

Letters to the Editor

DR. WESTHEAD AND DR. OLSEN RESPOND TO DR. SLAP'S COMMENTS

Sir:

We appreciate Dr. Slap's interest in our paper on supervision (*Jefferson Journal of Psychiatry*, Vol. six, no. two, 1988). With regards to his comments on creativity in psychotherapy, we would like to point out that an important aspect of the creative process involves reacting to situations in a unique and hopefully helpful way. It frequently does not rely on extensive forethought and discussion, but rather flows naturally in response to a given situation. Hence, the resident's response to the young woman in crisis was in our view a creative one in keeping with Kohut's description.

His point about acknowledging the finiteness of one's existence is a good one, although we feel our having taken some license by extending the concept to include the limits of one's ability is within the bounds of the ideas Kohut was describing in his paper.

The issue Dr. Slap raises regarding helping the therapist feel better is an important one to us. Although understanding the patient's dynamics is crucial and is an essential component of all good treatment and supervision, the beginning therapist has no framework or experience to help them deal with the emotional strain these patients cause even for experienced therapists. A supervisor helping a trainee gain perspective is not providing therapy, but rather aiding the resident in grasping how great the task is that they have undertaken.

We would certainly agree with the comments Dr. Slap makes based on the work of Jacob's and believe we are most likely in basic agreement on the processes important for psychotherapy and supervision.

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DR. FREEDMAN COMMENTS ON A PATIENT'S DISCOMFORT WITH SILENCE IN A THERAPY SESSION

Sir:

The introspective paper by Dr. Kaplan on the subject of the missed appointment (*Jefferson Journal of Psychiatry*, Vol. six, no. two, 1988) reflects on one of the two most perplexing problems for the inexperienced psychotherapist; the other is the patient who has difficulty in talking. Residents are prone to be so personally uncomfortable with a silent patient that they do not think of the discomfort of the individual who is saying, "I have nothing on my mind."

Many years ago, I had a patient who suffered with this but had the capacity to write about herself in short stories and poetry; and she would mail it to me. Sometimes this material could be introduced when she came to her analytic session. Sometimes she could talk about it and sometimes she couldn't.

One day, I received the poem which follows. I recently saw her again after eighteen years without needing treatment. We talked about the difficulty she used to have with silence and we both remembered the poem she had written about it. We agreed that it

might help many therapists to see that there is much to be said by a lady who has nothing on her mind and to be comfortable while they are waiting. She said that it was a good poem and she wanted her name to appear with it.

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On My Mind . . .

On the Couch

On the doctor's couch I lie,
 Clothes askew and thoughts awry
 The silence grows, my thoughts grow wild
 "What's on your mind?" He asks, so mild.
 "Nothing's on my mind" I say
 Nothing's on my mind today
 Nothing's on my mind.

I lie resting on the couch
 Deep inside my fears all crouch,
 Then leap, then jump, then fly about
 Seeking release so that I shout
 "Nothing's on my mind" yell I
 Nothing's on my mind I lie
 Nothing's on my mind.

I fear death, I'm scared of jets,
 Hate my children, love my pets,
 I've nightmares of tigers that bite,
 I dread dark terrors of the night.
 I dream of knives, snakes, and rings
 Phallic symbols, sexual things.
 I hate my husband, beat my son
 Yet on the couch, the hour begun
 "Nothing's on my mind" I say
 Nothing's on my mind today
 Nothing's on my mind.

I think of drink and sleeping pills,
 Suicide is a thought that fills
 My mind; Am I insane?
 My thoughts so often are inane.
 I'm filled with sights and thoughts and sounds
 Imagination knows no bounds.
 Yet when he asks what's on my mind
 My mind, it seems, has gotten blind,
 "Nothing's on my mind" I say
 Nothing's on my mind today
 Nothing's on my mind.

Sometimes I'm filled with joie de vivre
 It's great to be, to be me.
 I shout with joy to be alive
 I love, I'm loved, I laugh, I thrive.
 I love to live! I'll never die!
 Yet when on the couch I lie
 "Nothing's on my mind" say I
 Nothing's on my mind I lie
 Nothing's on my mind.

My thoughts, my dreams, my hopes, my fears
 That live with me through all my years
 The boundless joy, the deep depression,
 All need a way to find expression.
 Yet when on the couch I lie
 Opportunity ticks by.
 Analytically, it's a mess.
 In Freudian terms, I repress.
 Even if I want to talk
 Verbally I always balk.
 It seems I can't associate
 And so in silence we both wait.

I lie on the couch, we both know I lie
 As I think of a symphony, look at the sky
 And
 "Nothing's on my mind" I say
 Nothing's on my mind today
 Nothing's on my mind.

Edna G. Robbins
 Dec. 26, 1963

DR. GARCIA COMMENTS ON THE PHYSICAL EXAM IN PSYCHIATRY

Sir:

Dr. Patten's informative article (1) on the use of the physical examination in psychiatry neglects to mention the purely psychotherapeutic aspects of the procedure. In a previous article (2) I attempted to call attention to the psychological effects of the employment of the physical exam in situations of psychiatric emergency, e.g., when patients were threatening to leave the hospital against medical advice.

I should like to offer an example here of how no less a psychotherapeutic authority than Freud put the physical exam to good therapeutic use. In 1906 the young Bruno Walter, a promising conductor in Vienna, consulted Freud for treatment of a painful paralysis of his conducting arm, which threatened to end his musical career (3). Walter had already been treated by a variety of medical specialists who had used techniques ranging from mudbaths to magnetism—to no avail—and who had declared the ailment to be psychogenic. One of the first things Freud did upon meeting Walter was to examine the affected arm. I believe this served two primary functions: (1) it allowed Freud to

confirm for himself the lack of an organic neurologic impairment, and (2) it served as a "positive transference stimulus," enhancing thereby Walter's trust and confidence in Freud which contributed to the successful resolution of the symptom.* The effect of a laying on of hands can indeed be profound.

Over and above its application as a diagnostic screening tool or information-gathering maneuver, the physical exam furnishes an important addition to the psychotherapeutic armamentarium, to be used, of course, with skill and tact. In my own clinical experience, when circumstances offered me no alternative but to examine physically a patient with whom I was simultaneously engaged in intensive individual psychotherapy, i.e., as a resident on-call obliged to investigate a somatic complaint, I have noticed its positive effect on the therapeutic course.

But hazards abound as well. The psychiatrist should be fully aware of the erotic potential of physical contact, no matter how routine or necessary.

In any case, the role of the physical examination in psychotherapy is a subject worthy of sustained scientific investigation.

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3. Walter B: *Theme and Variations*. New York: Alfred A. Knopf, 1947
4. Garcia EE: Somatic interpretation in a transference cure: Freud's treatment of Bruno Walter (unpublished MS)
5. Pollock GH: On Freud's psychotherapy of Bruno Walter. *The Annual of Psychoanalysis*, vol 3. New York: International Universities Press, pp. 287-295, 1975
6. Sterba R: A case of brief psychotherapy by Sigmund Freud. *Psychoanalytic Review*, vol 38:75-80, 1951

*I have explored Freud's treatment of Walter in an as yet unpublished paper (4). In addition the reader is referred to Pollock (5) and Sterba (6) for illuminating studies of this fascinating encounter.