GROUP PSYCHOTHERAPY
A Record of Class Interviews with Patients Suffering from Mental and Nervous Ailments
By
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Recovery, Inc., the Association of Former Mental Patients and Their Relatives, was founded, November 7, 1937, by thirty ex-patients who had regained their mental health after receiving shock treatment. The aim of the Association is to emancipate the ex-patients and their relatives from the effects of the STIGMA attached to mental disease.

Recovery’s method is that of Self-Help. Its fields of operation are the social, economic, and legislative scenes, with their corresponding varieties of social, economic, and legislative stigmatization. In conformity with its objectives, Recovery has initiated a comprehensive program of activities, all of them directed and executed by the ex-patients themselves (Self-Help).

Recovery’s Motto: Nobody must be held responsible for the kind of disease he has contracted.
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INTRODUCTION

Man is not merely a physiological machine. He is, in addition, a sociological personality. In mental disease, both machine and personality break down. To judge from the symptoms, the machine suffers damage in those parts particularly which perform the functions of reasoning and reflecting, feeling and responding, memorizing and concentrating. The shock treatments, if successful, tend to restore these functions to their former level of efficiency.

In the majority of patients, the sociological personality seems also restored after successful treatment. In many instances, however, there is undisputed evidence of a persisting weakness in personality functions. This is not the place to attempt an adequate definition of what is meant by the term “personality function.” But it is well to remember that in order to live in a social group it is not merely sufficient to reason logically and to reflect correctly; to perceive sensations properly and to react to them; to have control of memory and attention. In order to function as a personality in a community a person must be possessed of additional qualities which transcend the sphere of these primitive syntheses. He must be reasonably sympathetic, forbearing and congenial. He must have a sense of fairness, preferably also a sense of humor. He must not be too irritable or too demanding. He must display the attitude of give and take. In short, he must be capable of adjusting his wishes, cravings, susceptibilities and idiosyncrasies to those of other members of the group. Mere reasoning, reflecting, perceiving, remembering and concentrating will not equip him for the satisfactory performance of these “personality functions.”

Those patients who emerge from the shock treatments with their physiological machine repaired and their sociological personality still impaired are in obvious need of after care. What they need is psychotherapy. However, in an institution it is practically impossible to supply that variety of psychotherapy which employs an individualizing approach to every single patient. This would require a staff far in excess of the limited number of physicians ordinarily available. To obviate this difficulty a method must be devised which addresses itself to the entire group rather than to individuals. This is known as group psychotherapy.

Recovery does not claim priority or originality with regard to group psychotherapy. The procedure was developed before Recovery existed. This writer treated patients in class as early as 1933. Drs. Lazell and Marsh had preceded him by a number of years. As evident from reports in the literature most group psychotherapists conduct their classes with lectures; some mention the combination of lectures and interviews. The late Dr. Paul Schilder of New York City seems to have been the only group therapist who relied on interviews exclusively.

In the Recovery system patients and ex-patients are treated with the interview method only; lectures are reserved for open meetings for patients, relatives and visitors.

Whether the lecture method lends itself to continued use over periods of years seems not to be known. The fact is that many group psychotherapists who employed the lecture route abandoned their effort after a relatively short time. The author has a large number of patients who have attended weekly classes for many months, some for upward of two years. It is doubtful whether their attention could be held for such long intervals.
by the most consummate lecturer. Lectures, by their very nature, tend to become stale and repetitious no matter how skillful the delivery and how vital the subject of discussion. Interviews, by contrast, can be made to retain their freshness indefinitely because of their perennial dramatic appeal and their inexhaustible possibilities for variation.

The precise technique employed in the interviews to be presented in the present volume cannot be outlined here. Some explanatory comments will be offered in the text. For the present it may be sufficient to state that since 1940 the author had adopted the method of the so-called “multiple interview” in which the symptoms of one patient are discussed by several other patients under the therapist’s guidance. Prior to 1940 the “single interview” was used exclusively. In this procedure one patient only is interviewed while all other patients “listen in.” The samples of the “single interview” are presented in the first and second parts of the volume, while the “multiple interview” is featured in the third part.

An interview has form (brief or extended, single or multiple), but it has also subject matter (topic of discussion). The form of the interview is part of its technique and will be fully presented in a special volume. As to the quality and significance of the topics discussed in the interviews, the samples published in the following pages will have to speak for themselves. A few guiding remarks will precede or follow some of the samples.

Interviews 1 to 11 were published originally in Lost & Found, the now discontinued bimonthly journal of the Recovery Association. They are reproductions of abbreviated and modified stenographic records made in classes which were conducted by the author at the Psychiatric Institute of the Illinois Research & Educational Hospitals.

Interview 12 together with the five excerpts reproduced in the third part of the volume are here published for the first time. Excerpts 4 and 5 are parts of stenographic protocols of interviews conducted with private patients. The private class was started in December 1941 and continues at this writing, July 1943.
PART I

THE SINGLE BRIEF INTERVIEW
Interview 1

REAL SENSATIONS AND FANTASTIC INTERPRETATIONS

E - Examiner
P - Patient

E. Are you cured, Agnes?
P. I think I am.

E. Is your behavior different now from what it was three months ago?
P. I don’t imagine things any more. I used to imagine that spirits and animals crawled in my abdomen. Now I have a normal attitude toward things. I’ve given up these imaginations.

E. If you say these were imaginations I take it you no longer believe there are spirits or animals in your abdomen.
P. Of course not.

E. But obviously you felt something in your abdomen when you were ill. Can you tell me what you felt there?
P. I didn’t feel anything. It was all imagination.

E. Now, Agnes, that is not correct. When you had what you call your “imagination,” you certainly felt something in your stomach. That something was a sensation, and it was really there and not merely imagined. I want you to understand that thoroughly. You first had a sensation of something moving or crawling in your stomach. Then you explained and interpreted that crawling sensation as coming from spirits and animals. Your sensation of something moving was real and correct. But the manner in which you interpreted the sensation was imaginary and fantastic. Do you understand the difference between the sensation that is real and the interpretation that is imaginary?
P. I don’t know. I still think it was imagination.

E. If I told you that I now experience a severe headache, could that be true and real?
P. Yes.

E. If I added that I get the headache because my arteries carry gasoline instead of blood, could that be true and real?
P. That would be imagination.

E. Do you understand now that the sensation of the headache is real but that if you interpret the headache as due to gasoline circulating in the blood that interpretation is imaginary?
P. I think I understand.

E. If you understand that it will be easy for you to realize that when you broke down, you had sensations that were real but then you gave these real sensations an interpretation that was imaginary. Can you now repeat in your own words what I tried to explain to you?
P. When I broke down, I had sensations and they were real. Then I put interpretations on them and they were imaginary.

E. That is fine. You certainly grasped what I meant to say. Now we shall go one step further. You see, Agnes, when a person is just on the brink of a so-called mental breakdown, his nerves are in a state of
unrest. Everything within him is jumpy and quivering. A person with such overwrought nerves is bound to have the queerest and most distressing sensations. He may have them in the field of vision or hearing, or in the nerves of the skin or in the nerves that go to the stomach. Some patients have the sensation of tingling in the ear, of buzzing in the head, of stars floating before the eye, of something dripping in the chest, of electric currents shooting through the legs. There is no end to what sensations a patient may experience in this stage of the breakdown. Sensations of this kind aren’t only distressing, but also puzzling and terrifying. Being frightened and bewildered, the patient asks himself, “What does all this mean? What is happening to me?” His imagination then works feverishly to find an answer, and the more feverish the imagination, the more fantastic the answer is likely to be. Having the sensation of tingling in the ear, the patient imagines hearing voices; the sensation of electric currents is interpreted as the work of a mysterious X-ray machine placed in the abdomen. I am certain you now understand that all of this means that the patient places imaginary interpretations on real sensations. Now, Agnes, you will go home soon. Suppose that some day while you are at home you again feel one of those queer and frightening sensations. Suppose one nice afternoon you feel as if something is crawling again in your abdomen. What will you think this crawling means?

P. I will know they are sensations.
E. What will you not place on them?
P. I will not place an interpretation on them.
Interview 2

NORMAL AND ABNORMAL INTERPRETATIONS

E. Are you cured Esther?
P. I think so. I feel much improved after the treatments.
E. What has improved?
P. I am not as tense as I used to be and not as nervous.
E. What did you do when you were tense?
P. I had crying spells and I imagined things that were not true.
E. What did you imagine?
P. I used to think that different people enjoyed making me suffer. I always felt that other people acted through me. I did what they wanted me to do and very seldom what I wanted to do.
E. Did you listen to what Agnes said about her trouble?
P. Yes, she felt spirits and animals crawling in her abdomen.
E. Do you remember what I told her?
P. You said she had sensations in her abdomen and imagined they were spirits.
E. Do you think you had sensations, too?
P. I don’t know. I felt tense and thought people made me do things that I did not want to do.
E. Do you realize that tenseness is again a sensation? Of course, there is a difference between Agnes’ sensations and yours. Agnes sensations were localized in the abdomen, while yours were distributed all over the body. But both were sensations. What did I tell Agnes about the difference between sensations and imaginations?
P. You said sensations happen in breakdowns and they are queer and frightening and then people imagine things.
E. That is more or less correct. But don’t you remember what else I said about the real and the imaginary?
P. I don’t remember.
E. Agnes, maybe you can help out.
P. (Agnes) - You said sensations are real but a patient places an interpretation on them, and the interpretation is imaginary.
E. Esther, do you remember that?
P. Yes, sensations are real, and interpretations are imaginary.
E. Do you see now, Esther, that you had practically the same condition as Agnes? You had the sensation of general tenseness; a tenseness of this kind makes people rigid and clumsy. Their awkwardness makes them imagine everybody watches them. This again makes them shy and embarrassed and self-conscious. The self-consciousness robs them of their self-reliance. They become timid and afraid to act. They soon notice that they experience some degree of relaxation when nobody is around. Henceforth they prefer to retire into solitude whenever they can. However, they cannot always be alone. Relatives and friends make demands on their presence and cooperation. They drag them out of their isolation and prod them into action; they urge them to do what of themselves they would rather leave undone. The patient craves peace
and seclusion, and the friends and relatives insist on activity and group cooperation. Being constantly egged on by others, patients of this sort draw the conclusion that what they do is not acted by them but by other people. Do you realize, Esther, that when you reach this conclusion, you have done some interpreting?

P. Yes.

E. What was it that you interpreted?

P. My tense feeling.

E. How did I call this tenseness?

P. A sensation.

E. Now, Esther, do you think that patients alone interpret their sensations?

P. I don’t know.

E. Of course everybody interprets. As a matter of fact, what we call thinking is to a large extent such an interpretation of sensations. For instance, I have the sensation of a sudden blast of cold air sweeping my face and I interpret it as an indication that a storm is approaching. Or, I have the sensation of a sharp pain in my abdomen and interpret it as a sign of an appendicitis. Such interpretations of sensations may be correct or incorrect, but they are done by all kinds of people who are certainly not patients. Do you understand then that to interpret sensations is not necessarily abnormal?

P. I think I understand but I don’t quite get it all.

E. Was it abnormal when you interpreted your sensation of tenseness as meaning that people acted through you?

P. Of course, that was not normal.

E. Was it abnormal when Agnes interpreted her sensations as a crawling of spirits and animals?

P. It couldn’t have been normal.

E. Is it abnormal when I interpret a blast of cold air as the indication of an approaching storm?

P. I think that is normal.

E. You realize that there are normal interpretations and abnormal interpretations. The normal interpretations are called plain explanations, the abnormal interpretations are called delusions.

P. But how does one know what is a correct thought and what is a delusion?

E. I am glad you ask this question, Esther. It shows you follow the trend of thought and wish to learn something. Moreover, it shows that you concentrate your attention on what is said here. This reminds me that a few weeks ago we discussed this matter of delusions. Of course, at that time you had not finished your treatment and were not yet cured. You were still preoccupied with your tenseness and your interpretations, and did not pay much attention to what was going on here. Agnes, do you remember what was said here about delusions a few weeks ago?

P. (Agnes) - I guess I didn’t pay attention, either.

E. Who remembers?

P. (Bernard) - Delusions are false beliefs and are physically impossible.

E. This is not so bad. But it does not tell the entire story. It is true, Bernard, that on the day we discussed delusions I spoke about false beliefs and about physically impossible ideas. But you will recall that I also
gave you a rule as to how to distinguish between false beliefs and acceptable ideas. I said: When you are in doubt as to whether a belief is false or acceptable, you can ask yourself, “Would the average man in the community maintain this idea?” Now, Esther, do you think that the average man will believe that when he acts, somebody else acts through him?

P. No, they wouldn’t believe that.

E. When the average man feels a crawling sensation in the abdomen, will he think it is done by spirits and animals? Obviously not. You see that this is a fairly good rule. If in doubt what to believe or not believe, ask, “Will the average man accept a belief like that?” Of course, you understand that a patient on the brink of a breakdown is too distraught to apply any rule. If he develops false beliefs, he will simply be at their mercy. But you and Agnes are no longer patients. Yet, at any time you may experience some queer sensation and be inclined to place a delusional interpretation on it. In that case you must immediately remember to apply the rule I gave you. Tell me now, Esther, what will you do if this afternoon you suddenly feel the old tenseness?

P. I will know it is a sensation.

E. What will you not do?

P. I will not imagine anything.

E. No, Esther, that is not the answer I want. How will you interpret the tenseness?

P. I will not say people act through me.
E. Are you cured, George?
P. I think I am.
E. In what respect are you different from what you were when you came on the ward?
P. I thought at the time I was on my deathbed and was going to die. Now I know it was a delusion.
E. Did you listen to what I said to Agnes and Esther?
P. Yes, you said they had sensations and misinterpreted them.
E. Did you do that, too?
P. I don’t know whether I had sensations, except that I had fear, an awful fear.
E. You had fear. But you are not certain whether fear is a sensation. Well, you perhaps remember what I said about the difference between Agnes’ and Esther’s sensations. What was the difference?
P. I don’t know what you have in mind.
E. Esther, do you remember the difference?
P. (Esther) - You said, I had a generalized sensation and Agnes a localized sensation, and we both misinterpreted them.
E. Correct. Now, George, you remember I said that Esther’s tenseness was a generalized sensation. Don’t you think that a fear, an awful fear as you call it, is also such a generalized sensation? It grips you all over the body; you feel it in every muscle, indeed, in every fiber of your body. Your knees become weak, your abdomen feels empty or heavy; your cheeks are tense, the mouth dry, the throat tight, and the arms limp. What you experience in legs, mouth, stomach, and throat are, of course, sensations and if you experience them all over, they are generalized. Do you understand now that your fear was a sensation?
P. I see it now.
E. So you realize now, I think, that your case is the same as Agnes’ and Esther’s. You had a generalized sensation of fear and misinterpreted it as impending death. Did you have any similar sensations recently?
P. No.
E. What would you do if you had any?
P. I’d dismiss them.
E. What should you not do?
P. Misinterpret them.
E. What would you say they are?
P. Sensations.
E. Correct, except that you should say they are nothing but sensations. If you say they are nothing but sensations you minimize their significance. You imply that sensations are not dangerous, nothing to worry about. This is of great importance, and I wish to enlarge on the subject. You see, George, when Agnes had the sensation of crawling and imagined spirits and animals were in her abdomen, she imagined something that is dangerous to life. When you had an awful fear and imagined you were going to die, you also thought of a dangerous possibility. Yet, neither of you were really in danger. You merely imagined
the danger. And if somebody imagines himself in danger and keeps dwelling on this danger for weeks and months, his mind is likely to break under the strain. But if you know that what you feel in the abdomen or all over the body is nothing but a sensation, you know immediately that what you are suffering from is not dangerous. A sensation may be very annoying; it may be distressing in the extreme. But it is not dangerous. I want you to know this difference between distress and danger, and I want you to memorize this sentence: A sensation may be distressing in the extreme but it is never dangerous.

Interviews 1 to 3 are brief and were conducted consecutively in one single class. They deal with simple topics, particularly with the subject of sensations. That sensations are the principal basis of complaints offered by both former mental patients aid psychoneurotic persons is a matter of common knowledge. The attentive reader will notice that the technique which the author employed is focused mainly on the generous use of so-called contrast formulations. Local sensations were contrasted with generalized sensations, normal interpretations with abnormal delusions, false beliefs with acceptable ideas, danger with distress, sensations with imaginations. The reason is obvious: Explanations given in terms of contrast are easily grasped and readily committed to memory. As mentioned, it is not intended to offer in this volume anything beyond sketchy comments on technique.
Interview 4

AVERAGE EXISTENCE AND EXCEPTIONALITY

Contrasted with the preceding three brief interviews the following samples (interviews 4-11) are of considerable length and detailed exposition. This is what is called the extended interview. In point of technique its main feature is again the generous use of contrast formulations. In interview 4, for instance, the playful imagination is contrasted with the firm belief, the fleeting, evanescent idea with the exclusively dominating thought, averageness with exceptionality, desirable with undesirable exceptionality.

With the introduction of the terms “averageness versus exceptionality” the patient is offered some sort of a philosophy or viewpoint. Clearly, the group psychotherapist must have a viewpoint of his own. Whatever may be its character - common sense or oriented on a particular school - it must be capable of being expressed in simple, clear, and transparent language. The simplicity and clarity will be enhanced considerably if ideas and concepts are suitably illustrated by well chosen examples. That the author is at great pains to supply illustrations of this kind as profusely as possible will be evident from a perusal of the interview samples presented in this volume.

E - Examiner
P - Patient

E. Paul, are you cured?
P. I sure am. These treatments certainly did the trick.
E. What was your trouble?
P. I had all kinds of silly ideas. I thought I heard television.
E. Television can be seen but not heard. How is it you say you heard television?
P. I can’t understand it myself. But when I was sick I thought I heard television. At times, I remember, I saw pictures; at other times I thought I heard the television. I thought the boss at the office where I worked broadcasted messages about me. Today I know that was all imagination.
E. If you say it was all imagination you obviously imply that it was the imagination of a sick mind. But I take it for granted you know that imagination as such is not necessarily a sign of sickness. I could, for instance, right at this moment imagine that I see beautiful pictures broadcast through television and I might get much enjoyment from this play of imagination. If I saw pictures of this kind would you call me mentally deranged?
P. I think I would.
E. Now, Paul, don’t you know that people have imagination and that they use it precisely for the purpose of producing pleasant dreams and visions? Suppose I tell you that while lying on the couch this morning I gave free rein to my imagination and fancied I was immensely wealthy and endowed a university with a million dollar fund. Would you say I was mentally sick? I don’t think you would. You would know that I merely played with an imaginary thought. People do that frequently. But then they know that what they think of is a mere figment of their imagination. They do not believe the very thing which they imagine. Do you see the difference between this normal play with fanciful ideas and your abnormal conviction that what you imagined was true? When people give themselves over to their imaginary thoughts, they know that what they imagine is not true. But when you imagined you heard a television broadcasted, you were convinced it was a
true broadcast. Do you understand the distinction?

P. I think I do. Normal people imagine but they do not believe it is true. But when I imagined television, I believed it was television.

E. That’s fine. I see you grasped the distinction. Now, Paul, you realize that when you had the imaginary idea that you heard or saw television, that was nothing particularly abnormal. Any person who is not at all mentally deranged may have such imaginations. Had you merely had the imagination of television, had you even dwelt on the idea and enjoyed it, your behavior would have been perfectly normal. It became abnormal when you took for real what you merely imagined. I want you to understand this difference thoroughly: To imagine is not abnormal. But to believe what one imagines and to be convinced that It Is real is abnormal. Can you repeat it?

P. An imagination is not abnormal. But to believe an imagination and to be convinced it is true is abnormal.

E. Now, Paul, do you think it makes any great difference whether or not you believe your imaginations? After all, does it harm anybody if you choose to believe whatever you wish? Is anybody going to suffer from the fact that you are convinced you hear television? I told this class repeatedly that such false beliefs are called delusions. If so, is it anybody’s concern whether or not you have delusions?

P. I don’t know what to answer. It seems to me I didn’t harm anybody. But I am certainly glad I am rid of the delusion.

E. You say you didn’t harm anybody. But I doubt that. Your wife was certainly harmed by your delusion. You talked of the delusion to your boss and asked him to stop the broadcast, and the result was you were discharged. Your delusion made your wife lose her financial support. It made you lose your livelihood and your social position. This will demonstrate to you that a delusion, although it may be harmless in itself, has harmful consequences. It makes you maladjusted, and the community turns against you. Do you realize then that a delusion is harmful?

P. Yes, and I am glad I am rid of it.

E. You seem to be sure you are rid of the delusion. I think you are right. You undoubtedly no longer believe you see or hear television. But tell me, Paul, suppose the idea of television suddenly shoots again into your head. What will you do about it?

P. I will not believe it is true.

E. But if the idea persists; if, after you fight it off, it returns again; if it keeps returning and in spite of all your efforts to throw it off it goes on annoying you, what will you do then?

P. I don’t know. Can you tell me what to do?

E. I think I can. But in order to do that I shall have to tell you something about the operation of ideas in general. You see, Paul, ideas come and lodge themselves in your brain and may or may not become established there. But, ordinarily they come and go. For instance, while I walk on the street, I now have the idea of the sky being cloudy; this leads to the idea that the afternoon may bring rain. I then think of the possibility of getting caught in a downpour; this leads me to think of my garments getting drenched. My thoughts then wander to the tailor, who will have to iron my suit. Now I remember that yesterday I saw the tailor who complained of bad times. I now think of the sorry plight of Czechoslovakia and of the time when I served in the World War. The picture of a friend looms up in my mind, who was in the same company to which I was assigned. He just recently wrote me a letter. I saved the stamp and gave it to a friend who is a stamp collector. Suddenly I think of the collector of internal revenue, then of the Democratic Party. Roosevelt comes to mind. I reflect on the possible reaction of the stock market to the recent Presidential message. I own some
This example will show you what I mean by saying that ideas come and go. My brain took up the idea of the weather, dropped it and skipped over to the idea of the tailor, dropped that and roamed on to the idea of Czechoslovakia, only to abandon it instantly and to follow the trail of other equally fleeting and evanescent ideas. What I wanted to point out to you is that ordinarily ideas do not cling and persist but, on the contrary, have a tendency to flit through the brain and to drop out after a brief residence there. I say this is so ordinarily. Sometimes, however, ideas behave differently.

You know that when a mother worries about her sick child, the idea of danger does not just flit through her mind for a few brief moments. No, her brain is constantly preoccupied with the idea. You can conclude from that that the anticipation of grave danger is one of the ideas that tend to be persistent and not fleeting. You also know that if a mother anticipates social or professional advancement for her daughter, let me say, graduation or an advantageous marital match, that idea is again likely to occupy her mind for some time to the exclusion of other ideas. In either instance, the mother’s brain is more or less exclusively dominated by one single idea. We shall then say that an exclusive domination of the brain by one single idea is a not uncommon experience with ordinary normal persons. We shall add that normally this happens only with two kinds of ideas: the idea of great danger or that of a great triumph. Since the anticipation of danger is painful, and the anticipation of triumph is pleasurable, we can also say that ideas tend to become persistent and exclusively dominating if they are productive of either pain or pleasure. I shall now ask you, Paul, when the idea of hearing television established itself in your brain, did you experience any severe pain or any intense pleasure?

P. I am sure I didn’t get a big kick out of it.

E. I take that to mean that you did not experience great pleasure. But do you think that the idea of television caused you great pain?

P. I don’t think so. I just didn’t like it. I thought the company was after me and people were suspicious of my actions; I thought I was watched.

E. In other words, you don’t remember having experienced either intense pain or intense pleasure. But you remember, Paul, that I said that ideas do not dominate the brain exclusively unless there is anticipation of great pain or great pleasure. Who is wrong? I or you? You say you did not experience intense pleasure or pain, and I say you must have experienced either the one or the other.

P. I don’t wish to be disrespectful, and I know you are a great psychologist, but I am positive I had no great pleasure and no great pain.

E. Now, Paul, here is a puzzle and we shall have to try to solve it. You say you are positive you did not experience either pain or pleasure to any great extent. But if I were you I would not be so positive about the nature of my feelings. In order to know how you feel you must look into yourself and inspect your inner life. This is called introspection, and let me tell you that it is not easy to be introspective. When you look into yourself introspectively, you usually look at your surface. Your depth escapes you. You are simply not trained to look into the depth of a human being. You called me a great psychologist. Frankly, I am neither great nor a psychologist. All I am is a physician who has learned how to observe his patients and how to penetrate to a certain depth of their feelings from the surface of their reactions. I shall attempt to show you how this is done.
advances toward me with a rapid pace, raising his arm to strike at me. This he does with the muscles of his extremities. Or, he yells, shouts, and swears at me. This he does with the muscles of speech. I may then say the patient is angry, disturbed, excited. But what I observed were muscular movements, not the feeling of anger or excitement. The anger and excitement I merely inferred from the peculiar features of his muscular behavior. Do you now understand that if we wish to judge a man’s emotional state, we observe his muscular reactions and infer from them his inner feelings? Do you understand that?

P. I think I do.

E. If you do, will you repeat in your own words what I said?

P. A person behaves with his muscles; he strikes out or gives you a fierce look, and you infer from these muscle reactions that he feels in a certain manner.

E. Good, Paul, you certainly follow the trend of my thought. Let us now proceed one step further. I am invited to a conference of a group of men. There are about fifty of them. They converse and arrange themselves in small groups. A stranger enters, and those sitting arise from their chairs and bow. Those standing straighten themselves and face the new arrival. The chatter and laughter suddenly cease. Everybody looks at the stranger. He takes his seat and motions to the others to sit down. They do so in a silent and somewhat solemn fashion. The stranger makes some comment. All faces are turned on him. He is the center of attention. The others speak only if he addresses them. Their replies are brief, reserved, and restrained. Again you have observed a series of muscular reactions, and your conclusion is undoubtedly that a leader or commander has taken charge of the activity of a group. The members of the group are ordinary and average. The leader is exceptional and above the average. Now, Paul, what do you think about yourself? Do you think you are average or exceptional?

P. I don’t know how to answer this question. I never thought about that. But off hand I would say I am average.

E. Let me tell you that from what I know of your muscular reactions you are imbued with the feeling that you are above the average and an exceptional person. I see you are struck by my statement and doubt its correctness. I don’t blame you. To your untrained eye your behavior appears to be that of an average, humble being. But when I observe your muscular reactions with my eye trained for close inspection, I notice abundant evidence of an inner feeling of exceptionality. Let me show you how I made my observations. You spoke to me frequently, that means your muscles of speech produced some utterances. What I heard was that people with whom you came in contact watched you. Even strangers on the street stared at you. You attracted everybody’s attention; everybody noticed you. Now, when I pass through a street, I am convinced that I am not exceptional. Hence, it never occurs to me that people may be attracted to my mere presence. I let them glance at me and know that they look at me accidentally, not deliberately. Were I an exceptional person, had I, for instance, an exceptional social or official position, had I exceptional height or weight, were I dressed in exceptionally conspicuous colors, I would be justified in concluding that when passers-by look at me they do so deliberately, that they wish to look at me, that I attract their attention forcibly. Do you understand now that if a person considers himself average, he has no reason to think that people notice him, while if a person thinks himself exceptional in any sense he must perforce believe that he attracts the attention of those around him? May I ask you to repeat what I said?

P. I don’t know whether I can repeat. I don’t just get you right.

E. I shall try to be more explicit and hope you will understand what I wish to make clear to you. You see if a man eight feet tall walks across the street everybody looks at him. He is exceptional in height and
attracts everybody’s attention. Similarly, if a dwarf of four feet appears in a group all eyes are turned on him. He is exceptionally short. Should the President of the United States make his appearance anywhere hardly anyone would fail to watch him intently. His office is exceptional. Suppose now, a person is not at all exceptional in actual life. But, for some reason, he has conceived the idea he is outstanding and exceptional. The result will be that while no one perhaps notices him in actual fact, yet he has the notion that all eyes are turned on him. Can you repeat now?

P. I shall try. You say that an exceptional person attracts everybody’s attention. And if somebody thinks he is exceptional, he thinks he is noticed by everybody.

E. Good. You will now understand that if a person expresses with his speech muscles or otherwise the notion that people in general watch him, I can conclude that inwardly he thinks himself exceptional. Now, Paul, do you think you had the notion that you had exceptional ability? that you were a leader of mankind?

P. I think you joke. I am sure that never entered my mind.

E. I agree with you. I am certain you did not consider yourself a hero or a man of singular distinction. However, exceptionality may be of two kinds: desirable or undesirable. And if I say you felt exceptional it might just as well be that you thought you were exceptionally awkward or dumb and people noticed it.

I shall now try to explain how such a sense of undesirable exceptionality develops. You see, when a boy is in his teens, he frequently feels he has exceptional ability. He dreams of a brilliant career and his goal is to get to the top. He scorns the thought of being nothing but average. Some of these youngsters retain their fantasies of greatness in spite of disappointment in life, and indulge in daydreaming. Others, sobered by discouraging experiences, relinquish their dreams and settle down to an average existence. Still others when rudely shaken out of their lofty aspirations, feel humiliated and, forced to live an average existence, do so reluctantly and grudgingly. Inwardly they resent being reduced to an average status. Their pride is injured and their self-esteem suffers. Weakened in their self-regard they gradually lose faith in themselves. They somehow think of themselves as unworthy, inefficient, perhaps unreliable. In the course of time they forget that the sense of unworthiness has its roots in their original craving for exceptionality, and what remains is merely an abiding feeling of inadequacy and tenseness. Then, for some reason, they suffer a breakdown. Their central nervous system gives out under the strain. They form delusions. If such a person had formerly entertained ideas of exceptionality and later added ideas of inadequacy, the likelihood is that when he breaks down, these ideas will now form the basis for his delusions. He will dwell on his exceptional inadequacy, on his exceptional tendency to do wrong, and will fear that he is being watched, that everybody notices his “wickedness.” Paul, do you think this description fits your case?

P. I don’t know what to answer. Maybe I don’t understand what you mean.

E. Is it true, Paul, that between 15 and 18 years of age you thought of becoming a baseball player?

P. Yes, doctor. That was my ambition.

E. Now, Paul, do you think it was ambition to be a poor baseball player?

P. Now I understand. You think I had the ambition to be an outstanding player. And I think you are right. Now that you bring it back to my mind I remember how I used to picture myself at bat and being written up as the homerun king.
E. I could remind you of other developments in your life. You recall that after three years of strenuous effort to achieve batting and pitching efficiency you finally had to give up. You lacked muscular precision. That certainly was disappointing. More than that, it was humiliation that sapped your self-respect. You became sullen and retiring. Formerly a rather sociable fellow, you now became irritable and tense. You then married and had difficulty controlling your temper. You will perhaps understand now that it was the commonplace and average existence that “got on your nerves.” Your craving for exceptionality was only frustrated and pushed back. But it was not dead. It survived in your sullenness and irritability. They were the outward expression of your dissatisfaction with a life that was average in its humdrum course. Do you still insist you don’t understand what I mean?

P. I guess I know now what you are driving at. And I think you hit the nail on the head. How queer that I never thought of that.

E. Enough. It seems you understand now what was the meaning of your behavior when you broke down and conceived the idea that people watched you and that your boss pursued you with television broadcasts. Let me repeat the question which I asked at the beginning of this discussion. Suppose the idea of television again shoots into your head, what will you do?

P. I guess I’ll laugh at it.

E. And if it persists after you laugh at it?

P. I’ll laugh at it again. I will not take it seriously and will not let it bother me.

E. If you say you will refuse to take the idea seriously and to let it bother you, that looks like a resolution. And I am certain you are determined to carry out what you just now resolved to do. But, Paul, I have some experience with patients making resolutions. It is easy to make them but less easy to enforce them when the occasion arises. There are many things which weaken the force of a resolution. One of them is fear. You see, if a patient has recovered and then out of a clear sky experiences again one of his former symptoms he is seized with the fear that maybe he is again mentally ill. An intense fear of this kind will deprive you of the power to enforce your resolution. That’s why it is important for you to be prepared for a recurrence of your idea. If you are prepared the idea will not strike you suddenly. It will be expected and you will be able to receive it calmly. If you are calm, you can reflect on the meaning of this delusional idea. You can then make up your mind not to take it seriously and not to let it bother you. Reflecting on the idea you can recall what I told you about your silly subconscious thought of being an exceptional wrongdoer and laugh it out of your mind. This is mainly the reason why the recovered patients are asked to attend these conferences. Our treatments cure them and rid them of their delusions. But after they are cured, the delusions may at any time return. As a rule, the returning delusion behaves like any other idea that flits through the brain. If left to itself it disappears after a short while. But then the patient must learn the art of leaving the delusional idea to itself. Mark it: any idea that enters your brain is likely to persist if it scares you. But if you manage to remain calm it soon vanishes. The best means of retaining your calm in the face of an event or an idea is to be prepared for its appearance or reappearance. That’s why it is so important that our patients learn to think of and to reflect on their previous delusions. The advice which is frequently given you, to forget your past and not to think of your mental illness, is a very vicious sort of advice. Its result is to make you fearful of your delusions. That is precisely what should be avoided.
Interview 5

THE VICIOUS CYCLE OF PANIC

E - Examiner
P - Patient

E. Are you cured, Ruth?

P. To tell the truth, I don’t know. I’ve been home for four months and have not had any of the spells I used to have before the treatment. I’ve given up my “false ideas.” But I can’t get rid of my fears.

E. What kind of fears?

P. I am afraid of being among people. When I meet people, I am afraid I may faint or behave peculiarly. I am self-conscious and tense. My hands perspire, and my face becomes flushed. The other day friends came to visit me, and I could hardly look in their face or speak to them. I had an empty feeling in my stomach. My mouth was dry and my muscles tightened. When I tried to speak I stammered.

E. What you just said was an excellent description of fear. As a matter of fact, you gave an almost graphic picture of how the various organs of your body behave when you are afraid. Your stomach is “afraid” and feels empty; your mouth “fears” and is dry; your muscles of speech are “fear stricken” and articulate with a stammer. The fear affects your sweat glands, and they perspire. But do you realize that you merely told me how you fear? You did not tell me precisely what it is that you fear. Can you tell me what you are afraid of when you are in fear?

P. I don’t know. I’ve asked myself over and again what it is I am afraid of but I don’t seem to get to the root of it.

E. Perhaps I can help you get to the root of it. Can you tell me a recent instance when this fear gripped you?

P. Just a little while ago, on my way here, I was terrified in the street car because I felt everybody looked at me. That’s why I have to have my mother with me. I can’t ride alone in the street car.

E. Now, Ruth, if I understand you correctly you mean to say that what you are afraid of are people in the street car and their looks. You will perhaps remember that several weeks ago I explained to this class that fear, among other things, means anticipation of danger. Do you think that the people who ride the street cars are a dangerous lot? Do you really think their looks spell danger?

P. That’s just the trouble. I know there is no danger, yet, I am afraid. I guess I am just a coward.

E. I can tell you, Ruth, I have good evidence that you are not “just a coward.” I remember how you fought back when a patient in the ward made a savage pass at you. At that time you showed no fear. I also happen to know that your father has an explosive temper and that you have frequently displayed courage and determination in the face of wild threats and actual violence on his part. Your mother tells me that when a burglar once attempted to break into your home you were the only one in the house who kept her composure. I further wish to remind you that you are a daring swimmer and diver, and that when you used to drive an automobile you took chances that scared others but not you. Do you realize that a girl with a record of fearlessness cannot possibly be rated as a coward?

P. That’s precisely what confuses me. I know I am not a coward, yet, I act like one.

E. I do not blame you for being confused. But let me tell you that your behavior is less confusing and puzzling than it appears to be. The confusion is caused by the fact that such
words as “cowardice” and “danger” have diverse meanings. If you apply the one meaning you are right in saying that looks and people are dangerous. If you apply another meaning you are wrong. I shall quote examples to illustrate the different meanings which one and the same word may convey. The tubercle bacillus is dangerous. It is not a danger, however, to your reputation and social position. On the other hand, vicious gossip may endanger your social standing but it is no peril to your lungs. These examples will teach you that what may be a danger to your physical existence need not be dangerous to your social security. Conversely, an event which may jeopardize your social status will hardly ever be fatal to your physical welfare. Do you understand this distinction between the two varieties of danger?

P. I think I do. A germ may be dangerous to my physical body but not to my social status. And gossip may be a danger to my reputation but not to the organs of my body.

E. If you understand that you will realize that meeting people and being looked at by them cannot possibly be a danger to your physical existence. Do you think people and their looks can be a danger to your social existence?

P. I don’t see how they could.

E. You are right. The mere presence of people and the plain fact that they look at you can certainly not jeopardize your reputation, honor, and social integrity. If this is so you obviously dread a danger that threatens neither your physical nor your social existence. In other words, you are in fear of a danger that does not threaten at all. Nevertheless, you are in fear. You are in fear without being in danger. Do you know how a fear of this kind is called?

P. I think it is an imaginary fear.

E. In calling your fear imaginary you may mean the right thing. But you use the wrong expression. Your fear is by no means imaginary. It is, indeed, very real. How can a fear be imaginary if it produces an empty feeling in the stomach, a dryness of the mouth, a tightening of the muscles, perspiration, flushes, tenseness? What can be more real than this combination of distressing feelings? No, Ruth, your fear is only too real. It is so real that it well nigh paralyzes you. Don’t you see that a thing which produces such frightful reactions must be very, very real?

P. I don’t understand that. I simply feel that my imagination works at top speed when I have these fears.

E. You are correct when you say that your imagination is at work when you are scared. However, what it imagines is not fear but - danger. This is not a play at words, it is a very important distinction. You see, Ruth, fear is a sensation or feeling and, therefore, always a reality whenever it is sensed or felt. On the other hand, danger is an idea and may be real or imagined. Mark this distinction: sensations and feelings are either experienced or not experienced. But they are not imagined. Ideas are of a different stamp. If they refer to actually existing things they are real; if not, they are imaginary. Do you understand now that when you fear people and their looks in the street car there is (1) no real danger to your physical existence, (2) no real danger to your social existence? But there is (3) an imaginary danger, either to your physical or to your social existence, or to both.

P. It seems to me I understand that. You say my fear is real but the danger which I fear is imaginary. I understand but will that help me overcome my fear?

E. You are of a skeptical turn of mind, Ruth, and doubt whether mere understanding will relieve fears. But let me tell you that it is precisely understanding that does away with fear. Everyday experience will tell you that. For instance, you hear a strange noise in the adjoining room. It is night time, and you suspect that a burglar may be tampering with the lock.
You become afraid, tiptoe in the direction of the noise and convince yourself that the lock is untouched and that what frightened you was the rumbling sound of the electric refrigerator. You now understand there is no danger and dismiss the fear.

P. I do not wish to be argumentative, doctor, but I told myself a hundred times that my fears are silly and that looks are not dangerous. But it doesn’t help me. The thing is simply a mystery to me.

E. If you call your fear a mystery you obviously imply that the real danger which you fear is unknown to you. I have frequently told this class that such fears are called subconscious and can be traced back to early childhood. I shall explain to you how such subconscious fears originate. A child’s life is an endless chain of frustrations. He wants a piece of cake and is balked by the father’s stern veto. He wishes to play on the street, and the mother orders him to the table. He craves to be with the visitors, but it is bedtime and he must go to sleep. Adults laugh at such trifling difficulties. But to the youngster they have the reality of deeply resented frustrations. Most children are not unduly sensitive to these thwartings and forget them. Their unhappiness lasts a few short moments only. However, some children are highly sensitized, and do not forget easily. Slight and slurs leave scars on their growing personalities. Their unhappiness is not momentary but has duration. Children of this type tend to become shy and retiring. They have an abiding fear of failure and currently anticipate defeat. It is this anticipation of defeat that finally undermines their self-confidence and paralyzes their initiative. Their continuous fear breeds continuous tenseness. Due to the tension, their arms and legs feel heavy and clumsy. There is tenseness in their cheeks and awkwardness in their gait. Gradually the fear grips them lest people notice their awkwardness of behavior and tenseness of features. Now they are obsessed with the suspicion of being watched. Do you think, Ruth, that what I described here bears some relation to your behavior?

P. Why, that’s precisely how I behave. But I never saw it that clearly.

E. I could go on explaining to you the meaning of your reactions. I could explain to you how as you grew up you developed a burning desire to conquer your fears. You yearned to be like others, as relaxed and casual as they were, or seemed to be. The desire to be normal became a consuming ambition with you. If you only could do like other people did. But you could not. You compared yourself to the average individual and found to your dismay that you were deficient even in the simplest performances. The others could enjoy a joke and give a hearty laugh but you couldn’t. The others joined conversations freely, and you felt choked when you merely attempted to open your mouth. You remember that one day you actually did choke and, in the frantic effort to force the air to the surface, fell into a faint. It was after this unfortunate experience that you became panic-stricken whenever you met people. Henceforth, you always anticipated a faint, your muscles tightened, your hands perspired, the face became flushed, the stomach felt empty and the mouth dry, and your speech turned into a stammer. Is my account of the sequence of the development correct?

P. That’s exactly as it was.

E. I shall continue my description. You know what happens when you are panic-stricken. You become scared and experience a distressing tenseness. The tenseness makes you more fearful. As your fright increases the tenseness becomes more frightening. A dizzy whirl of reactions sets in. The greater your fear the more distressing is your tenseness. The more the tenseness increases the more formidable grows the fear, and so forth in an endless agony of fear increasing the tenseness, and tenseness intensifying the fear. This is what is called the vicious cycle of fear causing tenseness and tenseness producing fear. Once this vicious cycle is established the panic grows so fierce that you become fairly insane with fear. You are all aflame with emotion and deprived of your reasoning power. The terror strikes you that something dreadful is about to happen any
moment. Life itself appears menaced and imminent collapse seems unavoidable. Do you agree that when this vicious cycle takes place you are in fear of imminent death?

P. I just marvel how you know all these things. That’s exactly what happens when I am in a panic. I fear to pass out any minute.

E. You will now understand, Ruth, that when the vicious cycle becomes operative you no longer fear to be looked at or to compromise your social status but are simply struck with the fear of instant collapse. You remember what I told you about the feeling of fear and the idea of danger. When you enter a street car and your heart begins to palpitate, your mouth goes dry and your throat tightens you are justified in saying that these sensations are dreadful and frightening. You may, for instance, look forward with fear to an hour of dreadful distress and frightful misery. But that does not give you the right to conclude that the misery and distress will inevitably lead to collapse. If you do that you add the idea of danger to the sensation of distress. Then you set the vicious cycle going. The more you think of the idea of danger the more dreadful becomes the sensations; the more distressing the sensations the more monstrous grows the idea of danger. In order to cut short the vicious cycle you must find a way either to remove the sensations or the idea of danger. Of course, we have no means of dealing with sensations. They come, grow in intensity and finally die away provided you do not perpetuate them by means of the vicious cycle. This is different with ideas. I have frequently discussed the manner in which ideas can be disposed of. Do you remember what I said in this connection?

P. I remember you explained that several times. But I don’t recall correctly. I guess I am too tense even at these meetings and don’t get everything you say.

E. Can any of the other patients help out?

P. (Walter) Ideas can be rejected. One can refuse to believe them.

E. That is correct, Walter. Do you know, Ruth, what I said about how ideas can be rejected?

P. I remember you said something about refusing to accept suggestions. But I must tell you again that I made the effort a thousand times to reject the suggestion of danger. It simply doesn’t work.

E. That merely shows that you do not know how to reject suggestions. There are two methods of doing that. Both of them were discussed here on several occasions. They are (1) personal experience, (2) authoritative knowledge. Look here, Ruth, you have experienced the fear of imminent collapse hundreds of times. Did the collapse ever materialize? It did not. In other words, personal experience has demonstrated to you that whenever your sensations suggested instant danger that suggestion was wrong.

P. I thought of that many times. But that didn’t help me either. Although I never did collapse, nevertheless, I fear that some day I may.

E. I expected you would say that because patients of your kind frequently make this statement. What does the statement mean? It means that your personal experience is not convincing. I shall try to offer you more convincing evidence. I mentioned authoritative knowledge as the second method of rejecting suggestions of danger. Do you think I am an authority in matters of nervousness and nervous fears?

P. Of course you are. You have told me more about my condition than I knew myself.

E. Now, Ruth, I remember that when I was about eighteen years of age I felt tired, perspired a great deal, and experienced a heaviness over my chest. Somehow I thought that patients with tuberculosis are fatigued, perspire and have that heavy feeling. Afraid of having tuberculosis I consulted a physician who told me that my condition was due to overwork and had nothing to do with tuberculosis. After that I gave no thought to the danger of tuberculosis. Do you understand that, in this instance, my sensations of fatigue, perspiration and heaviness suggested to me the danger of tuberculosis and the authoritative statement of my physician dispelled the suggestion? Instead of believing the suggestion offered by my sensations I accepted the authoritative knowledge of my physician. I shall now give you my opinion of
your situation. On the basis of my experience with numerous patients who suffered from the same combination of sensations I can tell you that you do not have a chance of ever collapsing no matter how frightful sensations you experience during a street car ride. I can tell you that all you have to do in order to brave these sensations is to have the certain knowledge that they are harmless and never produce a collapse. Be assured that I would not encourage you to take street car rides if there were any danger of a collapse. On the authority of my knowledge you can henceforth board street cars all by yourself without any risk of danger to your life or health. If you keep this in mind you will perhaps experience a flutter of fear when you step into the street car. But then you must instantly remember that that is a sensation that is never dangerous. If you do that the sensation will soon die away, and you will not establish the vicious cycle. I shall ask you now to request your mother to leave this room and to let you take your street car ride today without her assistance.

P. All right, I’ll do that. Mother, will you go and I’ll get home by myself.

The mother went, and Ruth left about ten minutes later, took the street car ride unaided and had hardly any difficulty. She trusted the physician’s statement about the harmlessness of the sensations, had an initial spell of discomfort which disappeared after a few seconds. She completed the street car ride without panic and has since then manipulated rides with ease.
Interview 6
GROUP ADJUSTMENT AND SUSTAINED ATTENTION

E - Examiner
P - Patient

E. Ernest, are you cured?
P. I don’t know.
E. You must speak louder, Ernest, I can hardly understand you. Will you make an effort to speak in a loud tone of voice?
P. Yeah.
E. What did you say? I didn’t hear you.
P. I said ‘Yeah.’
E. You don’t speak loud yet, Ernest. In addition, instead of replying with a polite ‘Yes,’ you whispered a sloppy ‘Yeah.’ If I mention that to top your discourtesy you sit in a slumped position and constantly chew on something while I speak to you, I have about completed your picture as that of an unmannered sort of a fellow. Do you agree with me?
P. Yeah.
E. (Turning to the entire group): There is no use continuing with Ernest. He has improved, indeed, but has retained ugly habits which spoil his otherwise good record of improvement. However, his behavior is so important and instructive that I cannot resist the temptation of discussing it at length. And if I cannot continue with Ernest, I shall ask another patient to take his place and to tell me what he thinks of Ernest’s behavior. Walter, will you change places with Ernest?
P. (Walter) I shall be glad to do that.
E. Walter, I consider you cured and take it for granted that while waiting to be sent home you are making observations on the ward. Did you have an opportunity to watch Ernest’s behavior?
P. I watched him and think he is sloppy and negligent. I remember that when I came on the ward Ernest had to be fed, washed and bathed. He was untidy, didn’t speak and hardly moved about. When his hand was lifted or his head bent he left them in that position. After the treatment he began to eat and to take care of himself. I think he would be all right if he made an effort to speak aloud and to hold himself straight.
E. Ernest, do you agree with Walter?
P. (Ernest) Yeah.
E. Repeat what Walter said.
P. (Ernest) He said I’d be all right if I spoke loud and sat straight.
E. This shows that Ernest pays attention to our discussion. If so, we may expect him to learn something from our analysis of his behavior. Tell me, Walter, why do you think it is important that Ernest should speak aloud and sit straight?
P. (Walter). Why, that’s the thing to do. It isn’t right to slump and to mumble. I think you would call that maladjusted behavior.
E. I am glad to hear you say that, Walter. It shows that you have learned something from our discussions. Can you tell me the reason why mumbling speech and slumped positions are considered maladjusted?

P. I don’t know whether I can do that. But I think it has something to do with what you call the rules of conduct.

E. You are correct. But, if you speak of rules of conduct, you must specify that you mean conduct in a group. Ernest lives in a group. If he lived alone in a wilderness he could easily afford to slump, to mumble, to chew, to smack his lips, and to do anything he pleases. There would be nobody in the wilderness to take offense at his behavior. This is different in a group. There, behavior must be so conducted that it gives little or no offense to the other members of the same group. If, living in a group, Ernest permits himself to mumble, those who listen to him have to strain and become annoyed and irritated. They resent being forced by Ernest to make an unnecessary effort. To force others to do something means to impose on them. The rules of group conduct prescribe that, under ordinary circumstances, nobody impose his will on the others. Moreover, in a group, it is expected that everybody will do his best to make life pleasant for the others. This is what is called the effort to create good will. Do you think that Ernest’s behavior is likely to create good will?

P. I hardly think it will. His mumbling will certainly not be liked by other people. But I don’t just understand why his slump and his chewing will irritate them. I know it will, but I don’t know why.

E. You say you understand why mumbling irritates people, but you don’t see why chewing and slumped posture should do that. Suppose, Walter, I constantly fidget with my fingers while speaking to you. After a while, I stop fidgeting and, again while speaking, open a magazine and react. In between I make a few remarks which indicate that I am still continuing the conversation. I then lay the magazine aside and walk over to the window and inspect the curtain. I spend some time fingering the curtain; suddenly, I produce a notebook from my pocket and begin writing. All during this sideline activity I am still actively engaged in the conversation, interposing pertinent questions and rendering relevant answers. Do you think you will be irritated by my manner of conducting the conversation?

P. I think it would get on my nerves. But I don’t know why.

E. I shall try to explain that why to you. We had a conversation which means that you tried to engage my attention. Essentially you requested or expected to get a hearing. What did I do? I carried on the conversation, gave answers and asked questions. At the same time, however, I paid attention - you may say I gave a hearing - to all kinds of other things. In other words, I divided my attention between you, my fingers, the magazine, the curtain, and the notebook. You may say I listened to you with divided attention. Behavior of this kind is considered improper from the viewpoint of group conduct. In a group, everybody is entitled to undivided attention in any common endeavor. A conversation is such a common endeavor between two or more people, and everybody sharing it must avoid all evidence of diverting his attention from the common action to a side action. If he fails to do that his behavior is irritating. When Ernest mumbled he created irritation because he forced others to strain. By imposing his will on others he gave offense. When he chewed while being questioned he was irritating because he diverted his attention from the common endeavor to a private action. You may realize that this refers to two principles of group conduct. The one is the principle of not imposing one’s will on others; the other, that of giving one’s undivided attention to common endeavors.

P. I realize that. Nevertheless, I don’t see yet what that has to do with Ernest sitting in a slumped position. If he does that he doesn’t impose his will on others and doesn’t divert his attention to side issues.

E. That seems to be a good argument. However, it merely seems so on the surface. If you dig a trifle deeper you will readily see that Ernest’s slump is also an offense against the two principles of group
behavior which I mentioned. But in order to make the point clear, I shall have to be more explicit. You remember that Ernest’s manner of replying with a sloppy

‘Yeah’ to my questions was irritating. You will also recall that, on previous occasions, he frequently said, ‘Nope’ instead of ‘No’ in response to inquiries. Again you may say that this does not signify an imposition of his will on others nor a tendency to divide his attention. However, I think I’ll be able to show you that both his slump and his habit of saying ‘Yeah’ and ‘Nope’ indicate both willfulness and diversion of attention. In order to do that I shall have to go back to fundamentals.

You see, Walter, we speak of pleasing and irritating acts. This is an incorrect use of words. We should rather speak of pleasing and irritating intentions. When I speak to a man he may neither be pleased nor irritated by what I tell him. And, if I pay a visit to a friend or if I write him a letter what I do, say or write may be of the most trivial and insignificant nature, neither pleasing nor irritating. However, the very fact that I engage somebody in a conversation, visit him or write to him is an indication that I wish to display friendly intention. That’s what is pleasing. On the other hand, if somebody expects me to converse with him, to visit him or to write to him, and I fail to do so, my default may be interpreted as due either to indifference or to a hostile intention. Whatever the reason the fact is that, in a group, every member is expected to display friendly and to avoid showing hostile trends. This is the basis of what is commonly called good will and ill will. If I speak of friendly and hostile trends, I do not refer to extreme instances. What I have in mind are the plain average courtesies. They are perhaps trivial and meaningless in themselves, but for some reason, they have the power to create good will and to dispel ill will. One such simple courtesy is to give one’s undivided attention to a common endeavor. Do you think that Ernest displayed that courtesy of undivided attention when I addressed him?

P. No, he didn’t. And I think I understand now that slumping means a lack of attention. And I also understand that if he doesn’t pay proper attention he creates ill will. But I don’t see yet why he should create ill will with his ‘Yeahs’ and ‘Nopes.’ After all, these are common expressions, and plenty of people use them and I doubt whether they create ill will.

E. I see your point. You mean to say that some people develop laxity in speech without unfriendly intent. With them, it is a personal habit without any tendency to offend others. That is correct. I know people of this kind, and I grant you quite a number of them are friendly and amiable and not at all offensive. And if Ernest should have displayed nothing but this tendency to return ‘Yeahs’ and ‘Nopes’ in reply to my questions I should not have wasted my time discussing his behavior. But look at him while he sits in his chair. You can’t even call it sitting. He is sprawled out on his seat, the legs thrust wide apart, the eyes half closed, the mouth gaping, his vest unbuttoned and his trousers spotted. Add to this his mumbling and you will agree that all of this signifies indifference to what is going on about him. It is true that the habit of saying ‘Yeah’ and ‘Nope’ is rather unimportant as such. But if a boy like Ernest shows a vast indifference in his carriage, his manner of sitting and his untidiness, I am entitled to conclude that, with him, the ‘Yeah’ and ‘Nope’ are also expressions of indifference.

P. That seems to be correct. But why should mere indifference create ill will?

E. You say “mere indifference,” which seems to indicate that you consider indifference an insignificant feature. But do you really think of it as insignificant? Suppose, you come home and say, ‘Hello,’ and no one answers. Your mother, your brother and your sister are silent. You ask, ‘What’s the

matter?’ and they persist in their silence. Will you consider this an insignificant matter? You will not. You will be disturbed and will indulge in misgivings of a very uncomfortable nature. But after all, your mother, brother and sister displayed nothing but “mere indifference.” Do you realize that to be shown indifference is a very painful experience?
P. That’s all right with mother, brother and sister, but Ernest is here not with his family.

E. You undoubtedly had occasion to observe Ernest’s behavior toward his parents when they visited him on the ward. You know that even then he slumps, mumbles and ‘Yeahs’ and ‘Nopes’ them. He displays these manifestations of “mere indiffERENCE” with parents, nurses, physicians, in any place, at any time, under any circumstances. It simply has become a habit with him.

P. I grant you it is a habit with Ernest, and a very bad habit at that. But you spoke of hostile intentions and unfriendly trends. I don’t think that Ernest has any hostility or unfriendliness toward anybody. He is not friendly, but he is not unfriendly either.

E. Again, Walter, you will admit that if a mother, brother or sister are not friendly it hurts even if they are not just unfriendly. Do you think this is different outside the family circle? How if the janitor whom you meet with a friendly, “Good morning,” does not return the greeting? How if you are invited to a home and nobody shakes hands with you? You say you are ignored and feel offended because nobody pays attention to you. Mark it: to be ignored, to meet with indifference, or not to be noticed is sensed as a great offense by everybody. Just approach any group of people, address them and be met with silence. You will feel hurt and rebuffed. Again I must remind you that we deal with group behavior. Every group demands that its members take part in and snare its activities. That does not mean that in a conversation, for instance, you are required to be vocal and join the discussion. But you are not permitted to show by action or implication that you are indifferent to what the others do. If the others engage in games or in conversation you must not turn your back or assume a slumped position or make disturbing noises. In a group it is desirable that everybody takes active part in the common endeavor. But the minimum demand that a group makes of its members is not to ignore it. If a person fails to take active part in group activity he is not well adjusted. But if he ignores group life he is maladjusted. The group will have sympathy for the individual who has difficulty adjusting, but it will turn against the one who is indifferent to its standards. Ernest, did you understand what I tried to explain to Walter?

P. (Ernest): Yeah.

E. Can you repeat some of the things I told Walter?

P. (Ernest): You said a fellow should not ignore people.

E. This shows that Ernest pays attention to the sort of group life that is going on here. If he will perhaps in time make an active effort to do his share or, at least, to avoid giving the impression of being indifferent. Do you think, Walter, it would take a great deal of effort on the part of Ernest to change his behavior?

P. (Walter) I don’t know. It seems to me it shouldn’t be so difficult to sit straight and talk in a loud voice. Everybody does it. I don’t see why Ernest shouldn’t be able to do what everybody does.

E. Don’t forget, Walter, that Ernest was sick. He suffered from a mental disease. You say everybody sits straight and talks aloud and Ernest could do the same. But what is easy for “everybody” is difficult for a person mentally ill. You see, to pay continual attention to things requires continual effort. The child, for instance, cannot do it. Children are simply unable to pay sustained attention to anything. After a short while their attention tires and wanders. That’s why children skip from one activity to another. As the child grows older he gradually learns how to focus his attention more or less continually on one and the same object. In the beginning this is done with effort, but in time it becomes “second nature,” and is done with such ease that “everybody can do it.” Before contracting his mental disease, Ernest was well able to join in social activities with sustained attention. Like with “everybody” continuous attention had become “second nature” with him. But when he fell sick he suffered the fate of all mental patients; he ceased making the normal effort to adjust. You know that so-called normal people are adjusted while patients are not. Now, there are many things that normal people have to adjust. They have to adjust their language,
their carriage, their gait, their judgment, memory. But first and foremost, they must keep their attention in a good state of adjustment in order not to ignore men and events. A mental patient may fail in any of these functions. The disease makes him incapable of effecting the necessary adjustments. Do you understand, then, that if Ernest is sloppy and indifferent he is so because of his mental disease?

P. (Walter) I understand that. But Ernest has improved. He eats and speaks and does many things that he didn’t do before. Why doesn’t he improve in this matter of attention?

E. I told you that sustained attention requires a sustained effort. I also told you that, with the average person, sustained attention becomes “second nature” and requires effort no longer. Due to his disease, Ernest lost his “second nature” with regard to attention and must acquire it again. In other words, he must readjust. He will do that if he is interested in getting well completely. At present he is only partially well. Moreover, he is most likely not yet interested in regaining his complete mental health. Once his interest in readjustment is reawakened, he will make the required effort and, henceforth, pay sustained attention to things around him. Then he will not merely be improved but actually cured.
Interview 7

SELECTIVITY OF TEMPERAMENTAL BEHAVIOR

E. Are you cured, Frances?
P. I don’t know how to answer this question. I feel lots better than I did when I came to the hospital about three months ago. But I sort of hesitate to say that I am cured.

E. You are wise to withhold a positive statement. But if you feel so much better you ought to be able to tell the difference between your present condition and that of three months ago.
P. There is a difference all right. I’ve never felt as relaxed inside and outside as I do now. I used to feel tense, especially in the head. I couldn’t think. It was like a fever, and my brain didn’t rest. I had a series of thoughts that didn’t stop. The thoughts simply kept racing. It was just one thought chasing another.

E. You speak of series of thoughts racing in your head. May I ask you to describe a series of this kind?
P. I don’t think I can do that. I don’t remember the thoughts. I just remember they were racing and I was unable to control them.

E. Do you think that you are now able to control your thoughts?
P. I know I do. Ever since the insulin treatment I am as calm and collected as anybody might wish to be. I don’t rush any more. I don’t get startled if somebody talks to me. And if I am alone I can think things out and make plans. Before the treatment I simply couldn’t do these things. I started to think a thought and another thought rushed in and then a whole series of thoughts and I couldn’t concentrate on one single thing. Now I can concentrate and think of one single thing as long as I wish. Oh, it’s grand.

E. It seems to me you gave an excellent description of your “racing” and, recalling how you used to act and speak when you were sick, I know that you now control your thoughts and concentrate on what others say and what you think. But tell me, Frances, was it merely your thoughts that you were unable to control?
P. Of course, I told you I got easily startled. I was restless and couldn’t sit still. I guess, that’s another way of lacking control.

E. It certainly is. When you were restless you did not exercise proper control over your muscular movements, and when you developed the startle it was an indication that a general apprehensiveness took possession of you and you couldn’t control the fear that anything might happen at any moment. Thus far you mentioned three elements that you were unable to control: thought, muscular movements and fear. That seems enough as it is. Nevertheless, I must ask you again: Was there anything else that was not properly controlled by you?
P. I don’t know what you want me to say. All I know is that I simply lost control of myself.

E. Frances, do you remember what you did to your mother on the day you were brought to the Psychopathic Hospital?
P. I don’t know exactly. I only recall that I got wild and they called the police.

E. I have no doubt that you don’t recall the event. You were disturbed, and acted in a sort of delirium. Whatever a person does in a state of this kind may slip his or her memory. You don’t mind if I tell you what happened. You suddenly flew into a rage, yelled at the top of your voice and threw a dish at your mother. Do you think that was good control?
P. No, I guess I lost my temper.
That’s precisely what it is. You lost your temper; that means you did not exercise control over your impulses. This will show you that at the time of your illness you lost control over quite a number of things. Now, Frances, you seem to feel that having retained your health you are now able to exercise control. I told you we will send you home in a few days. Are you reasonably certain you will control your behavior when you return to your family?

P. I am sure I will.

E. But, Frances, you were home over the week-end, and the report is that while your behavior was generally good, you sometimes became impatient with your mother.

P. I am afraid I can’t help that. My mother watches me too closely. I like a certain amount of privacy, and my mother seems to be always around me. Even so, I didn’t lose my temper last Sunday. I merely told my mother that I wanted to be alone. I resent being treated like a kid. That has always been the trouble with my parents. They don’t trust me.

E. I know your parents, and have nothing but respect for their way of living. I also know you and see nothing reprehensible in your way of doing things. In other words, you have desirable parents, and they, have a desirable daughter; yet, there is something between you and them that makes for irritation and impatience. Isn’t that strange?

P. It certainly is, and it has always been a puzzle to me. I love my parents, and they love me but there is always something wrong at home. I simply don’t know how to explain it.

E. Maybe I can help you explain that. You see, Frances, when three people live together they act on each other, and the thing that makes them act is their temperaments. It is the temperament of a person that determines what he likes and dislikes, what he respects and despises, what he desires and abhors. Your father is a mature and settled individual who has no particular taste for light amusements, for movies and sports. He prefers domestic life to outside activities. The theatre, dance hall and concert stage hold little attraction for him. He is not jolly, enjoys heavy reading and serious conversation. Your mother has about the same bends and trends. On the other hand, you are vivacious and somewhat eager for excitement. You like to be among people and are apt to get tired sitting at home. Dancing, jollification and gay parties are the sort of stimulation you crave. There is nothing wrong with either your temperament or that of your parents but they are different and, therefore, prone to clash. What you desire they may scorn: what you scorn they may desire. The result is that you and your parents don’t “pull together” and “rub each other the wrong way.”

P. What I don’t understand is that I get along with everyone else. I think people like me and if I meet them I don’t rub them the wrong way.

E. What you say here means that it is easier for you to adjust to “everyone else” than to your parents. I can well understand how an observation of this kind will puzzle you. What you expect is just the reverse. There ought to be less difficulty being “friends” with insiders than with outsiders. Now, Frances, when you stated that you get along with everyone else you added, “I think people like me.” When you said that did you mean to imply that your parents do not like you?

P. Oh, no, they certainly like me, they love me. That’s just what I don’t understand. They love me, and I love them, yet, we always quarrel. It just doesn’t make sense.

E. Tell me, Frances, did you ever attend, tea parties or luncheon engagements? Of course you did. You had hundreds of invitations and accepted many of them. Did you, on these occasions, notice any quarreling at all?

P. No, I didn’t.
E. This will perhaps explain what seems so unintelligible to you. You see, when people meet socially, that is, “on the outside,” they practically never quarrel. There they are “on their good behavior” and put forward their “best front.” You have certainly heard the expression that Mrs. Smith or Mr. Jones, on meeting a certain set of circumstances, act “like a changed person.” Mrs. Smith, for instance, is, irritable and cantankerous with her husband and her maid. Whatever they do displeases her and provokes her criticisms. However, when she is invited to a party, she has nothing but kind appreciation for what is done by others. Of course, it is not the person that changes when circumstances change. Obviously it is their disposition that undergoes a change. At home Mrs. Smith is disposed to be critical, on the outside she is disposed to be forbearing. At home she is quarrelsome, outside the home accommodating. You will realize that what I call her disposition is the outcome of what I previously called temperament. A person with an aggressive, sullen, or rebellious temperament will be inclined or disposed to be quarrelsome, one with a complacent, serene or retiring temperament will be disposed to be conciliatory and tolerant. Obviously, when Mrs. Smith meets friends, hostesses and guests she checks her quarrelsome temperament and, changes her disposition. You say there is always quarreling in your home. Who displays the quarrelsome disposition, you or your parents?

P. I guess both.

E. Frances, I know your parents. They are both set and determined but not quarrelsome. They are firm but not harsh. I happen to know the instance which, on the occasion of your last visit, precipitated a quarrel. You proposed to go horseback riding and your parents tried to induce you to go to church instead. You persisted in your demand, and your parents attempted to reason you out of your determination. Their argument was calm and measured, but your replies were brusque and explosive. Finally you exclaimed, “All right, if I can’t go horseback riding I wouldn’t go to church, either.” After that you spent the Sunday afternoon sulking. Do you think you would have reacted in this manner if you had been the weekend guest at the home of your friend’s parents? In that case, I am certain, you would have obliged them graciously. Do you see the implication? If your parents make a request you are disposed to oppose them: let the same request be advanced by your hostess and you are disposed to accommodate her. With your parents you display your aggressive temperament without restraint, with your hostess you exercise perfect control. That is called selective behavior, and I shall ask you to ponder the meaning of the term. A few examples will clarify it. You join a group of children and may just happen to feel depressed and irritable, but you select to be friendly with the youngsters. Or, you visit the wife of your employer and are provoked by her haughty conceit but you choose to be pleasant and obliging. Your employee is guilty of an act of negligence but you make up your mind to be lenient. A salesman importunes you with a vapid sales talk and you decide to listen courteously. In all these instances your original disposition was either that of irritation or anger or disgust but you were able to change to an amiable, conciliatory or courteous attitude. Do these illustrations demonstrate to you that anyone can select choose, make up his mind and decide to change his disposition?

P. I never thought of it in these words, but I often wondered why it is that my parents irritate me so frequently and strangers rarely do.

E. In other words, you observed the fact that your behavior was selective but were unable to formulate the significance of your observation. Now, Frances, you know the dictionary meaning of the word “selection.” You know that it refers to two or more possibilities from which one may be chosen or selected. You also know that the reverse of selection and choice is compulsion. I shall now ask you to answer this question: when you display intolerance or impatience with your parents, do you choose or are you compelled to do so?
P. Again, I never thought of that in just these words but I often asked myself why I have such a temper with my parents. It sometimes seemed that I could have done otherwise, but most of the time I had the feeling that I just couldn’t help it.

E. That expresses the situation beautifully. At times you felt you could have done otherwise; that means you could have chosen another course of action. At other times, you felt you couldn’t help it; that means you were under compulsion and could not make a selection. What, then, are the facts? Are people masters of their dispositions? Or are they their slaves? The answer is, of course, that while it is difficult to have complete mastery of dispositions it certainly is not necessary to be enslaved by them. In other words, dispositions can hardly be expected to be fully controlled by the average individual (who is not a saint), but they can be sensibly managed. If so, why are they so frequently mismanaged? I shall try to explain that to you. You see, Frances, a disposition is in fact nothing but an inclination. You know that the two terms are used interchangeably. If you are just now disposed to go to a show you are also inclined to do so. By the same token, if a person is disposed to go into a huff he is also inclined to release the reaction. And when last Sunday you spent the afternoon sulking you acted from a disposition that was your inclination. You see, when you sulk you either punish the one in whose presence you sulk, or you take revenge or you “pay him back.” Think of the term “retaliation,” consider what people mean when they say, “I’ll get even with him,” and you will realize that the act of sulking satisfies all these urges to punish, to retaliate, to get even, etc. It will not be difficult for you to understand that to mete out punishment, to take revenge and to retaliate is to “get satisfaction” for some supposed wrong. I could easily demonstrate to you that all these urges are means of exercising domination. I could also make it plain that the type of domination here practiced is childish and nothing but a habit retained from infancy. The point, however, is that, childish or not, the acts of sulking, of opposing and resisting, of criticizing and arguing are habits or dispositions which carry with them the premium of pleasure. I grant you that while you sulk or argue you are not fully aware of the pleasure you derive from your misbehavior. But the pleasure is there. We call it a “secret pleasure.” This secret pleasure secured from misbehavior is the reason why people make little or no effort to restrain their tempers or dispositions provided they can safely afford to give them free rein. At home they can do that with impunity. On the outside they dare not show their tempers. The outsiders would not tolerate temperamental behavior. Mothers and fathers must tolerate it. You told me that you don’t understand why you manage to get along with strangers but not with your parents. What I just said about the urge to domination and the inclination to derive pleasure from it will give you the explanation. When you meet outsiders you know they will turn their backs on you if you try to be domineering. Hence, you change your disposition and choose to be pleasant and accommodating. There is no reason why you shouldn’t adopt the same policy in your approach to your parents. The only question is whether you will choose to adopt a pleasing attitude towards them. I hope that, after this discussion, you will at least make an effort to do so.
E. You know, Betty, that many of the patients whom you see here were brought to the hospital after they broke down suddenly. Prior to their breakdown they were fairly well adjusted until, one day, they “spoke out of their heads,” became violent and unmanageable. This was different in your case. You did not suffer a sudden break. Your temper was more or less always violent and your behavior unmanageable for many years.

P. I was not unmanageable, but there is too much confusion at home. They don’t know what they want and blame everything on me.

E. When you say “they” I presume you mean the other members of the family: father, mother, brother and sister. Tell me, Betty, were they all confused and did none of them know what they wanted? And did all of them blame everything on you?

P. You may not believe it, but they all acted the same way, I simply couldn’t stand it any longer. Of course, when they didn’t stop I got excited.

E. What did you do when you got excited? Did you break windows?

P. No, I didn’t do that.

E. Did you throw things at them?

P. No, I never attacked anyone before I was attacked first.

E. When they attacked you first did you strike back?

P. I certainly did, and it served them right, too.

E. When you struck back, what precisely did you do? Did you spit at them?

P. Yes, and I kicked them, and if you want to know I tore their clothes. I don’t care what you think of it. They certainly deserved what I gave them.

E. You say you “don’t care what I think of it”. That indicates you know that I disapprove of behavior of this kind. You also know that every decent person, not only I, condemns such violence. Tell me, Betty, did you have any good reason for your violent reactions?

P. I was employed in my father’s business, and he mismanaged it frightfully. When I showed him how things should be done he wouldn’t listen. I am interested in my father’s welfare, and I can’t see his business going to the dogs just because he wouldn’t listen to reason.

E. Were there other things that provoked your temper?

P. My mother had the nasty habit of opening my mail. Wouldn’t that get your goat? Can’t she mind her own business?

E. How about your brother and sister? Did they also get your goat?

P. Did they? I should say they did. My brother does everything to get me sore. When I am ready to go to the bathroom he goes in and stays for hours. He does that in the morning just when I am in a hurry and can’t afford to lose time.

E. And what about your sister? Does she get you sore, too?
P. She is the worst. She is a college graduate and thinks I am below her station. She calls me ignorant and stupid. I wouldn’t take that from her.

E. That’s enough. Some of the reasons for your explosions are (1) your father mismanages his business and refuses to listen to your advice, (2) your mother opens your mail, (3) your brother occupies the bathroom when you are ready to use it, (4) your sister employs disrespectful language. All this means that you are frustrated. Frustrations of this kind happen in every family, but you react with explosions that are decidedly uncommon in families. In other words, you meet with average frustrations and respond with extraordinary explosions. Now, Betty, you know what the word “frustration” means. The thing that is frustrated is a wish, desire, craving, trend, striving, etc. You desire your father to listen to your advice but he opposes you. You want your mail unopened, but your mother’s will stands in your way. You crave to use the bathroom, but your brother thwarts your craving. You have just as little luck with your sister. You wish to be recognized as possessing good intelligence, but she balks your ambition when she calls you stupid and ignorant. But that wishes are currently thwarted and desires balked is common knowledge. To live means to try to realize one’s ambitions and to find them clashing with the ambitions of others. That’s the reason why everybody must adjust his desires and cravings to those of his group.

P. The trouble is my family doesn’t want to adjust. You think it’s all my fault. But I tell you that they simply make life miserable for me.

E. Betty, that sounds all right, except that I know that the other members of your family do not make life miserable for one another. Indeed, I have reliable information that home life is peaceful since you came to the hospital. That shows that your parents, brother and sister know how to adjust their wishes to the needs of others, but you don’t.

P. But, doctor, . . .

E. Betty, I have to interrupt you. I know that no matter what I say you will contradict and deny my statements. May I ask you to be brief in your answers to my questions and whenever possible to reply with a simple “yes,” “no” or “I don’t know”? I shall now give you my opinion of your behavior. Look here, Betty, a person who wishes to obtain an object is attracted to that object, that means, he prizes and values it. The trouble is that others may value the same object. Take the example of your own frustration. In the morning, both you and your brother treasure or value the benefit of a bath. There is only one tub, and two persons claiming it. Obviously, you and your brother will either have to fight for the tub, or you will make a friendly settlement. If you choose to fight, your brother will become your enemy; if you prefer the peaceful settlement he will be your partner. As I see it you prefer fight to peaceful settlement. Don’t you think you rather relish a good fight?

P. I do not. I hate to fight but they force me to.

E. Do they force you to spit, to kick and to tear clothes? I doubt that. I grant that sometimes fighting cannot be avoided. But violence can always be avoided unless your life is threatened. You will have some difficulty convincing me that your brother threatens your life when he occupies the bathtub. Your life is certainly not in danger when your mother opens a letter of yours or when your sister considers you ignorant.

P. Of course, my life is not in danger. But have they the right to insult me?

E. I don’t know whether they insult you. All I know is that you feel insulted.

P. Wouldn’t you feel insulted if they opened your mail and called you stupid and ignorant?
E. I think I would. But I would not become violent. People have frequently good reasons for feeling insulted. But there is no reason, excuse or justification for violence, except as I said, when life is in danger. Otherwise, violence is unreasonable, inexcusable and unjustified. You say you hate to fight. Why, then, do you fight with such violence?

P. Don’t people fight for their rights?

E. Yes, but they use violence only if the rights for which they fight are so valuable that life would be worthless without them. A man will, for instance, fight violently for his right to work, for his right to live with his family. Mothers will fight with violence for their right to bring up their children, to safeguard their health. These rights are considered as valuable as life itself. If you fight for a bathtub with the same violence with which a mother might fight for her child, I take it that the possession of the tub is as valuable to you as life itself.

P. How can you say such a thing? I am not that dumb, doctor.

E. Of course you are not dumb, but you may not know what you are fighting for. You have heard that men are ready to fight for a flag. Do they really mean the flag which is, after all, nothing but a wooden pole and a piece of cloth? No, they fight for the country, and the flag merely represents the country. We say, it represents the country symbolically and is the symbol for the country’s glory. You see, if a man has the sentiment of patriotism the honor of his country is a vital part of his life. An insult to the country or to anything that represents the country symbolically will find him ready to defend it. You will now perhaps understand that if you are ready to stage a violent fight for a bathtub the tub must symbolically represent something which is a vital part of your life.

P. That is more than I can grasp.

E. I shall try to explain my point. You see, Betty, everything has a realistic and a symbolic meaning. This watch here, for instance, has the realistic meaning of an instrument that indicates the time. This meaning of a time, indicator it has for everybody who knows what is a watch. But to me it has an additional meaning because it is a gift given me by a dear friend. As such it is to me the symbol of friendship. While I will not fight for an ordinary watch, I may fight for one that symbolizes friendship. This example will demonstrate to you that a fight is more likely to ensue over symbols than over realities.

P. But a bathtub is a tub and not a symbol.

E. You are mistaken. Everything can acquire symbolic significance. You had occasion to observe children and must have noticed how they fight, let me say, for the possession of an apple. They yell and scream and go into a tantrum, and you would think the apple is of vital importance to them. But after they finally get the apple they throw it to the ground. Obviously, it was not the apple they wanted; it was something else. The apple, or better, the possession of the apple was the symbol for something that is very dear to the child. It was the symbol of victory, the symbol of power. And children love to exercise power and to score victories. Power and victory are symbolic of strength. And children love to show strength. You see, Betty, the child that fought a violent battle for the apple and then threw it on the floor is considered spoiled. What is he spoiled for? The answer is: he is spoiled for group life. In a group nobody is permitted to form symbols that merely serve the purpose of exercising power and scoring victories over others. If that were permissible fighting would never end, and group life would be disrupted.

P. Frankly, doctor, I don’t understand you. All I want is peace. I don’t want power and victories. If I offer to help my father in his business is that exercising power?

E. I am glad you mention the trouble you are having with your father. You say you offer your help. But does he need it?
Does he want it? From what I know you force your advice on him against his will. He wants to run business according to his conception but you insist that he has no business sense and ought to accept your guidance. If he resists, you make a scene in front of customers and he has to yield. This is your aim: to make father, mother, brother and sister yield to your will. Once you have made them submit to your domination you experience the thrill of victory and the glory of power. In this, you act like the spoiled child. The history of the spoiled child is approximately as follows: His mother does everything he wants. He asks for candy, fruit, dolls and gets them instantly. One day the mother wants him to eat cereal. For some reason he does not relish the dish and pushes it aside. The mother then pleads with him but the boy refuses. His refusal is prompted by nothing but the dislike of the food. But as the mother proceeds with her incessant pleading he gradually realizes what power he exercises over her. He now enjoys the spectacle of a helpless being appealing to his power to grant favors. Of course, the child is unable to formulate his reactions and feelings in the manner in which I analyze them right now. But the new role of granting or refusing favors fascinates him. Henceforth he practices the role whenever he is offered a chance. The mother may ask him to let her wash his neck. The act itself of being washed is perhaps neither pleasant nor distasteful to him, and heretofore he submitted to it without ado. But now he scents another occasion of making the mother humble herself and address frantic appeals to him. The more pitiable is the helplessness and despair of the mother the more exhilarating is his sense of triumph. From now on he develops a simple pattern for reacting to environment. His ambition is to enjoy the triumph over helpless creatures. Every act he is asked to perform, every object he is requested to handle is merely a welcome opportunity to score a victory over a helpless opponent. The objects and acts themselves lose their realistic meaning. They are no longer apples, toys, neck washing and dressing; they merely symbolize his own power and, what is more important, the opponent’s despair. Life, to him, is a glorious battlefield in which he is the victor, the others the victims. To enforce his will on others, to fight and subdue them becomes a consuming passion with him. I hope that this description of the spoiled child will open your eyes to the silly childish attitude that is back of your incessant, fighting and scrapping. You fight because you enjoy fighting and not because the others are wrong and you are right.

E. There is no use talking to you. You have become so entranced in your role as a fighter and victor, you derive so much pleasure from attacking others, that the mere anticipation of a fight is an inspiration to you. I know the story of your mother opening your mail. She did that once. On that occasion, you jumped at her with a frightening fury. She was crushed and you delighted over her defeat and your triumph. After that you had a simple means of provoking fights with her. One day you came home in the evening and she handed you a letter; instantly you asked the insinuating question, “Was there no other letter?” When she replied in the negative you continued, “Tell me the truth, didn’t you open my mail again?” Your mother made another denial, and you went on relentlessly, “I expect a letter from Martha. I am sure it came with today’s mail. Where is it? Are you sure you didn’t open it again? I know your tricks, and believe me I am not going to stand for them any longer.” You had your cherished fight again. Mother was subdued, and you reveled in a cheap victory over a helpless victim. I shall ask you a question: After you gain your victories what have you actually gained?

P. I don’t know what you mean. I don’t want to gain anything. I just refuse to have my mail opened. What you mean by victories and symbols is simply beyond me.

E. I shall try to be more explicit. You see, Betty, in a group, everybody tries to accomplish his ends. The ends are either large scale, for instance, to maintain a family, or small scale, for instance, to take a bath. In other words, either a permanent life task or a transient goal. It will be easier to consider the transient goal. If you wish to take a bath you can accomplish your end only if nobody opposes you. If you meet with
opposition you must either make a friendly agreement or conquer your opponent. But conquests require superior physical strength. How can a girl like you ever hope to accomplish her ends by means of physical combat? Your brother is stronger than you, and if you try, by means of muscular prowess, to wrest the possession of the bathtub from him, you will never reach your goal. Do you understand now that in the realistic setting of your home it is utterly futile to stage a fight in order to attain a realistic aim? If you fight your brother it is not for the purpose of actually gaining possession of the tub, for experience has shown you hundreds of times that you cannot attain your end by means of fighting. If, in spite of this, you persist in your furious assaults, your objective cannot possibly be directed toward the realistically coveted tub but toward some symbol that is represented by the tub. If you could, through shouting and swearing, force your brother to abandon his claim to the tub, you might not even use it but you would simply glory in the fact that you were able to exercise power. The tub would merely be the symbol of a victory gained over an opponent. I think you will now understand the meaning of my question: What do you actually gain by your incessant fighting? The answer is: realistically speaking, you lose most of the time. But symbolically speaking, you sometimes gain the spurious sense of being victorious.

You remember I told you that men value certain things and strive to attain them. The one strives for riches, the other for an esteemed position, third for a comfortable home. These are realistic aims. To attain them means success. To the person with the mentality of a spoiled child, success in obtaining an object means nothing because he does not value objects as such. The only thing he values is the symbol of success, that is, victory over others. Realistic objects are, to him, merely a means for starting a fight over them. The trouble is that the others fight back and usually turn the expected victory into a dismal defeat. In time, they tire of the constant turmoil and finally decide to segregate the troublemaker by removing him to an institution. This is what happened to you. You fought and scrapped till your family lost its patience and brought you to the hospital. Whether this will teach you how to handle life more realistically I do not know. This much I do know: As long as you insist on scrapping as your main aim in life you are not fit to be at large as a member of a peace-loving group.
Interview 9

ADULT VERSUS INFANTILE VALUATIONS

E. Are you cured, Louis?

P. I think I am.

E. How long have you been well?

P. About two months.

E. Why did you remain in the hospital all this time?

P. Conditions at home are unsettled. My father has a violent temper and I get nervous when I am at home.

E. I think you are right about your father’s temper. It is violent, at least, explosive. However, he never struck you or any other member of the family.

P. But there is always disturbance at home. The moment father enters the door there is grumbling, shouting and arguing. One can’t do anything right for him.

E. Granted your home life is unpleasant, or even intolerable. Does that keep you from looking for a job?

P. I guess I could do that. But I have a feeling of anxiety when I meet people. I’ve always been that way and I doubt if I shall ever change. I had many jobs before I got sick, but I was never able to stand up before my employers. I had difficulty looking them in the face and got thunderstruck when they merely called my name. I feel so uncomfortable when I am with people, and I am so easily insulted.

E. You don’t mean to say that you are easily insulted. What you mean, of course, is that it is easy to make you insulted. Do you understand the difference?

P. I think I do. I may feel insulted but nobody did really insult me.

E. Jf you meet an employer he is not likely to insult you. The average employer has manners and is not rude. He may reject your application but he is not likely to offend you, either in word or action. After being denied a position you have a right to feel sorry over the failure. But if I understand you correctly, you are inclined to feel personally hurt. Don’t you think you could make an effort to keep your feelings under better control?

P. I wish I could. I’ve tried it all my life but it’s getting worse, instead of better. As far back as I remember I was always too sensitive. At school the teacher had just to call out my name and my heart began to beat like a sledge hammer. I couldn’t give an answer although I had it on my tongue. I wish I were like other people but I can’t be like them.

E. I shall advise you, Louis, not to be so pessimistic. You take it for granted that you can’t be helped. However, all you have a right to say is that thus far you have not been able to help yourself. You see, in order to change a condition a method must be employed. Presumably, you tried some method of your own but were unsuccessful. Does that mean that other methods are also bound to fail?

P. I have made an honest effort to change. At college I consulted the psychologist; later I was treated by psychiatrists and psychoanalysts; none of them helped me. I can’t just be optimistic over this record.
E. The fact is, Louis, that very many people have the trouble which you complain of and that most of them find help. You say you consulted various experts and obtained no results. But I also know that you gave the experts little chance to help you. You visited them a few times and then gave up.

My conclusion is that you could have secured help in the past if you had not preferred to block the efforts of the experts to help you. If you stated with some emphasis that you "can't be helped" I have a faint suspicion that the sentence ought to read, “don’t care to be helped.” Don’t misunderstand me, Louis, I know you suffer agonies on account of your sensitiveness, and I do not doubt for a moment that you would like to get rid of it. But the question that I would like to ask you is: Do you merely wish to lose your sensitiveness, or are you firmly determined to do everything possible to do away with it? Do you understand this distinction between a loose wish and a ready determination?

P. I think I know what you mean, but I do not see how that applies to my anxiety. I certainly did everything I could to get rid of it.

E. You speak of your anxiety. I grant you that you are eager to be freed of it. I am even ready to assume that you have determination in this respect. But anxiety is not your only nor your main difficulty. The anxiety is the result of your sensitiveness and of your irritability. And let me tell you, I doubt whether you have the will, except for a mere wish, to give up your irritability. That irritability has served you well and given you many a pleasure that you could not secure otherwise.

P. Frankly, doctor, I don’t know what you mean. The other day I was home over the week-end, and my brother urged me to go with him to a party. I wanted to be nice and went with him although I didn’t feel like going. We met a group of his friends, boys and girls. They were jolly and had lots of fun but I drew back like a clam. Everybody was nice to me but I simply couldn’t be as gay as they were. I felt miserable and when I came home I didn’t sleep a wink. I am sure I didn’t get any pleasure out of that. I really don’t understand what you mean if you say I get pleasure out of my sensitiveness.

E. I shall be more explicit, then. I observed you on the ward, Louis, and received many reports on your behavior. Both my own observation and the reports of the physicians and nurses establish it as a fact that, on the ward, you are by no means retiring and shrinking. On the contrary, you are aggressive, demanding and uncooperative. You annoy other patients, disobey rules and generally make a nuisance of yourself. Do you think you annoy patients because you dislike doing it? When you demand privileges, in rather discourteous language, do your demands and discourtesies cause you pain and displeasure? Is it really absurd to assume that you violate rules because you choose or please to do so? You see, Louis, your misbehavior on the ward is also due to sensitiveness and irritability but there can be no doubt that you derive a good deal of pleasure from it. To say the very least, you have the pleasure of exercising power, of scoring a victory if you are successful in your misconduct. Do you think that my conclusions are so utterly wrong?

P. I don’t think my behavior is that bad. I admit that I get into a little fight once in a while when I want to leave the ward and the attendants insist on my first getting the physician’s permission; or when I want to smoke and am told to wait for the smoking hour. But I think I have a right to ask for privileges since I have recovered and am considered cured.

E. I do not discuss the question of your being right or wrong. The fact is that the action of the attendants irritates you and arouses your sensitiveness without causing you pain or making you shrink. If I mention your behavior on the ward I do not do that in order to rebuke you for past misdemeanors. I merely wish to demonstrate to you that you have two sets of reactions: the one makes you shrink and feel miserable, the other makes you assert yourself and gives you a
pleasurable sense of power. The shrinking pattern is called into action when you meet strangers or men in authority (employers); the self assertive pattern is applied when you are at home or in a homelike environment like the ward. Both patterns are overdone, misplaced and uncalled-for. But I shall not dwell on these features. What I want to emphasize is that when you become oversensitive in an outside group you wince and squirm in agony while, in a homelike atmosphere, the same over-sensitiveness causes a reaction of vigorous, aggressive and, as I said, pleasurable self assertion. Do you understand now that both the shrinking and the aggressiveness are the result of your over-sensitiveness?

P. I never saw it that way, but it seems to me you are right. You say that when I meet people in a social group they make me feel sensitive and I shrink. But when I am with my family or on the ward I am also sensitive but then I assert myself. This I understand. But when you say that it gives me pleasure to be set on by the attendants I do not see how I can agree with you.

E. If this is the only point you don’t understand I shall be glad to explain it. You see, Louis, most if not all people experience pleasure when they have an opportunity to exercise power over others. If a superior is severe and overbearing with those working under him, be sure he derives pleasure or satisfaction or an elevation of his ego from his oppressive tactics. Now, power of this kind can be practiced in many disguises. Many people turn their misfortunes into sources of pleasure. When they are sick they enjoy imposing on others and ordering them about. What gives them enjoyment is, of course, not the disease but rather the welcome opportunity which it offers to be domineering and demanding. The disease is here an excuse for the selfish craving for power. You may say the individual exercises power under the disguise of sickness. The drive for power may hide behind many disguises. Suppose a man who is dependent on you economically or socially invites you to his home. On the evening of the engagement you are late and keep the party waiting. You will most likely have a ready excuse for your late arrival, perhaps the claim of some ‘unavoidable delay.’ The fact, however, is that had your host been a socially or economically important person you would have made every effort to be on time. You could have easily arranged to be on time at the home of your economically less fortunate host. However, you made no attempt to do so because you had the power to act as you pleased and succumbed to the temptation of exercising power. Your late arrival was an unconcerned exploitation of power disguised behind the excuse of an unforeseen delay. The situation is similar when you are engaged in a conversation. You will listen courteously to a person of social status but will be likely to be inattentive or critical and sarcastic when addressed by a man below your station. You may advance fatigue as excuse for your lack of attention, a logical reason for your criticism and you may explain the sarcasm on the basis of just making jokes, but the fact is that you take advantage of the helplessness of an individual below your station and conceal the exercise of socially illegitimate power behind socially accepted disguises. In the instances which I quoted the show of power was displayed with subtlety; it was not frankly exhibited. I may tell you that the more subtle is the use of power the greater is its enjoyment. When you annoy the helpless patients on the ward the manner in which you use your power over your victims is little if at all disguised. But when you insist on permission to smoke or on the privilege to leave the ward on the score of having recovered, the procedure is more subtle and employs the excuse of claiming a right. You may take it for granted that both the frank and disguised use of power gives you considerable pleasure. I shall ask you now: why don’t you express your desire for power when you are in the presence of an employer or in the company of strangers?

P. I frequently wondered why I assert myself at home while, at the same time, I am so timid on the outside. It seems to me I am two different persons.

E. That is hardly the correct explanation. You may be certain that you are the same person whether you are shrinking or self asserting. In either case, you are dominated by the same urge to exercise power over others. You will grasp that better if you stop to consider that a person who is eager to wield power has to face two possibilities: He can either score a victory or suffer defeat. Victory he craves and loves, defeat he
fears and hates. Whether craving victory or fearing defeat, the guiding intention is to wield power. It will now be easy for you to realize that when you are confronted with people who are defenseless you anticipate victory and become bold and self assertive. On the other hand, when you are opposed by influential or powerful people you foresee the possibility of defeat and shrink. When you say that you are two different persons you are right in the sense that, in two different situations, you show two sets of dispositions. In the one, your disposition is to attack, in the other, to retreat. In either situation your behavior is that of a spoiled child who likes to scrap with his weaker playmates but runs to mother when attacked by a strong boy. Are you ready to admit the childishness and silliness of your behavior?

P. I know you are right. Inwardly, I have always felt that way. Nevertheless, I can’t help it. I have tried and tried again to stand up before an employer, and I have also tried my level best to stop pestering the people at home and the patients on the ward, but something within me drives me to do it. I simply don’t know what to do about it.

E. I may be able to help you. You speak of a drive and seem to imply that you are driven by an irresistible force. However, I told you that your reactions are the result of dispositions. On the outside you are disposed to be shrinking, at home you are disposed to be aggressive. May I ask you to ponder for a moment the meaning of the word “disposition”? If you are disposed to visit a friend you are also inclined to make the visit or you feel like doing it. Similarly with any other disposition. You may say you are disposed to attack a person, but essentially, you feel like doing it or you like to do it. Now, a feeling or inclination may become, through continued practice, so strong that it acquires the intensity of a powerful drive. A drive, in other words, is nothing but a strong feeling. You know such strong feelings. Mother love is one, friendship mother devotion to country or religion are others. The feelings or drives which I just mentioned are not only enjoyed but also valued. This is the reason why they are called values. You have heard the expression “table of valuations.” You also know the saying that somebody has or lacks a sense of values. Can you tell me what is meant by such phrases?

P. I know what is meant by them but I don’t know whether I can put it in words. A value is something which is highly esteemed. But I don’t know whether that tells the whole story.

E. It tells some of the story, anyhow. And I shall try to tell you another part of the story. You see, Louis, whatever a value may mean otherwise, it s something for which people will fight. They may even be ready to give their lives for it. A mother, for instance, will under circumstances not hesitate to sacrifice herself for the welfare of her child. A man will be ready to risk comforts, life and fortune to the interests of friendship, religion or nation. Values of this kind have been called ideals. People tend to be sensitive or even over-sensitive when challenged with regard to their ideals. Then their emotions are aroused, and they either shrink if

they are cowards or attack if they can muster the required courage. You will understand now, Louis, that only certain things can be raised to the level of values or ideals. You will also, understand that the average individual with a wholesome sense of values is oversensitive to ideals only and is ready to attack only if values are involved. A man will be highly sensitive to dangers threatening his job because the welfare of his wife and children are at stake. And wife and children are values. He will fight for his job because to him it means the support of the family. But the average man will not be sensitive to the situation of meeting strangers or being with other patients in a hospital ward. These situations he will not regard as touching on values or ideals. Does it dawn on you, Louis, that without knowing it you consider certain situations as valuable although they are devoid of values?

P. I feel I grasp what you mean but it isn’t quite clear to me.

E. Look here, Louis. A child knows little about values. However, what he wants he wants intensely, or with the intensity of a valuation. If he desires an apple that desire is to him as valuable as an ideal to a grownup individual. If the desire be balked by the intervention of the father, the child is likely to become
so sensitive to the denial that he may throw a tantrum. If the denials and frustrations are frequent the child may become stubborn and will then provoke still more denials and frustrations. The result will be a running fight between father and child. As a rule, the child suffers defeat and the father is victorious. In this manner, the child has more or less constantly the experience of defeat. At times, however, the parents have to give in. Then the child relishes the delights of victory. It is through such experiences that the child learns to appreciate the bitterness of defeat and the bliss of victory. Henceforth, victory figures in his mind as something to be valued and defeat as something to be shunned. In other words, he establishes his childish table of valuations. You will now realize the difference between the adult and infantile system of valuation. To an adult person recognized ideals only are of value. Victories and defeats are of no significance to him unless they are encountered in relation to social ideals. To secure the possession of an apple is no victory to an adult person, to be denied one, no defeat. To the child, on the other hand, any kind of victory is a valuable accomplishment, no matter how trivial and valueless is the involved issue. We say that the values of the adult person are selective while those of the child are indiscriminate. I can now be brief and tell you, Louis, that the description which I gave of the child’s table of valuation applies with force to your own mode of reaction. When you have an opportunity to score a victory you rush at it, regardless of whether the object of the fight concerns a recognized social value or merely a paltry desire. Instead of being selective your table of valuations is indiscriminate. If you had sufficient courage you would scrap all the time, not for the purpose of obtaining a concrete advantage but just in order to gain victories in the abstract. Fortunately for the others, and unfortunately for you, you are blessed with a good measure of fear, and so your scrapping is limited to such occasions as offer no possibility of defeat. I hope you will now understand why both your shrinking and aggressiveness are so intense that you think them to be irresistible forces. People are likely to feel forceful and irresistible when they are inspired by ideals. To you, the desire for paltry victories has become an ideal, and the fear of equally paltry defeats a horror and nightmare. This is due to the fact that you have not managed to give up your infantile table of valuations. Should you do that the anticipation of trifling victories would not attract you with irresistible force, nor would the prospect of insignificant defeats strike you with paralyzing fear. Shrinking would disappear and pesterling would cease. Do you see more light now? Do you realize that you could change your reaction if you succeeded in changing your table of valuations?

P. You certainly made that plain to me. As a matter of fact, I always felt that my behavior was childish and silly. The only difference is I see it now more clearly. But if I see it more clearly now is that going to help me?

E. You remember, Louis, I told you that in order to change behavior a method must be employed. I may tell you now that the first step of such a method is to analyze the condition to be dealt with. For the present we did the analyzing. The next step should be to map out a plan of practical application of the knowledge that you gained through analysis. We shall take this step some other time. For the moment I wish to give you nothing but a few hints. Once a person is fully convinced that a set of his reactions are childish and valueless he loses the relish with which he previously enjoyed them. If my explanations, have really thrown light on the nature of your behavior you will soon manage to discard your childish valuations and to replace them with the adult variety. The more thoroughly you become convinced of the absurdity of your basic valuations, the more readily will you become disgusted with them. Gradually they will then fall of their own weight. I shall give you this advice: Whenever you engage in one of your glorious pesterling sprees, remember that you do that for the purpose of fighting for a childish and silly ideal. If you do that, you will in time laugh at the grotesqueness of your behavior and, while laughing, refuse to take your “heroic” role so seriously. Finally, you will lose the taste for such infantile exploits. In the same manner, when you are thrown into a panic on meeting an employer or stranger, remember instantly that your fear is that of a childish defeat. The more you become aware of the childish nature of
your joys and horrors, the more will the delight of indiscriminate victories and the fear of imaginary
defeats lose their grip on you. Of course, if you want to effect a real change your desire must not merely
be a loose wish but a ready determination to do so.

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Interview 10

THE FEAR OF BEING MISUNDERSTOOD

E - Examiner
P - Patient

E. How are you, Gertrude?

P. I feel lots better after the treatments. I mix with people and talk to them, and I didn’t do that when I was sick.

E. Do you think you didn’t mix with people and didn’t talk to them because of your sickness?

P. It seems to me there was nothing else wrong with me. I had a good appetite and slept well and had no pain or other trouble. What you said about Gloria is exactly true of my case.*) I also had a nervous ailment, and my disturbances of behavior were my symptoms.

E. That’s fine, Gertrude. I see you listened carefully to what I said to Gloria, and that alone is a good sign of mental health. Are there other signs showing that you recovered your mental health?

P. I was home over the week-end and had no difficulty talking or mixing. Of course, it was only my family and I don’t know how I would do with other people.

E. In other words, you seem to think it is easier to mix with the members of the family than with outsiders.

P. Well, you are more accustomed to the family.

E. I don’t think this is the correct explanation. You may have worked with your employer every day for years, and you are certainly accustomed to him. But does that mean that you can talk to him as freely as you do to members of your family?

P. Of course, the members of your family understand you better.

E. That was well said, Gertrude. It is understanding that counts. Can you tell me why it is so important to be understood?

P. I don’t know whether I can explain that. All I can say is that I feel awfully unhappy if I am not understood.

E. May I ask you to give me a recent example of a misunderstanding that made you feel unhappy?

P. Before I got sick that happened frequently. One day I walked into the sales manager’s office and forgot to close the door. The manager looked at me with a peculiar look and asked, “Don’t you know that doors are there to be closed?” I was
Gloria had preceded Gertrude in the group psychotherapy interview. The examiner explained to Gloria that her tendency to withdraw from social contacts was one of the symptoms of her mental illness. Editor.

dumbfounded and I became so frightened that I could hardly move. Finally I turned around and closed the door but then I had a hysterical spell and began to cry. The manager felt sorry for me, got up and patted my hair and said, “I didn’t mean to hurt your feelings.” I certainly felt hurt at the time, but I don’t know whether I have a right to say I was misunderstood.

E. Of course, I don’t know the man, who may be a kind and sympathetic person. However, a less sensitive girl than you might also feel hurt by a remark of this kind and might think she was misunderstood. Look here, Gertrude, there are two ways of using the word “misunderstanding.” Let us assume I speak of diseases and state that a patient has a high glucose tolerance. Presumably you will not understand what I mean by this medical term. However, you may rest assured that my feelings will not be hurt by your failure to comprehend the technical phrase which I used. Feelings are not hurt if words and sentences are misunderstood. But the average person is hurt and sometimes even shocked if his thoughts and intentions are the objects of misunderstanding. Do you grasp the distinction between understanding words and understanding inner thoughts?

P. I do but I don’t see how the manager could have misunderstood my inner thoughts when he asked whether I knew that doors are there to be closed. It was a plain question and I had no reason to fret over it.

E. I have no doubt that the question was plain. The words contained in the sentence were neither abusive nor profane. But let me tell you once more that it is not lust words and sentences that hurt feelings and cause misunderstandings. I shall quote an example which will make matters clear. You remember that shortly before your breakdown you bought a birthday gift for your sister. Your income is limited and does not permit you to purchase anything expensive. So you picked a little remembrance, nothing valuable in terms of money and merely meant as a token of loving attention.

When you delivered the present your sister greeted you with the grumbling comment, “Is that all I am worth to you?” Will you say this was a plain question and you had no right to fret over it?

P. No, I felt hurt. She is my sister and ought to appreciate my attention.

E. I agree with you. You have a right to expect appreciation from your sister. But what precisely do you expect her to appreciate? Obviously, your kind feelings toward her. The little trinket with which you presented her was your way of expressing your sisterly love. But she misunderstood and rebuked you for not spending sufficient money on her. In doing so, she insinuated that you were indifferent to her. In all this I agree with you. But will you try to explain to me, Gertrude, why you speak of kind feelings, attention, appreciation and understanding when neither you nor your sister mentioned any of these words?

P. I don’t know how to answer this question. But it seems to me that a gift is a token of appreciation. It means kind feelings and attention.

E. There is no doubt about that. Still neither the elevator man nor your sister made use of any of these words. Obviously, you heard something they didn’t express, or, you read something into their words that was not precisely in them. I notice you are puzzled by my statement. What puzzles you is most likely the fact that you are right when you speak of appreciation and understanding, and I am also right if I say no such word was used. I shall try to clear up the puzzle. Look here, Gertrude, if your friend says, “Can I expect you at my birthday party?” the sentence does not expressly state that there was an intention to honor or flatter you. That intention is merely implied and can be read into the sentence. And if you drop a handkerchief and
a gentleman hurries to pick it up, the act of bending and removing the cloth from the ground and handing it to you implies a courtesy which can again be read into the sequence of movements. You may say that the invitation extended to you expresses symbolically the friendly feelings which your friend entertains for you, and the courtesy which the stranger displays expresses likewise symbolically his intention to pay respect to womankind. You see, acts and words empress realistic processes, but they also imply symbolic meanings of intentions and feelings. These symbolic implications cannot be seen with the eyes nor heard with the ear. They can only be read into the spoken sentences or interpreted into the observed acts. This “reading into” and interpreting we call appreciation and understanding. You will now realize, Gertrude, that when you read unkindness into the words of your sister you did what everyone in your place might have done. But I doubt whether every girl would have burst into tears on being taunted by her employer about not closing the door. On that occasion you read into the sentence spoken by your manager intentions and feelings that would have been suspected by few. And when I consider your reaction to the elevator man I am positive that you had no reason to fear hurting his feelings when he asked you how you were. You see, people may go to extremes in reading symbolic meanings into the acts and words of others. If they do that we say they are oversensitive to the symbolic contents of what others say or do. With your sister you displayed average sensitivity; with your manager, your sensitivity was exaggerated; and with the elevator man, your sensitivity was carried to the limits of the absurd. Do you think I analyzed your reactions correctly?

P. I am sure you are right. But I think I am changed now. When I was home last week I joked with the elevator man and wasn’t afraid of him at all. Before I broke down I couldn’t have done that.

E. I am happy to hear that, and I know for certain that you are now more self-confident and reassured than you were before your breakdown. But suppose, some day, you feel again awkward and uncomfortable in the presence of an elevator man or of any other person to whom you have no close relationship. Suppose, some day, you will again be possessed of this absurd fear of hurting somebody’s feelings when you reply to his innocent question or when you have to make a trivial inquiry yourself. Will you then be able to handle the situation more effectively than you did previously?

P. I am sure I will. I am much better than I ever was.

E. True enough, Gertrude, you have recovered your mental health; more than that, you are more relaxed and less sensitive than you have been before you contracted your disease. However, it has been my experience that even fully recovered patients encounter occasionally some of their previous difficulties and are suddenly seized with the fear that they are losing ground and are in danger of a relapse. This dread of the relapse is likely to unsettle their equilibrium and to make them tense again. The more tense they become the more are they in fear of a relapse; the greater is their fear the stronger grows their tenseness. And so there develops a vicious circle of the fear of the relapse intensifying their tenseness, and the growing tenseness increasing their fear of the relapse. Nothing may happen in the way of relapsing. But the situation is one of endless agony and may bring back and reestablish your absurd oversensitiveness to the symbolic meaning of actions and words. Suppose now that, on some occasion, you will experience that oversensitiveness again, how will you deal with the situation?

P. I think I will know that I am silly and forget about it.

E. Do you think it is so easy to think of oneself as silly, and do you believe it is so simple to forget an embarrassing incident? I don’t think so. Even if people are silly they are not inclined to think they are and as to forgetting embarrassment, the thing is not as simple as you think it is. No, Gertrude, you must employ a more effective method of dealing with a situation of this kind. And I shall outline to you the method which I want you to use. You see, Gertrude, oversensitiveness is the result of fear, and fear is the anticipation of danger. Danger, you will understand, is never threatening in trivial, insignificant situations.
Suppose you make a mistake in such a trivial situation. Then the mistake itself is trivial, and its possible consequences are also trivial. If you keep steadily in mind that the vast majority of the situations which you meet with in life are of a trivial and insignificant nature you will realize that whatever you say or do under these circumstances is immaterial and not productive of dangerous complications or of serious consequences. Should it happen that, in trivial situations, you experience embarrassment, remember instantly that consequences are not to be considered and dangers are not to be feared. Then, you will not have to forget the experiences because trivialities are not given sustained thought and tend to drop out of memory without any effort on your part to forget them.
Interview 11
THE DUAL STANDARD OF THE SELF-CONSCIOUS PERSON

E. - Examiner
P. - Patient

E. Are you cured, Mary?
P. I think I am. I used to believe that people talked about me and that fumes came through the wall and that a machine was working on me. I dropped all these delusions and feel I could go home now. It seems to me I am as well as I ever was.

E. If you state that you are as well as you ever were, the implication is that you felt well before you broke down. Is that true? Were you happy or reasonably contented or moderately relaxed in the years prior to your breakdown?
P. I can’t say that. I used to be bashful and self-conscious and afraid of mixing in crowds. But this is changed now. When I was home over the week-end I felt fairly comfortable, asked questions and was not greatly embarrassed. Even when some of the neighbors dropped in I did not feel self-conscious to any great extent. I couldn’t have done that in the past. In former days when people were around I simply couldn’t relax. I was always embarrassed and self-conscious.

E. What do you mean when you say you were self-conscious? After all, I am always conscious of myself. If I eat I know that it is my “self” that eats. If I speak it is my “self” that speaks, and whatever I do is done by my “self.” Indeed, I am always conscious of my “self.” Is that anything to be ashamed of or to complain about?
P. I don’t know. But when I feel self-conscious I am tense and uncomfortable and unhappy.

E. Look here, Mary. Right now I am sitting here talking to you. Of course, I am conscious of the fact that my “self” is now sitting and talking. So, you may say that I am self-conscious. But does that mean that I am tense, uncomfortable and unhappy?
P. You don’t look it. As far as I can see you are sure of yourself.

E. From your reply I gather that you think you are self-conscious because you are not sure of yourself. But tell me: Why are you not sure of yourself?
P. I am much better now. But in former days I was always afraid I might give silly answers when somebody asked me a question. At home I wasn’t so bad; and when I was with close friends I had more courage. But with strangers and with my boss it was awful. I was terror stricken when the boss called me to take dictation. Sometimes I had difficulty understanding a phrase which he dictated. But I couldn’t get myself to ask him to repeat. I was afraid he would think I was dumb.

E. Why should anybody think you are dumb? When you were in high school you obtained good marks and passed with honors. Later you went to business college and secured the position of a private secretary which you held successfully until you broke down. From remarks made by your employer we know that he entertains a high opinion of your ability. After you entered the hospital several girls were tried out successively in your place but none of them was as satisfactory as you. I shall also remind you that your salary is considerably above the average and that you enjoyed the confidence of your “boss” as you call him to such an extent that he hardly ever interfered with your arrangements. In other words, your employer trusts you implicitly, but you do not trust yourself. If that is true, what precisely is it that makes you distrust yourself?
P. I don’t know. I have asked myself a thousand times why it is that others think well of me and I don’t. The only answer I can give is that I don’t feel sure of myself.

E. To say that you do not feel sure of yourself means that you do not trust yourself; and that again means that you are self-conscious. In other words you do not give a reason for your lack of self-assurance but merely call it by different names. The question is: What is it that robs you of your assurance and makes you distrustful and conscious of your “self”. I understand that a young mother, just home from the hospital, lacks the necessary self-assurance and self-trust in caring for her baby. She is inexperienced and the task one of great responsibility. You may state it as a general rule that what you call self-consciousness is justified only if (1) the task to be accomplished is difficult, dangerous or gravely responsible, (2) the person attempting it is inexperienced. Tell me, Mary, do you think you are inexperienced? Or, is your work of the kind that may result in an emergency at any moment? Of course not. Your experience is of the best, and your work is based on sound and well-tried routine. So, what are you afraid of?

P. I know I have no reason to be afraid of anything, and I told you I am much better. But in former days I was afraid to open my mouth or to make a move when I was among people. I was afraid I might say something ridiculous and people would laugh at me. When somebody walked behind me I thought they watched me and I felt awkward. When I was in company I was silent and, at the same time, afraid people would comment on my silence. Sometimes I took heart and made a remark. But then I drew back instantly because I felt I was bold. Looking back it seems to me I was always in hot water when I was among people. I felt self-conscious when I spoke and just as self-conscious when I kept quiet.

E. That’s an excellent description of what is called self-consciousness. But tell me, Mary, if a girl friend of yours has a conversation with you privately, or in company, are you in the habit of criticizing her remarks, of ridiculing her statements, of laughing at what she does or says? You do not have to shake your head so vigorously in denying my question. I know that you do not condemn your friends in that harsh manner. Why, then, do you apply such harsh judgment to your own acts? You see, Mary, with others you are patient and tolerant, with yourself you are impatient and preposterously intolerant. You are so intolerant with your own “self” that whatever you do or say appears to you as silly, awkward, dumb or bold. I take it you realize now that what you call self-consciousness or self-distrust or lack of self-assurance is due to a most unreasonable intolerance with which you judge your own words and acts. Once you learn how to be tolerant with your “self” you will no longer be self-conscious.

P. But how can I learn that?

E. If you know how to be tolerant with other people’s opinions and actions why shouldn’t you be able to practice the same tolerance with your own “self”? Judging from the expression on your face you seem to be skeptical and to doubt your ability to exercise tolerance toward yourself. But look here, to be tolerant means to judge people with a fair standard. If you take dictation and make an average of two or three misspellings in ten letters, your employer, provided he is reasonable, will measure your performance by the standard of average efficiency and pronounce you a good stenographer. That would be fair and tolerant. However, should he expect you to be correct all the time and never to make mistakes he would measure your performance by the standard of exceptional efficiency and, by this token, would be unfair and intolerant. Do you understand now that to be tolerant means to judge people and their actions by an average standard and that to be intolerant means to apply the measurements of the exceptional standard? Let me now discuss your self-consciousness in terms of average and exceptional standards. If you notice that your friends, neighbors, or fellow workers make some mistakes you take it for granted that, on an average, people make mistakes every once in a while. You then judge then by the standard of average efficiency and tolerate their mistakes without undue criticism. But let
your own “self” make a similar mistake and you will become terror-stricken, as you call it, and will condemn yourself for having done what average people are likely to do. To the actions of others you apply the average, to your own, the exceptional standard. With others you are fair and tolerant, with yourself you are unfair and intolerant. Don’t you think you could make an effort to be as fair to yourself as you are to others?

P. I guess I could. But when I become self-conscious I haven’t got the time to think about anything. It comes over me like lightning and I stiffen out and become tense.

E. That is correct, and I do not expect you to do a piece of calm reasoning when you are gripped by fear. That fear is at the moment too intense to permit you to reflect on average standards, fairness and tolerance. Nevertheless, I do not want you to think that you are helpless in the face of your self-consciousness. That self-consciousness is, after all, nothing but a habit of thinking; and habits can be revised, changed, and discarded. You formed the habit of self-criticism, of self-condemnation and self-distrust. You practiced that habit since early childhood; it grew with you until it became your “natural expression.” In time you took it for granted that you could not change your “nature” and resigned yourself to the fate of an existence made miserable by the constant anticipation of anguish, embarrassment and anxiety. All of it is habit, the habit of being intolerant and unfair with yourself. You certainly changed and discarded many of your habits. Why do you insist on clinging to this one which is the most distressing in the list?

P. I don’t think I cling to the habit. I rather think it clings to me. As a matter of fact, I believe I am rid of it. When I was home I was not self-conscious.

E. I hope you are right. But, Mary, that was merely the experience of one afternoon. And don’t forget that it is easier to feel relaxed with the members of the family than with outsiders. I grant you that your self-consciousness has been reduced by the treatment which you received at the hospital. But I doubt whether you are rid of it. If you were you would not feel hesitant to contact your employer who would be delighted to hear from you. I asked you repeatedly to write him a note or to call him over the telephone. But thus far I was unsuccessful. No, Mary, you are not yet rid of your fears. You still insist on measuring your own “self” with an unfair, exceptional and, intolerant standard. I see that you knit your brows. You are obviously annoyed when I say you “insist.” Nevertheless, I must tell you that, in my opinion, you actually insist on retaining your habit of self-consciousness.

P. I don’t understand that. I most certainly wish to lose that habit of getting rattle-brained when I speak to people. How can anybody say that I want to be miserable’?

E. I shall admit, Mary, that you would like to be more comfortable and less tense. But you’ll have to pay the price, and I do not know whether you are willing to do that. I mentioned that you refuse to call your employer. I could also remind you that last week when I asked you in this psychotherapy class to submit to an interview, you declined. Even today you consented only after much coaxing. This shows that you still hesitate to speak frankly of your trouble. When I spoke of the price that must be paid for the deliverance from self-consciousness

I meant frankness and outspokenness. You know how violently you shrink from mentioning your trouble even at home. As is the case with many people who suffer from senseless fears, you somehow formed the notion that your fears are not an affliction but a disgrace. They are, in your opinion, a stain on your character that must be kept under cover and must never be spoken of. You say that your fears are those of appearing dumb or awkward. However, what you fear most is that people might notice that you have fears. I might perhaps try to convince you that even if some men or women knew that you are the victim of silly fears they would sympathize with you without in any way indicting your character. I might also try to teach you that fears of the kind you suffer from are common and that what you call self-consciousness and lack of self-trust is a frequent characteristic of the average individual. In fact, I told you so repeatedly and you had numerous opportunities to listen to interviews with patients who have exactly the same
complaint. This ought to have allayed your anxiety, and if it failed to do so it is obvious that what you 
fear most is to let people know that you have fears. If this is true, my endeavor to persuade you would be 
a waste of effort. You would “insist” that your fears are evidence of weakness and cowardice and lack of 
character and must be carefully concealed from inspection by others. Do you understand now why I said 
you “insist” on retaining your fear habits? What you insist on is to conceal your fears and to refuse to 
speak about them.

P. I think I see that now. You are right. I am always afraid to speak of my self-consciousness. I am afraid 
people will think I have no backbone. But do you think, doctor, that if I speak of my self-consciousness I 
will be cured of it?

E. It is not the bare act of speaking that would effect the cure. But should you decide to speak frankly 
about your fears you would demonstrate to yourself that you have courage and you would cease indicting 
your character. Moreover, you would notice that nobody blames or criticizes you for having the fears. 
You will observe that people will listen to you attentively and there will be no disrespect nor slurring 
remarks. Observations of this kind will be convincing. They will convince you that nobody thinks of 
condemning your personality because you have weaknesses and shortcomings. I told you that you will 
have to pay the price of frankness and outspokenness in order to be delivered of your self-consciousness. 
You will now realize that the price is a paltry payment, indeed. What you are asked to do is to show a 
minimum of courage. If you do that repeatedly you will practice the habit of fearlessness and, thereby, 
discard your habit of fearfulness. It will be easy for you to practice the new habit in this group of patients. 
Here everybody speaks of abnormal traits, of failures and shortcomings. Here you do not have to be afraid 
of being considered below par if you mention the symptoms of your fear. After you spend some time 
practicing the new habit in this circle of patients you will have to begin practicing at home where your 
parents and your brother will be happy to listen to your frank “confessions.” You know that at the 
meetings of the Recovery Association your relatives have learned to look on fear as innocent symptoms 
rather than as lack of character. Once you have learned to be frank and fearless in these intimate groups of 
patients and relatives, you will have no difficulty transferring your practice into wider circles and to 
display a fearless spirit in the company of friends and strangers and even with your boss. You will then 
lose your tenseness and will be relaxed and composed and conscious of a “self” that may be displayed 
without causing embarrassment or a sense of shame.

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PART III

THE MULTIPLE INTERVIEW
Interview 12

INTELLECTUAL VERSUS EMOTIONAL INSIGHT

E. - Examiner
L. - Lucille
M. - Mary
J. - Josephine

E. Are you cured, Lucille?
L. I think I am much better than when I first came here.
E. What has improved?
L. My manners and my behavior. Before I got better I made a lot of noise and tore up paper.
E. What did you do with the paper?
L. I chewed it and swallowed it.
E. What do you think about behavior of this kind?
L. It was pretty bad.
E. Why was it bad? Do you think you hurt your health when you swallowed the paper?
L. Perhaps I did.
E. You swallowed the paper for months and years and I don’t think there is any evidence that you injured your health.

Mary is Asked to Join the Interview

E. Mary, will you give me your opinion about Lucille’s swallowing?
M. It is not the usual behavior.
E. How should behavior be in order to be considered usual?
M. As the average person acts.

E. I grant that swallowing paper is unusual. But if behavior is unusual that does not necessarily make it diseased and abnormal. Usually people do not drink six glasses of water during a meal, nor do they order six eggs for an omelet. However, if a person for some reason insists on consuming six glasses of water and six eggs at one meal his behavior would not necessarily be rated as diseased or abnormal. You will realize, Mary, that the voracious appetite is merely unusual, but swallowing paper is both unusual and abnormal. Lucille, do you think that your behavior is abnormal?
L. It was, but it isn’t any more.
E. Does that mean that you gave up swallowing paper altogether?
L. Not altogether. But I am much better than I was when I came to the hospital.
E. That is correct. The reports show that you don’t swallow paper as much as you did. Nevertheless, you still indulge in this ugly habit. Why don’t you give it up completely?
L. I am sure I will stop it but it takes time to get rid of a habit, doesn’t it?
E. It seems to me you take too much time. In your place I would speed up the process. From my own observation and from the daily reports which I receive I know that months and weeks ago you swallowed paper practically every day, and sometimes all day. At the same time you were noisy and disturbed the ward with your frequent yelling. Lately, you reduced the swallowing to an occasional habit, and the yelling has almost ceased. To express it mathematically, you have discarded about 95 percent of your bad habits but cling to the remaining 5 percent as if it were a priceless relic which you wish to save as a souvenir. Don’t you want to get cured completely? Do you merely wish to be improved?

L. I want to get well and I will give up the habits completely. But it takes time, doesn’t it?

Mary Rejoins the Interview

E. Mary, if in cutting your fingernails you happen to cut your flesh, do you continue tearing into your tissues?

M. No, I would stop because it would hurt.

E. If this is so, what is your opinion about Lucille’s behavior? She developed a bad habit; moreover, she herself calls it bad; nevertheless, she continues practicing it. If you compare her swallowing and yelling with the example of cutting the nails you may say that Lucille while cutting her nails hurt her flesh. She then withdrew the scissors but watched the wound with some sort of curiosity or fascination and somehow could not refrain from snipping off a bit of tissue every once in a while. Now, when I asked you what you would do in such an instance, you said you would stop cutting because you wouldn’t want to be hurt. This is of course in line with the general rule that habits which are harmful should be discarded. Do you think that Lucille’s habit of swallowing paper is harmful? Do you think it hurts her?

M. I am sure it is harmful and I also think it hurts her.

E. I agree that the habit is harmful to Lucille but I am not at all certain that she is hurt by it. You see, Mary, Lucille, as you know, is an artist. True, she has been sick for years and spent a good many years in mental hospitals. But everybody knows that her art work is still of good quality. The painting and sketching she does in occupational therapy classes is ample testimony that she has preserved her artistic ability. Moreover, her mental condition has improved in the past weeks or months, and she has learned a great deal about adjustment and maladjustment while attending these group psychotherapy conferences. There is no doubt she has realized she must give up her habits if she is to go out into the community to resume her art work. This means that in consequence of class training she has gained insight into the harmfulness of her swallowing and yelling habit. The insight has induced her to make an effort to improve. Unfortunately, that effort is half-hearted, lacking thoroughness and determination. She improves up to a certain point and then relinquishes the effort. To express it in terms of the cutting example, she stops making big gashes in her skin but continues to nibble away at it with occasional, superficial cuts. Do you think she would do that if the cuts really hurt her?

M. It seems she wouldn’t.

E. No, if it really hurt her she would undoubtedly discontinue the cutting. And if she continues the conclusion is that the cuts do not cause her to feel pain although she knows intellectually and theoretically that they are harmful. Do you understand this distinction between the theoretical knowledge that a thing is harmful, and the actual feeling that it hurts?

M. I think I understand. Lucille knows in theory that her swallowing is harmful, but she does not feel in practice that it hurts her.

E. I shall express it differently: Lucille knows or has theoretical insight into the fact that her swallowing is detrimental to her health. But she does not experience any personal feeling of horror or disgust or anguish
about the habit. In other words, she has theoretical or intellectual insight but lacks that insight which we call personal and emotional.

Josephine is Asked to Join the Interview

E. Josephine, did you listen when I discussed Lucille?

J. Yes, you discussed Lucille’s habit of swallowing paper. You said something about intellectual insight and then about emotional insight. But I did not understand that well.

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E. Josephine, what I discussed was a defect in Lucille’s adjustment. What is the defect in your adjustment?

J. Well, I suppose that anyone thinking of me would not think of a defect in my adjustment.

E. I am not interested in what anybody might think of you. I should like to know what you think of your defect in adjustment.

J. I don’t think I have a defect.

E. Why were you committed?

J. Well, I know I have the habit of not taking proper care of my fingernails, not allowing them to grow.

E. In other words, you bit your nails. But nobody ever was committed to a mental hospital because of nail biting. Why were you committed?

J. I was told because I carried aspirin tablets in my purse my father was afraid of my taking an overdose. But he didn’t know that I had a pain that often interfered with my breathing. I took them for that purpose.

E. I shall tell you the reason. You were irritable and quarreled with your mother all the time. Finally, it was impossible to keep you at home. Aside from quarrelling you developed the habit of staying in bed till noon and to neglect your appearance. Then, you conceived all kinds of silly ideas about your health. You kept complaining about pains and aches and consumed quantities of drugs until you became really sick. When you arrived at the hospital you were in a so-called toxic state.

J. No, that is not true. I did not quarrel with my mother but she quarreled with me. She wouldn’t let me take a rest when I needed it for my health. She . . .

E. That’s enough. You told your story. Now, I shall ask Mary to tell me her opinion about Josephine.

Mary Rejoins the Interview

M. I think Josephine is more sick than Lucille.

E. That’s correct. What makes you think that Josephine is less improved?

M. Well, Josephine argues and doesn’t cooperate as well as Lucille does.

E. That may be true. But what is the real difference between the two? Both are patients whose behavior has improved to a considerable extent. Lucille has thrown off a good deal of her bad habits, and Josephine is certainly not as stubborn and resistive as she was when she arrived at the hospital. If you merely consider behavior on the ward it will be difficult for you to state that the one is more sick than the other. Nevertheless, you are right when you say that Lucille is in a better state of improvement than Josephine. But what precisely is it that is better in Lucille and worse in Josephine?

M. I don’t think I can state that well.

E. What did I say about Lucille’s defect of adjustment?
M. You said she has intellectual insight but lacks emotional insight.

E. If that is so, what kind of insight does Josephine possess?

M. I don’t know, but it seems to me she hasn’t got any. If you listen to her she is all right and her mother is all wrong.

E. That’s it. She hasn’t got any insight at all. Neither intellectual nor emotional. Can you now tell me the real difference between Lucille and Josephine?

M. Lucille has some insight and Josephine has none.

E. To express it more exactly: Lucille has that variety of insight which we call intellectual but lacks the personal and emotional quality of insight. On the other hand, Josephine has neither type of insight. You may word the distinction more concretely yet and say: Lucille knows that her behavior is wrong but does not experience yet that emotional disgust with her reaction that would make her drop her habits and become normal. Josephine neither knows that her reactions are abnormal nor does she experience disgust for them. If so, who of the two has a better chance for ultimate recovery?

M. I think Lucille has the better chance.

E. How good is her chance of getting well completely?

M. I don’t think I know how to answer that question.

E. You might get a good estimate of her ability to get well if you reflect how she reached her current state of improvement. You know that months ago Lucille did not display insight at all. How then did she acquire the intellectual insight which she has now? Of course, the answer is she first improved through shock treatment and thereby developed some of her insight. But you will remember that as she continued attending these classes her insight increased apace. Do you understand the principle? Once a patient has some insight, class instruction may improve it and broaden its scope. But first there must be some initial particle of insight on which instruction can be made to work. Do you think that Lucille has some tiny particle of emotional insight on which our class instruction can work with success? In other words, do you believe that she is just a trifle disgusted with and ashamed of her bad habits? If she is the rest can be left to the influence of our interviews, it not, I am afraid we will not be able to accomplish a great deal. Do you think Lucille has that indispensable particle of emotional disgust?

M. This much I know: when her father comes on the ward she cries and tells him how much she hates to be on the ward and how much she craves to be home.

E. That may be of help. It shows that Lucille has the capacity to be disgusted, and if her disgust is at present merely leveled at her stay on the ward, some day it may carry over and become a disgust with her general behavior. In that case I would say that she has an excellent chance to develop emotional and personal insight. How about Josephine?

M. I hate to say that but I am afraid she is in a bad fix. She hasn’t even got what you call intellectual insight. I don’t think she has much of a chance.

E. Now, Mary, you seem to be a trifle too rash in your conclusion. Let me tell you that I am not as pessimistic as you are. In my opinion, Josephine has a pretty good chance of final recovery because she also has that little tiny spark of insight which can be worked on by class instruction. Do you agree with me?

M. I don’t know what to say. To me it seems she doesn’t have any insight at all.

E. Now, Mary, did you notice that Josephine denied with great vigor the charges which her parents made and which I repeated? She denied quarrelling with her mother and denied the charge of procrastination.
and also denied stuffing herself with drugs. The very fact that she made vehement denials indicates that she knows that the behavior in question is bad and wrong. More than that, you will recall that in replying to my charges she employed something in the nature of a lawyer’s trick. She made a partial admission of her guilt. She denied quarrelling but admitted biting nails. This was a subtle compromise and testifies to her keen perception not only of what is right and wrong, but also of what is on the borderline between right and wrong. A fine distinction of this sort proves that Josephine has far more than a mere spark of intellectual insight. I am inclined to say that her insight is excellent but that she frantically endeavors to hide the fact that she possesses it. Whether she hides it before others or before herself I do not know. In the one case, it would be deception, in the other self-deception. Whatever it may be it certainly is proof of good insight. Let me now tell you that if Josephine continues to attend our classes regularly, as she will as long as she is at the hospital, she has a good chance of getting her insight broadened and deepened. You know that the issue of insight is frequently brought up in our discussions. If Josephine does nothing more than listen, the various aspects of the problem will be literally hammered into her brain. In the end, the remarks made here will “sink in” and occupy their rightful place in her mind. Whether she will also develop emotional insight I cannot tell you.
Excerpt 1
PERSON AND PERSONALITY; ACTIVE ATTITUDE AND PASSIVE HAPPENING

John improved but was slow in speech and action, presumably also in thought. There was no indication of a postencephalitic syndrome. The condition was classified as a dementia praecox catatonic type. When the patient was asked what he intended to do about further improvement he replied, “I don’t know.” When pressed for a more explicit answer he said, “I don’t know what I can do about it” Finally, he volunteered the statement that his slowness did not worry him. Adolph, a recovered patient, was then asked to discuss John’s reaction. In the course of the interview the point was made that it was John’s person which was slow, but it was his personality which failed to worry. The person was defined as that part of the individual which represented individualistic trends, while the personality was that part which performed group functions. The two portions are not separate; they overlap. The face, for instance, belongs to the person. But if it is shaved, washed, and, in women, rouged and perfumed, it is meant to have an effect on other members of the group. By this token it acquires personality characteristics. Speech is in the same dual category. If a man speaks to himself or if he makes utterance when alone in the wilderness he functions as an individualistic person. But if he addresses a friend his speech becomes the function of his personality. As the interview proceeded it was stated that the person may be active or passive; the personality is necessarily active. For instance, the person is affected passively by cold weather but may actively protect the body by means of warm clothes. On the other hand, if the personality is engaged in group activities it is always active. The personality features of courtesy, consideration, loyalty, honesty, sympathy, anger, hatred, jealousy, admiration and enthusiasm can only be conceived as active attitudes. They are not passive happenings.

After some initial sparring, Adolph gave as his opinion:

E. - Examiner
A. - Adolph
A. John’s person is slow; his personality does not worry about the slowness.
E. This is correct. If I slow down in my actions and then worry about my slowness one “I” slows down and another “I” worries. Or, if in the street car I am pushed by the crowd and show resentment, one “I” is pushed and another “I” resents. The first “I” is the person, the second is the personality. In situations of this kind the personality takes an active attitude to what happens passively to the person. Do you understand, Adolph, that in every instant of your life something happens to your person and that in every succeeding instant your personality must take an active attitude to the things that happened to the person?
A. I think I know what you mean, but I don’t know it exactly.
E. I shall try to explain. Somebody enters the room. This means nothing but that your eyes catch sight of a door opening and a man passing and that your ears perceive the sounds of a turning knob, advancing steps and perhaps spoken words.

*) The following five interviews are presented in the form of excerpts only.
signify to him that you do not wish to be disturbed. Or, you may take the attitude that the new arrival is a robber. Then you will throw up your arms or seek shelter or grab your gun. In all these instances, a passive happening to the person caused an active attitude of the personality, and the latter dictates the resulting action. You may apply this principle to everything that occurs at every moment. Somebody asks, “What is the time?” Your reply may be, “It’s eight o’clock;” or you may retort, “I am too busy to look at my watch;” or you return a fierce look, exclaiming, “Stop your silly questions, I don’t want to be bothered.” This example will show you that one and the same question which “happens” passively to your person (“What is the time?”) may provoke several different active attitudes on the part of your personality. The first attitude was that of casual politeness, the other of discourtesy, the third of rudeness. What do you think, Adolph? Is John polite or discourteous or rude?

A. I don’t know what he is. He doesn’t say much and doesn’t act a lot. I think he is passive.

E. That’s what it is. John is passive. His person is affected passively by impressions and sense perceptions but his personality fails to take an active attitude to what happens. He is neither polite nor discourteous nor rude. His personality is inactive.

In the same interview the reactions of other patients were contrasted with that of John. Lucille was described as taking a too playful attitude to what happened to her person, and Mike’s attitude was presented as being too carefree. Finally, the question was raised how personality attitudes can be changed. What endows the personality with the active attitude is interest or incentive. The main incentive is the will to be well or the will to adjust to group life. It was stated that John can develop a healthy attitude of his personality if he can be induced to take part in the instructional meetings and social gatherings of Recovery. There he will have an opportunity to practice the will to be well and the determination to adjust to groups.
Mildred, Lillian and Edward were discussed in multiple interviews. Mildred displayed hysterical behavior. For years she was in the habit of going into some sort of trances and neglected her home and family for months prior to commitment. On the ward she was demanding, disregarded rules and imposed on patients and nurses alike. Lillian, it was brought out, had a pleasing disposition but was cantankerous, quarrelsome and explosive for a short time prior to her commitment. After Mildred and Lillian were interviewed together for some time Edward was asked to take his place at the interview table.

E. - Examiner
Ed. - Edward

E. Are you well or ill, Edward?
Ed. I am ill.
E. What kind of illness?
Ed. I would say physical and mental.
E. What are the symptoms of your illness?
Ed. Nothing - if you want to get a fellow mad you can do it.
E. Does anybody get you mad?
Ed. It is quite evident that fellows tried to get me mad.

Several other questions were asked which Edward answered in the same surly manner. He trembled and quivered and showed signs of intense emotion. Finally he rose, shouting in an angry voice, “You promised to give me treatment and you did not keep your promise. I know you are all a bunch of double-crossers.” Phil was then called upon to discuss the reactions of Lillian, Mildred and Edward.

E. - Examiner
P. - Phil

E. When Lillian broke down and became quarrelsome and abusive, what precisely was the cause for her temperamental outburst?
P. She was sick.
E. If so, then we may say that her outbursts were symptoms of an illness. Now, Phil, if after successful treatment Lillian now displays a sweet and well balanced temper, what is her present temper due to?
P. It is her temper. That’s all I can say.
E. Would you call her temperamental?
P. No, she is the reverse of a temperamental person. She is not at all temperamental.
E. Didn’t I say that she has now a sweet, well balanced temper? And don’t you think I am correct in making the statement? And if this is so, how can you say she is not temperamental?
P. That’s too much for me, I am afraid.
E. Now, Phil, if you speak of one person being temperamental and another person not being temperamental, you express yourself incorrectly but undoubtedly have the correct idea. Everybody has temper, i.e., dispositions and inclinations, some antisocial, some prosocial. The prosocial dispositions can be freely expressed and are not in need of control. The antisocial dispositions, on the other hand, must be effectively controlled. Now, the group is not much concerned about the prosocial trends. It does not prohibit or regulate them and leaves them pretty much to themselves. They are little talked about and in a sense ignored. What is important from the viewpoint of the group is to curb the antisocial tendencies and to keep them under control. They are constantly watched and supervised, prohibited, regulated and legislated. Since they are the most significant dispositions they alone are considered when the word “temper” is used. In actual fact, everybody has an antisocial temper, the one controls it, the other does not. You will now realize that Lillian always controlled her temper but lost control when she contracted her mental ailment. When she was sick her temper, i.e., her uncontrolled temper, was the symptom of a disease. How about Mildred?

P. You said a while ago that Mildred never had a mental disease. You called her behavior hysterical and called her a hysterical character. I guess her temper is not a symptom.

E. Of course not. If she had no disease why should she have symptoms? But I shall ask you, Phil, to tell me what you mean if you say that a person has a certain character.

P. Why, he is honest and decent and wants the right thing.

E. That is perhaps, as good a definition as any except that you forgot to consider bad characters. Let me tell you that character is that power which controls or fails to control temper. Your temper may incline you to desert your friend when he is in trouble. But your character urges you to act on the principle of loyalty. Or your temper may dispose you to risk your money in a doubtful business venture or in wild stock speculation. Then your character bids you to consider your family or your reputation. True, character is not the only check to temper. If you are set on by your employer and “feel like” coming back with strong language, your disposition to strike back does not necessarily violate principles of character. If you wish to jeopardize your position you may put your boss in his place without endangering the integrity of your character. But in this case wisdom will counsel you to control your temper. You see, it is wisdom and character combined which hold temper in check, the one warning against unwise, the other against morally or ethically wrong moves. However, we shall neglect wisdom and consider the influence of character only. Now, Phil, when Lillian after her break lost control of her temper, she did so because of a disease. Could she have prevented her temper outbursts at that time?

P. I don’t see how she could.

E. You are right. If temper outbursts are the result of a disease they cannot be prevented except through medical treatment. The patient cannot prevent them. I think you will agree with me that Edward has the same difficulty as Lillian had when she was ill. He is sick and has demonstrated here that he has not improved yet. His temper is the expression of a symptom and it would be absurd to ask him to control it. Now about Mildred?

P. She has no disease. Her temper could be controlled by her character.

Mildred’s hysterical behavior was then discussed and the conclusion was drawn that Mildred’s only hope of getting readjusted is to develop incentives for character training.
CONSTITUTION, ENVIRONMENT AND TEMPER

Henry led the life of a tramp and returned to Chicago every few months to live with his mother. During these intervals he had no difficulty securing a job as gasoline station attendant, desk clerk or salesman. From time to time he suffered from an acute episode of depression which lasted several weeks. He was twice committed to the Psychiatric Institute, once in 1933, the second time in 1938. After he left the hospital in 1938 he joined Recovery and stayed in town for about a year. But then he “hit the road” again. In June 1941 he reappeared at the hospital complaining of that fatigue and weariness which “means that I am headed for another spell.” He attended several group psychotherapy classes, and was questioned in a multiple interview. In the discussion he expressed doubt whether he will ever get well. The examiner then asked Rose to give her opinion as to Henry’s prospects of cure.

E. - Examiner
H. - Henry
R. - Rose

E. Rose, do you think Henry has a chance?
R. Why, I was depressed for five years until my jump from the third floor when I broke my leg and was committed. After I left the hospital, I still had all kinds of fears. But I learned to control them. I think Henry could do the same.

E. You are right. But there is a difference between what the one person can do and the other can. People have different constitutions and live in different environments. I have frequently discussed in class what is meant by constitution and environment. You remember, Rose, that constitution was said to have an excessive, moderate or minimal amount of resistance, and that environment may offer an excessive, moderate or minimal degree of oppression. If you compare your constitution to Henry’s and your environment to his, do you think you are safer from a relapse than he is?
R. What I know is that both of us broke and both had a relapse. So I think that our constitution is not of the best. Am I right?
E. You are right. You would not have broken if your constitution had been one of excessive resistance. In other words, your constitution was breakable. On the other hand, its resistance cannot be minimal. Otherwise you would not have recovered and stayed recovered that length of time. My guess is that your constitution has a moderate or average resistance. How about your constitution, Henry?
H. I think I am in the same boat. I broke and had a relapse. I guess I had it coming to me.
E. What do you mean by saying you had it coming to you? Do you wish to imply that it was your fault that you got sick?
H. Didn’t you say it was my constitution?
E. Correct. It was your constitution that broke when you developed the depression. But that is true of every ailment. If you catch a cold you do so because the resistance of your constitution to colds has been weakened. The same is true of other infections and holds good, too, for rheumatism, diabetes, blood clots and gall stones. If this is so you have no right to blame yourself for your break. Remember Recovery’s slogan that “nobody must be held responsible for the kind of disease he contracts.” But let’s be done with this matter of constitution. How about your environment, Henry?
H. I think it’s all right. My mother treats me all right, and
so do my brothers and sister. And then, I don’t always live at home. Then I come back to Chicago I stay with my mother for a while. Then I rent a room in the neighborhood if I have the dough.

E. Why don’t you stay with your mother all the time?

H. Oh, she has a way of nagging. She is always preaching and throwing up my past to me. I know she doesn’t mean to be nasty. But it gets on my nerves and I move out.

E. If this is so, why do you say your mother treats you all right? Presumably you meant to emphasize that she is not ugly, violent or abusive. You may add that she is genuinely interested in your welfare and ready to help when you are in need. In other words, she is a good, conscientious and loving mother. Which merely means that she is a woman with a desirable character. But you said she gets on your nerves. Of course it is not her fine character traits which get on your nerves; it is rather her temper. And when you complained that she is nagging, continually preaching and throwing up your past to you. You described her temper, adding as a good son would, “She doesn’t mean to be nasty.” The fact that you added this remark about your mother indicates that your character, too, is not of the worst by any means. I have known you for more than eight years and stand ready to testify to the good qualities of your character. It is true that your character is weak and lacking in sturdiness and consistency. For this reason, I do not think of you as a strong character. But you are sentimental, good natured, helpful and considerate. In this sense, I should not hesitate to state that you have a good though weak character. As with your mother, the crux is again your temper, not your character. Temperamentally speaking, you are unduly sensitive, easily ruffled and readily discouraged. In this, you are more or less the reverse of your mother who is resolute, determined, aggressive and self-assertive to the point of being meddlesome. You made the same estimate of her temper when you criticized her as being nagging, preaching and “throwing up” things to you.

What I told you means that what grated on your nerves and finally “unnerved” you was your mother’s temper. This temper of hers is your real environment. I shall completely ignore your brothers and sister. Although they form unquestionably a significant part of your home environment and may be a fertile source of domestic friction and irritation, nevertheless, we shall assume, for simplicity’s sake, that your mother is the main and outstanding environmental influence. But her influence exerts itself mainly through her temper. Do you now understand that when we speak of environmental influence we really mean the effect of environmental tempers?

H. I don’t get that. I am afraid you talk over my head.

E. Rose, do you know what I mean by saying that the various tempers of various peoples are your environment?

R. I know that I am irritated by my mother’s temper and she by mine. And my little girl certainly suffers from my temper and my husband, too. I guess you are right. My temper is my mother’s environment, and hers is mine. But I never thought of that in this way.

E. Of course, there are other things in your environment. The chair on which you sit, the book which you read, the inkstand on the table and the waste basket beside it are your environment, too. And so is the man just walking by your house, the policeman at the corner, and your butcher and grocer. You may add your neighbors and friends, your distant relatives and finally the members of your immediate family. If you compare the list of objects and persons which I mentioned you will realize that there is a scale of environmental influences. Chair, book, inkstand and waste basket will hardly ever rouse your emotions or stir your soul. But the stranger,

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goer, butcher, and policeman may sometimes be ugly and irritating, sometimes pleasant and stimulating. With your neighbors, friends and distant relatives you reach that part of environment where events and reactions may touch the depth of feeling. Finally, with the members of your immediate family you enter a region where everything is vibrating with emotion and sentiment. You will now understand that the scale
of environmental influences of which I spoke runs from those objects and persona which hardly ever move your feelings to those with which you are bathed in a continuous stream of sentimental attachment.

Now, Henry, a thing which has little or no influence on your feelings is called inert; one that has the power to arouse feelings is called dynamic. It will now be clear to you that the scale of environmental influences runs from the most inert to the most dynamic. In this sense, the waste basket may be the most inert and your mother the most dynamic part of your environment.

It was then pointed out to Henry and Rose that if relapses are to be prevented it is necessary to change both constitution and environment. This requires an effort to improve the temper of both the patient himself and of those persons who wield the greatest influence in his environment.
Len, 32 years of age, has been suffering from an obsessive-compulsive neurosis since his early adolescence. He said, “I have a terrific desire that everything I would do should be absolutely correct.” For some reason the number “three” was a symbol of incorrectness. He had to avoid using it. Should it happen that a “three” or its multiple slipped through the barrier of his compulsions, he had to repeat the sentence, several times if necessary, until he formulated a sentence without the “three.” He had similar compulsions with reading something which was “incorrect” and had to be corrected. The motions of his arms had to be directed always away from his body. He had difficulty putting the fountain pen or the handkerchief into the pocket because it was a movement toward the body instead of away from it. A motion toward the body had to be done in a great hurry so the direction was “hardly noticed.” Or, it had to be done in such a manner that a sufficient number of “away” movements were interspersed with the “toward” motions. The moves had to be repeated several times until they were “correct.” “In event I recalled something that I wished to repeat, even if I were in bed I would get up and put on the same clothing that I had on at the outset of the compulsion, and preferably be in the same position that I was in at that time. If I were smoking a cigarette at the time, I have to be smoking it again.”

E. - Examiner  
P. - Patient  

E. Do you understand, Len, that when you have to repeat a sentence the repetition is done by the muscles of speech? 
P. I understand that.  

E. Do you also understand that the compulsion to read passages over and again is carried out by the muscles of your eyes; likewise, the compulsion to move the arms in a certain direction by the muscles of your arms?  
P. I understand that, but I have to do it nevertheless.  

E. You say you have to do it. But muscles can be controlled. No muscle will move if you prevent the motion. Everybody can command his muscles to do things or to leave things undone. I may say: Everybody is boss over his muscles. In your case, it is the reverse. Your muscles do as they please, they are your boss. Don’t you think you could assert your mastery over your muscles? Don’t you think you could command your muscles to do the thing they resist doing?  
P. I tried it a thousand times. I held off repeating for long minutes, sometimes for half an hour. But then I became so tense that I felt I was bursting. I could not rest until I did the repetition.  

E. I expected this answer because I hear it frequently from patients who suffer from compulsions. Patients of this kind could easily control their muscular activity, but they fear to do that because they experience an “intolerable” tenseness and feel like bursting. Of course, the tenseness is neither intolerable nor is there any danger of bursting. The patient merely imagines he cannot stand the tenseness and the danger of bursting is also a figment of his imagination. Do you realize, Len, that what keeps you from taking command of your muscles is the imaginary fear that your tenseness is “intolerable” and may lead to a disastrous “burst”?  
P. I realize it is my fear, but is it imaginary? It looks mighty real to me.

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E. Lois, you had an obsession. What was it?

P. I could not touch a knife or anything that was pointed or sharp. I was afraid I might do harm to my mother. I was also afraid to come near the gas range for fear of letting out the gas and poisoning my family. But now I don’t have these fears any more.

F. How did you lose the fears, Lois?

P. You told me not to mind the tenseness, and I soon noticed that when I stood it for a few minutes, the tenseness disappeared.

E. I doubt whether it was that simple. I remember that it took you considerable time before you threw off the obsession. You had first to learn that what you feared were symbols rather than realities. You had developed an overwhelming sense of guilt. That filled you with an overpowering fear of your impulses, which finally led to the dread of wishing to kill your family. What you had to do first was to realize that you could safely trust your impulses. After you learned to do that, you threw off the sense of guilt but still refrained from touching sharp objects and approaching the gas range. Do you remember how you finally discarded the obsession?

P. I practiced according to your instructions.

F. What were my instructions?

P. I think I know them by heart now. I kept in mind that my fears were developed in childhood and there was no real danger. Then I kept in mind what you told me about tenseness. It is distress and misery but no danger. When I became tense you told me to wait until the tenseness disappeared. I noticed that was true and I was cured.

E. That is not the whole story yet. Even after you had learned everything told you about guilt and tenseness, you still avoided the gas jets and the “dangerous” knives. Do you remember what you were told to do then?

P. I had to practice doing what I feared to do.

F. That’s it. You had to practice touching knives and forks and to step up to the gas stove and to turn on the flame. While doing that you experienced an initial tenseness which wore off shortly when you remembered that tenseness is merely distressing but not dangerous. After you learned that, the fears and obsessions were gone.

Marion is Asked to Join the Interview

E. What was your trouble, Marion?

P. I was afraid to go to high places and to walk alone in the street. When leaving the house somebody had to be with me.

E. How long did this condition last?

P. I had it for the past three years.

E. How did you get rid of it?

P. I did what Lois did. I learned not to fear my tenseness. After I learned that I stepped out on the street by myself and had a terrific heart beat. But you had told me that the heart beat and the tenseness would disappear in a few minutes if I kept from being afraid, and that’s how it was. They disappeared after a few seconds. Now I can go all by myself. Sometimes I still have a fluttering of the heart when I start out, and I also feel tight and tense, but I am not afraid of it and it stays with me a short while only.
Len was then interviewed again. On questioning he repeated the account given by Lois and Marion and seemed to understand that his problem was also to learn to be indifferent to tenseness. When he appeared in class the next following week, he reported that he was no longer troubled by the compulsions. When they stirred he remembered not to mind the initial tenseness which then disappeared promptly.

Unfortunately, Len was given to heavy drinking. He had acquired the habit as an escape from his compulsions. For fully six weeks after the original interview he refrained from drinking and was free from his compulsions. He was not seen thereafter. Presumably he resumed his drinking and with it his compulsions. Lois and Marion are well at this writing thirteen and fifteen months after the original interview. Both take active part in the social functions of the Recovery Association and live, as it were, in an atmosphere of will training. Judging from experience with several similar patients, they have at least an even chance to avoid a relapse into their obsessive states, especially if they continue to participate in Recovery activities. Len did not join Recovery.
Frank was a student of law who suffered a breakdown in his second year of college. He recovered his mental health but retained as residual symptom a stubborn tendency to procrastination. He took a position as shipping clerk but was discharged because he was frequently late or even absent from work. He secured another position which he was likewise unable to hold because of his inability to get up in time for work. His procrastination extended to practically all his performances. He dawdled before retiring, lay in bed many hours before arising, put off answering letters, was late at social and business engagements. When his case was discussed in class, he stated:

E. - Examiner

P. - Patient

P. I know it’s my fault. I am lazy and can’t get myself to be on time. I have forced myself to get up in the morning. But then I am dizzy, my head swims and I feel punch drunk. I force myself to stay awake but I can’t stand straight and can’t think. After a while I go back to bed and don’t get up until noontime.

E. That refers to your difficulty of getting up in the morning. How about your activities after you are up? Why is it hard for you to write a letter?

P. When I sit down at the desk to write a letter I cannot concentrate. I cannot collect my thoughts. There is a peculiar hum and buzz in my head. Finally I get disgusted with myself and give up.

E. And why is it difficult for you to be on time when you have a social engagement?

P. I don’t know. I want to be on time and start out early enough to get ready. But it seems I am slow and can’t be hurried. I get so irritable if I am hurried. If I hurry, my eyes burn and I get a headache. Then I must sit down and take a rest. That’s what makes me be late.

E. Let me sum up: you get punch drunk when you force yourself to stay up in the morning; and things hum and buzz in your head when you try to collect your thoughts for the purpose of writing a letter; finally, you get some sort of pains when you permit yourself to be hurried in the process of getting ready for an engagement. From what you heard in classes, you ought to know that the condition of being punch drunk, the hum and buzz, and the pain are sensations. You also know that these sensations give you the suggestion of impending danger. The trouble is that you accept the suggestions the moment they are offered. Then you “give in” and “let yourself go” without making an effort to exercise your will. You remember I told the class repeatedly that the main function of the will is to reject and resist suggestions coming from without and within.

Sylvia is Asked to Join the Interview

E. Sylvia, what was your trouble two weeks ago?

P. For several days I noticed I became tense in the office. I felt again that people looked at me. I became frightfully irritable and quarreled a lot. Then, after a few days, I heard voices again, and that scared the wits out of me, and I became panicky.

E. How is your condition now?

P. I am not as calm as I might wish, but I am not panicky any
more. Sometimes I still feel I am being watched and the voices are still there every once in a while. But they don’t scare me. I know they are sensations and will disappear if I don’t make a fuss about them. Isn’t that what I am supposed to do?

E. Precisely. But tell me, how is it you learned how to ignore sensations and Frank did not?

P. I don’t know. But I am sure I would be in the Psychopathic Hospital again if I had gone on fussing over the tenseness and the voices. I guess Frank should learn how to ignore his sensations. They are distressing but not dangerous.

Emily Joins the Interview

E. Emily, you realize no doubt that Sylvia’s sensations of feeling panicky and hearing those dreadful voices were infinitely more frightening than Frank’s punchdrunkness and his hums and buzzes and headaches. Why, then, did Sylvia manage to get rid of her troubles and Frank did not?

P. Sylvia used will power and Frank didn’t.

E. You could say more explicitly that Sylvia has already acquired the will to keep well and Frank still has the will to be sick. But tell me: How is it that Sylvia, with sensations far more frightening, exercised her will, and Frank, with so much milder sensations, refrained from using his will?

P. Sylvia has been attending classes for a longer time.

E. That may be one reason. But I shall give you another, more weighty reason. You see, Sylvia’s sensations give her fright but do not lead to any pleasure that may compensate for the fears. In Frank’s case this is different. When he experiences the hum and buzz or the headache and punchdrunkness, he may get scared by the sensations, but then he can crawl back to bed and experience the pleasure of lazy lolling under the warm blankets. You see, this is the premium of pleasure, which makes Frank shrink from taking measures to stop his procrastinating. Let us see what Frank has to say about that.

Frank Rejoins the Interview

F. I think you are right. I know the procrastination gives me pleasure. But I don’t think it right to say I don’t want to get well. I try my hardest to get up and to stay up. But I can’t keep it up. When that hum and headache come, I am licked.

E. You say you tried your hardest. The question is, how hard is your hardest. It seems to me your trials are not at all hard. I told you repeatedly that every tenseness or fear or panic can be overcome by facing it quietly for a few minutes. The first trial may take you fifteen minutes or half an hour. If you were determined to “stick it out” for this period of time, you would learn even in the first trial that tenseness is no danger, that it need not be feared and that it does not all involve the risk which most panicky persons fear: that of “bursting.” Once you face your tenseness in a first trial, you are fortified and braced for the second trial. You start out on your practice of fearlessness with the knowledge that your tenseness “can be positively licked.” Since you are relatively fearless at the start of the second trial, your tenseness is significantly reduced already when you begin facing the panic. With the tenseness decreased in intensity it may take a few minutes only before it disappears. In the third trial you may be surprised to find that the mere fact of facing the tenseness does away with it before you have any chance to practice. After that each trial starts and ends as a success. Before long trials are no longer needed, and you simply do the thing that was formerly impossible without any effort, i.e., spontaneously.

What I described here was done by dozens of patients who are right now listening to the interview. Sylvia’s case, you know, was only one example. What they did you could have done just as well. And had you truly tried “your hardest” you were bound to succeed. But you tried your “lukewarmest.” You were told to practice in the manner I just described and set out the following morning to put the scheme into action. I doubt whether you proceeded with good courage and with true determination. But even if you did that, you weakened quickly and ceased practicing after some three to five minutes. You then decided
the tenseness was intolerable and you couldn’t stand it any more. Granted that you had the determination
to practice and thereby exhibited a will to get well; but when after three or five minutes of a half-hearted
deed you gave up and returned to bed, you obstructed the will to get well and yielded to the will to be
sick. I shall merely, express it in different words if I say that your will to be sick sabotaged the will to get
well. With Sylvia it was the reverse. She fought the battle against illness with courage and withstood all
inducements to sabotage. In this sense, Sylvia proved herself a staunch fighter with an intrepid will to
victory while you must be considered a coward, worse yet, a saboteur. You heard me apply the
designation of saboteur to a number of our patients and will perhaps not be crushed by being placed in
this category. I must admit, however, that sabotage in your instance is particularly reprehensible because
you had one grand opportunity to practice without facing any tenseness, panic, pain or other discomfort.
What I have in mind is your tendency to dawdle before going to bed. You know that this habit differs
from your other habits in that the extent of dawdling changes from day to day. Sometimes it takes you an
hour, sometimes two hours before you retire, and occasionally only thirty or forty minutes. You know that
on the many occasions in which you retired after no more than thirty minutes’ delay you experienced no
sensation of discomfort. That is the reason why, when you first consulted me, I advised you to begin
practice with that one difficulty. You may recall I told you that the evening dawdling was the weakest
link in the chain of your difficulties, and I asked you to practice the method of the “attack on the weakest
point.” Had you done that, practice would have been easy. Instead, you began practicing with the most
difficult problem, that of getting up in the morning. The fact that you did not heed my advice is in itself a
sign of an inveterate tendency to sabotage. It shows that you love your procrastination so much that you
are determined not to abandon it.

There is another of your difficulties on which you could have worked without much trouble. I refer to the
habit of being late. You know what I refer to, because I discussed it with you in our private interviews.* I
shall tell the class how the process works. Frank was to be in my private office at three o’clock yesterday.
In order to arrive promptly, he has to board the bus about half an hour ahead of the appointment. If he
started making preparation for the bus ride at 2:15, he would have to hurry and face the risk of pain and
burning sensations. So he began at one o’clock and avoided the distress. At 2 or 2:15 he was ready to
leave. But he did not. He reminded himself suddenly that he ought to telephone a friend of his with whom
he attended a baseball game the day previous. He called the friend but could not reach him at home. He
then called three other numbers and finally located him. Then followed a conversation that was extended
to such length that in the end the friend had to terminate it by excusing himself on the score of being busy.
More than half an hour was lost by this diversion. The result was that Frank arrived at my office almost

an hour too late. I do not have to tell you, Frank, that this was an outrageous act of sabotage. These
obstructional tactics were not meant to avoid being hurried or to evade the anguish of distressing
sensations. They were nothing but sabotage for sabotage’s sake. The habit of sabotaging is established
within you and you practice it for sheer joy of exercising a fond habit. If you actually meant business, if
you were really determined to get well, you would know without my telling you that in your dawdling
before retiring and in the terminal delays after preparing for an engagement you have two weak spots in
the armor of your obsession which lend themselves beautifully to successful frontal attacks. A patient
with the will to get well would rush for the opportunity to make a breach in the conveniently weak
armament of the enemy. But bent on sabotaging, you prefer to attack the opponent where he is strongest
and can then exultantly exclaim, “I try my hardest, but the thing got me licked.”
ASSOCIATION LITERATURE

1. Recovery’s Self-Help Techniques. History and Description
   by Abraham A. Low, M. D.
   Price: $1.25

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