

Prunings from an Unpromised Rose Garden

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Hannah Green's widely read work, **I Never Promised You a Rose Garden**, is now in its 33rd printing, and some two million copies of it have been sold. According to Stephen E. Rubin (1971), Joanne Greenberg, who used Hannah Green as her pen name, received the Freida Fromm-Reichmann Award of the American Academy of Psychoanalysis in 1967. She is one of the few laymen who have ever been honored in this way. The honor was not, however, given simply because she is an able writer, but also because as an ex-patient she has written an extraordinary insider's account of what it was like to be treated by this famous psychoanalyst. It appears that Dr. Fromm-Reichmann and Mrs. Greenberg had planned to write a book together on schizophrenia before the doctor died in 1957. This book, then, is an account of Deborah's (Mrs. Greenberg's) treatment by Dr. Fried (Dr. Fromm-Reichmann) which has been considered authentic enough to be accepted by the American Academy of Psychoanalysis. It is a sincere and well-written book and, in view of the award, one must suppose that, at least as far as these psychoanalysts go, it does not contain gross

distortions of Dr. Fromm-Reichmann's views and opinions. It is a fair, vivid, and honest patient's eye view of a famous psychoanalyst at work.

Although Mrs. Greenberg clearly liked and admired her doctor, she is not uncritical of her opinions and does not romanticize her appearance. When receiving the award, she is reported as saying:

"We had one running difference of opinion on which neither of us ever gave ground," she said of Dr. Fromm-Reichmann, "I have the last word now only by the crude expediency of having outlived her. She held that psychiatry was a science and I said it was an art. She believed the gifts she had—humor, empathy, indignation, intuition, a first-rate intellect, linguistic sensitivity and the endearing quality of not exploiting her patients to prove herself or her theories—she believed that these things could be taught and learned, and that anyone who was reasonably intelligent could cultivate them to a degree equal to or exceeding her own. I think she was wrong." This, then, is an unusual opportunity to enter the world of a particular schizophrenic girl in a particular hospital during the late 1940's, or early 1950's, and observe the work of a named and known psychiatrist

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from the receiving end. Internal evidence suggests that Deborah was treated by Dr. Fried* some time between 1947 and 1953. Deborah was in hospital for at least three years; this was in the pre-tranquilizer era for phenothiazines were not introduced in North America until 1954.

I have read many books written by schizophrenics and other mentally ill people (Bait, 1966; Hennell, 1967; Stefan, 1966; Woolf, 1925) regarding their illnesses. This is a good one. It tells us a great deal about the experiential world of a very ill adolescent girl and is sufficiently well and interestingly written to sustain both our curiosity and sympathy through three dismal and discouraging years. It has a particular interest not only for clinicians, but also for administrators because it gives an insider's account of a very well-known hospital and shows us a view of that system in which psychiatrists are used as ward administrators, which has been advocated widely in many North American hospitals in recent years. I have always believed that this was a clumsy administrative device, aimed at remedying real or supposed deficiencies which had done at least as much harm as good. This has not prevented it from being copied rather slavishly.

I happen to disagree with Dr. Fromm-Reichmann's theories, if indeed they were theories in any scientific sense, and support her ex-patients view that Dr. Fried was wrong in supposing that psychiatry was a science. I am not, of course, implying that she was incapable of scientific thought and detachment, and evidence deriving from this book and that of colleagues, such as my friend, Dr. Jack Ward (1970), who worked with her, shows that she was a first-rate clinician. But one can be a great clinician without being a scientist, although some people can and have combined these two different roles. Physicians when they are ill or when their families are ill rarely wish to be treated by medical scientists. They prefer, with very good reason, clinicians. A scientist is committed to science, the

*** During my comments on the text, I shall use Deborah as Mrs. Greenberg and Dr. Fried for Dr. Fromm-Reichmann. In a**

later discussion. I shall return to their proper names.

enlarging of knowledge and truth, while the clinician is committed to his particular patient, that article there. While it is not true to say that never the twain shall meet, they have an awkward tendency to part company at embarrassing and sometimes dangerous moments.

After describing a dismal journey to the hospital with her parents, Deborah is admitted with the usual routine of showering before she is allowed to see anyone. This was in the late 1940's; Deborah was Jewish; it was a time when accounts of the horror of concentration camps were being widely published. It seems strange that a hospital devoted to psychoanalysis could not delay the patients being given their showers for at least a day or two, until they had some confidence that the hospital really was a hospital, not something more sinister. However, nothing could hinder this all-important routine; she had to be showered. Once this has been done, she goes to see the ward doctor and asks him, "How are you going to help me?" and he replies, "That depends on you." (p. 16)

What sort of doctor was this? That reply shows that he was not employing the medical model. For within that model, by the very act of going to hospital, a patient is showing a willingness to be treated and can rightly require the doctor's help. The responsibility for helping cannot and must not be thrown back on the patient whose confidence would be much reduced by such an action.

Shortly after this, and perhaps as a result of this disappointing experience, Deborah's voices and the visions that went with them came to the fore. These visions take up rather too much of the book and I agree with Mrs. Greenberg who, when asked how she would write the Rose Garden today, replied:

I would hang fifty times more weight on the reality part; some people have told me that my fantasy world is so interesting, to me it was very boring and difficult to write about. Today I would dim it a little while hyping up the reality part. I don't understand how young people can want to blur reality—it's such

a wonder. *Maybe they are so sane they can afford to fool around.* As far as I am concerned, the kingdom of Yr, derived from her inner imaged experiences which erupt from time to time into the real world and can totally disorganize it, tends to become rather a bore. I don't think that Mrs. Greenberg has an outstanding gift for writing fantasy. I have come across many better fantasists than she. It may have been that when she came to write her book the reality of Yr was already fading and, perhaps wisely, she did not reconstruct it. However, tastes for fantasy differ enormously, and no doubt many of the two million readers would disagree with me. She has a notable capacity for accurate description and fair, detached, intelligent narrative which is sustained even when she is writing about herself in extremis. I wish she had written more about "the reality part." Was this hospital really as awful as she described it? Did it look as bad when she was well as it did at the height of her illness? Could this expensive private hospital where Deborah was being treated by one of the most able psychoanalysts in the world really not be so very much better than that public mental hospital in Canada where I was working at about the same time? That particular hospital was once described by a distinguished and knowledgeable visitor from the Rockefeller Foundation as one of the worst hospitals in the world.

I wish there had been less about Yr, the secret calendar, the great Collect, etc., etc., and more about her experience of the hospital world. Nevertheless, she still gives us much information. On pages 20 and 21 we find:

Sometimes she was able to see "reality" from Yr as if the partition between them were only gauze. On such occasions her name became Januce, because she felt like two-faced Janus— with a face on each world...

And, as the teacher stood by her desk, some nightmare terror coming to life had risen in the day-sane schoolroom. Deborah had looked about and found that she could not see except in outlines, gray against gray, and with no depth, but flatly, like a picture. The

mark on the paper was the emblem of coming from Yr's time to Earth's, but, being caught while still in transition, she had to answer for both of them. Such an answer would have been the unveiling of a horror— a horror from which she would not have awakened rationally; and so she had lied and dissembled, with her heart choking her.

Here she describes that strange experience when the phenomenal world appears to be shimmering, shaking, changing, and on the verge of being displaced by some other world. Thomas Hennell in **The Witnesses** (1967), and Virginia Woolf in **Mrs. Dalloway** (1925), give us other examples of this peculiar and characteristic happening. I have described it myself many years ago (Osmond, 1952) during my first mescaline experience. I do not recall ever seeing it discussed in psychiatric texts. Consequently, those working in psychiatry often appear to be unaware of an experience which overwhelms and terrifies many of their patients, few of whom are sufficiently gifted to put it into words as Deborah does here with great skill. However, even when they are able to do this, they are seldom understood and are hardly ever told that others, too, have faced and lived through this peculiar horror; thus placing it in a category of well-known though unpleasant symptoms which is what we do in many other illnesses.

The hospital seemed to work at a very leisurely pace.

Carta said, "Don't worry. You'll get more privileges soon. If you work hard with your doctor, they ease up a little. I just wonder how long I'll have to stay here. It's been three months already." They both thought of the women at the far end of the ward. All of them had been in the hospital for over two years.

"Does anyone ever leave?" Deborah asked. "I mean be well and leave?"

"I don't know," said Carta.

They asked a nurse.

"I don't know," she said, "I haven't been here that long." (pp. 21 - 22)

I would like to believe that this conversation was misperceived, but it has a ring of truth. However, when Deborah meets Dr. Fried, we at last feel that she is in the presence of a good and kind doctor.

"Do you know why you are here" the doctor said.

"Clumsiness. Clumsiness is first and then we have a list: lazy, wayward, headstrong, self-centered, fat, ugly, mean, tactless, and cruel. Also a liar. That category includes subheads: (a) False blindness, imaginary pains causing real doubling-up, untrue lapses of hearing, lying leg injuries, fake dizziness, and unproved and malicious malingerings; (b) Being a bad sport. Did I leave out unfriendliness? . . . Also unfriendliness."

In the silence where the dust motes fell through the sun shaft, Deborah thought that she had perhaps spoken her true feelings for the first time. If these things were so, so be it, and she would leave this office at least having stated her tiredness and disgust at the whole dark and anguish-running world.

The doctor said simply, "Well, that seems to be quite a list. Some of these, I think, are not so, but we have a job cut out for us."

"To make me friendly and sweet and agreeable and happy in the lies I tell." "To help you to get well."

"To shut up the complaints."

"To end them, where they are the products of an upheaval in your feelings."

The rope tightened. Fear was flowing wildly in Deborah's head, turning her vision gray. "You're saying what they all say—phony complaints about nonexistent sicknesses."

"It seems to me that I said that you are very sick, indeed."

"Like the rest of them here?" It was as near as she dared go, already much too near the black places of terror.

"Do you mean to ask me if I think you belong here, if yours is what is called a mental illness? Then the answer is yes. I think you are sick in this way, but with your very hard work here and with a doctor's working hard with you, I think you can get better."

*As bald as that. Yet with the terror connected with the hedged-about, circled-around word "crazy," the unspoken word that Deborah was thinking about now, there was a light coming from the doctor's spoken words, a kind of light that shone back on many rooms of the past. The home and the school and all of the doctors' offices ringing with the joyful accusation: *There Is Nothing The Matter With You*. Deborah had known for years and years that there was more than a little the matter—something deeply and gravely the matter, more even than the times of blindness, intense pain, lameness, terror, and the inability to remember anything at all might indicate. They had always said, "There is nothing the matter with you, if you would only ..." Here at last was a vindication of all the angers in those offices, (pp. 23-24) Dr. Fried is an honest, competent, sensitive, kindly person, who is employing the medical model unequivocally here. That is, she is discussing an illness of a definable kind, though unfortunately, she doesn't define it. However, a little later on, even Dr. Fried becomes vague and ambiguous. The doctor said, "If it's all right with you, we will make another appointment and begin our talks, because I believe that you and I, if we work like the devil together, can beat this thing. First I want to tell you again that I will not pull away symptoms or sickness from you against your will."(p. 25)*

We can now see that her allegiance is divided for she has abandoned the medical model temporarily and is using the psycho-analytic model with its peculiar and unproven notions about flight into illness. Doctors do not give patients any undertaking that they won't get them well "against their

will," for this would be to imply that becoming ill is an act of will which is exactly what the medical model does not countenance. This does not mean that there are no malingerers, or that people do not sometimes wittingly or unwittingly inflict injuries upon themselves; but in general, even if one believes that a patient has contributed to her own illness due to folly or negligence, a doctor can never be given an undertaking to be restrained in its effort to restore the patient to full health out of respect for that folly or negligence.

Deborah's parents were understandably much distressed by their daughter's strangeness, and we are told about their self-recriminations. The hospital made little effort to provide them with some rational account of this illness and so they, like other moral American parents, proceeded to blame themselves for it, so adding much unnecessary misery to their lot.

Although there are many vivid and sometimes brilliant descriptions of perceptual disturbances in this book, none of her doctors, including Dr. Fried, seemed to have had any understanding of their importance. *There had been one day (also in school) when she had risen from the Pit while a teacher pointed to a word in her book, saying, "What is it. . . this word?" She had tried desperately to make intelligibility of white ground and black lines and curves. Nothing. It had taken every bit of strength to remember sufficient English to say, "what?" The teacher had been angry. Was she trying to be a smart aleck? "What is the word?" Nothing. She had been unable to extract a single bit of reality from the lines and spots on the white ground. Someone tittered in the background and the teacher, apparently fearing compromise of her authority, left the mute Deborah and disappeared into the gray-ness. Present became nothing; world, nothing, (p. 31)*

Occasionally Dr. Fried does pay some attention to these phenomena and offers some kind of explanation for them.

"Right now it hardly matters. I don't know if she trusts me enough to see the room as it really is." (p. 34)

There is no evidence that Deborah's perceptual disturbances were greatly affected by her trust in Dr. Fried, although they do seem to have been exacerbated when Dr. Fried's therapy made her more anxious, as it did from time to time. Within the limits of her theory, Dr. Fried stands out as humane, sensible, and sympathetic. She tells Deborah's mother for instance:

"Let us, Deborah and I, study for the causes. Do not agonize and blame yourself or your husband or anyone else. She will need your support, not your self-recrimination . . . There is only one thing that is really dangerous, especially now because she is so sensitive to it." "And what is that, Doctor?" "Why, lying, of course." (pp. 42 - 43) Unhappily, psychiatrists who claim to revere Freida Fromm-Reichmann, the prototype of Dr. Fried, do not seem to have learned this most important lesson of not lying to patients. Dr. Fried's powerful feelings and her capacity to express them for her patient's benefit are not neutral in the classic psychoanalytic style; they come through in many places, nowhere more clearly than when Deborah is telling her about an operation which she had when she was five, and how people lied to her about it. *As she told it, she looked at Dr. Fried, wondering if the dead past could ever wake anything but boredom in the uncaring world, but the doctor's face was heavy with anger and her voice full of indignation for the five-year-old who stood before them both. "Those damn fools! When will they learn not to lie to children! Pah!" And she began to jab out her cigarette with hard impatience. "Then you're not going to be indifferent . . . "Deborah said, walking very gingerly on the new ground.*

"You're damn right I'm not!" the doctor answered, (p. 45) The timeless atmosphere of the mental hospital is conveyed well. There seems to have been a general assumption among the patients that they would be there for some indefinite period, probably months or even years. This must have been demoralizing.

After some months, Deborah makes a suicide attempt with a piece of sharp tin and is then removed to the disturbed ward where she appears to have been for at least two years. Here and later on she describes that lessening of pain sense which has often been reported by schizophrenics. Shortly after this, there is a vivid description of what seems to have been her first catatonic episode.

There were two missing in the count. As the search grew more earnest, Doris, a new girl, began to laugh. "Keep calm everybody! Keep calm!" For Deborah, those were the last clear Earth-words for a while; there was a pleat in time.

Ward D's administrator was saying, "What are you feeling like?" Deborah couldn't speak without great difficulty, so she drew with her hands—a surging. She had trouble seeing. "You look pretty frightened," he said. The surge began to make noise also. After a while the voice came through again.

"Do you know what a cold-sheet pack is? I'm going to have one set up for you. It's kind of uncomfortable at first, but when you're in it a while, it may calm you down. It doesn't hurt—don't worry."(p. 56) That phrase, "there was a pleat in time," is extremely apt. My colleague, Dr. Bernard Aaronson (1968), has shown that the development of catatonia and the inability to move which is so characteristic of it, even though one still maintains some awareness of what is going on around, is closely associated with this breaking of time continuity; in fact, a "pleat in time." Phenomenologists should be delighted by this elegant and exact description of a devastating but seldom described and little understood experience.

The hospital used cold packs frequently, something which would have greatly shocked Dr. John Conolly (1964), who strove over a hundred years previously to prevent restraint being used at all. It may be that they do indeed serve as an effective tension-relieving device, though I know of little experimental evidence to support this.

Deborah's many accounts of being in packs suggest that they were not always unpleasant or harmful.

Disturbance in time perception plays a major part in her illness, and events from the far past intrude upon the present. She recalls, for instance, a vivid dream which she had in hospital as a child. *Many years later a bitter-voiced art student—another Deborah entirely-passed by a broken flowerpot that had fallen into the street. The dirt had spilled out and a red flower hung tangled in its own roots and stem. Lactamaeon, beside her, whispered, See-see. The change has come and the mirror of the change is here. It is completed. Two more changes and two more mirrors of those changes and then Imorh (that word like death or sleep or insanity; a word like a sigh of hopelessness),* (p. 61) Those who have taken psychedelic substances will be familiar with such experiences. Events in the present echo and even reproduce other events in the past, but they also seem to set the pattern for the presumed future, thus causing even greater confusion and uncertainty. One sometimes comes to feel that life is simply a repetition of a series of exactly similar events, a nightmare of nonprogress, one of the circles of hell. Here is another example of disturbed time perception. *Amid the noise of their conflicting demands and curses, she suddenly realized that she had lost another day somehow. In an inexplicable way time pleated up again, and it was another time and she was being chased by a policeman. When he caught up to her, he asked her what was wrong; she had been running in great terror from something. She assured him that nothing was the matter, even ducking into a building to get away. When she came out again, she was walking to the slow, deep rhythm of a drumbeat,* (p. 63) Meanwhile, Dr. Fried plods ahead in her decent, patient way. She appears to use a modified psychoanalytic theory as her guide—In this, her sympathy, empathy, tact, and humanity play a very large part. She her-

self appears to take these unusual qualities very much for granted, apparently supposing that any one of her pupils could do as she did if they could only understand her principles. This seems unlikely to me, and is one result of confusing an art or craft with a science.

The hospital life is remarkable for the enormous amount of fighting that appears to have gone on. This was not a run-down, understaffed State hospital, but a well-known private clinic for the well-to-do. On page 66 we learn that, in one of these forays, a patient is knocked out, an attendant breaks a rib and another a wrist, while a third has a broken finger. A few nurses merely receive black eyes and bruised faces. Such a casualty list would have astonished and dismayed us at Weyburn during the early 1950s. In that then very deteriorated public hospital, we would not have taken forays of this kind lightly, but they are described by her as if they were everyday occurrences.

Deborah herself explains some of these events as being in some way connected with a sort of code of honor shared by the patients. One wonders what evidence there is or could be for this. In a novel there is no need for evidence, but it is well known with mescaline, LSD, etc., that people feel that they experience this kind of "insight" into the feelings and motives of others. The question is, how to validate it?

A little further on, Deborah hears about the patient who got away.

"Doris was there; Doris Rivera." "Who the hell is she?" "Oh, kid, she was before your time, a veteran of every treatment I ever heard of and she was as crazy as a bedbug. She was up here for three years." "Where did they send her then?" "Nowhere. She's living outside now and working."

They were incredulous. Did someone really know? Could someone really name the name of a success—one for whom this place had been means and not end? They deluged Lee with questions until she said, "Listen, I knew Doris when she was up here on 'D,' but I don't know her formula for success and I haven't seen her since she

left! All I know is that she's out and has a job. Now damn it, leave me alone!" (p. 73)

Up to this point, it would appear, she had never heard of any patient who had gotten better for, to obtain such information, she depended upon her fellow patients in a very disturbed ward. The staff never seemed to have talked about such cheering matters. This is unlike the practice that Dr. Woodward used in Worcester State Hospital in the 1840s. We have a contemporary account of this by his successor there (Grob, 1966). *His intercourse with the sick was so gentle, cheerful and winning that he soon gained their confidence and love. He nourished their hopes of recovery by holding up the bright side of their cases. They anticipated this with pleasure, as their physician and their friend. He recognized the influence of the mind over the physical functions and by his relation of agreeable stories and successful cases of a similar kind of theirs, he animated their hopes.*

It was not from Dr. Fried that Deborah learned about the legendary Doris Rivera, but from other patients. Even Dr. Fried never related "agreeable stories and successful cases of a similar kind" to Deborah and thus, "animated her hopes." Doris Rivera is clearly a great source of interest to patients, and she crops up repeatedly during the book. Deborah is, at first, doubtful whether she really exists. However, at one time she returns to the hospital for a short time and Deborah can talk to her before she goes out again. None of the staff appear to have made the slightest use of Doris' at least partial recovery, either for encouraging other patients or for learning from her what difficulties she had encountered when she left the hospital and why she had been forced to return to it.

Meanwhile, Deborah has been in the hospital for very nearly a year, but her parents still seem completely ignorant about her illness. One would have thought that they would have demanded more information to account for this very costly treatment, but we hear very little about this except by inference.

This book emphasizes what a no-society, to use the phrase which Robert Sommer and I (1962) coined some years ago, a ward consisting largely of schizophrenics, quickly becomes.

Although there was no cohesiveness or loyalty or generosity, at least they had secrets, (p. 79)

It does, not seem that the hospital staff made any attempt to induce cohesiveness and build morale among the patients based upon their common experience of an appalling illness. If such attempts were being made, Deborah does not seem to have noticed them.

Almost two decades later, the formation of Schizophrenics Anonymous run by schizophrenics has shown that when patients are taught about their illness using the medical model, or when as in Schizophrenics Anonymous they learn to teach themselves, they soon begin to recognize that many of their troubles arise from well-known, definable disturbances of perception arising from their grave illness. Once this is done, there is much less occasion for the free fights which are such a distressing aspect of this book. I am not implying that the author was misleading us; indeed, I am sure that she is not. It is, nevertheless, tragic that this could occur in an expensive private hospital in the 1950s when it would have been so unacceptable a century before in the hospitals of the 1850s.

Deborah describes her life in the hospital vividly and horribly.

. . . but after the hours of punishment or propitiation there was time to wait through, endless time, marked off by meals and sleep, a word or two brushing by, an anger, a story, or the raging delusion of another patient-all experienced disinterestedly and remembered only as part of the frieze of the sick around the walls of the ward. Sometimes there were frightening dreams; or great volcanos of waking terror; or fears congealed with hallucinations of sound, odor, and touch; but mostly there was only looking at the clock that was masked like the face of a fencer standing forever en garde over the door of the nursing station, (p. 80)

A little further on we have an excellent description of changes in her perceived body which frightened her greatly. Once again, this very intelligent girl does not appear to have been told that these changes are well known in this illness and that the explanations which she gives for them, although reasonable and imaginative, are not necessarily true; for very similar experiences can be produced by a variety of chemical substances, during the aura of an epileptic disturbance, in some attacks of migraine, and in most people when in delirium caused by high fever.

"No, it's a quality of myself, a secretion, like sweat. It is the emanation of my Deborahness and it is poisonous." Suddenly Deborah felt an explosion of self-pity for the miasma-creature she was, and she began to elucidate, drawing larger and larger the shape of herself and the virulence of her substance, (p. 82) It seems that anxiety or excitement, even of a pleasant kind, were liable to plunge Deborah into a catatonic episode at this stage of her illness. She describes these with great skill and they closely resemble those which Hennell (1967) wrote about many years before. The catatonic episode described here seems to have been precipitated by Deborah's excitement over a mute patient who had unexpectedly begun to speak after several years of silence. As usual, she was treated with the hospital's standby, packs. *A black wind came up. The walls dissolved and the world became a combination of shadows. Seeking for the shadow of firm ground on which to stand, she was only deceived again when it warped away like a heat mirage; she looked toward a landfall and the wind blew it away. All direction became a lie. The laws of physics and solid matter were repealed and the experience of a lifetime of tactile sensation, motion, form, gravity, and light were invalidated. She did not know whether she was standing or sitting down, which way was upright and from where the light, which was a stab as it touched her, was coming. She lost track of the parts of her body; where her arms were and how to move them.*

As sight went spinning erratically away and back, she tried to clutch at thoughts only to find that she had lost all memory of the English language and that even Yri was only gibberish. Memory went entirely, and then mind, and then there was only the faster and faster succession of sensations, unidentifiable without words or thought by which to hold them. These suggested something secret and horrible, but she could not catch what it was because there was at last no longer a responding self. The terror, now, could have no boundary.

When she came from the Punishment she was looking at her fingernails. They were blue with cold. It was the summer of a certain time and there was sunlight outside, and greenness, but she dared not use her mind to fix the time lest the Punishment return and take it away again. She got up from somebody's bed, where she found herself lying, pulled a blanket from it, and, still chattering with the cold, walked into the hall. She didn't recognize anyone, but at least she knew to a reasonable extent that she existed and that she was looking at three-dimensional solids, called people, who moved in an element called time. She went up to one of them and asked an irrelevant question: "What day is it?" "It's Wednesday."

"Oh, then, what day was it?" The person didn't understand, and since she was too confused to pursue the point, she walked away. Behind her the three-dimensional solids were complaining about the heat. They fanned the air of their time in front of their faces, "(pp. 90-91)

Deborah later comments to Dr. Fried on this episode.

"I found out about being insane," Deborah said, and remembering with awe the immensity and power and horror of it, she shook her head. "It really is something. Yes, it sure is something."(p. 91) The great uncertainty about the model used in this hospital is reflected in the peculiar behavior of staff to patients and patients to staff. This must have made it very difficult to train the attendant staff for, even with knowledge of the

models, it is hard to decide whether the medical, psychoanalytic, or moral models were being used at any particular moment. Some staff appeared to have used, without presumably knowing about it, the principles of the great moral treatment, which were so successful in the mid-19th century. McPherson, a good attendant who uses these methods, rebukes Deborah for baiting another attendant.

McPherson's voice was low, but his anger was real, and Deborah felt it coming from a place in him that he had never shown before. "Do you think the sick people are all in hospitals? Do you girls think you have a corner on suffering? I don't want to bring up the money business—it's been overdone—but I want to tell you right now that lots of people on the outside would like to get help and can't. You ought to know mental trouble when you see it. You don't bait other patients. I've never heard you say anything against one of them." (She remembered what she had said to Carla and the stroke of guilt fell again for it.) "Lay off Ellis, Deb—you'll be glad for it later." "I'll try."(p. 94)

He is clearly appealing to Deborah as a moral human being, capable of responsible action, and she responds appropriately, meeting his expectations.

Meanwhile, Dr. Fried continues her assault on Yr with indomitable resolve. Throughout the book her tough, sensitive, good-heartedness is most refreshing. I found myself looking forward to those pages in which she appears, which is all the stranger since I entirely disagree with most of her theories and her method of treatment. An admirable character shines through what, to me, are her technical deficiencies.

Dr. Fried peered at her intently for a while and then said, "I have a hunch—do you want to try it with me?"

"Do you trust me with it?"

"Certainly, or there wouldn't be this science at all, where the two of us work

together. *Your own basic knowledge of yourself and truth is sound. Believe in it. "Go ahead then, or psychiatry will disappear."* (*Laughter*), (p. 97) It is unclear why Dr. Fried refers to her own clinical skill as "this science," an inaccurate and pretentious description. The authoress herself was clearly well aware that there was much more to Dr. Fried than this science, and she has captured much of it. Dr. Fried, however, devotes herself to exorcising those ghosts of the past which she considered so important, while Deborah at the same time is experiencing a peculiar hallucination of her own body:

Deborah pulled her arm away from the doctor's hand because of some obscure fear of touching. She was right, for the place where the hand had paused on her arm began to smoke and the flesh under the sweater sleeve seared and bubbled with the burning.

"I'm sorry," the doctor said, seeing Deborah's face go pale. "I didn't mean to touch you before you were ready." "Lightning rods," Deborah answered, looking through the sweater arm to the charred flesh, and seeing how terrible it must be when one was the grounding path for such power, (p. 99) This is an excellent example of Deborah's marked perceptual instability and also of her psychiatrist's concern with interpretation rather than with her patient's actual experiences. Curiously enough, although Dr. Fried undoubtedly believed these interpretations were both scientifically valuable and therapeutically beneficial, if one goes by the story, which is, of course, the only record we have, the interpretations nearly always seem to have been followed by Deborah getting more ill.

The doctor, lost under the leap of the logic, could only look past the shaking body of the patient before her to where the hunted spirit had flashed for a moment in gladness and now was gone. "We will work hard, together, and we will understand."

"As long as we can stand at all," Deborah said. (p. 99) Presumably since Deborah eventually did get well, we are supposed to

believe that this was due to these explorations of her early childhood, in spite of the fact that those explorations usually made her worse. Before the introduction of antiseptic surgery, surgeons employed a somewhat similar theory. In those days wounds were always infected because the surgeons were so dirty. The appearance of masses of creamy pus in the wound after surgery was welcomed. If there was no pus to be seen but only a thin, clear serous discharge instead, this usually indicated that gas-gangrene was developing from which patients always died. Healing by first intention was so rare as to be considered impossible. These catatonic episodes that followed her psychoanalytic sessions seem to have been viewed in much the same light as laudable pus was by our surgical forebears.

That now-famous phrase, "I Never Promised You A Rose Garden," was coined in the strangest context. Deborah tells Dr. Fried that she has seen a patient being beaten up when in a pack by an aide. Dr. Fried says: *"You know," Furi said, "I am not connected with the running of your ward. I cannot break into ward policy." "I'm not saying that policy should be changed," Deborah said, "unless the policy is beating up patients in pack." "I have no say in discipline of ward personnel either," Furi said. "Is Pilate everybody's last name around here?"*

At last Furi agreed to mention it in the staff meeting, but Deborah was not convinced. "Maybe you doubt that I saw it at all."

"That is the one thing that I do not doubt," the doctor said. "But you see, I have no part in what is to be done on the wards; I am not an administrative doctor." Deborah saw the match lighting dry fuel. "What good is your reality, when justice fails and dishonesty is glossed over and the ones who keep faith suffer. Helene kept her bargain about Ellis and so did I. What good is your reality then?" "Look here," Furi said. "I never promised you a rose garden. I never promised you perfect justice..." (pp. 105 -106)

Such a model muddle could only be produced by the peculiarities of the hospital administration and the oddities of psycho-analytic thinking. Dr. Fried continues:

" . . . And I never promised you peace or happiness. My help is so that you can be free to fight for all of these things. The only reality I offer is challenge, and being well is being free to accept it or not at whatever level you are capable. I never promise lies, and the rose-garden world of perfection is a lie . . . and a bore, too!" (p. 106)

What a strange rationalization! Doctors do not allow their patients to be in a hospital where they are liable to be beaten up and where, when this happens, other doctors in the name of administration prevent anything effective being done. Such an arrangement stinks. It is curious and ironical that the title of this excellent and famous book derives from a blunder in medical administration.

Shortly after this we discover that although Deborah is considered quite tough enough to survive the peculiarities of the strange administrative system of the hospital, she is, however, far too fragile even to see her father very briefly. As Dr. Fried says:

"Because her feeling of reality is quite shaky now. The way she looks might alarm you a little, and she knows this and is afraid for you . . . and for herself also." (p. 109)

In the consequence of this, the poor man skulks around the little town, hoping to get a glimpse of his beloved daughter. Even so, the mysterious illogicalities of her science do not impair the portrait of Dr. Fried who emerges as a splendid doctor full of unshakable resolve that her patients shall recover. She had those qualities of moral solidity which Tolstoy ascribes to Prince Kutusov, the great Russian general, before the battle of Borodino. It was not what Kutusov planned, what he says or even what he does, which is important, but what he is. Deborah had a variety of olfactory disturbances in addition to changes in time and space which seem to have occurred throughout the book.

Deborah had entered upon a dry and barren

era. The smell of her burnt-up self was always in her nostrils—charred flesh and hair, clothing, and the rubber and leather of shoes. She lost her ability to see color and the black bars limited the scope of her vision to a small, vertical strip of gray. (p. 118)

By the time she has been in hospital well over a year, she and other patients appear to have become indoctrinated with the harmful and misleading notion that, in some strange way, they have chosen their grave illnesses.

"Does she have a choice? Can she be sane by willing it?" Deborah asked, seeing Doris in her mind as a listless frozen ghost bending her every energy to the Semblance. "My doctor says we all choose, really, these different ways"...

Furii had told her that sanity had to do with challenge and choice, but challenge as Deborah knew it was the shock-challenge that Yr created for her in snakes dropping from the walls, people and places appearing and disappearing, and the awful jolt of the collision of worlds. Furii had said, "Suspend experience; you may not know what it is like to feel, even remotely, what mental health is. Trust our work together, and the hidden health deep inside yourself."(pp. 122-123) Is this true? Is this a helpful explanation? Does it encourage patients to cooperate in treatment, sympathize with each other, or to understand their troubles? Suppose one were to apply this to other brain disorders, or to other perceptual disorders, such as visual trouble for instance, would patients really be helped if their doctors said to them, "We all choose really these different ways"? I doubt it; I am sure I wouldn't be.

During this period, far from color being enhanced, Deborah describes the world as being washed out, monochromatic and dull, yet still full of unpredictable dangers. This again appears to be connected with her time distortion, that "pleat in time" as she called it.

Aaronson (1968), makes the following observations regarding a no-time condition

in his hypnosis experiments. This condition produced a state most similar to a schizo-affective reaction with depression.

Everything seemed unreal and even objects in space became insubstantial. This perception is shown clearly in the painting of the standard scene. He felt as if he were dead and everything was a memory of something which was not. As the day progressed, paranoid feelings increased, the MMPI figure suggested a schizophrenic reaction and clinical evaluation agrees. In a later experiment, perceived movement was stopped:

The subject was thrown into a nightmare, he perceived the experimenter as dead, and when the experimenter left his chair, continued to hallucinate, his body slumped over it. Everything was still and, on rushing to secure help, he was unable to see anybody. When we attempted to restrain him in his panic, he felt that he was being grabbed by invisible hands. He was unable to hear anything said to him, he was able to see a drum stick rise and strike a cymbal which he could also hear. He finally retired into a regressed position in the experimental room with everything possible piled on top of himself. The condition was terminated quickly and no posthypnotic test could be obtained. Subsequent to the experience, he painted a retrospective painting of what the situation had seemed like to him. The painting referred to here showed the subject as being the minute victim of an enormous grasping hand, surrounded by strange enclosing insect-like claws.

Deborah's family, meanwhile, who were still extremely badly informed about her illness, were trying to come to terms with it. They felt her sister should be told something about it and found to their surprise that although they had tried to keep her ignorant about Deborah's real condition, Susie had already read the report sent from the hospital and knew about as much about it as they did. While Dr. Fried's honesty and devotion is unimpeachable, over and over again one feels that the very dubious model which she employed prevented her from making

available to the family simple explanations for Deborah's strange disturbances which all of them could have understood. Dr. Fried's theory encouraged her to seek for explanations in Deborah's childhood, and she was persuaded not only that they were important, but they were specific. Another analyst might have very well ascribed equal importance to entirely different events. However, by means of these explanations, dubious as they may be, combined with her self-evident goodness, Dr. Fried succeeds in building a relationship with Deborah and very slowly gains her trust. In addition, she became a little better at times.

The whole book covers about three years in hospital, but due to Deborah's disturbances in time perception, which are well conveyed, it is sometimes unclear whether a few weeks or perhaps a whole lifetime has gone by. This uncertainty about time and space, too, is conveyed with great conviction and many valuable clinical details. The importance of the medical model comes out again clearly about this time. It is the rock, although often obscured, upon which Dr. Fried's treatment is founded.

"Well, why not?"

"Well..." *Deborah came into a sort of sunshine. "I'm crazy now. As soon as you admitted that I was sick—as soon as you admitted that I was so sick that I had to be in a hospital, you proved to me that I was saner than I had thought. You know, saner is stronger." "I don't quite understand." "I had known all those years and years how sick I was, and nobody else would admit it."*

"You were asked to mistrust even the reality to which you were closest and which you could discern as clearly as daylight. Small wonder that mental patients have so low a tolerance for lies..."

"You look as though you are seeing this for the first time," Deborah said, still in the light. "Is it true? Did I bring you something?"

Fur/7 paused. "Yes, in a way you have, because though I knew other reasons why lying is bad for the mentally disturbed, I never saw it in this particular way."

Deborah began to clap her hands, smiling.

"What is it?" Furi said, seeing that the smile was not bitter. "Oh well..."

"You are happy to give them, as well as to be given?"

"If I can teach you something, it may mean that I can count at least somewhere." (pp. 146-147) We can see here that Deborah has been given the role of the responsible patient, and she enjoys it. She is contributing as a responsible patient should with expert information about her illness. This has been done very slowly, and one must ask whether it could not have been achieved just as easily and far more directly a year or even 18 months sooner.

Shortly after this there is a most interesting description of the return of Deborah's sense of dimensionality which occurs when she sees a friend.

Deborah smiled very slightly, but then a strange thing happened. Into the flat, gray, blurred, and two-dimensional waste of her vision, Carta came three-dimensionally and in color, as whole and real as a mouthful of hot coffee or coming-to in pack.

"Hi," Deborah said, on a barely rising tone.

"Hi." (p. 152)

A little later on Dr. Fried's actions seems to be somewhat in conflict with her psycho-analytic training.

Furii saw her looking at it.

"Do you know what that is?"

"Agate?"

"No, not agate. It is a rare kind of petrified wood," Furi said. "My father took me on a trip to Carlsbad when I graduated from what you call the high school. There the strangest sorts of rocks and formations are made, and he bought

this for me as a souvenir of the trip." Furi had never once said a personal thing about her

own past or self. Early in their time together, when the first trust was coming and Deborah had wrestled with her understanding and had forced herself to stay tankutu (unhidden) while Furi's questions probed, Furi had risen at the end of the hour and had broken off a large and beautiful blossom from a cluster of cyclamen in her flowerpot. She had said, "I don't ordinarily break flowers, but this you have earned. I don't often give presents either, so take it." (p. 155)

Like the admirable human being which she is, she is ready to abandon her dogmas and act in accordance with her excellent feelings and intuitions, but she is hardly the scientist she would pretend to be; none the worse for that, of course.

Shortly after this, Dr. Fried went on a three months' vacation leaving her in charge of a Dr. Royson, an Englishman. This episode demonstrates once more the nonscientific aspects of Dr. Fried's clinical art. As Claude Bernard once said, "art is I, science is we." For all her great abilities as a teacher, the high respect and even reverence in which she is held by her colleagues and pupils, Dr. Fried seems to be incapable of transmitting to Dr. Royson even the simplest things about Deborah. She does not seem to have been able to warn him of what not to do, one of the essentials in teaching clinical

medicine. Within a short time of her leaving,

Dr. Royson decides to embark upon some kind of analysis of the language of Yr. The results were discouraging. *He had taken the first words she gave him and shown her the roots of them from scraps of Latin, French, and German that a nine- or ten-year-old could pick up if she tried. He analyzed the structures of the sentences and demanded that she see that they were, with very few exceptions, patterned on the English structure by which she, herself, was bound. His work was clever and detailed and sometimes almost brilliant, and she had many times to agree with him, but the more profound he was the more profound was the silence which enveloped her. She could*

never get beyond the austerity of his manner or the icy logic of what he had proven, to tell him that his scalpels were intrusions into her mind just as long-ago doctors had intruded into her body, and that furthermore, his proofs were utterly and singularly irrelevant. At the end she marshaled all of her strength, and with as good a clarity as she could give him, she said, "Please, Doctor, my difference is not my sickness." It was a last cry and it went unheard.

Now, with Furiid dead and the warmth of Earth's summer contradicting Deborah's own season, whose sun was a gray spot in an empty universe, there could be nothing else but muteness. She stopped reacting at all and her surface became as dead as the moon. As time went on, her motion ceased also and she sat like a fixed display yon her bed. (p. 160) Deborah is experiencing another catatonic episode, produced in part by Dr. Royson's clever incompetence, but also because, for all her beliefs in her "science," Dr. Fried's methods were not transmittable as scientific principles, though it is possible, indeed likely, that they could be learned as a craft from her by some suitably gifted pupil. From this account, Dr. Royson does not appear to have been the kind of person who could acquire Dr. Fried's exquisite clinical skill compounded of warm feelings and intuitive sensitivity. Yet it was certainly her responsibility as a teacher, and as a scientist, if indeed she was a scientist, to be able to recognize his shortcomings. This she apparently did not do.

Deborah now became convinced that Dr. Fried was dead and would never come back. Since we already know that her time sense was still gravely impaired, this conviction is not surprising; three months away is an eternity when a day may seem like a century in a timeless universe. Shortly after this, she began to bum herself with cigarettes. *And by this same burning she could prove to herself finally whether or not*

she was truly made of human substance. Her senses offered no proof; vision was a gray blur; hearing merely muffled roars and groans, meaningless half the time; feeling was blunted, too. No one counted matches on B ward and what Yr wished her to obtain was always clear to her vision, freed from the blur. She soon had the matches and a supply of cigarettes picked up here and there. With five of them glowing, she began to burn her surface away. But the volcano only burned hotter behind the stone face and body. She lit the cigarettes again and put them out slowly and deliberately against the inner bend of her elbow. There was a faint sensation and the smell of burning but still no abatement of the volcano. Would it take a conflagration then, to create a backfire? (p. 161) She also has a further catatonic episode, and she depicts it with great skill, describing the timeless state very explicitly, and of course, once again she is put in a pack. *The clamor from the Collect built higher until it was an overwhelming roar and the gray vision went red. Without warning the full Punishment fell like an executioner's hand and the testimony of light, space, time, gravity, and the five senses became meaningless. Heat froze and light hurled tactile stabbing rays. She had no sense of where her body was; there was no up or down, no location or distance, no chain of cause and effect... (p. 163)* Dr. Fried eventually returns and the following dialogue takes place.

Deborah said, "I didn't know you were coming."

"It is the day I said I would be back," Furiid said. "Is it?"

"It is, and I think maybe you got in this bad shape to tell me how angry you are that I went off and left you." "That's not true-" Deborah said. "I tried with Royson-I really did, but you were dead-at least I thought you were-and he wanted only to prove how right he was and how smart. I forgot that you would come back..." (p. 169) Deborah's illness was marked by gross discontinuity both in time and space, yet Dr. Fried seems to have been largely unaware

of this, or if she was aware, she ascribed it to the ups and downs in their interpersonal relationship and does not seem to have even considered that it might simply be a symptom of the grave illness she was treating. There are many brain conditions in which, whether the patient relates well to the doctor or not, time and space are grossly disorganized. Guy Wint (1958), an old friend of mine, described many such changes following a severe stroke.

Deborah continues to burn herself, much to everyone's disappointment, but in spite of having an administrative doctor in charge of the ward, patients and staff alike appear to be smoking constantly so that she has no difficulty in getting cigarette ends to continue damaging her body. Indeed, she even finds one in Dr. Fried's own room. It isn't surprising that Deborah's mother is much upset by this. But Dr. Fried is inclined to ascribe her distress to:

"It is the old evil word, 'insane/ which once meant 'hopeless and forever/ that is making you suffer so. "(p. 171) This seems unconvincing. Another explanation would be that her mother was upset that her daughter was still so ill after two years in a very expensive hospital and seemed able to injure herself in spite of being supposedly under constant supervision. It was apparently beyond the hospital's capacity to prevent her from getting cigarettes. One might have thought that, in the interest of her safety and well-being, the staff might have given up smoking on the wards, but immersed in psychodynamics, there was no time for common sense.

When her vision cleared, it was only enough to see and hear as if through a keyhole. She was aware that she was shouting and that attendants were in the room and the walls of the room were covered with Yri words and sentences. (p. 177)

Nevertheless, she begins to improve again, though she is still having visual hallucinations combined with a peculiar kind of tunnel vision and other major disturbances. Her visual

instability is still very serious.

Dr. Fried said, "I mean is something physically the matter?" "No." She tried to tell Furi, but the walls began bleeding and sweating, and the ceiling developed a larger tumor which began to separate itself from its surface. (p. 179)

Thomas Hennell describes something very similar in **The Witnesses** (1967).

I was aware of a small movement in the ceiling, about two-thirds across the room towards the door, and three-quarters of the width towards my left; the movement became defined as a round depression, wide as a saucer, reverberating and increasing to a regular cylindrical hole three inches deep and about eight inches in diameter. Scarcely aware of what I did (still madly excited), I pitched my voice higher, and then whistled, whereat the floor of this hole deepened and narrowed gradually to a long, slightly twisted cone: whether or not there was a pinhole opening to daylight I could not tell. (p. 59)

It might have helped Deborah to know that many other people had perceived the world as unstable and had been frightened by this, but had still recovered. Her morale by now is beginning to crack. If, after two years of intensive psychotherapy, her perceptions were still as fluid as the book suggests, her pessimism is hardly surprising. This interchange then occurs.

"Well, did I ever say it would be easy?

I cannot make you well and I do not want to make you well against your own wishes. If you fight with all the strength and patience you have, we will make it together."

"And what if I don't?"

"Well, there are lots of mental hospitals, and they build more every day."

"And if I fight then for what?"

"For nothing easy or sweet, and I told you that last year and the year before that. For your own challenge, for your own mistakes and the punishment for them, for your own definition of love and of sanity—a good strong self with which to begin to live."

"You certainly don't go in for hyper-

bole."

"Look here, my dear girl," Furi said, and thumped the ash of her cigarette on the tray, "I am your doctor and I see these years how allergic you are to lying, so I try not to tell lies. "She looked at Deborah with the familiar half-smile. "Besides, I like an anger that is not fearful and guilty and can come out in good and vigorous English."

They were quiet for a while and then Furi said, "I think it is time and that you are ready, to answer for yourself the question that you raised before. Are you getting sicker? Don't be afraid—you will not have to hang for your answer, whatever it is."

Deborah saw herself as Noah, sending out a dove to scout the fearful country. After a time the dove came back quaking with exhaustion. No green branch, but at least it was a return. "Not sicker," she said. "Not sicker at all."

"Not sicker ..." Doctor Fried said at the meeting of the D-ward staff. . . . "Not sicker at all." (p. 186) Dr. Fried, however, rallies her morale by using the medical model again, yet confounds it and weakens its impact with her curious reassurance that:

"I cannot make you well and I do not want to make you well against your own wishes." (p. 186)

As before, Dr. Fried's psychoanalytic training is conflicting with the medical model. The psychoanalytic treatment hasn't worked very well so far, and Deborah doesn't seem to have improved much, but there is no evidence that she doesn't want to get well. This is simply part of the circular argument of psychoanalysis which accounts for failure to get well by supposing it is a sign that one doesn't want to get well. This has, of course, no place whatever in medicine. Unlike the repulsive Dr. A. Gression, described by Gregory Stefan in *In Search of Sanity* (1966), or John Balf's neglectful and unsympathetic Dr. Grossman, presented in *By Reason of*

Insanity (1966), Deborah has with her, through all these crises, an admirably tough, decent, alert, and empathic old doctor, who has a high regard for her as a person, combined with a strong conviction that she will get well, though the other doctors in the hospital are skeptical. But such is Dr. Fried's great prestige that even the detached Englishman, Dr. Royson says: "She is a fine doctor—I wish I had her brains." "She is brainy," and Halle looked back at the chubby little woman who was still answering questions in the conference room, "but after you know her a while, you'll find out that with little Clara Fried, brains are only the beginning." (p. 188)

Deborah now begins to improve again, and her color perception has once more returned. Depth perception, too, is being restored.

The food tasted. It was substantial under her teeth and afterward she remembered having eaten it. (p. 192) Dr. Fried then provides a rationale for the extremely slow progress.

"The symptoms and the sickness and the secrets have many reasons for being. The parts and facets sustain one another, locking in and strengthening one another. If it were not so, we could give you a nice shot of this or that drug or a quick hypnosis and say, 'Craziness, begone!' and it would be an easy job. But these symptoms are built of many needs and serve many purposes, and that is why getting them away makes so much suffering." (p. 195)

There is very little evidence to support this. The slow progress may have been accounted for equally well by those administrative matters upon which Dr. Fried could exert no influence: the bad food, poor conditions in the hospital, lack of exercise and regular routine, combined with the staffs rather hopeless attitude. People have recovered far more quickly without any ar-cheologizing of the kind that Dr. Fried employs here. Nevertheless, something must be done to keep up Deborah's morale, and no doubt Dr. Fried's as well, for two-and-one-half years of constant setback is a long time. We have an excellent description of her once more emerging from the timeless

world.

Because she was going to live, because she had begun to live already, the new colors, dimensions, and knowledge became suffused with a kind of passionate urgency. As form and light and law became more constant, Deborah began to look into the faces of people, to talk with them and hear them. Although she was shy and stunted in the subjects on which people spoke to one another, she began to find the D ward with its lost patients and harried staff too thin a reality, (p. 198)

A friend, Carla, who has been out of the hospital and has returned remarks:

"It gets awfully lonely out there, that's all," Carla answered, (p. 199) Organizations like Schizophrenics Anonymous, halfway houses, etc., are clearly much needed by patients.

Dr. Fried's inquiries continue, and she concludes that the cause of Deborah's "illness" appears to have been her jealousy and murderous thoughts toward her younger sister. The book, however, suggests that she had been getting better before this matter ever came up.

Shortly after this, Deborah has her first visit home, which is noteworthy above all else for the complete failure on the part of the hospital to prepare the family for her return. Consequently she is overwhelmed by a crowd of visitors. She must have been indeed a good deal better to have put up with these unnecessary blunders without a serious relapse. Had the medical model been used consistently and seriously, there would be no reason to expose her to these unnecessary risks at the very beginning of convalescence. The family could have been told frankly and directly what would be best for her, and since her parents were loving and conscientious, they would have undoubtedly done their best to carry out doctor's orders. The trouble was there didn't seem to be any orders.

She continues to burn herself with cigarettes from time to time and requires to be restrained now and again in the frequently used packs. There is now a good deal of evidence that her world is steadily becoming more stable, until one day she finds

that burning herself hurts. Dr. Fried's explanation of the little setbacks that occur is very curious.

"These defenses against getting well and casting with the world are at their last barricades. Of course, there is a desperation to save everything that can be saved of your sickness."(p. 239) In medicine, of course, we would call these brief relapses, which are known to occur in many illnesses, and had she used the medical model consistently, Dr. Fried would have been under no obligation to use the tortuous and, to me, wholly unconvincing explanation. Deborah herself seems to have been more or less convinced, or at least after hearing it for more than two years, she had given up objecting. As I see it, the main function of this sort of explanation was probably to sustain the benevolent Dr. Fried in her determination that Deborah should get well; thus she was able to transmit hope even at the worst of times. I do not believe that these archeological explanations had played any direct part in Deborah's recovery. A dozen other explanations would have been equally convincing. It is the presence of such a good and kindly doctor which made all the difference, even though that doctor seemed to have little grasp of the very peculiar experiences with which Deborah was besieged for so long. Nevertheless, Dr. Fried's psychoanalytic system helped to sustain hope, and if that was all that it did, it was still important.

Deborah is still experiencing a great deal of imagery which she discusses with Dr. Fried who says:

"Perhaps the time has come to share the good parts, the lovely and wise parts of Yr, with the world. Contributing is building the commitment."

Deborah saw Anterrabae falling faster in his own spark-lightened darkness, and while Idat's tears had been diamonds, his were flame-bits; Lactamaeon was weeping blood like Oedipus. The blood made her remember something and she spoke absently. "I once went to a lady's house and saw

blood coming out of her kitchen faucets. There used to be blood clotted in the streets and people were bug-swarms. At least I don't have that any more." "Oh, Deborah! Health is not simply the absence of sickness. We never worked this hard just so that you might be un-sick!"(p. 249)

This reminiscence gives us a clear idea of how grossly she must have been misperceiving some time before. However, Dr. Fried does not seem particularly interested in these dysperceptions, or if she was interested, she didn't transmit this to Deborah; but then why should she be if in her theory everything is seen in terms of only one relationship, and the interaction of that one relationship with family conflicts which occurred in the past? The possibility that events might occur which were not related to current or past relationships never appears to have entered Dr. Fried's intelligent head.

Towards the very end of the book there is an account of another relapse on page 253. This is brief and she returns to the hospital for a short time where the patients are behaving in their usual barbarous way, and she is hit on the head by a cup and saucer thrown by another patient, but luckily sustains no serious damage. The book ends with Deborah taking up her school work again after being out of circulation for more than three years.

DISCUSSION

I am inclined to agree with the authoress that rather too much of this book was devoted to the other world of Yr which forms a sinister backdrop to her three years of purgatory. For those who find Yr relatively uninteresting, these episodes can be skipped without in any way reducing the value of this record of a patient's view of psych-analytic treatment of severe schizophrenia. Unlike some other accounts (Bait, 1966; Stefan, 1966; Woolf, 1925), one is left in no doubt about the competence and benevolence of the analyst.

What came through most clearly to me was the poor organization of the hospital, Deborah's courage and resilience which Dr.

Fried had fully recognized, and this able doctor's astounding confusion of medical, psychoanalytic, and moral approaches. We cannot, of course, be sure whether this confusion actually existed within the prototype of Dr. Freida Fromm-Reichmann herself, but we can be sure that it existed in Deborah's mind. Since the authoress has been given the Freida Fromm-Reichmann Award by the American Academy of Psychoanalysis, it would appear that at least some psychoanalysts do not consider that Dr. Fromm-Reichmann has been misrepresented here.

I believe that this confusion of models combined with the peculiar administration of the hospital probably retarded Deborah's progress. Nevertheless, she did get well and has, like so many other patients with schizophrenia, probably about 40 percent of them, stayed well. Long may she remain so.

But what part did this elaborate and prolonged treatment play in making her well? The description of the hospital suggests that although it was an expensive and reputable establishment, the living conditions, at least on the "disturbed" wards, were such as would have shocked Dr. Thomas Kirkbride (1880), over a hundred years ago. It would have merited that sharp reproof which Dr. Silas Weir Mitchell, the great neurologist, gave the psychiatrists in his famous address to the American Medico-Psychological Association in 1894, when he said, among other displeasing strictures, that the hospitals "looked and smelled like second-class lodging houses." The frequent use of restraints, the occasional brutality of the staff, and the laxity with which patients were allowed to behave in a manner more suitable for a concentration camp than a hospital would have disturbed and pained Dr. John Conolly of Hanwell (Conolly, 1964), or the benevolent Dr. Woodward (Grob, 1966), of Worcester State Hospital, both of whom were working in the 1840s.

It sounds an unpleasant and dreary place with a strange system of administration which has, for reasons which are unclear to me, been rather widely adopted and is still being used today.

It is curious that a doctor so perceptive and able as Dr. Fried appears to be little concerned with these wretched conditions in which her patient was being lodged at considerable expense for at least three years. During those three years the great majority of her days were spent not in Dr. Fried's consulting room exploring her early life with that sensitive, robust, and kindly lady, but being desocialized and demoralized on the unsavory "disturbed" wards of the hospital. Accounts which my colleagues and I get from hospitals who use these same methods today do not suggest that they have changed very greatly. Why should they? For the theory remains much the same. Until it is replaced by a better theory, energetic and devoted doctors, of whom Dr. Freida Fromm-Reichmann is exemplary, are likely, just as other doctors have done in the past, to harm their patients as much as they help them, however good their intentions.

This book has had a wide popular appeal and so it should, for it is well written and the story is a poignant one. For professionals it gives a deep insight into the experiential world of a young, intelligent schizophrenic girl, with a gift for writing. It also provides an occasion on which to ponder about the use of a form of

treatment for those suffering from schizophrenia which is still widely advocated even though its originator, Sigmund Freud (1911) and his able and faithful lieutenant, Paul Federn (1955), who was one of the first to apply it to schizophrenia, specifically advised against its use in this and other psychotic illnesses many years ago, before the first World War.

FREUD, S.: Psychoanalytic Notes Upon An Autobiographic Account of A Case Of Paranoia. (Dementia Paranoides). In: Collected Papers 3, 390,1911.

GROB, G.: The State and The Mentally III: A History of Worcester State Hospital In Massachusetts 1830 - 1920. Chapel Hill: The University of North Carolina Press, 1966.

HENNELL, T.: The Witnesses. University Books, New Hyde Park, New York, 1967.

KIRKBRIDE, T.: Hospitals for the Insane. (2nd Edition) J.B. Lippincott and Co., Philadelphia, 1880.

OSMOND, H.: On Being Mad. Saskatchewan Psychiatric Services Journal 1,63-70,1952.

OSMOND, H., and SOMMER, R.: The Schizophrenic No Society. Psychiatry 25,1962.

RUBIN, S.: The Milwaukee Journal. (Newspaper). July 11,1971.

STEFAN, G.: In Search of Sanity. University Books, New Hyde Park, New York, 1966.

WARD, J.: Personal Communication. 1970.

WINT, G.: Personal Communication. 1958.

WOOLF, V.: Mrs. Dalloway. Harvest Book HB 81, Harcourt, Brace and World, Inc., New York, 1925.

REFERENCES

AARONSON, B.: Hypnosis, Time Rate Perception and Personality. Journal of Schizophrenia 2:1,1968.

BALT, J.: By Reason of Insanity. The New American Library, 1966.

CONOLLY, J.: An Inquiry Concerning the Indications of Insanity. (Reprinted with the introduction by R. Hunter and I. Macalpine), London, Dawson of Pall Mall, 1964.

FEDERN, P.: Ego Psychology and The Psychoses. Basic Books, 241-260, New York, 1955.