

An unfinished experimental didactic novel. Chapter 8: Troy

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I was not terribly surprised the next morning when Sema approached me and said she was returning to Ankara and Doctor Kozturk. She pointed out that the triangle she was in with J. and Henry was too much for her, especially because Henry kept insisting that he wanted more of her and kept trying to complete what was interrupted when J. came upon them. She pointed out that J. and Henry have no sex life and that J. understandably finds Sema's presence here intolerable.

Sema, in spite of her western attire and slim beautiful appearance, was a confused person. She was torn between the Western ways of promiscuity and the Moslem restrictions on women. She didn't like either, for in one situation there was the preponderance of sex without love which she found disgusting, and in the other situation the treatment she received was extremely demeaning. There was no way I could help her with this conflict except to remind her that I have heard this from many women who are caught between the two cultures and who sometimes for various reasons have to travel back and forth from one to the other. Recently a detailed personal memoir of this sort of experience and a vivid description of the dilemma faced by modern Moslem women has been published by Azar Nafisi (2003), currently a professor at Johns Hopkins University.

Sema pointed out that Ali knew Istanbul quite well because he was born and raised there, so he would probably be able to guide us. She added there was not much to see in Troy anyway. The unfortunate Sema was an attractive female trying to find her way on her own. As is so typical in these Moslem countries, her parents were very poor and she was one of twelve children. Her mother was utterly overwhelmed and preoccupied with the problems of day to day living and her father was very conservative, worked in the fields, and expected women to rigidly obey. A family gathering was, in that culture, not expected to center around children — the children were placed elsewhere while the adults talked. Only gradually, as is happening everywhere in the Moslem world today, did Sema as she grew older become aware that another world existed where

women were not in this thralldom. At the same time she was deeply emotionally connected to the culture and religion of her ancestors. It is this invasion of the Moslem way of life by Western mores and attitudes, conveyed by the ever present television, radio, and audio cassettes, that is causing the unbelievably fanatical and irreversible hatred in fundamentalist Moslems for anything Western. I remembered a conversation I had with a Moslem businessman in Chicago not long before the tour. He had brought his family of several girls and two boys from Palestine to live in Chicago which I considered a very wise move considering what is going on there. But "One day," he said, "my daughter came home from school and told me they taught her in school that homosexuals were not bad people. When I heard that I gathered up my family and sent them back to Palestine. I did not want my daughters and sons to be brought up in a culture that is so alien to the teaching of the Koran." So the businessman stayed here by himself and visited his family in Palestine — which he wisely displaced to Jordan — very frequently.

It *did* surprise me when Sema continued by abruptly turning on me! "Things are out of control here," she said, "and it is your fault." Doctor Kozturk was right to have nothing further to do with you; there is something detestable about you. So goodbye" she said, as she stamped out of the room. She did not wait for me to interrogate her about these opinions or to try to discuss them with her.

I was telling myself that this was no way to start the day when Lisa appeared, asking me to go over her travel plan to take the group to Troy later that morning. As she was explaining it, I kept thinking to myself how this group was unraveling with a momentum of its own almost in spite of anything that I said or did — at least that I consciously was aware of. Were they somehow responding to something in my soul? Were they upset by their sense that I was interested in J.? I could not tell.

While we were reviewing the map and issuing instructions to Abdul the bus driver, the remaining members of the group sauntered in, searching for breakfast. J. apparently already knew Sema was leaving because she seemed in a radiant and pleasurable mood, whereas her husband Henry was irritable and annoyed, especially with her. At first I ignored them both, J. because I was trying to hide my excitement at seeing her so beautiful and happy — like a goddess — and Henry because I had a plan to distract him. Meanwhile I continued to ruminate about what had happened on the trip to our shrinking group. Everyone who left so far did so with considerable anger and dissatisfaction, especially with me. Richard went first, soon followed by Edward. Now Sema was gone and I would have to rely on Ali as a guide.

Gertrude and Pearl came in behaving like an old married couple already. Gertrude acted as if nothing unusual had happened, bouncing around her plump and friendly body and downing a big breakfast provided by the hotel. Pearl followed her, clearly the submissive one of the pair, and carried herself with more dignity. Although Pearl was quiet and drab, she was clearly very intelligent, as became obvious whenever she offered an opinion. Right now she was not offering any opinion but simply trying to wake up over her morning coffee.

Claire and Ali the psychiatric residents arrived together. It was apparent that ever since Edward left, Claire had turned to Ali more and more. He was certainly appropriate

as a mate for her in as many ways as Edward was not. But Claire was legally married to Edward in the United States and he would be waiting for her when she returned. Because of this, both Claire and Ali looked pensive and somber; they seemed very much invested in each other and quite worried. Claire was still beautiful in spite of what had happened, and Ali could only be described as a handsome, dark, young Turk.

Finally Sarah Bollinger appeared, the least physically attractive of the lot. She had already demonstrated an incredible memory for quotations which certainly must have made her an outstanding English teacher. In contrast to J.'s jealousy of Sema, Sarah did not seem all that unhappy about being deserted by Gertrude; she tolerated the coupling of Gertrude and Pearl in her presence quite well. I had the feeling she was perhaps secretly relieved to be rid of the bumptious Gertrude. "If anyone in our group could be thought of as a kind of tragic figure" I mused, "it was Sarah." Yet she was now the only non-physician among us in the group besides Lisa and the married couple Henry and J., and it gradually dawned upon me that there was an exceptional sadness in those of us who were psychiatrists.

That gave me the idea for my plan to distract Henry. Before we departed for Troy and just after breakfast I called the group together for a seminar and asked Henry to lecture on the Greek concept of the soul. Of course this concept keeps coming up again and again in the *Iliad* and is complicated by the appearance of various gods who speak to the psyche of the proponents. Some have argued that this is evidence for an original archaic "bicameral mind" (Jaynes 1976), perhaps the two cerebral hemispheres, in which thoughts are projected as coming from the god (one hemisphere) to the psyche (the other hemisphere). This notion has always intrigued me. Who knows? Henry, always happy to display his philosophical erudition, began to speak at once.

Henry's Lecture

"Before Plato, the Greek or Homeric notion of the soul was simply represented by the vague idea of a "light spirit" that left the body when the individual died. It was Socrates and Plato who put the notion of the soul at the center of philosophy and subsequently religion. Plato, in his magnificent mythology, conceived of the soul as an individual "entity" which existed before birth and continued to exist after death. In the *Symposium*, Plato defined the driving force of the soul as Eros, and each aspect of the soul had its own proper drive or desires; for example, the rational part had a passion for truth. His tripartite soul, discussed in the *Republic* and again in the *Phaedrus*, consisted essentially of a rational, a spirited, and an appetitive part. These three aspects of the soul were really principles of action involving bodily drives or needs, the passions and emotions, and human reason, which Plato hoped would rule over the whole. Whether the three aspects of the soul are separable or inseparable is never worked out, but at least Plato's concept of soul represents an advance over that of Socrates in that Plato's soul can suffer inner conflicts. In the *Phaedrus*, Plato describes reason, faced with all its problems, as a charioteer trying to guide a team of horses, one of them good or cooperative and the other one bad or unruly. Here is the earliest depiction of intrapsychic conflict in Greek philosophy.

“Aristotle denied the Platonic notion of the soul as a separate entity having an external separate existence, although he was not consistent on the subject. He developed at greater length the notion of a multifaceted soul, resting his description on a hierarchy of: (1) a nutritive faculty; (2) a faculty involving sense perception, animal desire, and locomotion; and (3) a rational faculty unique to human beings. For Aristotle, the soul or psyche represented the actualization or “entelechy” of an organic body potentially endowed with life.

“In *De Anima*, Aristotle deals with the soul of all living things and the notion of “life” is not clearly distinguished from “psyche,” except that “life” seems to represent the manifestations of a power or powers that enable a creature to grow and reproduce, whereas the soul or psyche represents a form or essence — a cause and principle of force — in every living body. As he explains it, the soul is the *raison d’être* of the body.

“Reason (*noûs*) is divided by Aristotle into a passive and active faculty of the human soul. In a much disputed passage in *De Anima*, Aristotle mentions that “active reason” might have some external existence of its own, and participates in some way with the eternal Unmoved Mover. Later, Christian theologians rejected this notion, but there is a curious inconsistency between Aristotle’s position about active reason, and the rest of his philosophy which regards essences as inseparable from matter. Furthermore, he uses the concept of reason (*noûs*) in two ways, sometimes as scientific intellect and practical deliberating power, and at other times as what we might call intuition or the mysterious power of grasping self-evident truths, through some combination of intuition and induction. This is as far as Aristotle’s psychology goes, and he explains that, ‘To attain any assured knowledge about the soul is one of the most difficult things in the world.’

“What emerges from this in Aristotle’s *Ethics* is that the overall health of the individual requires care and attention in three aspects. The first would be what Aristotle called the development of habits or virtues of character; that is to say the preservation of a healthy body and healthy mind by right habits of living and temperate choices, based on practical wisdom or the deliberating power of reason. Organic psychiatry and general medicine obviously work primarily in this area.

“Attention must also be made to the care of the soul, especially the (*noûs*) part of the multifaceted soul. *Noûs* as intellect requires what Aristotle called active participation in the intellectual virtues. This would require active thinking, contemplation, and in modern non-Aristotelian terms, the pursuit of discovery in the various sciences and intellectual disciplines — what we commonly call using one’s mind, or the pleasures of thinking.

“In addition, the intuitive aspect of *noûs* requires care, and this aspect is not clearly distinguished by Aristotle. This intuition or inner vision or capacity to “grasp” first principles about what is real, what is good, what is beautiful, and what is valuable, demands for continuing health and well being at least four activities: 1) intimate social relationships with other human beings including the continuing experience of love and community with others throughout one’s life, 2) maintaining our sense of communion with what Searles (1960) called the nonhuman environment, 3) a strong intuitive sense

of Being, in modern terminology a feeling of being immersed in or a part of “something” more fundamental than one’s own limited individuality, and 4) conviction about the “existence” in some fashion, of immutable and timeless truths about what is good, what is valuable, and what is beautiful. This implies faith in one’s own inner capacities to approach or grasp these eternal truths through a lifetime of thought, discussion, and immersion in the great creative and artistic works of western man.

“The soul is a force — a force toward transcendence that drives the individual to reach a sense of unification with “something more” than the individual alone. This union with “something more” may be termed beatitude, love of God, ecstatic experience of the One, communion with Nature, communion with the Life Force, actualizing the Form of the species, or the heightened sense of Being that Heidegger (1962) ruminated about all his life.”

“Why do we need to postulate the soul?” asked Ali impatiently.

I replied, “Deep thinking men have been forced to presuppose such a notion since the beginning of written history. Furthermore, to clear up a common misconception, if one insists there is no such notion as the soul, one will soon be immersed in just as many philosophical and intellectual difficulties as are involved in an acceptance of the notion of the soul.

“Every human being is forced by the ambiguity of existence to make two fundamental choices that Kierkegaard called “criterionless choices” or “leaps.” We cannot avoid these choices, and their nature will have a profound effect on the way each individual lives his or her life and on the healthy or pathological state of the spiritual aspect of the human mind. These choices are: (1) Either the human situation is utterly absurd and hopeless and one should try to make the best of it on a day-to-day basis, or one should look for a further dimension to human existence which would make more sense out of it, support it, and bring order and fulfillment to it. (2) Either there is a force in the human mind that drives people, in spite of their limitations, to “bump up” repeatedly against the limits of pure reason (as Kant put it) and constantly to strive to transcend the self and make contact with something outside of and greater than the self — a force that makes the human being unique among the animals — or there is no such force and human beings are strictly physiochemical entities with inherent and conditioned behavior patterns exactly like all other species.

“These two fundamental choices have special meaning to every psychotherapist: Not only do they affect the personal life of therapists, but they seriously affect their approach to their patients and the psychic field they offer patients (Chessick 1971). Furthermore, since these problems and choices cannot be avoided in the dialectic of long-term psychotherapy, therapists are forced to think about them.”

Sarah joined in at this point, asking rhetorically, “What are the needs of the soul? The humanist Simone Weil (1971) suggests that some of these needs are: the need to seek truth; the need for a hierarchy and a place in it; the need to feel useful to the community and to receive and dispense relationships to others with justice; the need for a sense of a complete or whole self based primarily on a sense of personal integ-

rity; the need to have some feeling of relatedness to God or to nature or to the world as a whole (as described by Searles [1960]); the need for tradition, for a rootedness in history, mythology, and customs of the group to which one belongs; and, above all, a feeling that one has transcended oneself and belongs to something more — something longer lasting and of greater value than one's individual life.

“The notion of the soul expresses the belief in, and the yearning for, both a firm sense of self and a sense of connection between the individual and something greater than oneself; it represents that aspect of the self which demands a relationship to something more than the self and abhors being isolated and alone. When the needs of the soul are not met, a special kind of sadness is felt. This sadness is best described by Kierkegaard (1946) who calls it “anguish”. It is difficult to define precisely what is meant by anguish, but all of us have felt it from time to time.”

For the sake of Claire and Ali the psychiatric residents I returned to the clinical aspects of the topic. I explained, “There is general agreement that the rate of suicide among physicians is significantly higher than that of the general population (Green et al. 1976; Kelly 1973; Pasnau & Russell 1975; Ross 1973, 1975; Russell et al. 1975; Steppacher & Mausner 1974). There are several reasons why psychiatrists especially suffer from sadness of the soul and might have a significantly higher rate of suicide than other physicians. First of all, soul sadness is clearly contagious. After laboring for long hours and for many years with chronically anguished patients, psychiatrists tend to take anguish to bed with them at night and grieve about it in their dreams; it remains a gnawing theme in the back of their minds. If the needs of the psychiatrist's soul are not attended to, they reverberate to the anguish of the soul of another person — the patient, and this reverberation tends to continue, like the effect of a great poetic work such as the *Ecclesiastes*.

“Second, by the nature of psychiatrists' lonely work, they are isolated from healthy souls. Or, even worse, the unfortunate self-isolating maladies common in our culture — money-sickness (greed) or fame-hunger (vanity — cause psychiatrists to fall away from the sense of transcendence (Chessick 1999). Being isolated from healthy souls or caught up in greed and vanity has been described by Heidegger (1962) as a form of “falling away from Being” and the result is that one's self becomes increasingly inauthentic and the soul endures severe privation. Isolation occurs because of the unique relationship psychiatrists have with their psychotherapy patients — a relationship that demands of psychiatrists warmth and concern along with careful restraint regarding their own personal needs. Thus, frustration and separation are continuous and built into the nature of psychiatrists' work, especially if they are intensive psychotherapists. By the time they reach their mid-forties or fifties, they are apt to suffer from a full-blown case of anguish of the soul.

“Third, in some instances physicians whose souls are already anguished enter the field of psychiatry looking for healing of the sadness of the soul. But the healing of the soul is not taught in psychiatric residency training or discussed in chapters of modern psychiatric textbooks. Indeed, in Jung's (1933) famous book *Modern Man In Search of a Soul*, the word soul does not appear one time! So the unfortunate physicians with sad souls who turn to psychiatry for help find no help at all during psychiatric

residency training. Later, as they begin to realize that they have not found help, the anguish of their souls becomes unbearable, and orders to self-destruct begin to emerge in psychosomatic or impulsive ways.”

“Is there anything we can offer to those who suffer from anguish or sadness of the soul?” asked Ali.

Pearl answered, “There are no psychopharmacological agents in our armamentarium; there is only common sense and the wisdom of the ages. If psychiatrists (or patients) become aware that they are suffering from sadness of the soul, there are some things that can be said to them, providing they are willing to listen. We can begin by calling their attention to Socrates, who repeatedly demanded that his partners in dialectic look toward the inner vision of their own souls to recognize and know themselves. By introspective concentration on their inner vision, people can discover what is good, what is beautiful, what is important — what they should be like. If we can get the anguished soul to take the time to bother to look inward, we can find hope”.

Sarah added, “We also can offer to those who suffer from sadness of the soul other examples of men of great souls like Lincoln or Schweitzer who inspired people through the development of their personal life-style, bringing them from anguish of the soul to a sense of integrity and fulfillment of the needs of the soul. Perhaps it takes contact with men of great souls to heal anguish of the soul; certainly reading psychiatric textbooks will not effect a cure”.

“We can help those physicians suffering from anguish of the soul by reintroducing quality (Chessick 1969) into their lives. We must urge them to find time to keep up with and contribute to medicine, to expand their souls through the transcendent beauty of art and music, and to contemplate human life in terms of first principles; what is true, what is good, and what is valuable” suggested Gertrude.

Sarah, winding up for another of her remarkable memorized quotations, with a glint in her eyes of malice toward Gertrude, interjected, “Gilbert Highet (1976), one of the inspiring teachers of our time, puts it this way: ‘Wholeness of the mind and spirit is not a quality conferred on us by nature or by God. It is like health, virtue, and knowledge. Man has the capacity to attain it; but to achieve it depends on his own efforts’ (p. 16). Highet then says:

That is the lesson that the great books, above almost all other possessions of the human spirit, are designed to teach. It is not possible to study them — beginning with Homer and the Bible and coming down to the magnificent novels of yesterday...and of today...without realizing, first, the existence of permanent moral and intellectual standards; second, the difficulty of maintaining them in one’s own life; and, third, the necessity of preserving them against their chief enemies, folly and barbarism (pp. 33-34.)

“Clearly,” I said, “a firm sense of self and a mature capacity for love and intimacy with others are indispensable foundations for replenishing the anguish of the soul. Psychiatrists should be protected from the chronic drain of their demanding work. Intensive psychotherapy is mandatory to enhance these capacities within us, and common sense should force psychiatrists to seek such therapy as a protection during

residency training or later on in life when they sense anguish of the soul.

“Not enough has been done to reduce the isolation of the practicing psychiatrist or to provide an atmosphere where self-esteem can be enhanced by personal psychotherapy. Channels for consultation with colleagues are not sufficiently open and families of psychiatrists have not been educated to the fact that psychiatrists are also human beings and at times must be strongly urged to get help by those around them. Contrary to the popular misconception, it is the psychiatrist who seeks help for himself by consultation and further psychotherapy who shows best his capacity to help his patients; the psychiatrist who denies his needs and pretends to be self-sufficient may temporarily impress those around him but actually he is showing weakness rather than strength. Support from colleagues and loved ones is vital if the psychiatrist is to deal with the narcissistic problems involved in seeking help and consultation.”

Pearl was being swept up by this topic, and she requested the group to listen to a case presentation related to it. Ali and Claire were especially excited about this and urged her to do so. Thinking Pearl would be asked to present a clinical case, Henry and J. returned to their room to begin packing for the ride to Troy. Gertrude would have preferred a walk in the garden after breakfast. Sarah sat back quietly, listening and observing. Lisa went out to talk to Abdul and give directions. However, I felt it was time for us to go to Troy, and the presentation could wait until later.

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The visit to Troy was a great disappointment. One of the first things we saw was a big wooden horse, which had apparently been built to attract tourists and gave the whole area a kind of Disney world ambience. It was situated at the entrance to the present ruins of Troy. Actually the ruins that are most important are the ones that are known as Troy VI but one must use a great deal of imagination to convince one's self that these really represent the great city that Homer describes in the *Iliad*. Little is left of the ancient glories of King Priam; the high towers and walls, palaces and temples, all described by Homer are gone. There are actually nine separate cities of altogether forty settlement layers on the same spot there and it is unclear whether the Trojan war ever actually happened or if it did, at which particular settlement.

The ridiculous wooden horse was constructed from the pine trees of the Ida mountains as it is thought the original wooden horse was built from in the Trojan war, if indeed there was such a war. This wooden horse does not appear in the writing of Homer; it is described by Virgil in the *Aeneid*. The current one was constructed in 1974.

The excavations suggest that in 1800 B.C., at the time when the Hittites were penetrating into Anatolia as has been described in earlier chapters of this book, Troy was also settled. However it was by people of a different culture from those of the previous settlements. Nothing is known about their origins and language but it seems likely they are related to the emigrants who penetrated mainland Greece from the north during the same period.

Ali led us to the ruins of Troy VI that were probably considered the most impressive, the East Tower, the East Wall, and the East Gate. The tower, walls, and the gate illustrate how Troy VI defended itself. All the walls are vertical inside and slope towards the

top outside. They are built of rectangular porous limestone blocks without any mortar between them. The outward face is extremely smooth to make climbing impossible. The size of the blocks is not large and they are shaped like bricks.

Ali showed us the entrance of the East Gate which has a corridor that apparently enabled the inhabitants to defend the entrance by cross firing at the enemy using arrows, spears, and boulders from both sides. The East Tower is located some distance away; perhaps it was built to prevent the enemy from gathering at the back of the narrow entrance.

The ruins of megaron houses of the type built after 3000 B.C., long and narrow and consisting of one front room as entrance and a hall with a hearth in the center, may be seen behind the East Wall. Also the damage done by the amateur archeologist Schliemann is apparent. The rest is essentially left to the imagination, with speculations abounding about the ruins. There was little that Ali could show us that was definitive. It is clear that the Trojans had very intense cultural and trade contacts with Crete and Cyprus, the Aegean Islands, and mainland Greece. With a good imagination and considerable knowledge of the *Iliad* one can point out the various sites in the area that are described in the *Iliad*, but there is little to see now and any evidence that this Trojan war actually took place is lacking. The site continues to attract many visitors of course, because of the romantic fantasies that can be enjoyed by applying the various descriptions of epic battles in the *Iliad* with the landscape around the ruins.

On the whole, the group was disappointed and felt that this area had been somewhat oversold as a tourist attraction, especially with the wooden horse! The weather was beautiful; there were a few clouds overhead in the blue sky and it was pleasantly warm. It did not take very long to look over the ruins, and in order to pass the time I suggested we sit around and continue the discussion from earlier in the morning. Everyone agreed and Pearl began to present her case. Usually a quiet person, she began to gather enthusiasm and loquaciousness as she immersed herself in the memory of a patient with which she struggled so valiantly.

Pearl's Case

"Mrs. X., an attractive, unusually talented, and intelligent forty-eight year old woman, entered psychotherapy with the chief complaints of generalized tension to the point where she was beginning to develop arthritic pain in various joints, and a morbid fear of growing old and dying, stirred up by the recent death of some friends and relatives.

"An unusual aspect of this case was that in areas of interpersonal relationships, marriage, and with her teen-aged children, the patient showed no major disturbances. Although there were interpersonal problems, the major motivation for treatment came out of an internal dysphoria that arose out of the realization that sickness and death would inevitably put an end to her successful narcissistic adjustment and confront her once more with the major unresolved issues of her childhood.

"The patient's mother was very immature and resented having a baby; she was "disgusted" at the dirt and the noise, and as soon as possible trained the patient to be

clean and proper, and to gain affection by performance — which her very considerable talents made it easy for her to do. Both mother and father encouraged her infantile grandiosity and focused her life on being outstanding and unique; there was very little time for childhood play. Father was a depressed obsessive man, who would sit with the patient while she practiced the piano and point out her mistakes continuously. The parents were still living and were invited to her many successful musical and dramatic performances, where their approval was eagerly sought and their criticism had a devastating effect. In fact the patient was unable to tolerate any criticism of any kind, and found herself immediately enraged and defensive at any hint of her limitations in any area.

“Psychoanalysis was not possible with this patient because there was such a profound affect hunger and fragile sense of self that she eagerly hung on every word of mine, trying to use it for instruction as to who to be, how to live, and how to perform in order to please me; the treatment always threatened to deteriorate into an intellectualized teaching experience, and it was clear that a limited corrective intensive psychotherapy, in which a therapy of “optimal disillusion” as described by Gedo and Goldberg (1973) could take place, and avoiding regression, was the treatment of choice.

“The emerging psychodynamics were classical for a very severe narcissistic personality disorder, as described by Kohut (1971). On the one hand there was a deep longing to fuse with the idealized parent that could soothe and take care of her, and on the other, she clung tenaciously to a disavowed exhibitionistic grandiose self image which did not permit *any* acceptance of weakness, mortality, or limitations. The grandiose self concept was reinforced by a remarkable set of creative talents that made her invariably rise to first in everything artistic that she undertook to achieve. So, she had been what we might call a “successful narcissist” until the second half of her life, when the realization began to occur that she was beginning to decline in physical appearance and creative power, and the concept of death became an actuality of her experience.

“The patient developed an idealizing transference and in a period of four years of twice weekly psychotherapy showed a substantial mellowing and relaxation. Two major areas constituted the focus of the treatment. The first of these was her gradual understanding, through interpretation of the transference, of the profound deprivation she experienced in childhood of her natural needs for empathic soothing and relaxation in the parent-child interaction, and her consequent developmental arrest in the narcissistic stage of the grandiose self, further complicated by the impossibility of idealizing her father to form a compensatory structure (Kohut 1977) for her depleted sense of self.

“The actual integration of her personality took place in the medium of an inevitable dialectic with herself which continued throughout the therapy, juxtaposing her grandiose notion of complete perfection and total well being for all time with the reality of the natural order of human life from birth to fruition to death. Growing awareness of the sharp contrast between her phantasies of eternal perfection and the reality of human existence enabled her to confront her disavowed grandiose self and reintegrate it into her personality, with dramatic automatic subsequent modification of her tension and

fear of death. As Macquarrie (1966) writes, 'For it is death more than anything else that brings before us the radical finitude of our existence, and it is in the light of this that every possibility must be evaluated.' To this patient, death nullified everything and ruined all the grandiose strivings and aspirations of her existence, a transience which she could not accept.

"She was able to recognize in the psychotherapy that our inevitable death, although it is in one sense destructive, is in another sense creative of unified responsible selfhood, the concerns of which become ordered in the face of the end. As Macquarrie explains, 'Furthermore, death also becomes a criterion for judging our concerns. Death exposes the superficiality and triviality of many of the ambitions and aspirations on which men spend their energies.'

"It was through the idealizing transference and the internalization of corrective soothing emotional experiences over many sessions of psychotherapy, that the patient could give a perspective to the meaning of death for her, relinquish the fixation to the archaic grandiose self *imago*, and properly integrate the grandiose self. As a consequence of this relinquishment and reintegration, the patient's ambitions began to become more appropriate to her age and abilities, and she began to think of herself more as in communion with the natural order of things or 'nature.'

"Her strong religious faith helped her enormously with this, and added a new sense of meaning and belonging, which consoled her for the profound narcissistic blows involved in the aging and eventual dying process. She gave up her controlling behavior and as an incidental development, her children all showed dramatic improvement in their high school work and their personal lives, a bonus which she had not expected from psychotherapy. A dramatic shift occurred from compulsively demanding the attention of everyone around her to mutually enjoyable exhibitionistic sexual foreplay with her husband, without any direct discussion of this in the treatment.

"Fortunately in this case the grandiose self was sharply split off from the rest of her personality functioning and when it did not interfere (or was reintegrated) she was able to have many friendships and a strong marriage with an active sex life that needed no further therapeutic intervention. I was dealing clearly here with a disorder of the sense of self in which a developmental arrest placed the ego at the mercy of her grandiosity. This cut the patient off from a sense of Being, from communion with nature, from the nonhuman environment, and from any conviction of lasting values. It left her to face the aging process and death with a profound sense of despair and aloneness, even though she otherwise had good object relationships with friends and family. In the context of the idealizing transference and the soothing corrective emotional experiences of the psychotherapy, the patient was enabled by herself to resume her natural development; no preaching, moralizing, suggestion, or deep uncovering in other areas was necessary to achieve a successful result."

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I realized Pearl was discussing this case from a Kohutian viewpoint, but I decided not to get into alternative approaches because I wanted to focus back on our previous discussion of that morning. "I have remarked at length on this kind of solution" I said, "in a recent publication (1999a) advocating an immersion in the ongoing dialogue of

mankind. That is to say, in any person living the life of the mind, there must be time for contemplation about what is true, what is good, and what is valuable, and for a study of what others have said on the subject. The particular solutions chosen at any given time, whether theological or anti-metaphysical, etc., are not the relevant issues — it is again the sense of gaining perspective on the human condition from such a study and the uplifting and humanizing feeling that results from investigating the nature of human life and its place in the universe, that counts.

“The effect of unavoidable choices every human being has to make regarding the grounding of our existence and the nature of the human soul, is an influential force even on the personal practice of the psychotherapist. Pearl’s case illustrates how problems of this nature arise in the psychotherapy of adult patients especially in mid-life; they cannot be avoided in long term psychotherapy. While guarding the autonomy of the patient’s ego, the psychotherapist will have to be aware of these concerns in both himself or herself and in his or her patients, and stand ready to provide an atmosphere in which the patient can come to grips — through a self-dialectic, not through therapist intrusion — with personal limitations as well as the limits of the human condition. Each person must develop his or her own self in their own way. The psychotherapist who refuses to recognize such problems, belittles them, or insists on analyzing them exclusively to infantile roots, deprives the patient of a chance to make sense of his or her existence, to develop compensatory structures, and to find a meaning to his or her life. The classical Greek notion of soul, a concept that tends to be neglected these days, is useful in orienting both the psychotherapist and patient to a vital perspective especially on problems of the transience of life and the threat to mental health that become paramount in mid-life and determine the quality of life thereafter.

“Neglect or deprivation of the needs of the intuitive or spiritual part of the soul has led to repeated crises in western history including the existential anguish of our time — what Heidegger called ‘the darkening of the world.’ It is not an exaggeration to say that this deprivation is the foremost worldwide psychological problem of our present time and, in our increasingly materialistic era, it is getting progressively worse, leading to explosive regressive or self-destructive reactions.”

For once, Henry agreed with me. He said rather professorially, “Even Aristotle, with all his efforts to develop hierarchies of living things, could not but end with comments about the uniqueness of man, although he did not develop this theme. His most striking attention to this uniqueness is in his crucial discussion of the ‘actualization’ of each species. According to Aristotle, one of the principle kinds of change in the universe is represented by the striving of each individual of each species to become the best possible example of the form of that species. So, imbued with a wish to imitate the beloved Unmoved Mover, there is an unconscious natural striving on the part of the individual to develop his or her own form or essence to the greatest possible perfection. Humankind, however, is different, because it strives not to just actualize form; it also partakes — through active reason — in some way, of the Divine, and therefore strives to be more than it is, and more like Aristotle’s notion of the Divine — which is active reason pure and unalloyed by a material body.”

At this point it seemed apparent that some of our group members were getting bored

and sleepy, so I decided to sum up this rather academic discussion. I concluded, "It is the conception of humankind striving to transcend itself in some manner that forms one of the most important debating points in all philosophy and psychology. If one believes that there is such an intuitive spiritual force inherent in the nature of humans, then it is clear that the neglect of such a force will result in existential anguish or despair; other philosophers such as Sartre contend that the whole matter is absurd.

"Those who claim that life is useless and absurd, and deny the possibility of overcoming the absurdity and frustrations are still nearer to a realistic appraisal of the human condition than those who believe with Marx and Lenin that better social and economic conditions can cure all the psychological ills and existential anxiety of humanity. This becomes increasingly clear as the human relationship problems of the more affluent societies, regardless of their ideology, show themselves to be just as intractable as those of the impoverished societies. Thus, we are forced to choose between two alternatives: either we acknowledge the absurdity of the situation in which we find ourselves responsible for an existence which we lack the capacity to master, and just have to make the best of a bad job; or we look for a further dimension in the situation, a depth beyond both man and nature that is open to us in such a way that it can make sense of our finite existence by supporting it and bringing order and fulfillment into it.

"I contend it is impossible for anyone doing psychotherapy, especially with middle aged or older patients, to avoid these universal human problems as they arise in the dialectic of the psychotherapeutic process. This does not imply that the psychotherapist should persuade, suggest, or enforce any point of view on the patient — it only means that this intuitive aspect of the human mind must not be neglected in drawing out of the patient an actualization of his or her best potential for mental health and adaptation. The creative and intuitive processes can form an important source of joy and compensation for a depleted self and their appearance represents a vital transformation of narcissism.

"In my book on Freud (1980) I pointed out how, in spite of his extreme scepticism about religion, Freud presented a religious-like dedication to the pursuit of truth both in his writing and his clinical work, a dedication which provided an atmosphere that made it possible to explore such problems. He seemed unaware that in presenting such an approach he was well within the Judeo-Christian tradition and was offering something very personal to his patients that stands beyond interpretations and technique. Actually I believe he was well aware of it, but in his day it was simply assumed that this was part of the physicianly vocation and so he tended to downplay this aspect of psychotherapy in his publications. Today, in our dark nuclear age, it has become an essential component of psychotherapy that requires continual emphasis and discussion."

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Everyone was silent in the bus on the way from Troy to Istanbul. The day had been a long one and rather a failure in terms of the original aims of our tour. The ruins were so ambiguous and questionable that it was not really possible to know much about Troy. It was possible, however, to compare and contrast the culture of the Trojans to that of the Hittites which I had described before. But the group in general seemed disconcerted and annoyed as well as tired and bored. I hoped that in Istanbul there would be

more excitement and more stimulation for them but I was also aware of a rumbling of fragmentation in the group. It had appeared that Henry was more friendly towards me; this was probably a function of the fact that J. showed no interest whatsoever either in me or in continuing to listen to my exhortations. I really did not know what to do next. The group was pairing off and the pairs were more involved with each other than they were with the heuristic purposes of our tour. In that sense I felt that I had somehow become an egregious failure in my conduct of the tour. But I still hoped that some sort of resolution would be reached in the city of Istanbul, under the influence of this great world center with its dazzling history, architecture, and excitement. The old Turkish bus was crowded, hot, and very uncomfortable. Once more by deluding myself with hope I was able to ignore the warning signs of angina and atrial fibrillation that the stress of the day had brought upon me.

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