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Argentine Tango: A Psychosocial Study with Music and Lyrics

By: Fernando D. Astigueta, M.D.

Society is a formulated structure which stems from a particular way of living together. The Latin word con-vivere implies both a lapse of time and a place to spend the time that society requires to exist. For any society to become this society and not another, it must have certain characteristic traits that make it unique, specific to a country. These traits, attitudes, or institutionalized practices make sense to all of the society's members alike and produce the frame in which the social structure of a nation can move in an articulate and flawless manner.

Understanding is possible insofar as the instruments of communication, i.e., words, gestures, and attitudes, have the same meaning. That's why we say "It doesn't make sense" when we notice the incongruity between what is intended to be said and what it means to us. Not all of us are sufficiently articulate to put into words any thought that crosses our minds because gestures, attitudes, emotional manifestations, and everything definable as non-verbal communicative elements make their appearance. Communication, thus, presents a problem of extreme and decisive complexity. Its presence makes possible a harmonious togetherness among people; its absence motivates the rupture of the relationship.

What happens when communication comes to a halt? A married couple will separate or divorce; two somewhat old-fashioned gentlemen may start a duel; two chauffeurs will curse each other; a young girl will give up her boyfriend; two military men will initiate a revolution; and the laborers will prepare their Molotov cocktails. Sometimes, however none of these outcomes occurs, and people are forced to live together without understanding each other. This unfortunate situation creates an atmosphere of constant tension and malaise that makes the experience of living suffocating. As the process escalates, society is stricken in its structure and swaying in its march. This state of affairs as it afflicts Argentina is shown with pathetic fury in the tango.

"The Pawn Shop" (Camabalache) by E. S. Discepolo, 1935 (translated by George

Romney)

That the world has been and will remain a pigsty, I already know ... (throughout the year 605 and 2000 too) that there have always been crooks, Machiavellis and the duped, the overjoyed and the embittered, a code of values and the dregs of falsehood.... But that the XXth Century is an unfurling of depraved insolence no one can deny. We live wallowing in a filthy froth besmeared all alike by the same slush. It turns out today to be the same whether one is law-abiding or a reprobate! ... Whether one is ignorant, wise or generous, a swindler or a fraud! Everywhere it's the same! Nothing ever gets better! No difference exists between an ass and a great professor! The depraved have crept up to our level. If one lives as an imposter and the other impelled by ambition robs, it's all the same if he is a priest, a mattress-maker, king of clubs, a hypocrite or a vagabond! ... How disrespectful, how oppressive to reason's throne! Anybody is gentry! Anybody a thug! Mixed with swindling Stavisky blends saintly Don Bosco and madame "La Mignon," the mafioso Don Chicho and the conquering Napoleon, the boxer Carnera and San Martin who independence won.... Just as in the affronting window of the pawn shop, life has become adulterated and wounded by a rattling saber loosely fitted with faulty bolts. You see the Bible sobbing reclined against a decrepit heating stove!

XXth Century you pawn shop, uncertain and frail! ... Whomever doesn't cry doesn't get to suck, and he who doesn't steal is a certified dunce. Keep on going! Just move along! For in yonder seething caldron our roads shall cross! Stop pondering about it! Just drop-out! For nobody cares if you were born upright! The same befalls him who sweats and toils like a tethered ox a full day and night, as one who murders or heals or stands outside the law's iron grasp.

The Tango Reflects Society

Society is compared to the window of a pawn shop in which objects symbolizing values of different hierarchy are scattered in chaotic disorder. This tango illustrates the ethical disintegration and social inarticulation of the Argentine Republic when it was written in 1935. Observant people, both native and foreign, felt pity for the country, which now

resembles a real pawn shop.

To think that this was a rich, educated, homogeneously populated and promising country! Shame to see it like this, inarticulate, near bankruptcy and unable to stand up!

These pitiful comments have become common sayings. However, the fact that they generate pity alerts us because it is pity, precisely, that the tango singer produces when narrating the pain succeeding the abandonment:

“Solitude” (Soledad) by C. Gardel and A. Le Pera, 1939

My heart craves for a falsehood to wait for your unlikely call. I don't want anyone to fathom how bitter and forlorn is my eternal solitude....

Amidst the aching shadows of my room, perhaps because of my longing, her footsteps will never return. ...But no one is there and her advent is out of the question, a mere ghost is she fancied by self-deception.

“Disenchantment” (Desengaño) by F. Canaro and L. Caruso, 1944

Because of your disenchantment you wrecked my entire life leaving a heart-felt wound that will never subside.

“Disillusion” (Desilusion) by Bonnet and Mazzutti.

You mean-hearted one! How soon did you forget that love you swore with so much devotion? Just think of the harm you brought upon me by depriving me of my disgruntled hope.

The sober reality that forestalled my love and the fool's paradise I conjured in fancy's fight that by waning banished that blind faith I innocently bestowed on you.

“Just by a Head” (por una cabeza) by C. Gardel and A. Le Pera, 1935

Just by a head metejon of a day. Just by a head if she forgets me what matters if I loose my life a thousand times.

How many disenchantments just for a head I swore a thousand times no longer shall I insist.

“Down-Hill, Falling Down” (Cuesta abajo) by C. Gardel and A. Le Pera, 1933

I'd like you all to fathom the braveness that is summoned by the courage to love.

Author and title unknown

My goddess ... I'll be the loving sunflower, you the morning star that shall guide my life and I the sweet blossom that follows your beam of light.

“Concertina of the slums” (Bandomeon arrabalero) by P. Contursi and J. B. Deambruggia, 1928

...I found you as an infant by the glow of a tiny lantern which illumined you at nightfall dumped by your old lady in front of a convent with unplastered walls.

The masses now had someone to take care of them and in their spirits re-appeared the hope of new caresses. Nevertheless, past disillusion left traces difficult to erase. The people had to be sure of this love, and the best manner to hold to this belief was thorough the possessions of proofs. The savior-mother, who was at the beginning alerted to this legitimate request, responded with legislation and fringe benefits. However, the urge to assist the helpless infant made her incur excessive indulgences which, at a long run, would generate in the latter an insatiable need to satisfy hunger. The consecutive provision of more and major benefits were the unmistakable proofs of love. Thus a circular process originated where the dictator responded like a solicitous mother with her son. Bankruptcy and social chaos were looming in the background.

“Rage” (Bronca) by M. Batistella and E. Rivero, 1962

What's the matter with this country? What's going on, My God, that we fell so low? What a stroke we got from year one hundred and sixty two!

The Individual and the Masses

If we conceive a society structured in hierarchical terms, equating leader with the solicitous mother and the masses with the child, it would not require much effort to

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develop an effective analogy. This is possible because it is believed that the masses behave as one regressed individual, that is to say, as if they were a multi-headed infant.

Our task as researchers consists in establishing new approaches for the interpretation of phenomena already studied by other disciplines. Observation of an object from different perspectives gives us a clearer picture of its totality. Jaspers states "The unilateral vision is not embracing the whole."

The protector, dictator, demagogue, hierarchy, leader, or whatever the name responds to the requests of his masses in an indiscriminated, bountiful manner, like the mother. At the slightest "tantrum" of her "baby" she reacts with solicitous speed, squeezing her nipple and pouring, instead of milk, its social equivalents such as inflationary decisions, irrational increases of salaries, unnecessary administrative appointments or inappropriate subsidies. Such measures, although they transitorily appease the raging demands, do not suppress them and pave the way for future tantrums. An insidious attitude becomes institutionalized and is acted out in the future by the masses whenever its appetite for excessive privileges awakens. The child also behaves coercively when it sets into motion an impressing fit aimed at extra sucking. Thus, as the infant is subordinated to the maternal breast, the infantilized crowds are subjected to the image of their leader. When the latter hears the hungry moaning of this baby, he eagerly runs to shovel the aliment into its starving gullet. Repetition of this process generates a reiterative activity which, in course of time, becomes something like a conditioned reflex.

To the yearning "I'm hungry," the demagogue responds, "Right away." In this sequence of events there is no realistic evaluation either in the manner in which it is offered or in the existing possibilities. The feat is accomplished in an irrational, inexorable way, as immediate as the patellar reflex. Food, or its equivalent, external supplies, is the area where this relationship takes place both for the mother and her infant and for the leader and masses.

The infant receiving his aliment rests; if denied, he will enter into a fit of rage, but if the denial persists, he may turn his fury against himself in a depressive reaction.

Correlatively, the masses' tantrum is expressed in vandalism, sabotage and criminal

strikes. If the rage, instead, turns again the self, a feeling of sadness is produced, a trait very typical of the Argentine personality. Surprisingly enough, the feeling of depression not only affects people, but also cattle; aphtous fever is known as “tristeza” or sadness.

It is possible that this curious phenomenon is a consequence of the same, already mentioned projective process?

“Intimates” (Intimos) by Bringnolo and La Cueva

... I too live in sorrow since the day those events took place and a streak of memories left me with an anguish impossible to contain.

“The absent bride” (La novia ausente) by E. Cadicamo and Barbieri, 1942

... What fiendish spirits summoned that which had ceased to be? What bony hand gradually spun forth my ails? And what lofty sorrow has today engulfed me sad like the empty echoes of a church’s barren space?

Wise Guy and Wise Action

The national attitude has now changed to a posture of bad faith in a pretense of deceiving anyone for whom something could be gotten in order to raise self-esteem. This has generated particular ways of being which are characteristic of the Argentine personality. The “wise guy” as a character emerges from this state of affairs. He obtains all sorts of advantages by circumventing obstacles. He is also able to change his role as soon as circumstances demand it, thus showing versatility and elasticity. His knowledge is based more on experience than academic understanding. He isn’t someone who knows but someone who is aware. He intuitively understands people and situations and therefore feels as if he is seeing below the mere surface. His performance is fast and usually effective in obtaining immediate benefits. The “wise guy” is the opposite of the dull, that is to say, the one who lives in a world of unrealizable ideals. The “wise guy’s” eyes are widely and constantly open, searching in the environment for the opportunity to grab. Interest in the world is narcissistic, and the method consists in treating people as things. He slides over the periphery of life with

winged feet, infrequently contemplating either the external or the personal world. The consequent “weltanschauung” is similar to the hurried tourist who lacks time to enjoy the landscape. He is like Sancho Panza, taken to the extreme of practicalness, although he is not so much interested in distributing justice as in obtaining satisfaction for his instinctual needs.

The “wise action” (avivada) results from the effective operation of the “wise guy.” It consist in seizing an opportunity and treasuring it without delay. It lies in profiting from the distraction of owning the valued substance, which is then at a stroke, apprehended. Its equivalent also lies in the act of eating. Taking advantage of his brother’s confidence, the “wise guy” eats his food. If the distraction increases, the engulfing of someone else’s food will be greater, and if sanction is either postponed or ignored, then the “wise guy” has his right already proclaimed.

The “wise action” is so frequent and widespread that we could label it an institutionalized practice performed in all spheres of everyday life, including of course the governmental. It is superfluous to point out the malignant consequences for the country of the glorification of this kind of behavior. If “wise action” and efficiency in the unscrupulous attainment of costly pretends are experienced without conflict or guilt, both in the individual and on the collective level, we will end with a society marked by a reciprocal distrust, by immediate gain and by spirit defiant to al rationally erected authority.

“Strife” (Bronca) by M. Batistella and E. Rivero. (translated by George Romney),
1962

...This is the modern era, where the delinquent stems in the tide and whomever want to be decent in Columbus’ time still abides. Courtesy is out of fashion, likewise deference towards the ladies. Gray hairs are not respected, neither is power nor the laws; and virtue was flung as well into the proverbial garbage dump....

To prey on the weak was the ultimate slogan of the day and at ease no one

remains unless he has received his fill. ...All are barking for power and to toil nobody wants! Swindlers in care are paraded and the devil lose to carouse.

What's happening to this country? For God's sake – What's going on that we've sunk so low?

What hellish signs are these? That even brothers cannot with understanding embrace in this outrageous mess? Even if dough is lacking, and if loyalty has ceased to exist, what about our conscience it is not worthwhile still? Shit! How I fly into a rage when I see humanity beset by injustice.

Positive Rechannelling of Energy

Nevertheless, not everything is negative in the “wise action”. It is in the card game, the “trick” (truco), that it reaches a happy and creative expression. This game, typically Argentine, shows how a corrupted personality may be channeled in something positive and stylish. Truco is based on knavery and bad faith. The players reciprocally try to fool each other, utilizing a complex system of watchwords, passwords, and ingenious saying in order to have the opponent “sucked into” a particular direction. To lose at the Trick means to be cast in the fool's role; to win represents playing the “wise guy.” The major triumph lies in defeating the antagonist without a good card deal. Here shrewdness and roguishness achieve their highest splendor giving the “wise action” a totally opposite meaning than a real life. In life, the “wise guy” generates rancor and misgivings; in the dimension of the game, he becomes an expression of elegance and style. The good player relishes his rival's humiliation, and while preparing for it by involving jargon, he loses all security about the moves.

In poker the intention is to cover up what is held in the hands with an inscrutable expression. The effective face in poker must be enigmatic, the “poker face.” In the Trick, instead, the face is contorted, and the grimaces become part of the code of the game. Signals, even though intended to inform the partner, are also aimed at misleading the adversary by intentionally providing false information. In poker, players usually perform in silence, but in the Trick, this is rarely the case. A constant chatter,

embellished with short poems and popular sayings, marks the tone of the game. The cheerful wit awakens in the players a feeling of awe for his opponent and takes his attention from the cards to the verbal embroidery. When this happens, he becomes easy prey because the expert has acted as like a magician misdirecting his making his audience to watch a non-existing something.

The good Trick player dazzles and fascinates his victim with gestures and chatter. Victory brings enormous pleasure because of the reliving of those qualities Argentines care for, such as fluid and effective rhetoric, ostentatious shrewdness, dominion of the rival, and contempt of norms. The last acquires its semantic expression in the saying "Law made, cheating made...." The guiltlessness that accompanies political and electoral frauds in the institutional history of the country has been well documented.

However, the game is innocent, and what occurs within its limit makes sense only there.

Translated to the area of real life, it becomes disastrous. There is nothing more destructive for the adjusted functioning of the social structure than a climate where reciprocal mistrust and deceit are not only accepted but exalted to the category of necessary and inevitable ways of living. A society which tolerates and stimulates this in its structure is condemned to perpetuate itself in a state of anarchy. Let us keep in mind the fact that "trick" signifies imposture.

"As of Cardboard" (as de carton) by Aubriot and Barboza

Flaunting his exploits in a seedy saloon, a tough-guy who became the leader of the group duped the fools to get acclaim by telling heroic deeds in which he did not partake. Well acquainted with the phrases and manners of the jargon spoken in the slums, he recounted fabulous battles in which he played the leading role.

Let's reflect on the projective and splitting mechanisms of attributing to others everything unacceptable to the self, and its relationship to the problem of dictatorship. If the dictator is equated with badness, sickness, or insanity, then the others will remain free of guilt or mental illness because it is he and not they who are crazy. However, we

ask ourselves, is the dictator really the insane one and no one but he? If this were true, it would imply that an invalid is enormously powerful because mental illness limits the individual instead of bestowing superhuman strength. We would have to admit that is much better to be sick; we might become dictators ourselves and govern with an iron fist. If we focus on the problem from another angle, we would have to accept that we are much sicker than the dictator because we can't do anything against him or against the illness left us as a legacy.

We all are sick, and the dictator is merely the spokesman for the illness of the group, the nation in this case. He synthesizes in himself the neurotic and psychotic adaptations that we all carry. The truth is that we are unable to recognize this because it lies submerged in the depths of the psyche and is disowned. Instead, we project it as a vomit upon the dictator's image, making him the recipient of everything we abominate. Are we deluded only when we say "Argentina is the feeder of the world" or when we affirm that the country is extremely wealthy or when we simply state that there is no better soccer team than our? The fact is that we live an illusion which prevents us from seeing reality as it is. The delusion of grandeur is merely a fantastic creation aimed at suppressing the distressing conviction that we are poor, envious, and devious and that we are surrounded by treason and covetousness.

"What can you do" (Que va chache) by E. S. Discepolo (translated by George Romney), 1926

...In the soup lies true love drowned; the belly rules and Mammon is God. ...
Don't you get it, you stupid clown, only those are right who have the biggest wad! Don't you see that honesty is sold for hard cash and mortality is worth only a dime. Is there no truth that can snub a couple of bucks of Uncle Sam's? Go jump in the lake! Stop flattering me with your should and ought. You are so boring you don't even tickle my gut. ... Grease my hand. Stuff your moral code. Money, money, money! I want to live till I drop. ... What can you do?
Nowadays the guidelines have crumbled down. Long live Christ as well as the common thug.

The misfortunes of the tango singer are translated into depression or sociopathy (such as burglary, crime, blackmailing or addiction), and are attributed to the woman who is responsible for all his behavior via projection and splitting.

“Tonight I get drunk” (Esta noche me emboraccho) by E. S. Discepolo, 1928

...Just a decade ago, I now recall, she was my raving passion! That driven by her good looks I even betrayed my own moral code! What today is a pile of junk was then just a sweet enrapture that left me bereft of honor; and deranged by her beauty

I deprived my dear mother of food and becoming vile and dependent while living with ill-intent, I was left without a single friend. Isn't it enough to do myself in over that piece of trash regardless of what I may be!

“Disdain” (Desdeno) by M. Batistela and C. Gardel, 1928

For your love I did steal and blinded by passion's flame for your caresses I killed, and still not pleased you threw me in jail.

The woman or “bad mother” became the cause of all miseries and sorrows, and the dictator carries the bundle. This is the well-known stratagem of the scapegoat, locating the guilt in the innocent animal, erasing with a blow of the hand all uncomfortable tension. Thus, the dictator isn't just the perverted being who discharges his sadism on the unfortunate oppressed population. He is mentally deranged, but his sickness is part of the illness of the entire population. Despot and masses are the two equal sides of a social disease from which none can get disentangled. The needs of each are nourished by the responses of the other. Like a solicitous mother, the autocrat possesses a kind of special sense which allows him to guess the necessities of the son, the masses.

“My love” (Mi querer) by J. B. Caruso and F. Canaro, 1966

Tender affection alone do I cherish for my beloved mother. ...No one else knew

how to best care for me. No one but her exceeded in her love for me; she was an inexhaustible source of tenderness both as a mother and a woman. In her lap I found that sweet solace that only her infinitive love could offer, and her caresses knew how to fondly soothe once and for all my overwhelming woe.

When the demanded aliment is denied or postponed, the masses, like the spoiled child and the abandoned tango singer, react with typical rancorous biting. The key is found in the Castillian word *des-pecho*, which in Spanish means both weaning and resentment and so enlightens the obscure relationship between two apparently unconnected moods. The infantile tantrum becomes the model for the words of the tango as well as for anarchical explosions in the social sphere. The dictator tries to placate the rage of his multi-headed son by conferring more benefits, creating the illusion that these improvements are really improvements and not simple palliatives aimed at masking the malignant process underneath.

The masses, like the crying infant and the weeping tango singer, end by becoming insatiable. Waiting becomes a torment. Food has constantly to be devoured, and more and more improvements have continuously to be incorporated. The dictator finds himself constrained to feed the child in order to prevent both his death from starvation and the guilt that would probably emerge. Crying, tantrums, and strikes become, in this manner, threats of future reproaches as if they were saying, "You want to kill me by starvation?" Why does the dictator exist? Wouldn't it be perhaps because he assumes the responsibility for a hopeless situation?

...I found you as an infant left by his old lady at the door of a convent....

Who is this cruel old lady that left infant in the cold of the night but the perfidious female described by the tangos? Wouldn't this be the "bad mother," the one who gave bad milk or bad luck? Wouldn't it then be the "good" mother who takes care of the baby? Who was in the social dimension the bad" one? It is conceivable that she was symbolized by the traditionally ruling classes who didn't know how or didn't want to execute the task

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assigned by status, wealth, education and historical responsibility. They preferred to enclose themselves in their inner worlds rather than face a reality difficult to master. The tango also took its revenge against these classes with malicious humor.

“Socialite” (Pituca) by E. Cadicanmo and Ferreya. (Translated by George Romney), 1932

Wellbred lady with a flashy surname whose fanfare is bellowed by the urban press, because of your assets you resemble the local branch of an investment firm. Recently engaged to “Charlie,” an elegant member of an exclusive club, who wears trimmed sideburns and instead of “Damn it” says “Oh, good Lord.” Hey, you extravagant snob, who could be so lucky as to own a piggy bank the size of the one your “Daddy” has and a diamond-crested ring like your “Mommy” nonchalantly flaunts in one of those high tea affairs. Hey, you extravagant snob, don’t squander your wad of Franlines ‘cause one day I’ll see your old man the millionaire living from hand to mouth pumping gas for low wages in Junction Boulevard. You own a pedigreed poodle who only wants to eat caviar. Just think about it, I swear, gives me heartburn, wouldn’t it be nice to be a dog. Viewing life through rose-colored glasses from which you buzz loaded with dough; but poor as a church mouse, for me life has a somber color black as charcoal.

The distant aloofness of the upper classes was expressed in a style like that shown by certain emotionally rigid mothers whose interest in their children is more academic than vital. A personal experience will illustrate this idea. A Mexican guide told me once that the Argentine tourist isn’t generally loved by guides. He is seen as arrogant, educated, and ready to show off the art, painting, and architecture. He takes an interest in the Mexican Revolution, although in a protective fashion, on the assumption that nothing new will be learned from it. Even if Argentines don’t like to be taken as Europeans, they don’t show signs of feeling like Latin Americans. They reside far away, almost in another continent, with problems of their own and alien to the rest of the hemisphere. They claim to be neither Indians nor Negroes, and none of these words make much sense to them. They are courteous, attentive, and apparently interested when they listen. Yet, they

keenly correct the native guides to point out how things “really” are. If the guide takes a little extra time to narrate an anecdote or describe a custom, they appear bored or are tolerant out of respect. They go to what they are looking for with the purpose of checking their own truth, pointing out gently our error whenever the evidence contradicts their assumptions. Indian culture attracts them for its exotic production. Its author, the human element hidden behind this façade, leaves them cold. Their courtesy is distant, and their interest ostentatious but moderate. Exuberance seems to horrify them, and noise triggers off their anger. Their steps are precise, their gestures sober and careful, and their expression cool. They aren’t “simpatico” and don’t make much effort to be so. It seems that they don’t give a damn about Indians, but their faces show the truth, they are bored.

The scarcity of emotional involvement displayed by these Argentines is noticed quickly. That apathy, that “composed dignity,” is typical of the Argentine character. It is accurately pointed out by the Mexican guide and acknowledged by fellow Argentines. For example, during the carnival festivities a compact crowd, some in disguise, other wearing masks, and the rest rigidly expressionless, slowly walked in silence. The rigid self-presentation, the controlled politeness, and the emotionless facial expression clearly show the restrained personalities of our heroes.

In our scheme how would one place these characters? Perhaps they are close to the “bad mother.” The Mexican guide erred in saying “They don’t love us.” That would be the cry of the infant requesting maternal care, body warmth, dedication, food, and protection. Instead, he receives rigid, untimed, and inappropriate responses, the “bad mother.” The distant and uninterested mother is converted into a bad image and sent to the unconscious, and as a compensatory image the “good” is retained in the conscious. However, the “bad” image, due to its intense emotional charge, forces its way through to the surface, as an attitude permeating the psychic pores. The gestures and attitudes of the Argentine tourist were observed by the Mexican guide when he said “They get bored. They don’t love us, we the “Indians.” In the unconscious, Indians equal children equal masses.

The two mothers, one “good” and the other “bad”, psychologically imply the splitting of one original figure. The purpose of such splitting is nothing else than the desire to maintain unimpaired the illusion of the “good milk” or “good luck” through the action of magic. In Argentine slang, good milk means good luck. Thus, the environment became ripe for the appearance of the savior, who would once again bring the “good milk” and with it the organization of the social chaos. Mutatis-mutandi, he would be reincarnated in the image of the dictator, the good and blissful other.

“Will you ever come back?” (Vendras alguna vez?) By Amadori Malerba. Will you ever come back? Tell me! Will you dawn along my lonely path? ... What people might say leave me unruffled. You see, I humbly beg you to come back. Will you rejoin me sometime? Please lie! Lie to me if you never will come back, ‘cause I’d rather live from this falsehood, than languor toward death with the truth at hand.

“Bring another shot” (traiga ota cana) by Scataro

Life doesn’t have for me all that is valuable and worthwhile when one loses a mother ... a good mother forever ... What for do I want to embrace life if my little old lady has died? Don’t heed my soul.

“Don’t pay attention heart” (Corazon no le hagas caso) by Baliz and Pontier

If still in our life hope is a loyal friend, let her lend us her illusion. ... Don’t heed to it tender soul ‘cause just around the corner other dreams will summon us. Go on ... go on....

“There only is one mother” (Madre hay una sola) by De la Vega and Bardi

There is only one mother ... and even though I forgot her along the way, life taught me at the end that to that love one must return. ... Let nobody tear me away from the one who really adores me, from the one who with benign faith has the strength to console me.

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Book Review: *THE PARNAS*, - By: Silvano Arieti, Paul Dry Books, 2000

By: Rita Bruschi, Ph.D.

The novel *The Parnas*, first published in 1979 and now re-issued with a new introduction by Harold Kushner, is a short but deep book in which historical, literary, psychological and sociological motives come together. Paul Dry Books is a new publisher who has undertaken to provide new editions of some out of print books that are personally chosen to be edifying and intriguing. *The Parnas* is written as a fictional novel, although inspired by actual facts; it is the story of a life under the sway of fear, fear that suddenly capsizes and becomes a psychological strength and courage while the danger is most serious.

In 1939, having just received his degree as a doctor of medicine, Silvano Arieti left Pisa for the United States. A Jew, he ran away from the actual danger of racial persecutions, but many others, among the Jews of Pisa decided to stay. In particular Giuseppe Pardo Roques stayed, the Parnas of their religious community. A man of modern culture and ancient piety, Pardo Roques suffered a serious mental illness, the phobia that any animal (cats, dogs, etc.) might cross his way. This phobia forced him to live an impeded and withdrawn life. Everybody in Pisa knew the Parnas=s disease, and frequently boys in the streets would unleash animals during his occasional walks.

The action of the novel takes place between the 31st of July and the 1st of August 1944. The north side of Pisa, where Pardo=s house is, remains in German hands; the Allies have already arrived on the other side of the river Arno. The Parnas will be killed on the morning of the 1st of August, together with six Jewish guests and five Christian guests. Based on reports gathered from witnesses, from his knowledge of the environment and of the man, and from a psychiatrist=s experience, Arieti reconstructed Pardo=s thoughts and conversations in the last day of his life, placing an individual mental disease in the background of a wide collective insanity. The book demonstrates his firm conviction that the outcome of an individual psychic process determines a specific reality in a particular way.

Arieti refuses to consider the victims of the massacre as the simple passive objects of an event that overwhelmed them. On the contrary, the persecutors become passive. Arieti ascribes the reversal to Pardo's disease, which blocked him from leaving Pisa despite the menace of the Nazis' occupation. Far away from his own home he would have been panic-stricken. Moreover, Arieti advances the hypothesis that the disease of the Parnas is a manifestation of an outstanding personality and of a particular charisma, the *Shekhinà* of the Hebrew tradition. That presence was the reason why his guests remained in such a dangerous situation: they were sure that no other protection could be safer than the one offered by a man they believed was marked by a superior destiny.

As he was dying, the Parnas resolved his phobia through a lycanthropic hallucination, a vision of humans transformed into animals. The disease thus becomes the appropriate instrument to interpret reality. The tragic recovery becomes reality at the end of his life, in the identification of the Nazis as the abhorred and feared animals. He finds a final capacity to defeat, at least morally, the animal-enemy, personified by the Nazis.

Arieti's father was a physician who had treated Pardo Roques, the protagonist, a cultured and versatile man. In the Pardo's drawing room, Silvano Arieti learned the first elements of psychoanalytical theory. Pardo encouraged Arieti to choose psychiatric studies, and thanks to Pardo Arieti made the acquaintance of Enzo Bonaventura, who was at that time one of the few Italian scholars to be interested in psychoanalysis. Pardo knew, besides Bonaventura's work, Weiss, *Little Hans* by Freud, Janet, and Stanley Hall. Weiss had turned to Freud for agoraphobia in Vienna; Freud sent him to Federn, and in 1936 Weiss issued a book about agoraphobia and hysterical anxiety.

Arieti's first psychotherapeutic patient was an agoraphobic man who, because of his phobia, did not leave Pisa and, after the war, received public recognition for giving aid to the victims of the bombardments. Pardo in fact discreetly invited Arieti to study and to become skilled in psychiatry in the hope that Arieti would one day free him from his neurosis. Arieti explicitly

says he became a psychiatrist for this purpose, and the novel *The Parnas* could be read under this perspective.

In the novel, however, Arieti adheres to the historical truth. For example, he introduces the novel with a series of explanations. He describes Pardo's literary salon full of figures of international Zionism and of the University of Pisa, suggesting possible junctions between Jewish intellectualism and cosmopolitanism in the 1930's. Another explanation concerns relations between the Italian Jewish community and the fascist regime, and in another he praises the City of Pisa for her great cultural tradition enriched by Jewish contributions. Pardo Roques is presented as a reserved gentleman, a wise, a generous philanthropist, who is fundamentally on good terms with the fascist regime.

After the introductory explanations, Arieti offers a digression in Boccaccio's style, and there are structural parallels between the *Decameron* and *The Parnas*. An example is the story of Abramo Pace, a Jew of Pisa in the 18th century, whose son's death involved both Jews and Catholics and their respective funeral laws. These are paralleled in the massacre in Pardo's house, where he was hosting a group of Jews and Christians. These peaceful intervals render the final catastrophe more brutal.

The novel is written in a classic schema of the tragic genre. The action develops during less than a day (unit of time), entirely within the protagonist's house (unit of place), and around the central theme of the existential sense of the tragic hero's radical panic, as he is himself aware of his true essence (unit of action). The final catastrophe, the lysis, is presented with a deeply expressive impetus. From his books *Depression* and *Creativity*, we know that Arieti meditated on the problem of tragedy before he framed the plot of this spiritual tragedy in which the mental disease appears also as the source of values. It is noteworthy that Pardo's meditation about evil and his disease appears in a chapter on Pardo's self-analysis and is mirrored in the book *Depression*, suggesting that the writing of both books coincided.

Tragedy is not such if it raises the soul. In Greek tragedy, man is a predestined victim, but Jewish-Christian tragedy leads to the triumph of the human soul. In this genre, heroes are not marionettes, but they control the threads moving the world and through their heritage. So the moving spirit of *The Parnas* is the non-tragic Jewish-Christian tragedy.

The story of *Shekhinà* belongs on the other hand to a religious tradition. In the rabbinic literature it is the presence of God in the world and appears in the actions of any person. In the novel the ideological significance of the revelation that a man has something of God living in himself is proper to a superior mystic order that touches the very source of creativity. This theme was developed by Arieti in his book *Creativity*. The *Shekhinà* appears in the novel as the ability of an extraordinary individual to have an hypnotic effect on others, as heroism of will, and as prophecy form. The disease answers to the silence of God with an inner visitation that transforms the protagonist into a prophet, proclaiming hope, freedom, and love.

The Parnas, besides, belongs to clinical case study literature. Furthermore, the author Arieti is involved as introducer of the novel, as a narrating character, and as offering final notations. There is also a virtual Arieti; Angelo is a character collected from several memories, a sort of mosaic. He is a Jew, brave, voluntary, a wanted man, a rebel against the passivity of his co-religionists. However, he fails to join the Resistance and dies: unlike Arieti, who found escaped from Italy.

In an epilogue Arieti advances his scientific thesis that it is possible to retain affectivity through phobias. He discussed the possible recovery of phobics and their capacity to enthrall a group hypnotically. He puts all the weight of his clinical experience and his research into this book. The novel is a striking attempt to portray a particularly rich human experience in the imagination of men, and it seems to ransom the existential crisis of his creator, who began writing *The Parnas* when he was 64, the same age as Pardo Roques when Arieti saw him last. Before taking the road to exile, Arieti had seen the Parnas, who encouraged him to improve his psychiatric studies, in the hope that Arieti could someday

enlightened the enigma of his illness. Leaving for the United States, Arieti put into his luggage an inscribed copy of Bonaventura's work that belonged to Pardo. Arieti had promised to give the book back to its legitimate owner on his return, but at the end of the war, Pardo was not alive anymore. The book could be given back only symbolically, giving a voice to the man to tell the story of those last days of life.

In Arieti's idealized reconstruction, the story of the Parna assumes the status of an existential metaphor. Pardo was afraid of human wickedness; the atavistic fears of Jews chased away from everywhere were revealed through his symptoms. Projecting the personal and collective anxiety of a wounded generation, Arieti wrote that Pardo's faith had long before renounced the child-like idea of a friendly universe. Enclosed at home, at the mercy of any betrayer, Pardo had found the innermost sense of his disease; he had really understood his fears. He could not see the truth in order to protect his childish image of humanity. Thus the Parnas found the freedom that he had not enjoyed in the course of his life, the peace and the serenity peculiar to an attained spiritual goal.

The novel becomes finally the silently promised help given to the wounded "father," returning a mutual support to the man who inspired Arieti's vocation. It is a hymn to the religious and intellectual Pisa of his youth and also a hymn to a patient who created the author out of and by his own weakness. The novel's narrative effect is that of a steady hand bringing out a small classic engraving etched in our memory.

In his introduction to the first American edition, Primo Levi rightly defined *The Parnas* as AA book to read again and again with the same piety with which it has been written. @

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Book Review Essay - The Miracle of Marcel Proust

By: Richard D. Chessick, M.D., Ph.D.

Anyone who has read my recent book *Emotional Illness and Creativity* (International Universities Press, 1999) or has visited my office knows that I am a great fan of Marcel Proust. On the wall of my office under the customary picture of Freud hang photographs of Hans-Georg Gadamer and Marcel Proust. I obtained the latter photograph in a visit to the Proust museum in Paris years ago, a museum that I recommend to everyone. The year 2000 saw the publication of two enormous biographies of Proust: *Marcel Proust*, by Jean-Yves Tadié, translated by Euan Cameron (Viking) and *Marcel Proust: A Life*, by William C. Carter (Yale University Press). I spent my entire year 2000 Christmas holiday vacation immersed in these extraordinary biographies about an extraordinary man.

In Search of Lost Time, three thousand pages long, attempts to regain through writing the time that has escaped and has been wasted and misspent in any life. The current edition of *In Search Of Lost Time* is the amended Modern Library translation by Scott Moncrieff, first amended by Terence Kilmartin and then by D. J. Enright; a new translation is now underway from Penguin books done by a group of translators under the editorship of Christopher Prendergast. It was, of course, Proust's masterpiece, and many years ago when I first picked it up, I could not put it down. One becomes totally engrossed and even sucked into Proust's remarkable prose style until it becomes almost an addiction. None of the biographies have emphasized sufficiently, in my opinion, Proust's remarkable ability to understand the multiple determinants both conscious and unconscious, of human motivation. Philosophers refer to the unconscious and conscious factors that lead to our most precious held beliefs, opinions, and experiences as subdoxastic phenomena. Psychoanalysts speak of early object relations being internalized, which then form a kind of spectacles through which we observe the world (for discussion of this, see my *Psychoanalytic Clinical Practice*, Free Association Books, London, 2000).

Proust's childhood never ended; he was a terrible disappointment to his famous Catholic

physician father and his ambitious Jewish mother. He never obtained a regular job, he never moved away from home, he never married. His life occurred on the background of the increasingly disintegrating French society at the turn of the century, especially the decade of the 1890's that included the trial of Oscar Wilde in England and the Dreyfus affair in France. Proust, at that time in his twenties, was a strong supporter of Dreyfus, not because he was Jewish – he was brought up a Catholic and became an atheist – but because he was a seeker of truth and justice. In the middle volumes of *In Search Of Lost Time*, especially *Sodom and Gomorrah*, the central themes of homosexuality and anti-Semitism co-mingle.

Proust believed, contrary to Saint-Beuve, that a book is the product of a different self from the self we manifest in our habits, in our social life, and in our vices. In 1913 he published the first volume of *In Search Of Lost Time* at his own expense because it was rejected by two major publishers. The last nine years of his life were devoted to the astounding production of six further volumes, and when it was nearly finished, Proust died.

His publisher called Proust the most complicated man in Paris. He was an observer, not a participant. For example, in a homosexual brothel he asked the (male) prostitute to stand by the door and masturbate while he, tucked in bed with the sheet prudishly drawn up to his chin, did likewise. He was fascinated with sadomasochism. He insisted on medicating himself for imaginary ailments, and in modern terms he would certainly be called a drug abuser. He consumed huge quantities of pills of caffeine laced with bromide, once carelessly swallowed seventy times the prescribed quantity of Veronal, and toward the end of his life he overdosed on dry adrenalin and scorched his digestive tract. After this he lived on ice cream and cold beer, an essentially suicidal diet. Nevertheless, at the same time, when his great masterpiece began to appear, he found the energy for a drastic promotional campaign. Proust was a man with an iron will underneath his apparently frail hypochondriacal neurasthenic appearance. When his book appeared, he treated critics to bedside interviews, continually checked bookshops to be sure the book was available, harassed his publisher without mercy, and even made middle of the night calls to various influential individuals to try to get elected to the *Academie Française*, succeeding to do so.

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The two-volume biography of Proust by George Painter, published in 1959 and 1965, was generally acknowledged to be one of the finest literary biographies in English; it is very well written, and I still recommend it to those who are interested in Proust. However the new biographies by William Carter, a professor of French at the University of Alabama at Birmingham, and by Jean-Yves Tadié, a professor of French literature at the Sorbonne, draw on material previously unavailable in English. This includes the twenty-two volumes of Proust's letters assembled by Phillip Kolb, who made the Proust letters his life's work before he died in 1992 at the age of eighty-five, and Professor Tadié's study of Proust's manuscripts as the editor of the four volume Pléiade edition of *In Search Of Lost Time* and of six volumes of Proustian works. This knowledge allowed Tadié to trace the development of Proustian themes and to reconstruct how Proust wrote his book, step by step. The four-volume Pléiade edition of *In Search Of Lost Time* draws on the manuscript drafts for the published novel contained in seventy-five school notebooks running on to over 7000 pages, in addition to multiple proofs and typescripts as well as memoirs and eyewitness accounts that have appeared. Tadié is the leading Proust scholar in France, and his biography was first published in French in 1996; he has been publishing on Proust since 1959. Remarkably, this English translation of Tadié's book appeared in the same year that Carter's biography appeared; Carter is also an internationally recognized Proust scholar.

Proust was unhappy with his outer self, which had disappointed his parents and accomplished little in the world, but he insisted on the existence of a hidden self from which creativity springs. He quarreled with Sainte-Beuve, whom in 1908 Proust accused of erring in not recognizing that literary creation is detachable from the rest of the author's person and the author's nature. By 1912, *Swann's Way*, the first installment, about 900 pages, of *In Search Of Lost Time* was ready. On Christmas eve of that year it was rejected by two publishers simultaneously, on the advice of André Gide, who just glanced at a couple of the sentences. Proust was considered to be merely a snobbish dilettante, a rich man who was dabbling in writing just to amuse himself, and it was felt that his work need not be taken seriously and was not worthy of publication. He published *Swann's Way* at his own expense, and almost overnight he became a famous author in France.

From then on publishers chased him. He was preparing the typescript of what he thought would be the second volume, *The Guermantes Way*, when the first world war broke out in August 1914. A few months earlier Alfred Agostinelli, a young chauffeur of Proust's, drowned in the course of flying lessons. Proust was in love with Agostinelli even though the latter had a common-law wife, and he lavished his grief on a monstrous expansion of sections of the novel, the now-famous passages concerning Albertine. Of course he already had a plan for the story of Albertine, which had to do with his supporting her financially without attempting to possess her because, he said, he was incapable of happiness. In the revision he makes Albertine, like Agostinelli with Proust, first a captive of and then a fugitive from the Narrator, after which Albertine dies. Because the war halted publication, Proust had time and energy to expand his novel from half a million words to more than a million and a quarter between the years 1914 and 1922.

Carter's biography makes it clear that Proust's pronouncements on love rested on a very narrow basis of experience, even though he had a very great love for his mother and grandmother. Some critics claim the middle of the novel was overblown and that fortunately the first part and the last part were written first and probably represent Proust at his best. I do not agree with this, and I feel that the entire novel is an addicting masterpiece and needs to be read from beginning to end in order to understand what Proust is driving at.

Proust, regarded as a bourgeois snob and dilettante, actually – as both biographies demonstrate – showed a capacity for continuous literary output even though it met small success. His first work, *Pleasure and Days* (1896), was much delayed in its publication and very expensively priced. It contained some of his youthful essays and poetry and sold only about three hundred copies. He began writing a novel between 1895 and 1899 entitled *Jean Santeuil*, and although he accumulated about a thousand pages he set it aside for the next five years while he tried to translate John Ruskin's *Bible of Amiens* (1904) and *Sesame and Lilies*, (1906) and he published various magazine articles from time to time. By the time he reached his forties, the manuscripts of *Jean Santeuil* and *Contre Sainte-Beuve* were rather forgotten, and he settled down to write his one book. He died at fifty-one, in my opinion a

victim of his own self-administered drug abuse.

At the age of nine Proust had his first asthma attack; there have been innumerable attempts to psychoanalyze the reasons for his asthma. Although there was certainly a psychosomatic basis, Carter suggests that Proust suffered from real allergies. I think the issue is unsettled. At any rate Proust was not simply a neurasthenic; besides showing a will to write and to live his life as he pleased in spite of his powerful and authoritative father's admonitions and his mother's pleadings, he enjoyed his year of military service and fought several duels! Eventually he realized the subject of his great novel would be his own struggle to write, and by shifting from describing a third person in *Jean Santeuil* to a first person, the Narrator, in *In Search Of Lost Time*, Proust found the key. This individual, who has so many times been accused of being a neurotic weakling, worked extremely hard. For example, he re-wrote the novel's famous first page twelve times. He was an extraordinarily learned man and had a remarkable memory. Tadié points out that there are three hundred names of painters in the drafts of Proust's work. Unlike other biographers he emphasizes the role that Proust's energetic father played in Proust's life. Tadié claims to note a curious pattern in Proust's sex life, that he had to change partners every eighteen months, but it is not clear whether Proust actually ever had sexual intercourse with anybody.

Some reviewers have felt that Tadié's biography is tedious and clumsily translated from the French. It is not easy reading and not in the form of the usual narrative biographies that we are used to. On the other hand Tadié has an unsurpassed knowledge of the sources of Proust's work and offers a step-by-step evolution of *In Search Of Lost Time*, a detailed account of how the novel developed from one draft to another and how friends, acquaintances, trips, and observations were gradually worked into the ever-expanding manuscript. Tadié assumes that the reader is familiar with *In Search Of Lost Time* so it seems to me that the proper sequence for reading would be first, Carter's biography, second, *In Search Of Lost Time* itself, and finally Tadié's biography. Some critics have labeled Tadié's the worst and some the best biography they ever read. He demonstrates how Proust was dismissive of the world's way of measuring significance. For example, Proust found it

more profitable and pleasurable to view various Gothic cathedrals in his native France than most travelers in their hasty excursion to far-away places. Tadié concludes that Proust discovered that the truth of art lies not in the object but in the mind; certain privileged subjects compel the artist's mind to create and inspire a spiritual joy.

Proust's rather dour and cynical sense of humor is illustrated in both biographies: for example, Proust's law that "Everything comes about just as we desired, but only when we no longer desire it." Far from being a neurotic hypochondriac insomniac snob, a momma's boy who lived by night, slept by day, and rarely ventured from the bed of his cork-lined room, Proust turns out to have had powerful desire to know and demonstrates in his work how elusive our pursuit of truth can be. Proust was convinced that one could not escape from the prison of one's subjectivity except by seeing the world through the eyes of an artist who has the technical capacity to express the artist's perception of the world, whether in words, music, or paint. Examining the unique vision of the world which the artist's work expresses is the best way to approach a work of art, said Proust, rather than, as the nineteenth-century critic Sainte-Beuve insisted, to look at the life and cultural milieu of the artist. I might add that visiting the Proust museum and seeing his small bed and the table with piles of notebooks on it is the best way to gain an appreciation of the extraordinary accomplishment that Proust was able to perform in this setting, one that invites interior self examination.

Both authors stress Proust's concern about abandonment by his mother, even though they are apparently not familiar with Franz Alexander's work on the psychodynamics of asthma in his psychosomatic research project at the Chicago Institute for Psychoanalysis. Proust was interested in how a personality is formed by diverse influences, apparently contradictory, but harmonized by life, and he engaged in a continual battle with his parents, who wanted him to be a doctor or lawyer. He did achieve a law degree and went on to obtain a graduate degree in philosophy. He repeatedly emphasized the role of intuition and the trance-like state in creative writing rather than intelligence and erudition; for Proust language was the keyboard on which the author improvised. He claimed that the true self is hidden behind the social self and can only be found by withdrawal from the social world into reading, meditation, and

creativity. He believed that involuntary memory, what he called an “invading happiness,” is the way to resurrect the past in its true richness. This was quite contrary to Sainte-Beuve, who confused the social self with the creative self according to Proust, and who argued that creativity comes more out of social interaction.

Although he has been repeatedly accused of being a social climber, Proust’s entire great work portrays the vanity, sterility, and decadence in the world of high society. It is a work of the deepest psychological understanding written by an exquisitely sensitive observer of humans. Before Freud, Proust points out that in our earliest years everything is formed, paradise as well as hell.

Tadié especially emphasizes Proust’s mania for gambling and speculation on the stock market; he was a completely incompetent individual if one looks at him from a classical bourgeois point of view. It was only after his mother died that he was able to settle down and write his great book, and Kohut argued that the writing of this great book was a substitute selfobject for his mother. Proust’s work shows how the deep longing to be imaginative and creative and live according to one’s own philosophy is blunted and defeated by bourgeois habit. Tadié writes,

It was typical of Marcel to deploy considerable energy and to use all his connections to pull out of a situation in which he had placed himself.... So we see that Marcel, like many of those “highly-strung” people was in reality terribly stubborn and was forever achieving, through devious paths, his own ends. (p. 215)

For Proust a work of art brings together the essence of man and of things beneath appearances, a precept considerably at odds with the current intersubjective theories that prevail today. He was unhappy and ill-equipped to deal with life when faced with what for anyone else would be a commonplace event, such as a short journey and a brief separation from his mother. Tadié acquaints us with Proust’s extensive reading and education as well as his immersion in the dominant trend of the day, which was the social and psychological

novel. Proust was unable to have his mother's affection and his health at the same time; the pathological interrelation between Proust and his mother is well known and a psychoanalytic classic. His style was that of a grown-up child dependent on his parents for everything and with only good friends for company. Tadié explains that,

His tragic notion of love was confirmed during these years when his feelings were never reciprocated. We can see why social life should have become an outlet and a consolation for him, providing hope for an encounter that was becoming less and less likely. (p. 420)

As Proust said to his mother, "I'd rather have asthma attacks and please you than displease you and not have any" (Tadié, p. 421).

Neither of these biographies adequately brings out the unforgettable experience of immersing oneself in Proust's masterpiece. I think this book ought to be mandatory in the training of any psychoanalyst because it portrays the extraordinary sensitivity an individual can develop to the nuances of communication, and it convincingly demonstrates the multiply determined motives underneath human behavior. In so doing illustrates the exquisite sensitivity that has to form the complete set of examination instruments for any truly dedicated psychoanalyst.

Carter emphasizes how Proust, in his study of Rembrandt, recognized that it is only in the discovery of his true subject that an artist is led to create his unique world. He quotes Proust as saying in his typical sardonic way that when a mistress says "Let's just be friends", it means that her desire for your body has been replaced by desire for another and is the beginning of a rupture. He quotes Proust as saying that literature, like all art, should break "the ice of the habitual and the rational which instantly congeals over reality and keeps us from ever seeing it" (p. 466). Tadié notes that Proust adopted his father's medical approach because he defined love as an illness that led only to unhappiness.

It is only at the end of *In Search Of Lost Time* that the two ways of the narrator's childhood walks, *Swann's Way* and *The Guermantes Way*, join as Swann's daughter Gilberte marries

the Marquis Robert de Saint-Loup of the Guermantes. The famous episodes of the Madeleine dipped in tea or the uneven paving stones underneath that lead to involuntary memory recapture lost time and reveal to the Narrator his vocation as a writer.

Psychoanalysts will be interested in the fact that one of the ways Proust achieved orgasm in masturbation was in a brothel watching starving rats attack each other, a show that was staged for him by the brothel-keeper. In *In Search Of Lost Time*, the Narrator admits to being afraid of mice and rats and relates a dream in which his parents are locked in a cage, transformed into white mice and covered with pustules. Tadié assumes this is Proust talking and claims that the fear of rats stemmed from Proust's early childhood and was linked to his father. He claims,

Had Proust been psychoanalyzed, which he never was, the psychoanalysts would no doubt furnish an explanation for it, linking it to anality and masochism.... Freud has shown that obsessive neuroses derive from a struggle against the sexual instinct which is particularly intense in early childhood." (p. 673)

No modern psychoanalyst could go along with such oversimplifications.

Carter uses the term "Search" as a shortened version of the complete title of Proust's masterpiece, a term that sounds like a computer command. He reminds us that Proust played tennis and the piano, passed his law examinations, and earned an advanced degree in philosophy. Proust, in spite of his appearance, was no fragile flower. In his difficult to read and detailed biography Tadié paints an heroic Proust:

The chief characteristic of the causes for which Proust stood in his time was the struggle, similar to that waged by Montaigne and Voltaire, against sectarianism, be it anti-Semitic, militarist, sexist, bellicose or chauvinist. He would then step outside his middle-class comfort and arise from his sick bed, in support not of a social class, but of men and of minorities, not those who were victorious. (p. 704)

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Psychiatric Interviewing for Third-Year George Washington Medical Students

By: Gerald P. Perman, M.D.

Introduction

Stimulated by Scott Schwartz's recent paper in the *Forum* on "Heuristic Techniques for Teaching Psychodynamics" (Vol. 46, No. 2), I would like to present a paper I wrote for third-year medical students doing a psychiatry clerkship at the George Washington University Medical Center in Washington, D.C. This paper was originally written to be read by the medical students, and members of the Academy are welcome to make copies for medical students whose interviews they supervise. I want to gratefully acknowledge the helpful suggestions made by Julia Frank, M.D., on a draft of this paper, some of which have been incorporated into the final version.

I wanted to help these clerkship students organize their thinking about psychiatric interviewing before they met with patients on the psychiatric inpatient service. Giving medical students the opportunity to interview psychiatric patients under supervision allows them to develop rapport with psychiatric patients and to improve their interviewing skills. The interviewing techniques that are learned in this setting also should be useful to the students in their work with patients in general as it is assumed that most of the students will not be specializing in psychiatry.

The weekly interviewing supervision usually takes place in monthly blocks of time, and each of the two students usually has the opportunity to interview two patients. I recommend that the student not take notes during the interview since the emphasis in this supervision is more on learning "how to" conduct an interview and establishing rapport than on remembering every detail the patient recounts. Patients to be interviewed are identified, and permission is obtained from the unit's attending psychiatrist or the patient's psychiatric resident physician the day before the interview. The two students meet with the supervisor to confirm that the patient has consented to be interviewed, and the student interviewer briefly explains why the patient is in the hospital. Any patient is considered a "good interview subject" regardless of

diagnosis since all patients are unique human beings with their own personality characteristics, vulnerabilities and strengths and with whom we can attempt to relate. One student conducts the interview for about 25 minutes, followed by a few minutes for questions by the other student and supervisor. I suggest that the interviewer takes a seat facing a clock (or watch placed on a desk) so the patient will not feel rushed by the interviewer's repeated glances at a wristwatch. After the interview has ended the patient is returned to the nursing station, and the students and supervisor find a private place to discuss the interview.

Establishing the Doctor Patient Relationship

Rapport is established by taking steps to make the patient feel understood and accepted. There are several simple things a student can do to begin to establish this rapport. If the patient is in a hospital room, approach the door and knock but do not enter. Announce yourself, wait for a reply, and then ask for permission to come in. The patient's hospital room is also his bedroom, and the patient will feel respected by this courtesy. After you have obtained permission to enter, introduce yourself, your fellow student and the supervisor, explain the purpose of the interview, and again ask for the patient's consent to be interviewed. I suggest telling patients that, in addition to providing a teaching service to us, they may find this opportunity to talk with another person helpful. To show respect for the patient's time and schedule, let the patient know approximately how long the interview will last. Along with these first efforts at establishing rapport, a friendly smile goes a long way.

Some Differences Between Psychiatric and General Medical Interviewing

The psychiatric interview bears a number of similarities to the traditional medical interview. We take a history and pay attention to the signs and symptoms of illness. We have a template in our mind that we attempt to complete as we elicit the Chief Complaint (CC), the History of the Present Illness (HPI), the Past Medical and Psychiatric History (PMPH), and the Personal and Social History (PSH), and we perform a Mental Status Examination (MSE). Our approach to gathering this information differs, however, from the typical medical interview. Psychiatric patients often cannot tell us in as straightforward a manner what is

bothering them. In addition, letting them “ramble on” during the interview serves several important functions that will be described later.

In medical interviewing, we often pursue a direct course from the CC to the HPI to the PMPH, etc. Patients generally cooperate because they are eager to seek relief from their pain and other symptoms. With psychiatric patients we usually cannot steer such a linear course. Psychiatric patients may have considerable difficulty pinpointing exactly what is bothering them. There are many variables that contribute to a patient’s psychiatric illness, including genetic vulnerabilities, developmental history, the patient’s family environment, cultural influences, toxic or metabolic factors, current life circumstances, and even the patient’s vision of a future that may not have been achieved. In addition, an altered mental status may interfere with the patient’s ability to provide a clear and straightforward history. Patients may also be ambivalent about giving up their symptoms because their illness itself provides an adaptation to their life difficulties. For example, a patient’s decision not to go into work because of depression may also represent a passive-aggressive expression of unconscious anger toward a disliked supervisor. Patients may be embarrassed about their symptoms and may attempt to conceal information to make a good impression. For example, the day after her admission, a woman in her mid-50’s said she had been admitted for “anxiety” and denied ever drinking more than two or three drinks per day. However, she had a ruddy complexion and was tremulous. The day before, while in the emergency room, she had admitted to drinking a liter of alcohol a day, and her blood alcohol level at the time was 0.28 mg/dL. Her boyfriend had died the previous month of alcohol-related liver disease.

Another major difference between medical history taking and psychiatric interviewing is the relationship between diagnosis and treatment. When a patient presents with symptoms of appendicitis, the doctor first makes a diagnosis and then proceeds with treatment. In psychiatry the distinction between diagnosis and treatment is not so well defined. The diagnostic interview itself is often therapeutic; patients may feel temporarily relieved of their symptoms by the end of an empathic interview. We sometimes need to meet with a patient more than once to arrive at an accurate psychiatric diagnosis, so early on we often need to

tolerate a higher level of diagnostic uncertainty.

We also encourage patients to become more active participants in the psychiatric interview process than in the usual medical interview. By using open-ended questions we allow patients to tell the story of their illness in their own words. For example, asking, "Have you been sleeping well?" would typically generate a "yes" or "no" response. Instead we ask the patient, "Tell me what your sleep has been like." This sort of question increases the validity of the information we obtain, enhances rapport, helps patients learn more about themselves and is a first step toward a patient's later involvement in psychotherapy. As we can imagine, there are a number of reasons why a patient might answer "yes" or "no" to closed-ended questions apart from giving the correct answer. Patients can agree out of politeness and disagree out of a passive-aggressive effort to frustrate. Patients may dissimulate when asked open-ended questions, but the validity of responses tends to be greater, all other things being equal, when they are encouraged to provide an elaborated, rather than a "yes" or "no" answer to questions.

We also pay particular attention to the emotions the patient is experiencing during the interview. When a patient's anxiety or sadness seems to interfere with the history-taking process, rather than ignoring or immediately attempting to relieve these feelings, we call them to the patient's attention and ask to hear more about them. Watching a patient's eyes tear up, we might comment, "You seem to be feeling sad right now. Could you talk about that?" Paying attention to immediate feelings enhances rapport by making the patient feel understood and helps relieve the patient's emotional distress. We generally want to avoid discussion of diagnostic labeling with the patient. Over-emphasis on labeling can make the patient can feel like a specimen and can make the interview a dry, intellectual experience.

Transference and Countertransference

Another unique aspect of the psychiatric interview is the attention we give to the patient's attitudes and feelings towards the interviewer, and our feelings towards the patient. One of

Sigmund Freud's greatest discovery was the observation that we bring feelings and attitudes towards people who have been important to us from past relationships into current relationships. For example, patients who have had warm, positive experiences with doctors in the past will be more inclined to be cooperative and forthcoming with doctors and medical students in the present (i.e., they will show a positive transference). If we detect and address negative transference attitudes with patients early on, we have a better chance of successfully proceeding with the rest of the interview. In his book, *Psychodynamic Psychiatry in Clinical Practice* (Third edition, American Psychiatric Press: Washington, DC, 2000) Glen Gabbard, M.D., gives the example of a patient who was inhibited about talking to a psychiatrist. When the psychiatrist asked if any of his actions or comments made it difficult for the patient to talk, the patient confided that he believed that psychiatrists were mind-readers so that he needed to be cautious. The psychiatrist replied humorously, "I'm afraid we're not that good." Both laughed, and the patient found it easier to open up. How the patient relates to us in the interview also sheds light on how he relates to others in general, as well as how he related to parenting figures during the formative years of his personality development.

The other side of the transference coin involves our reactions to the patient, or our countertransference. In a traditional medical interview the doctor's feelings towards the patient are seen as annoyances that interfere with the assessment of the patient's illness. The physician usually suppresses these feelings in the service of maintaining objectivity and proceeding with the examination. For the psychiatric interview, such feelings can provide important diagnostic clues. Our feelings are based both on what the patient realistically evokes in us and would evoke in most anyone and who the patient unwittingly reminds us of from our past. The first, or realistic, reaction to the patient can add to our impression about important diagnostic issues. For example, the presence of a thought disorder may be apparent when we are frustrated by a patient's circumstantial responses to our questions, and depression when we find ourselves feeling sad. We may learn about a patient's repeated difficulty establishing platonic relationships when the seductive patient evokes our sexual arousal. We try to minimize the effect of the second component of our reaction to the

patient, the thoughts and feelings that related to our past relationships with important others, by monitoring and assessing our own thoughts and feelings during the course of the interview.

Taking the History

Probably the three most important words in psychiatric interviewing are “Tell me about...” Asking questions in this manner encourages the patient to tell his story in his own words. Engaging the patient as an active participant in the interview adds to the validity of the history. To elicit the Chief Complaint, we usually begin by asking patients to tell us (“Tell me about...”) what led to their coming to the hospital. As the CC is elaborated, we find ourselves learning about the History of the Present Illness. As we hear more about this aspect of the history, we find ourselves increasingly thinking about what the patient has not yet told us and we still want to know. For example, after we hear about the onset and evolution of a patient’s depression, including depressed mood, anhedonia (not taking pleasure in activities), and disturbed sleep, we might note to ourselves that we have not yet heard about the presence or absence of suicidal ideation. When the patient has come to the end of this unstructured description of depression, we can then inquire about suicidal thoughts and plans.

For example, to assess a patient’s suicidal potential, rather than asking “Have you ever been suicidal?” (although there is nothing inherently wrong with this question), we would do better to use an open-ended query, such as, “Tell me about times you might have felt that life was not worth living or you felt suicidal.” The second form of the question would prompt the patient to give a more active, elaborated, and therefore usually more valid answer such as, “Oh, I’ve never been suicidal” or “It was something I was thinking about before I came to the hospital.” We might then respond with, “Tell me more about the suicidal thoughts you had been having,” to learn more. Just as we auscultate the fluid level of a pleural effusion, we want to find out the depth of a patient’s depression and other psychological distress. Brief attentive silences can also allow and encourage patients to further elaborate his or her story.

It is often difficult for psychiatric patients to describe exactly why they became ill and needed to come to the hospital. Asked directly, patients will often respond, “Nothing has changed in my life,” or, “I don’t know why I started to become depressed.” The psychological and psychosocial precipitants are hidden from both us and the patient. Rather than vigorously pursuing a direct line of questioning, I have found it more helpful to ask the patient to “Tell me about...” what was going on in your life around the time that you started to become depressed (for example). In this way, the patient does not have to make a judgment about the contributing factors and allows us to decide for ourselves what these may have been. For example, a postal employee recently admitted to the hospital for ECT could not understand why he started to become depressed a few months earlier. When asked what was going on in his life at the time, he said that he was working at his “usual boring job, sorting mail at a particularly dangerous machine.” It turned out that he had been feeling trapped at his job for some time but felt he could not leave because of his seniority and relatively good pay and benefits. It was also a few weeks after September 11, 2001, that he had started to become ill. We follow unstructured parts of the HPI with more structured (closed-ended) questions that allow us to characterize the sleep difficulties, appetite changes, loss of libido, or whatever else would help us arrive at a descriptive diagnosis.

In taking a Past Psychiatric and Medical History I often add the phrase, “in your lifetime,” to my questions. For example, I will ask, “What serious medical problems have you had in your lifetime?” (to cover both current and past medical problems) or, “Tell me about each of your previous psychiatric hospitalizations?” We might want to avoid asking such questions out of concern that the patient will give inordinately lengthy answers. In my experience this fear is almost always unfounded. Except for patients with some sort of thought disorder, most are aware of the limited time available during the interview and provide relatively succinct answers to such questions.

This same approach applies to the Personal and Social History. Most patients respond to questions such as, “Please tell me about your family when you were growing up,” and offer

brief meaningful, summaries of their childhood and family. A discussion of the family history also offers an opportunity to assess for the presence of “identity diffusion,” an important consideration in making the diagnosis of a personality disorder. One aspect identity diffusion is that the person has not formed solid psychological boundaries between themselves and other people. Therefore when asked to describe another person they will invariably describe the person in terms of themselves. For example, a patient without identity diffusion who is asked to describe his mother, might say, “My mother is 82 years old. She lives alone. She is friendly. She is very involved with her church, and she has made an excellent adjustment since the death of my father two years ago.” A patient with identity diffusion might respond, “Every time I talk to my mother she is into my business, and we don’t seem to do anything but argue. She makes me feel bad all the time.” In the second example, it is hard to tell where the patient’s identity leaves off and where that of his mother begins.

Distinctions between the different sections of the psychiatric interview are often not cut and dried (we could say that we allow for some identity diffusion here!). The Past Psychiatric and Medical History may well be a crucial part of the History of the Present Illness, or the Alcohol and Substance Use history may be found in the CC, the HPI, the PPMH as well as the PSH. Wherever it falls in the interview, taking a History of Alcohol and Substance Use is always important since substance abuse is frequently a comorbid if not the primary psychiatric illness. I have often found it helpful to ask, “How much can you drink at a sitting?” Patients who are able to have more than two drinks are more vulnerable to develop alcohol-related problems than those who limit themselves to less. Although a drink or two a night might contribute to depression, anxiety or sleep problems, when we hear that the patient consumes more than two drinks, we should inquire further about memory black-outs (alcohol-related amnesic episodes), arrests for driving while intoxicated, morning tremors, etc.

The Mental Status Examination:

The mental status examination (MSE) is a description of the patient's mental state at the time of the interview. Sometimes we hear about performing a "formal or structured mental status examination," that is, assessing specific areas of mental functioning through structured questioning apart from the rest of the interview. For example, we may ask patients to subtract seven from one hundred serially to examine their ability to concentrate, or we may ask them to explain one of several well-known proverbs to assess their ability to think abstractly. Although these may be crucial aspects of a psychiatric interview with some patients, for the purpose of this supervised situation we will weave mental status questions into the fabric of the interview. Some of the important components of the MSE include the patient's appearance, speech and psychomotor functioning, memory and orientation, affect, mood, thought processes, hallucinations and delusions, and insight and judgment. Appearance includes how the patient is dressed, hairstyle, weight and height, how the patient is groomed, how make-up is applied, the presence of piercings, scars, bruises, etc. All of these elements contribute to a statement about the patient's mental status. For example, a patient dressed in dark somber colors may be telling us that she is feeling depressed (rather than hypomanic), or she may be wearing colors typical of her Eastern European country of origin with less implication for her mood.

The patient's speech can tell us a number of things about the patient's mental state. We should listen for an accent or speech impediment. The volume of speech often reflects mood, and a tremulous voice can reflect sedative withdrawal. We look for psychomotor retardation or agitation (motor activity influenced by the psyche), tics or tremors, and abnormalities of gait and posture. Gross neurological abnormalities are important since we are interested in how the patient's mind and body are affected by his brain. We listen for how well the patient is oriented, to person (knowing who they are), place and time, which is usually apparent in the course of history-taking and may be altered by delirium and other disorders that affect the sensorium. Disturbances of immediate, short-term and remote memory can also be detected in the usual course of history taking.

Assessment of the patient's thought processes refers to "how" the patient thinks, apart from

the content of the thoughts. That is, we are interested in how the patient's thoughts connect up with one another. Giving patients the opportunity to "ramble on" by using open-ended questions gives us the opportunity to make observations about their patterns of associations and to assess whether there is a thought disorder. Loose associations (when thoughts do not seem to be connected to one another), circumstantial thinking (in which patients give us much more information than we asked about), and tangential thinking (when patients consistently do not answer what they have been asked) become readily apparent. Impoverished thinking may be a sign of dementia, markedly slowed thinking depression, or very rapid thinking mania or a patient high on cocaine. We can also detect unconscious thought processes based on how ideas are temporally connected to one another. For example, a patient may begin by telling us how difficult it was to find the interview room, then that he will have to end the interview early because he wants to see a favorite television show, followed by a complaint that he is thirsty and needs to leave for a drink of water. He is letting us know that he does not want to be here talking to us! If we address this issue with the patient, that is, interpret the patient's wish not to talk to us, we may hear about his hostility towards psychiatrists as well as his need to disavow these feelings, and we may then be able to proceed more easily with the rest of the interview. Slips of the tongue may give us glimpses into the unconscious. A pregnant patient ambivalent about becoming a mother might say, "I don't want to be a psychiatric parent – I mean patient!" We are interested in the patient's judgment and insight into his illness, both of which can help us assess the patient's ability to follow through with treatment recommendations.

Perceptual disturbances such as auditory or visual hallucinations are often evident when we ask patients why they are seeking treatment. The content of a patient's hallucinations may inform us about current and past conflicts as well as the patient's suicidal and homicidal potential. Auditory hallucinations are more characteristic of schizophrenia and bipolar disorder, while visual and tactile hallucinations are more likely to occur with alcohol and other substance abuse and withdrawal.

Affect and mood have been described differently. First, affect has been described as the

observed feeling state, usually reflected in the patient's face, whereas mood is the subjective emotional state that the patient describes to us. Alternatively, affect is to mood as weather is to climate; affect is a temporary or fleeting emotional state and mood is a sustained state. A depressed patient will often show a constricted or blunted affect, whereas a hypomanic patient will exhibit euphoric or expansive affect. A patient with schizophrenia may have inappropriate or flat affect. A patient's mood can be sad, elated, annoyed, anxious, fearful, grandiose, etc. Just as we try to characterize the patient's pain in a medical interview, we want to characterize the patient's mood in terms of intensity, duration, and quality. Affect and mood can also shed light on the patient's psychological defense mechanisms. An excessively jocular mood may serve to deny feelings of grief and anger; stoicism caused by isolation of affect may defend against intense emotional pain; or contempt and hostility as a manifestation of splitting can reflect the patient's efforts to keep good and bad feelings towards others apart.

Ending the Interview

Toward the end of the interview, it is respectful to let the patient know that you will be stopping shortly. In addition to asking the patient's permission for the other student and supervisor to ask a question or two, it is helpful to briefly summarize what problems the patient has sought help for and then to comment on the fact that the patient has taken a positive step by coming to the hospital. We try to convey understanding, respect, acknowledgment, and hope. The power of the doctor-patient relationship is extraordinary; apply it when indicated!

After the Interview

After we have returned the patient to the nursing station and said goodbye, we will briefly discuss what we have observed and experienced. We are interested in the student's reactions to talking with the patient, why a student asked some questions and perhaps did not ask others, what other ways questions might have been asked, etc. We will review

aspects of the mental status examination, and we will try to arrive at a brief biopsychosocial formulation, or explanation, of the patient's psychiatric illness. We understand that during these brief psychiatric interviews, we will obtain a history that is less than complete, but we hope that during the four-week rotation, students will have learned some psychiatry, will have improved their interviewing skills, and will have had a reasonably good time along the way.

Some books that may help medical students learn about psychiatric interviewing and assessment include:

Akhtar, S., *Broken Structures: Severe Personality Disorders and Their Treatment*.

Northvale, NJ: Jason Aronson, 1992

Gabbard, G., *Psychodynamic Psychiatry in Clinical Practice, Third Edition*.

Washington, DC: American Psychiatric Press, 2000

MacKinnon, R.A., and Michels, R.. *The Psychiatric Interview in Clinical Practice*.

Philadelphia, PA: WB Saunders, 1971

Menninger, K.A., Mayman, M., and Pruyser, P.W., *A Manual for Psychiatric Case Study*, Second Edition. New York: Grune & Stratton, 1962

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