TALES FROM THE COUCH

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A journey through psychiatry

The 40th Reunion of the Monash Medical School Class of 1967

It is a great pleasure to be here today. It is a great pleasure for two reasons.

The first reason is that, at our age, it is a great pleasure to be anywhere.

The second reason of course is to see so many familiar faces and to be reminded of wonderful times. Someone once defined adventure as hardship recalled in tranquillity, indeed our experiences were an adventure.

My own particular journey was through Monash of course and then Prince Henry's Hospital, which, with its own particular imperfections is still a place most graduates think of with great fondness. You will remember that the architect designing the north wing forgot to put in any bathrooms!

In the fifth year of our course, some of us had the rare privilege of living for months in medical students quarters on the 11th floor with a view to die for. A fact since recognized by the developers of the site.

Whilst at Prince Henry's I was torn between psychiatry and, of all things, plastic surgery. I'm not sure that I had any burning mission to save mankind or to ease suffering. I was sure that I was always curious and loved people's stories and that I liked working with my hands. Tony Zeeher, Paul O'Brien and myself often went to Cas at the Alfred Hospital on Saturday nights after parties offering our services to do any repair work. I loved it and seem to have a particular talent for needlework.

The decider was an experience I had when I was doing the neurology rotation. We had a woman in her 30s with three young children who had been widowed and some months beforehand had lost the use of her legs. She had been intensively investigated with little to show. I suggested a psych referral and the psychiatrist who saw her, knowing of my interest in psychiatry suggested I spend some time listening to her and talk to him if I had any concerns.

The story that emerged was that she had been befriended by three young trainee priests who always visited her together and were the only real adult companionship she had. There was no question of any impropriety but the local bishop, on hearing of this, immediately banned these visits and she was left bereft and feeling somehow soiled. As she said " I felt as if my legs had been kicked from under me". We psychiatrists of course make much of such comments. Well, I had no idea what I was doing and indeed I did little but within three weeks this woman was walking and had left the hospital. She later came back to work at the hospital as a nursing assistant.

I was astonished and delighted by her rapid recovery that seemed to me then quite miraculous. I decided this was a field I really wanted to work in. The other reason for not pursuing plastic surgery was that I was not sure I could get up at six o'clock every morning and work the long hours required or deal with the politics of advancing one's career!

It is important to bear in mind that at that time psychiatry was very exciting, alas not now. It was a time of new streams of thought, the anti-psychiatry movement, Ronald Laing, new drugs, LSD, therapeutic communities, Esalen, T Groups, the primal scream etc., questioning of old theories including tearing down the elaborate structure of psychoanalysis and was an intellectual ferment. It attracted some of the best graduates and there was competition for psych residencies. In retrospect it all seems so naive but then all radical movements have a bit of madness about them.

I became dissatisfied with the training in Melbourne and thought I needed a broader experience.

It was because of all this that I and others including Larry Brain obtained residencies at the University of Rochester which had a strong link with Melbourne and especially Prince Henry's Hospital.

I was then married with a young child and arrived in Rochester in late June 1971. We briefly borrowed an apartment before moving to our townhouse provided by the university. The first thing that struck me was that, in the apartment, on the coffee table was a large bowl filled with marijuana! Little did I know what else was in store in those turbulent years of drug use and "sexual freedom".

The accommodation was superb, we lived in houses that were almost new, set in a large park with deer, squirrels, and other animals. The weather was atrocious with six months of snow and blizzards. At times it was impossible to travel to the hospital or leave the hospital because of the weather. You could die taking rubbish to the dumpster. Leaving the townhouse involved shovelling metres of snow to reach the footpath. We left home in the dark and arrived home in the dark.

Whilst I was there I first realised the importance of Easter, the beginning of spring when we all began socialising again and we arrived time and it was still light. There was a brief summer characterised by very high humidity.

The University of Rochester was extremely well funded and in those days had an endowment fund of close to $1 billion and considerably more today. The university library had 11 million volumes and the rule for faculty (we were considered faculty) was that you could take as many books as you like, but only for a year.

The Department of Psychiatry was large, wealthy, and extremely well-equipped. There were 4 wards with accommodation for 100 patients, a fully equipped gymnasium, a full-size basketball court, a fully equipped woodwork shop, ceramic shop, photographic studio and a section of the emergency department that was staffed 24 hours a day by psychiatric residents. I was one of 15 first-year residents with several from overseas. There were about 50 residents in all including child psychiatry trainees and liaison trainees.

In an extraordinary act of generosity the university funded the overseas students from their own resources. This was a wealthy town. It was the home of Eastman Kodak, Xerox and a number of other industrial powerhouses.

I remember a number of foreign graduates were entertained one evening by an elderly woman in the Toorak of Rochester. On hearing that some of us were from Australia she showed us an opal necklace. There were 30 matched black opals, the size of large marbles and must have cost a small fortune.

I quickly found there were pluses and minuses to being a resident in the US. The pluses were that we seem to be at the centre of the psychiatric universe, there were visitors to the department every week who seemed to be world-famous in their field including Margaret Mead.

This may not mean anything now but in those days if I wanted a book I called a business in New Jersey and the book arrived within a day or so. There was a computer in the library and one could make a search of Index Medicus using the computer, which in those days seemed quite wonderful. We were also expected to

wear uniforms with a short white coat and white trousers and bore a superficial resemblance to Dr Kildare.

The down side was that we were working the same sort of hours I had worked as a first-year resident, there were no such things as residents quarters, we slept in a large dormitory in bunk beds. There was no such thing as a doctor's dining room, we ate with the hoi polloi and the food was dreadful, hamburgers, chips, hot dogs and not much else. Within a year I had gained about one stone in weight.

Nevertheless it was a fantastic experience because of the high level of supervision, the numerous seminars, the leadership provided by the senior clinicians and the vast range of psychiatric illness we were expected to deal with.

The first year of the residency was spent on the wards. In the second year we began treating outpatients including doing psychotherapy. Psychotherapy is an encounter between two people of whom one is less anxious than the other, hopefully that is the therapist.but not in the following situation.

One of the first patients I saw for psychotherapy was a middle aged left wing journalist who made a living collecting quotes from left-wing figures and using them to publish calendars.

I saw this man, whose wife had suicided the year before and was deeply sad in a small room with no windows with a metal desk and two metal chairs and blank walls with fluorescent lighting. I was wearing my whites. After introducing myself I sat there saying nothing, which was my understanding of what I was meant to be doing. This man had read Freud and was familiar with the theory of psychoanalysis. He began telling me why he was there and I nodded. He told me about the death of his wife and how distressed he had been and I nodded, he told me about his dreams and I nodded.

Then, to my astonishment he told me that he loved me!

This was too much and made no sense at all. I felt I could not keep up this charade of knowing what I was doing when clearly I was totally out of my depth.

I said I couldn't understand how he could possibly say that. We had spent the last half-hour sitting in an awful room with me sitting saying nothing, just nodding and for him to say this seemed absurd.

He agreed and said in fact he was very angry. He had tried to be a good patient, he understood that he had to free associate, tell me his dreams and develop a transference relationship, he understood that it was traditional for patients to fall in love with the therapist and he had tried to do that. He said that, frankly, he couldn't see the point of it. I told him I was a bit puzzled myself. We then began chatting and we seem to get on quite well after that and I saw him weekly over the next few months and always enjoyed seeing him.

When I told my supervisor about this interview he was horrified and told me I had broken all the rules of psychotherapy. I must say, although I felt he was probably correct, it did seem to me if that was the case, the rules of psychotherapy weren't worth a damn.

It was whilst I was at Rochester that I learnt one of the fundamental rules of psychiatry. The occupational hazards of surgeons is infections and the occupational hazard of psychiatrists is affections.

I saw a woman called Rose, by this stage I was a little more comfortable with psychotherapy. Rose was the wife of an Italian businessman, with a number of associates, who worked in the construction industry, but also had some involvement in rubbish removal and some other activities I was not privy to. Rose was a tense woman in her 30s who had a very rapid manner of speaking and appeared puzzled by questions I asked and by the whole process. At the second interview she abruptly stood up near the end of the interview and said "This is all rubbish and not what I came for". With that she launched herself at me and began hugging and kissing me and inviting me to have a sexual relationship with her. I was totally out of my depth and could only splutter but I was married to which she replied sensibly " well, so am I."

At that point the only thing I could think of to do was to push her out the door. I now think part of my distress was that I actually found her attractive but at that stage all I could think of was survival.

That night I received a telephone call from the hospital. Rose had taken an overdose and had been admitted to the ward and was my patient on the ward. My heart sank, I went to the ward the next day to see Rose in her room. She immediately launched herself at me again kissing and hugging me. I had no idea of her diagnosis, I had no idea how to be therapeutic, all I knew was terror. I rushed out of her room and ran to the nurses station and asked one of the nurses to come back and be present during the interview. Rose was very unhappy about that and made her dissatisfaction very clear with verbal abuse and an attack on my manhood, possibly warranted.

I realised the situation was untenable and I arranged for a female psychiatrist to take over her care.

I spent a good deal of time talking with others including my supervisors about how well as I could have dealt with the situation and I eventually came up with a strategy that I will mention in a moment.

I was not done with Rose however. About a year later I received a telephone call to see the lawyers for the hospital. I found that her husband wanted to sue me, considering the business he was rumoured to be in, this was a most civilised option. I found the grounds for suing me was that Rose had told her husband that I claimed to be God but she had found that I was not God. My initial suggestion to the lawyer about how to deal with the matter was treated with some contempt. I suggested that, indeed I was God but that I had chosen not to exercise my powers. He dismissed that as frivolous. This further reinforced my view that, at base, I was and probably remain, deeply shallow.

Some years later after I was established in private practice in Melbourne I saw Jan, a woman of similar age to Rose with two young children, one of whom had cystic fibrosis. Leaving aside the therapeutic relationship, I liked and admired her as a person. At one session she invited me to go to a motel with her that evening. My experiences with Rose had given me tools to deal with this type of situation. I told Jan that I was very flattered by the offer but that was not what we were there for. She said it was the nicest rejection she had ever had.

Anyway, I left Rochester after four exciting years with many good memories and wonderful training in treatment and apart from the breakup of my marriage it had been a good time.

I came back to Australia with mixed feelings but mainly because I wanted to be present in my children's lives, one of the best decisions I have ever made.

I had completed my training in Rochester by doing two years of child psychiatry and when I returned to Melbourne it was as one of only three or four child psychiatrists in the city. I found I really enjoyed working with children but became discouraged by the funding structure.

Although many of the children and sometimes the parents needed long-term therapy this meant I was very quickly forced to close my books as there was no one else they could see and be funded in the private sector. I had discussions about establishing a child therapy clinic with suitably trained therapists, social workers, learning disorder specialist and so forth but there was no way to fund it outside it being part of a major hospital. I was also a consultant at one of the large metropolitan hospitals and became increasingly dissatisfied by the amount of time that was spent on meetings, seminars and assessments. It seemed like more and more time was spent on fewer and fewer patients. At one point, in exasperation, I told the assembled group that I personally saw more patients in a week than the entire clinic.

I did have the privilege of starting a crisis centre at this hospital and I ran the crisis centre on a part-time basis for some years and found that very interesting, it raised all sorts of issues. For example we had a patient with a chronic schizophrenic illness who was receiving appropriate medication but kept being brought back to the hospital. The reason for this was because of housing issues which were related far more to his poverty and his lack of friends than to any active illness.

So I spent a good deal of my day with parents and children. This proved to be a sobering experience, especially dealing with some parents. I remember telling a young woman that she was overreacting to her very bright seven-year-old daughter and it would help to lighten up a little. She came to the next session with a look of triumph on her face and told me " well, I did what you said and it didn't work!" I asked her what she had done. She said "well, as I did what you told me, I laughed at her". My shoulders slumped.

On another occasion I saw a couple who were very concerned about their four-year-old daughter because she was masturbating, not only was she masturbating that she was doing it like "a married lady" by which I understood them to mean that she was having orgasms.

Well I saw this little girl who was delightful. She appeared terrified and I told her that she looked like she was very frightened, I asked her what she was frightened of. She said she was frightened of the questions I was going to ask, I asked her what questions I was going to ask. She said "you're going to ask why I do it". I said well "that's easy, you do it because you like it" and she nodded. I asked her if there were any other questions I was going to ask and she said that "you are going to ask why need to have the light on when it was dark. I said "well, that 's easy too, it's because you're scared of the dark". As an aside, this is not rocket science. She visibly settled. I then asked how her parents knew she been doing it and she said they came in and felt her when she was in bed, if she was hot, it meant she had been doing it. I asked her how that made her feel and she told me it made her feel awful. I

asked what she did about it and she told me she did it again to make herself feel better.

You may wonder what the issue was for the parents, certainly I was puzzled. I could see no evidence that this little girl was disturbed in any way. The reason for her parents concern proved to be very interesting, it was her father. He was frightened that if she had any sexual pleasure without a man present that she would become a lesbian!

I also came to realise that many people regard psychiatrists as powerful, close contact with psychiatrists proves the hollowness of that perception.

I was assessing a couple who had some concerns about their son. The mother was a middle-aged woman who was being treated for a schizophrenic illness. The father was a bankrupt who was fat and also middle-aged with what looked like a row of dead pine trees across on the top of his head from a failed head transplant. He also admitted that he was impotent. All this was told to me in a jovial, bluff rather hearty manner.

I said to him "I wondered if underneath that jovial manner you don't sometimes feel very sad". He turned to his wife and said with astonishment, " how does he know?" His wife said smugly, " he's a psychiatrist!"

As time passed, my patients became older, my children became older and I became older so from seeing children I seem to be seeing adolescence and then young adults and eventually realised I was no longer a child psychiatrist. I had also begun doing more medicolegal work that satisfied my curiosity and that I continue to do.

This meant seeing new people every day with regard to their claim. At the time I was working from home. I had a small waiting room that was very sunny, I also had a dog, a lovely dog called Bill who was a blue heeler and the family also had several cats. I sometimes came to the waiting room and found people standing as every chair was occupied by a cat sunning him or herself in the sun. I was also concerned because Bill, although a wonderful dog had bitten 2 people, I could not complain about his judgement about who he had bitten, one of them was my uncle and the other proved to be the chief policy adviser to the then leader of the opposition, but I worried about him biting a patient.

Accordingly I banned animals from the waiting room.

On this particular day some years ago I had gone to the waiting room and saw the next patient, a small fat balding middle-aged man sitting on the edge of his seat who looked very anxious. My attention was caught by Bill, who was lying on the floor of the waiting room enjoying the afternoon sun.

I said, "Bill, you know you’re not meant to be here, come on, get in here, get moving". This was said with some acerbity and gestures with my hand indicating to him to get into the back of the house.

To my astonishment the next patient immediately stood up and started heading for the same location. I said "not you, sit down, I will be with you in a moment."

As time passed I came to realise the virtue of frankness. I continued to see some private patients including a retired man who lacked all charm, he was helpful, thoughtful, considerate, had a nice wife, but no friends. He asked me once, " why

don't people like me?". I said, "well, you're unlikeable". He was understandably offended by that comment but I said that he was clearly a good man but unfortunately had missed out on charm and it was about time he stopped trying to be nice to people because it always backfired. By doing things for people he was irritating them more than he was getting them to like him. He reluctantly could see the wisdom of that and continued to see me for some years.

Psychiatry, leaving aside the question of drug use, is about language and words for example have been intrigued by the way people use words. The word, workaholic has entered the language but amongst the variations I have heard are " I'm one of them working alcoholics". Another variant was a man who said that he was an alcoholic worker!

A particular patient of mine surprised me one day by telling me, with reference to a bout of recent diarrhoea, " I felt as if I was walking a tightrope with my bowels." I was so amused by this imagery that I had to make an excuse to leave the room to have a chortle.

I continue to be intensely curious about the stories I hear despite having seen almost 20,000 people over the last 30 years.

I feel I am in a uniquely privileged position. I can have conversations with people and cut through the usual public face. On many occasions, in the context of interviewing somebody for a medicolegal report I ask people how they are and I am frequently told, " Oh, pretty good thanks" which of course is usually not true because otherwise they wouldn't be there but this is a conventional response to the query "how are you". My response is to say, " I want you to tell me what is going on under your public face" and people then become forthcoming.

This means I am privy to all sorts of secrets and at times I admit to becoming a little jaded. For example, every person I see I ask about their sexual function, usually with an open-ended sort of remark like, " have there been any sexual difficulties'. Some people question why I would want to know such a thing and I have sometimes heard myself say, usually at the end of the day. "Don't for a moment think I'm personally interested". I tell you that with some mixed feelings.

From day to day the stories are different. I saw a man last week, an orthopaedic surgeon, who had a malignant tumour above his clavicle, initially treated with intensive radiotherapy and then surgery leading to major damage to his right brachial plexus. He has been left with a flail right arm. Just before he was to be discharged, a surgeon came to see him and told him "congratulations it was not malignant after all!"

That same day I saw a young woman wearing shorts and a singlet who had been driving a car that had been hit by a semitrailer. She had most major bones broken. She walked with a limp and had ugly red scarring all over her body. She had some mild brain damage but had returned to work and had been welcomed by her employer. She was in a relationship with a very loving man. She told me that although she did not like the scars nevertheless she felt no shame about showing them and she was pleased to be alive

I find myself being unexpectedly moved, sometimes to tears, by the courage and resilience of some of the people I see facing terrible adversity with great bravery.

I think I would have liked doing plastic surgery and may have even been quite good at it. I know I have liked being a psychiatrist and have found it challenging, intriguing and never dull. I give tribute to the training I received at Monash and to the fellowship I received from my fellow students. I feel I have been enriched by both throughout my life.