue sitting on her brother's bed while he fondled her breasts. He claims to have seen her leaning in a position that suggested to him that she was playing with the brother's genitals. He claimed that he was shocked and that the excitement steamed up his glasses to the point that he removed them from

his nose, wiped them and looked again. His suspicions were again confirmed by what he saw. He was agitated, angry, hurt and scared. To calm himself he remembers taking a walk around the block, after which he looked through the window again, and again he observed more of the same. Deeply troubled, he used the key he had in his possession to enter her house, he claims to have stood there, watching, for five minutes, hiding and observing the strange and unacceptable scene. He then left and drove back to his apartment. His remarks of the following day reflected what he believed he saw. When they met he finally confronted her with his story.

Sue claims that she was flabbergasted. The whole thing simply did not happen, according to her. It was shocking to her, she claimed, that her "very best friend" a man she looked up to, respected and still loved accused her of horrible things she did not do and that she believed she was incapable of doing. With Joe's consent, she tried to call the writer, her therapist. She claimed she was frightened and wanted to speak to someone she trusted, worried both about herself and her sanity as well as those of Joe. Unable to reach the writer, she tried and was able to reach Joe's individual therapist. She told him how frightened she was and reported more or less accurately what Joe had accused her of and her own version of the events. She insisted that nothing of the kind had transpired, but was frightened since obviously somebody's mind was playing dangerous tricks on one of them, and she could not be absolutely sure that it was not her own mind. Even the possibility scared her a lot. She eventually asked Joe to leave her house and not stay, and on the following day she asked this writer for a joint session for herself and Joe, hopefully also with the participation of Joe's therapist. She was clearly troubled, knowing that some major break with reality had occurred somewhere.

During the joint session Joe appeared pale, agitated and obviously very scared. Sue was troubled, but calmer. She spoke first and said that she was very disturbed by the whole affair, that she was sure all along that she was not involved as accused, but that she could not simply dismiss Joe's statements as false, out-of-hand. She said that she had just finished speaking to her brother back East and that she implored him to be most honest with her. What she was about to ask him would be the most important question she ever asked him, and she begged him to be straight with her, no matter what. She said she must check out reality and know what's what. She then told him of what Joe claimed he saw and asked him what he remembered. The brother allegedly stated that nothing of the sort had happened, that he does not believe that she even sat on his bed, that there was no sexual play between them at any time, and allegedly added that the whole thing is not even recognizable as a dream. He reassured Sue that it simply did not happen.

Sue claimed that what her brother said and the way he said it confirmed for her beyond a shadow of a doubt her version of the story. She then burst out crying, telling the writer that she is very worried about Joe's mental health and sobbingly asked me to please help him in this very difficult hour. She did not appear hysterical. She was crying for a while and then spoke to Joe saying that the whole story makes no sense. "You know that I am not sexually comfortable. I am not promiscuous. It even took us a long time before I could allow myself to enjoy sex with you. This is not my way. You ought to know that about me. You are confused, and I am worried about you." She then added that she must break this relationship between them because she is simply afraid. "What if you believed that my brother was trying to hurt me, you might have come into the room and stabbed him to death out of genuine desire to help me. I cannot be with you anymore because it is not safe. You are confused."

Joe's response was deeply troubling to the writer. His first statement was, "I hope your story is right, and that you did not do those things with your brother." I pointed out to Joe that his statement is troubling because it implies that the purity of Sue's vagina is more important to him than the proper functioning of his own mind, that he did not seem to understand that if the story did not happen and that it was just a figment of his imagination, that this would represent a serious break with his ability to test reality. Throughout the interview he was withdrawn, hurt and very scared. There was no obvious thought disorder, and he held firmly and consistently to his version of the story.

I was not at the scene, and I cannot know what really has happened. Based on the totality of my clinical impressions, the way the interview went and how each of them seemed and behaved, and also based on my own impressions of the brother as a person (I met him once), I tend to assume that the distortion is in Joe's mind. But, I did not tell him or her so. What I did do was caution them both to act most carefully in the real world, to double and triple check reality, to drive more slowly and to refrain from seeing each other. I also asked each of them to have daily phone contacts with their individual therapists for the next few days.

What would you do? Why?