

Catatonic Woman pp 190-192

Charles begins again. "When I first started private practice, I had a patient who kept having brief catatonic episodes. When I first met her, she was seated on the floor of a quiet room, legs spread apart, rhythmically smashing herself in her face with both fists, as she cried out, 'Rats—rats.' I would later discover that she was convinced that she was splitting apart and radioactive garbage spilled from her body to be consumed by a swarm of rats. When her psychiatrist left the Chicago area, he referred her to me. She had been hospitalised four times in the previous two years. I was determined that she wouldn't return there, and this never happened during the forty years we worked together."

"Tell me about that work with her," I say.

He smiles, "You know sometimes we are the last to know. One day she said to me, 'One of my students . . .' in passing. I asked, 'What students?' 'Oh—I didn't tell you—I've begun giving piano lessons to children.' It turned out that all the mothers in the neighbourhood were beating a path to her door, so effective an instructor she was. Once, she described how a child snuggled up against her during a lesson. This pleased her. This from a woman who had been convinced she was filled with radioactive garbage

"She would try to rid herself of this stuff by raking her wrists with her fingernails until they bled. She would then bandage her wrists. Once, while lying on the couch, she raised up her bare wrists. 'Look,' she said, 'no marks.' You may wonder why, contrary to all recommendations and to common sense, I would have a psychotic person lie on the couch. It was purely pragmatic. On the couch she did not risk looking at me, 'to find that I did not exist' as she told me, and perhaps to avoid exposing me to her lethal gaze, I conjecture. Once, after emerging from a catatonic episode, she gazed at me straight on. Weeks later she asked, 'Dr T—do you have a moustache?'"

I smile at this; as long as I have known him, Charles has had a moustache. I wonder aloud, "And when a person can't organise himself to speak, what does your part look like?"

Charles replies, "Often it looks like nothing at all. But I'll follow any lead. For example, with this patient I often had to literally hold her. As we sat next to each other on the floor, I'd insist that she tell me what had just happened. One day, in speechless frustration, she raised her hand and gestured as if she were using a pencil. I provided pen and paper and for the next several months she made crude drawings of her head being split open by lightning bolts and we were able to engage in much discussion about the ramifications of this. I

suppose this is an example of scrabbling about to use what you have at hand in the spur of the moment. In contrast to her crude sketches, she was, in fact, a talented artist, as revealed by booklets of photos of her work she would later bring to me.”

Charles pauses and adds, “One day after this she responded to another of my queries as to what had just happened by saying, ‘I am in a pit and you always put a ladder down into it and so I can climb out.’”

I say to Charles, “Some of our colleagues think that psychotics can’t use metaphor, you know.” We both laugh heartily about that.

Then he becomes serious, “The thing about the pit is that it’s not foreign to me.”

I ask, “How was it that you reinvented a form of psychoanalysis that might work?”

Incredulous that he might have done exactly this, Charles replies, “Oh, I’d often say to myself, I’ll just throw in the towel! It’s useless. There’s nothing anyone can do. I’d listen to myself, and retreat from ‘doing’ something, but persist in meeting with the patient. I was looking for anything that would counter ‘it’s hopeless’, anything that would open up a space for the work.”

“And, are you still seeing her? What is she like now?” I ask.

“So we come to the topic of the end-game, the real end-game. She was afflicted by cancer of the tongue, and it is ironic that the very instrument of speech was afflicted. I was horrified at the news. What would be worse—not to be able to eat or not to be able to speak? But neither occurred. We continued to meet, and then, because of her sensitivity to exposing her disfigurement and, ultimately, physical weakness, we switched to the phone.

In our last conversation, she was weak and resigned, ‘No more treatments, no more drugs.’ She paused. I suppressed an urge to reassure and offer hope, and just listened. Then she simply said, ‘Thank you.’ And that was it. “

At her funeral, her husband spoke to those assembled. ‘She lost her battle with cancer, but won her fight against mental illness.’ On a little pedestal next to the lectern from which he spoke rested a small sculpture of a seated woman. After the ceremony, he approached me, sculpture in hand, and gave it to me. ‘Here, I want you to have this. Often when she came back from a session with you I’d ask how it went, and she’d answer, ‘Oh—we sat on the floor.’ That seated woman rests on a table in my office at the foot of my couch—just as a reminder.”