

we are finally two real people—not make-believe.”

hospital. It is enough to say that this was a large hospital, and my daily routine there was more like boarding school life than anything else. We had crafts and athletics, afternoon tea, and bridge in the evening. For the most part, the other patients behaved so much like well people that it was difficult to imagine what they were doing there. (Later they told me that they wondered the same thing about me. How we deceive one another, wearing our masks and speaking our lines so cleverly!) We were literally removed from all the pressures and responsibilities of ordinary life.

Back to My Childhood

In the hall on which I lived, the hospital reproduced the conditions of a sheltered childhood situation. We were warm, well-fed, encouraged to be clean and neat, and protected from all possible bodily harm. We were not allowed to wear stockings or belts, and we could keep no sharp instruments in our rooms, not even a hobby pin. At night we used to have to hand our eyeglasses into the office. Against the stripped, stark routine of hospital life, we could begin to examine the true causes of our symptoms without being hampered by the day-to-day problems that had been disturbing us at home, and which seemed to be causing the symptoms. Here our immature attitudes could be revealed and painstakingly changed.

I liked my doctor from our first meeting. He was friendly and matter-of-fact and sensible. He asked me what, in my opinion, was the purpose of my being in the hospital, and I said I supposed I was there to get better, although I knew that there was absolutely no hope for anyone as far gone as I. He grinned a little at this, but it was a warm grin. He asked me some other things, like what day of the week it was and the year of my birth. “Just a little ‘reality testing,’” he explained. “Am I out of my mind?” I asked him. He said, “You know you’re not. You have an emotional sickness. A variable emotional sickness called an anxiety neurosis. You’re mighty lucky that you haven’t got something like a brain tumor which we can rarely cure.” “That would be better,” I said. “Then I would

“You’ve got to put up a better fight than that,” he told me. “The fight you’re in needs guts.” He was very stern as he continued, but he was not—nor was he ever—cross or disapproving. “In my book,

there are two great virtues—patience and fortitude. You need to get to know them.” I would have liked to talk to him for hours and hours. Here was someone I could lean on. Someone who cared. This doctor, without being in the least bit soft or sympathetic in the maudlin “poor you” sense, had a quality of caring that I have since found to be a characteristic of great people.

I didn’t see him for a couple of days after that, and I put a note in the box provided for such communications, asking for an appointment with him. The next afternoon he came to see me. He asked me how I was feeling, and I said, “Absolutely awful. Worse and worse.”

“You don’t act as though you feel awful,” he said. “Why don’t you act the way you feel, instead of covering up and pretending all the time? Try a little spontaneity.”

I told him that if I were to act the way I felt I would just sit in my room and stare at the wall. “I’m empty,” I told him. “I am an automaton going through the motions of living. There is nothing inside. Nothing. I feel as if this were a sickness in my soul.” He said that was a very good description of the kind of sickness I had.

He urged me again to make a stab at being myself. “Be as honest as you can in your relationships with the nurses and the other patients even if you act like a bitch. There’s nothing wrong with being a bitch when the occasion calls for it.” He left me with these words: “This sickness didn’t come overnight and it isn’t going to go overnight. Remember what I told you—patience and fortitude.”

I had “behaved” myself for so long, it seemed as though I truly didn’t know how to act spontaneously, and so I continued to be a goody-goody model patient seething inside with emotions I could not express. My tensions were so great and my real difficulties so inaccessible to my conscious mind that—after a few weeks of fruitless discussions limited to my uncomfortable symptoms—it was decided that I be given a series of shock treatments. These, while not the pleasantest experiences, were not nearly as gruesome as I had imagined, and the relief they gave me was almost unbelievable. I felt relaxed for the first time in years. After the series was finished I remember saying to my favorite nurse, a spare, wise ex-Army officer, “I feel so well. I can’t imagine what brought me here.” She gave me a hug and told me

to talk that over with the psychiatrist.

The doctor was able to make me see at last that my anxiety—which had for its principal symptom my fear of losing my mind—must have a cause. He said that there were patients in the hospital who had an obsessive fear of cancer or of heart trouble. The anxiety or fear, he explained, was a sort of inner music to which each patient put his own words, words associated in his mind with some traumatic experience in his past and continuously distracting him from discovering the real cause of his fear. (With me the traumatic experience had been witnessing, without comprehension, a member of my family in the throes of an acute psychosis.) Another of my symptoms was a feeling of shortness of breath. “I feel as if I’m smothering when this comes over me,” I told the doctor. “I feel as if I’m blacking out.”

He was most patient. “I want you to listen to me,” he said, “and understand this at least with your mind. Later on you’ll understand it more organically. Your symptoms are your fear. Don’t burden yourself with the additional fear of your symptoms. Even if you should black out from all this hyperventilating you’re doing, there is an internal mechanism that would immediately restore your normal breathing. In a pinch we’ve got a machine that can breathe for you.” I began to relax a little, visibly. The doctor smiled. “See?” he said. “I can reason you out of your symptoms, one by one, but as quickly as I do some new ones will crop up as long as the inner music is there. You’ll keep putting new words to it.” He finished with a sentence that has stood me in good stead. “Don’t use your symptoms against yourself.”

There were all sorts of other symptoms, too. There were fits of black depression, days of mewling self-pity and buckets of tears, not to mention all sorts of physical manifestations—from heart palpitations to pins and needles in my feet. The original fear remained hidden, but I was usually comfortable enough now to go out to dinner or shopping.

A Cause of Anxiety

When I spoke to the doctor again I said, “Is it possible that the cause of my illness is a philosophical dilemma?”

“Of course,” he said. “What is your dilemma?”

I told him, “I can see no meaning in life. I used to think that love gave life meaning, but that was a long time ago.

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