SCHOPENHAUER'S PORCUPINES

Intimacy and Its Dilemmas

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FIVE STORIES OF PSYCHOTHERAPY

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FOR GRACE

2 CHRISTMAS IN JULY

IT WAS JUDITH KAPLAN'S pediatrician who contacted me about her.

"A medical phenomenon" is what he called his eleven-year-old patient, whom he labeled a *superlabile diabetic.*

The word "labile" comes from the Latin *labi*, meaning "prone to slip." The blood-sugar levels of superlabile diabetics rise or fall drastically, inexplicably. Worse still, the patient whose blood test shows the need for thirty units of insulin may inject ten times that amount and produce no change in level.

Most physicians now believe that one key to diabetic control is the management of stress. A kind of medical code word for all things psychological, stress can override the body's natural chemistry to an astonishing degree. The problem is that the causes of stress, particularly in children, are often far less obvious than its dangerous effects.

Judith was a case in point. According to her doctor, she was the oldest child and only girl in a "stable, loving, truly great family of six." In third grade, she was diagnosed with ordinary Type I

diabetes, and at first she managed her illness remarkably well. Unlike some children, Judith never complained, not even in the beginning. Dr. Shapiro described having watched then-eight-year-old Judith pull the dietary instruction book out of her mother's hands so she could study it herself. Mrs. Kaplan had administered the insulin injections for the first two years, then Judith took over at age ten. By fifth grade, diabetes had become a completely private affair. Far from taking on the role of the handicapped child, Judith became her mother's right hand at home and every teacher's helper at school.

Six months before her pediatrician phoned me, something had gone terribly wrong, and no one knew why. It started one evening when Mrs. Kaplan asked Judith to finish bathing her three-year-old brother. She refused, saying she felt sick. Judith tested her blood and realized she needed insulin. An hour later, however, her levels had not come down, so she injected more. When even the additional insulin produced no improvement, her parents, close to panic, took Judith to the emergency room.

Judith received an intravenous line for hydration and more insulin, and was stable. When the doctors quizzed her about her regimen, she admitted she had eaten more than usual at a friend's house and had forgotten to test herself. She was sent home with a lecture about junk food.

Six months later during a routine check-up, Dr. Shapiro became alarmed. Judith had not had another crisis, but her numbers now looked dangerously erratic. She also seemed depressed. He asked if she were having problems at home or at school. *No.* He told her that kids her age had new pressures that could throw off diabetic control. Was she arguing with her parents? Did she have a crush on a boy? Was she nervous about menstruation?

Judith shook her head: none of those things applied to her. She did acknowledge "worrying a lot," but declined to elaborate.

She insisted that with more effort she could get her blood levels back to "perfect."

Later that spring, Judith was rushed again to the emergency room. The doctors were so shocked at her blood sugar that they tested the insulin she was using to make sure it was still good. Her baffled parents were sick with concern. That's when Dr. Shapiro told them about our clinic, which specialized in the psychology of stress-sensitive diseases such as asthma, epilepsy, and diabetes. I had been on staff for four years at that point, and had treated a number of diabetic children. For most, the stressors—poverty, child abuse, the absence of family—were immediately obvious. Judith was more enigmatic. Although her parents had balked at what they called "psychiatric involvement," they were, at this point, ready to try anything.

Dr. Shapiro confided to me: "I have known this kid all her life. She tends to be studious and serious, but not like this. It could be the illness that's causing depression, but I don't think so. She's having nightmares, but won't tell me any content. My guess is she would open up more to a woman. I told the family I knew someone who would be perfect for them. They should pull Judith out of school to see you if they need to."

The next call was from Mrs. Kaplan. I offered to meet them that evening or the following day at noon. I asked to see not only Judith and both parents but also her siblings for at least the first session. This was clinic policy, and the reason was simple. Since the 1970s, research on children's psychosomatic disorders has identified the family as a potential source of stress and, also, an excellent locus for therapeutic intervention.

At my request to see the entire family, Mrs. Kaplan cleared her throat a couple of times. She was happy to bring the other children along if I insisted, but felt that her very busy husband should be excused. I had already heard this objection so often

in my professional life—fathers being too busy for therapy—that I did not belabor the point. I simply said that Mr. Kaplan would need to attend. Mrs. Kaplan vowed to do her best and accepted the following day's appointment: Friday noon.

At the stroke of twelve, Pauline, the receptionist, phoned my office.

"Rabbi Kaplan and family are here to see you, Dr. Luepnitz."

No one had said anything to me about a rabbi.

A consultation that seconds before had struck me as fairly routine was suddenly fraught. The last time I had treated the child of a rabbi, I had committed a serious gaffe. After walking out to the waiting room and shaking hands with the patient and her mother, I offered my hand to the father, who extended his index finger and looked away. I remember to this day the confounding power of that gesture. I had no idea what it meant, nor how to ask about its meaning. As we proceeded back to my office, the rabbi had walked behind me and whispered gently, "Just so you know: Orthodox men don't shake hands with women."

I had not known. The results of that therapy were salutary: the child got well, and the parents were pleased with the work we did together. Nonetheless, our early sessions had remained awkward, and I was keen to do better now with the family in the waiting room.

I went out and shook hands with Mrs. Kaplan, a small woman with dark circles under her gray eyes. She was stroking Judith's hair gently. I shook hands with Judith, thin and pale with beautiful reddish-gold braids that were coming undone. She was holding her three-year-old brother, Sam, on her lap. Judith wore the medical emergency bracelet that diabetic kids routinely wear, but it looked twice the size of her wrist. Her glasses, similarly, were about to slip off her tiny nose. The word that came to my mind was "wizened," an odd word for a child.

I took a few steps in the direction of Rabbi Kaplan, not extending my hand but inclining my body toward him, in a gesture that resembled something between a Buddhist bow and a *petit mal* seizure. A short, energetic man with light-blue eyes, Rabbi Kaplan stood up, offered me his hand, and said a few words to me in Hebrew.

"Excuse me, Rabbi?"

He looked at me and blinked twice.

"I'm glad you could come on short notice," I offered.

"The older boys are not here," he remarked. "They're in school."

I lowered my gaze as we walked back to my office and noticed that Mrs. Kaplan had a significant limp in her right leg. Once we were settled inside, Judith said she needed to use the bathroom, and was excused. Her father, peering at the Easter decorations the patients had made for my desk, chose that moment to say:

"I get the impression that you are not Jewish."

It was *déjà vu* all over again. The last time a rabbi said those words to me in a session I had blurted out something like "I'm sorry, but I'm actually Catholic." That would not be a hard act to follow.

"Rabbi, it seems you were expecting a Jewish therapist."

He nodded. I informed the Kaplans that with our large and diverse staff, it was certainly possible to match them with a different provider, if they so desired. They turned to each other, spoke in Yiddish, and it was again Rabbi Kaplan who addressed me.

"Judith's pediatrician, who knows her well, told us you were Jewish. Since she has never seen a psychologist, we thought it would make her more comfortable, yes. Is it essential? No, of course not."

There was no smiling or joking about this mistake. I suspected the parents themselves would have been more comfortable had I been of their faith.

I said I would be very happy to work with them, but that they should feel free even after our first session to request a transfer.

"No," the parents said in unison.

"We will see you," said Mrs. Kaplan. She got up to pull Sam away from the toy-box. Again I noticed the stiffness in her leg. Judith returned, and her mother spoke to her in Yiddish. She nodded. I was feeling excluded, but didn't want to say so. If Judith felt uncomfortable with me, I doubted that she would let on in front of her parents. I would ask to see her alone in any case.

I raised a question to the family about how Dr. Shapiro had explained the purpose of our meeting.

"Are you asking me?" said Judith.

"Why don't you start," I replied.

"Diabetes has four factors," she said, "food intake, exercise, insulin, and stress. And since my other factors are fine, Dr. Shapiro says I must have stress and need to talk with you to figure it out."

"Well said, Judith," I remarked.

"And the parents are needed to give input, I take it," said Mrs. Kaplan.

"We've found that seeing the whole family is extremely valuable in understanding stress, yes."

I posed several questions about what they had been through during the previous six months.

"It has been difficult and frightening, as you can imagine," said Mrs. Kaplan.

Sometimes families come to therapy with a theory about what has gone wrong—a theory they may or may not have

shared with their physician. I asked the question point-blank. It was Rabbi Kaplan who answered that it was a "mystery of mysteries." He had heard of diabetic children who became rebellious in adolescence and stopped taking care of themselves. Judith, he said, was a child who was rarely angry, never defiant. She was a superior student, worked very hard at her music lessons, and showed maturity beyond her years.

Her mother spoke next. The doctors asked if anything catastrophic or unusual had happened in the past six months. Mrs. Kaplan had told them no: No one had died, or been in an accident, thank God. She turned to her daughter.

"Judith, I must ask you again here. And please tell us exactly what you feel. Are you unhappy at school or at home? Has a teacher been unfair? Has anyone, God forbid, hurt you?"

"Has someone offered you drugs?" asked her father.

Judith was not irritated by these questions as some adolescents would be. She simply said, "No."

"There was an incident about girls being rude to her in class one day. But that's it. Maybe you should tell the doctor about that, Judith," said her mother.

"That wasn't so major," said Judith.

I asked if she would mind telling me anyway. She said that their teacher had asked the class to choose a movie they could see together as a reward for finishing their tests. The other kids wanted to see a comedy, and she had suggested something serious. They laughed at her suggestion.

"I remember you were upset by that, Judith. If those girls are a continuing problem for you, we need to talk about this. Maybe something should be done," said Mr. Kaplan.

"No way. That was just a . . . misunderstanding." Judith rolled her eyes, looking for the first time typically adolescent.

I said it was often helpful to pinpoint exactly when a problem got started. When did Judith feel she had moved from normal diabetes management to a situation out of control?

"I can't really say," she replied.

"Roughly speaking," I added.

"I just don't know."

"Well, did the problem start during summer vacation last year, or closer to Christmas?"

I stopped while everyone in the room over the age of three reacted to my inapt choice of holidays.

"Did the problem start closer to summer or *winter*?" I pushed on, feeling foolish.

"Somewhere in between," she said.

Rabbi Kaplan intervened at that point.

"Things got bad in October. That was the first emergency-room visit."

"The numbers were already not good in September," said Mrs. Kaplan.

"I would say the problem started in October." His voice had picked up an edge.

"The emergency-room visit was the fifth of September. I am the one who calls the doctors."

They were interrupted by Judith's knocking over a bowl of marbles on my toy-shelf while reaching for a tissue. Never had forty glass spheres created more havoc. When Judith bent down to pick them up, her father urged her to sit back down and answer my questions. Mrs. Kaplan shot up to grab them away from Sam, who had embarked on a tasting, then roller-skated back to her chair on the ones under her feet. Again, no one cracked a smile during this little drama. They were all overwhelmed by the problem at hand.

I attempted to take some family history, but I didn't get very far as the Kaplans clearly did not find my questions relevant to diabetes management. I found out that they had lived in Israel for a while, that Judith had been born there, and that they had a fairly large extended family living in Philadelphia.

I turned to ask Judith if she had a theory about what had caused this change in her condition. She began to cry, and so did her little brother.

"All her brothers are worried sick," said Mrs. Kaplan. "The fact that they're not here doesn't mean they don't care. They care very deeply."

"I know, Mom," said Judith. "I'm just afraid of having to go into the hospital. I would miss school, and be with kids I'm not used to. I have promised since the *beginning of the year* that I would help Mrs. Schwartz organize the science fair. And who would take the groceries to the Horowitzes? I don't want to be in the hospital. I think I'll be fine from now on."

"You have been saying that, Judith, and it's not your fault, but you are not yet fine."

I asked if I could see Judith alone for a while. The parents looked long at their daughter. As I always do in situations like this, I asked them if Judith had permission to say anything she wanted, without worrying about getting in trouble. (Kids sometimes feel torn about "squealing" on their parents.)

"Yes, of course she does!"

As soon as Judith and I were settled in an adjacent room, she looked more comfortable.

"What my father said to you was a Shabbat greeting, that's all. It's OK that you're not Jewish. Our family doesn't discriminate. I think we all felt a little upset about coming here today because we're not used to seeing psychologists, but that's all."

I thanked her for her comments. Judith was the kind of young person adults love: reflective, articulate, helpful.

My opening gambit was something about diabetes being a difficult challenge in life. But self-pity was not on Judith's agenda.

"Diabetes is no big deal, usually. It's not like having cancer or something."

"Dr. Shapiro told me you learned to manage your blood levels in no time."

"Thank you. My family eats kosher, so I was used to eating carefully. Sometimes we bring our own food on trains and things."

"The injections—"

"—aren't horrible or anything. You just change the spot on your belly each time so you don't get sore, that's all."

Reminding her that I wouldn't repeat anything she told me without her permission, I tried to get Judith to describe what was bothering her. I brought up the night terrors, but she said she didn't know what they were about. She would just wake up cold and frightened.

"Nothing bad has happened *per se*. I just seem to worry a lot."

"What about?"

"I don't really know."

"Your health?"

She looked slightly exasperated at my purveying of the obvious.

"*That* we already know!" she said.

"Can you tell me more?"

"I worry about my family, I guess."

"Explain, please, Judith."

"My parents work very, very, very hard for us. They would do anything for us," she said, starting to cry.

"Yes, you have hard-working and devoted parents, and . . . "

"I don't know."

"Sometimes hard-working parents get irritable and they argue. That can be upsetting to kids. What about . . . "

"My parents argue sometimes. And it upsets me. But I'm not afraid they're going to divorce or anything."

"What do you do when you are upset?"

"I try to be helpful. I play with my brothers."

I asked what it was like to have three brothers. Judith said it was fine, but when I asked if there were anything she would change about her life, she said it would be to have a sister.

"Someone to play and study with me."

I asked again about school and friends. This time she was ready to elaborate.

"I love my school, and my friends are good. But I am very religious, and a lot of the kids are very secular. They're really into being 'cool.'"

The "cool" kids, she said, were crazy for boys, rock stars, and clothes. "Things that don't matter so much to me. Oh, I almost forgot to tell you the most important thing! Miriam, who is a college student and family friend, has moved to Chicago and we miss her, but mostly I do because she used to tutor me in Hebrew, just as a favor to us. She is so great, Miriam, so brilliant, and we all love her. My brother David studies with my father at night, but I don't have anyone to study with."

"Do you ever study with your father?"

"No, because I have to help Mom with the little kids. She has a bad leg. She had polio when she was a little girl, and she gets tired going up and down steps."

"Do your parents know how you feel about wanting someone to replace Miriam?"

"I think so. But right now they can't afford it, and I'm not going to just say, 'Hey! Give me a tutor this minute!' You know, it would be, like, so selfish."

At this point, she fell silent again. I tried to query her about being selfish, but she was starting to shrug off my questions. I asked if she would mind doing a couple of drawings for me before we rejoined her parents.

Drawings offer clues about children's fantasies. They are particularly useful when the problem is urgent and the therapist can't count on months of sessions during which those fantasies might unfold.

Judith seemed relieved at the prospect of doing something besides talking. She drew carefully for the next ten minutes, erased a lot, and handed me the pictures. I suggested we rejoin her parents and Sam.

"Well?" said Mr. Kaplan, as though Judith and I were a jury returning with a verdict.

I said that we had had a good conversation, and that I wanted to continue it the following week. Reluctantly, they made another appointment.

"Please remember, Doctor, with all due respect to you. Our single goal is to get Judith on track again, and not to do in-depth analysis," said her father.

"To tell the truth," added Mrs. Kaplan, "we weren't sure if this consultation involved one appointment or many."

I let them know that it was impossible to do this work in a single hour. I guessed we would need at least five to ten sessions, but that I would accept the goal of getting Judith's diabetic management back on track.

"Can you give us some advice based on what you learned today?" asked Mrs. Kaplan.

The truth was, I couldn't. There was no advice, no set of impressions I could offer at the moment. But her request was

certainly reasonable. They needed to hear something from me, obviously.

"Judith's medical condition has stumped her doctors, and we know it's a serious thing. Dr. Shapiro feels this is a problem requiring a team approach. Now I'm on Judith's team as well, along with you and her teachers and the medical staff next door. If Judith needs to go to the hospital again, I will be called. If you should have questions for me before we meet again, please phone me here or at home."

The parents nodded politely and smiled. I showed them out and collapsed into my chair to think. It had been a tense hour for us all. They were a captive audience, present only at the urging of their doctor. On top of that, I was not the person they were expecting to meet.

Everyone who seeks therapy brings a desire for and a resistance to change—a *yes* and a *no*. The Kaplans expressed their resistance by refusing to bring their other children, and by using a language I didn't understand.

Their desire for help was also clear. They had shown up on time, listened, talked, asked questions, made another appointment. My heart went out to them as to all parents with sick kids. The long-term consequences of uncontrolled diabetes can be catastrophic. Four hundred Americans die each day from the disease, and tens of thousands suffer complications such as kidney failure, blindness, and circulation problems leading to limb amputations. The Kaplans had no way of knowing if their daughter's medical crisis had passed, or if this were just the beginning of a downward spiral.

According to some analysts—including the late Serge Leclaire—the therapist must take into account his or her own resistance. My resistance had spoken up for itself loud and clear. Asking a Jewish child about a Christian holiday was my

unconscious way of saying: "Give me another family today with a background identical to mine so I can simplify this complicated and life-threatening problem!"

Fortunately, my commitment to help far surpassed my resistance. I admired the Kaplans for following through on the pediatrician's instructions (not all families do), and I viewed our differences as a chance for learning.

I liked Judith. I appreciated her thoughtfulness and her verbal adroitness. She struck me as one of those kids who know that something has gone emotionally haywire but genuinely do not know why.

"I know I worry, but I don't know what about. . . . "

Psychoanalysis takes it as a matter of course that we can know and not know something at the same time. Whether or not Judith was uncomfortable seeing a therapist at all, or seeing me in particular, she had opened up more to me than to her pediatrician. Some therapists would have chosen to do individual therapy, working on her fears, fantasies, and behavior without seeing the family at all. But in general, the younger the patient, the more likely I am to do family therapy. A suicide attempt by a seven-year-old can scarcely be comprehended or treated without family work. Teen-agers, on the other hand, have complex lives of their own, and many request therapy for themselves. Because adolescents are in an in-between time of life, I usually hold some sessions with them alone and others with the family.

Judith was mature in some ways, but not in others. I looked closely at the pictures she had drawn. Although she was verbally precocious, her drawings were immature. She used stick figures where most adolescents would try to sketch flesh and bones. What caught my attention first was the house she had drawn. She had depicted sturdy foundations and a front door with a large door-knocker, but the windows were tiny. A small chimney

belched a cloud of dark smoke half the size of the house. If the drawing indicated her family's need to let out steam or clear the air, then the Kaplans would be like many other families that therapists call "psychosomatic." Freud, of course, theorized a century ago that people sometimes use physical symptoms as a replacement for speech. He also noticed the fact that families play a part in the formation and maintenance of individuals' symptoms. In "The Case of an Obsessional Neurosis," he wrote:

> This family plan stirred up in him [the patient] a conflict as to whether he should remain faithful to the lady he loved in spite of her poverty, or whether he should follow in his father's footsteps and marry the lovely, rich, and well-connected girl assigned to him. And he resolved this conflict, which was, in fact, one between his love and the persisting influence of his father's wishes, by falling ill, or, to put it more correctly, by falling ill he avoided the task of resolving it in real life. . . . The proof that this view is correct lies in the fact that the chief result of his illness was an obstinate incapacity for work which allowed him to postpone the completion of his education for years.

The important contribution made by the family therapy movement in the 1970s was one of clinical technique. Freud treated individuals only, but family therapists invited the entire family into the consulting room. The symptom-bearer was called the "*identified* patient," signaling that the true patient was the family. In early research on psychosomatic illness, family therapists found that sick children improved when they were separated from their family, only to return to medical crisis when they were sent home. Researchers determined that the children in those families were containing or absorbing the

family's emotional strife, especially the parents' marital conflict. From this perspective, Judith's recent, mysterious diabetic crises were probably a way of resolving a family conflict or of commenting on something going on in the family. The question was *what?* I thought about the moment in the session when the parents disagreed about the month in which Judith's crisis began. The air crackled during that exchange. Judith did not take sides, nor had the disagreement between the parents escalated, possibly because Judith spilled the marbles. Was it her role in the family to create distractions when the parents were at odds? When we were alone and I raised the question of her parents' arguing, Judith had been quick to say that she didn't worry that they would "divorce or anything." I wondered if she did indeed worry about this and, if so, whether or not there was any real cause for concern. These bits of information were enough for me to formulate questions, but not enough to share an interpretation with the family.

I have seen families drop out of treatment after feeling attacked by clinicians too eager to tell them the truth about themselves. The question I ask myself when sitting with a family in pain is not "What can I say?" but "What can I say *that can be heard?*"

That afternoon I spoke with Dr. Shapiro. The Kaplans had consented to my sharing impressions with him, and I was eager to do so. I started with the issue of my religious background.

"You were raised *Catholic?* Now, that's weird because I could swear you said you belonged. . . . I even told the Kaplans you belonged to that ultra-reform synagogue in the suburbs. It's too liberal for their tastes, but they said, 'Oh, yes, good, any Jewish therapist would be fine for Judith.'"

We had a good laugh. He had simply wanted to do everything possible to make the parents comfortable seeking psychological

help. It was clear that Dr. Shapiro liked the Kaplans—and Judith especially. Nonetheless, I had the impression that he found her decidedly *other*.

"She's a brilliant kid, you know. I only wish my Hebrew were as good as hers. And she loves anything to do with math and numbers. She's what my kids would call a 'math geek.' When I see her in the waiting room doing homework, I want to say, 'Judith, lighten up! Watch a little TV!'"

I told him that she had complained about the kids at school being "too secular." She had always insisted to him that things at school were perfect.

"How many eleven-year-olds even *know* the word 'secular,' let alone use it casually?" He laughed.

"Not many," I said.

I don't know how many eleven-year-olds use that word, but I had. In fact, I had the same complaint about my peers at that age. I preferred Gregorian chant to rock-'n-roll, and was probably the only member of our parish below retirement age who opposed the English Mass.

I felt reticent to disclose all this to Dr. Shapiro; we were colleagues, not friends. It would be years before I'd tell him my hunch: that the reason he had chosen me as "perfect" for Judith—bypassing five therapists on our staff who shared her religious background—was because of some better intuition. I actually *was* more like Judith than were the other therapists. She and I shared the knowledge of what it means to be passionately religious in a secular, "cool-girl" world.

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The family appeared on time for their next hour, and again the older boys were left home to study. The rabbi said that they

had tests coming up, and that it simply did not make sense to bring them along. I was disappointed, as the boys were important to the process. It was also a clear challenge to my professional authority.

"I do hope to see them next time," I said.

"Perhaps you could explain to us why you desire their participation, Doctor," said the rabbi.

I made recourse to the much-used word "stress." In order to gauge the level of stress in the family as a whole—the relevant conflicts or pressure points—I found it helpful to see everyone who lived in the household.

Sometimes even grandparents and nannies come to therapy, I said. In addition, it was clearly the case that Judith's brothers were worried about her, and they themselves might benefit from the chance to air their worries and contribute to her healing.

Rabbi Kaplan nodded. I couldn't tell whether he was simply indicating that my argument made sense or was persuaded to bring the boys next time. He asked if we could discuss the topic of stress.

"We have formed the impression, rightly or wrongly, that we are to keep the stress level down for Judith's sake."

It was an excellent topic. Parents sometimes take the physician's exhortation "Reduce stress!" to mean that they should speak in whispers, spoil the sick child, or stifle all differences of opinion. How did they think about stress, I asked, and what had they done about it?

Judith said the most stressful thing at the moment was having to miss study time when her brothers didn't. It was unfair. I asked her parents to respond.

"Judith, explain please," said her mother.

Judith clammed up again.

This criticism, apparently, was new to them.

"Is fairness an important topic?" I asked. I sensed that it was, because Judith had told me her father studied with the boys while she did housework. I didn't have Judith's permission to bring this up in front of her parents, however.

"If David were ill and needed many doctor's appointments, he would be here, and you would be home studying, Judith."

The parents began speaking to each other in Yiddish.

I couldn't tell what they were saying, but the tone seemed fairly heated. Judith started to squirm in her chair. She told me later that she understood only half, because they talked fast or used big words when, as now, they didn't want the kids to understand.

As the parents spoke, I felt drawn in and, at the same time, excluded. It was impossible not to respond to the emotional charge between them, but I was locked out of the content. Perhaps this is what Judith experienced on a daily basis. I had certainly felt this way before with families, whether they were speaking a language I understood or not. One walks a fine line in these situations. A therapist can be both too aggressive and too deferential in steering the conversation. When the parents paused, I asked if they could summarize their dialogue for me.

"My wife was saying that Judith needs some extra compassion right now. This is fine, but to tell the truth, she has lately had compassion *plus*. One reason I wanted to let the boys stay home is that they have been asked to do her chores all week so that Judith could rest. My wife has brought her breakfast in bed every day, and she has just received promise of a new clarinet, all—I believe—in the name of keeping down stress. You mentioned Christmas, Dr. Luepnitz. I have asked myself all week: 'Is this Christmas in July?'"

At that point, Judith leaned over and whispered to me, "Do I get to talk with you alone today?"

If I could revisit that moment with the Kaplans, I would ask Judith to draw pictures in the other room while I talked alone with her parents. Although the question in the air seemed simple—"How should we lower stress?"—I sensed much more happening between the lines. I already knew that in the Kaplan household, women and girls did the chores while men and boys studied. I had learned that this did not sit particularly well with Judith. Perhaps it didn't sit well with Mrs. Kaplan, either. Was her recent display of "compassion plus" a quiet subversion of the family rules, or at least a way of hinting that she, too, needed something extra? If I had sent Judith out of the room, I might have helped them draw out these questions, and added my two cents.

Compelled instead by Judith's request, or perhaps wary of raising a heavily gendered topic with an Orthodox family, I asked the parents to continue their dialogue with each other while I worked alone with Judith. I offered to answer any questions they had before we stopped for the day.

When we were alone, I expected Judith to be forthcoming, but she was not. She surrendered a few words, then stared at the pictures on the walls, blinking back tears. Could she tell me what she was feeling? Was she bothered by the things her father had said? Judith shrugged. She wasn't saying.

Something I often use with reticent adolescents is the game of Squiggles, invented by Donald Winnicott. The therapist begins the game by making a wavy line on a blank page. The child has to finish it, make something of it, and then give it a title. Then it's the young person's turn to draw the wavy line, and the therapist completes and titles it. It is a projective instrument

like the famous inkblot test, but more pleasurable for most patients because it's a two-way game.

I explained the rules and drew a wavy line. Judith turned it quickly into "a balloon sailing over a house." She made some dark, jagged lines, which I turned into "lightning over a field." I drew a squiggle that Judith used to make the profile of an old woman. She said, "It's a grandmother crying." I asked about her grandmother.

Judith had a great deal to say. "Bubby," her maternal grandmother, had died nearly two years earlier. She had a wonderful sense of humor and loved being around the kids. Judith had been especially close to her. Bubby loved Judith's writing, and together they would make up stories. Eventually, Judith took to writing little books for her grandmother, and the series of "Bubby stories" now numbered seven volumes. This beloved family member, so cherished for her vitality, her warmth, her perfect challah bread, had been diagnosed with an inoperable brain tumor and died six months later. Judith cried as she spoke and explained to me the custom of sitting *shivah*. As she finished, she took a deep breath.

"However," she said, "That is not the grandmother I meant."

We had only ten minutes left, and she began to speak about her father's mother, also beloved, although "very stern, a little mean." This grandmother was getting old and needed to live with one of her children. There had been discussion of her living with Judith's family.

"I heard my parents talking about it. My mother thought it might be too hard for her in our house with all the steps. But my father said in my uncle's house there were just as many steps. My mother said fine, she is welcome here, and I think my father wasn't sure if 'Nonny' should come or not. But she was going to come, my mother said, and we were going to move rooms

around. And I thought my father was glad, but my mother was worried—glad and worried, too, because my grandmother needs assistance. My mother gets tired with so many kids and her bad leg, even though I help. She was saying I could help with Nonny, but then I got sick."

"What happened then?"

"Everyone in the whole family, all my aunts and uncles were saying if Judith is sick and going to the hospital it's not good to have Nonny there. I mean, I don't know if that's the reason. But I don't think Nonny is coming to live with us."

"How do you feel about that?"

"I don't know. It might be good or bad. Good for my mom, but bad for my dad or possibly bad for Nonny, and I feel it's not directly my fault, but it somewhat is."

I asked if she had ever talked about this with her parents. *No.* She had heard her mother say, "How does your father think we will manage? Who does he think will be helping Nonny in the bathroom nine times a day?" Otherwise, she had heard them talking to each other about it, and it always made her upset when she heard her own name mentioned.

I said it might be adding some stress to the family, and that talking can relieve stress. Would she be willing to bring it up in front of her parents? She said she would think about it.

A few nights later, I got a call from Dr. Shapiro saying that Judith was in the emergency room, and that I was free—although not obliged—to come down. He thought I should know that the parents had asked for me.

When I arrived, she was stabilized, and I asked if we could have a family meeting.

Judith apologized profusely for causing this problem and spoiling everyone's evening. I asked the parents if this was typical of Judith. Did she blame herself for whatever went

wrong? They said yes. I had a feeling that this was important—her constant worrying, her blaming herself for things beyond her control. I whispered to her a question about Nonny. Had she thought it over? Would she be willing to bring it up now? Yes, she said, it would be all right.

"Judith says it's OK for me to mention that she worries about her grandmother."

"About my mother?" asked Rabbi Kaplan. "Judith, is this true? Why are you crying?"

Mrs. Kaplan asked, "Is this about Nonny living with us? Oh, Judith!"

The parents outlined the story as Judith had told it to me. The fact was she felt responsible.

Judith said: "Nonny should be able to live with us. You told Daddy it would be too much stress on my diabetes."

The Kaplans were surprised by the depth of Judith's feeling about this, but they could see she spoke in earnest. With my encouragement, they explained the situation to her. They had not, in fact, made a decision about her grandmother, and certainly it was not her fault. Her mother called Judith over and held her, and her father spoke very gently, saying it was good she was speaking her mind. It was remarkable, they said, to see her cry like that; she was such a little stoic at home. Judith was due for a good sobbing, I thought. She said little but wept like her heart was breaking.

I asked to see the parents alone in order to learn more about this particular family issue. There is often more to a story than parents are willing or able to say in front of children.

"My mother is eighty-two, and strong willed, and she wants to live with us. I put the question to my wife."

"If my husband wants his mother to live with us, then it's settled. I simply wondered if our house was the best choice since we have so many steps, and also our children are

younger than those of other family members. I was thinking it might not be the best thing for my mother-in-law, that's all. After Judith started needing doctor's appointments all the time, it did make me wonder again about the added strain on both of them."

The rabbi returned, "And I said, the steps are a nonissue, because she would be on the first floor in any case. It's true that my brother's children are grown, and that his house has more room now. I have also an unmarried sister who has offered to take my mother in."

I said to Mrs. Kaplan: "I suppose it would be a lot of work for you with four children to have Nonny there. Is that a factor?"

Her husband intervened. "It would be difficult. I could understand your not wanting to say no—I mean your *wanting* to say no. Especially after Judith started needing so much attention. You never told me so clearly how you felt."

I didn't comment on his slip, but I noticed it. It suggested to me that he was hoping for a "yes" from his wife. Mrs. Kaplan started to cry, and said:

"This is a woman who. . . . " She had to collect herself and start again. "My mother-in-law was in a concentration camp. Who am I to call my life 'difficult'?"

The truth was that Mrs. Kaplan's bad leg had been bothering her a lot, but to refuse on this basis, she said, would be "utterly selfish."

The word "selfish" hung heavy on the silence that followed. Judith had used this word in her session with me. These were the two least selfish people I had met lately, and both seemed plagued by the thought that they weren't sufficiently giving.

There were several ways I could have intervened at this particular moment. I could have turned to Rabbi Kaplan and said, "Would you think your wife 'selfish' if she were against your

mother moving in?" I was sure, based on his earlier disclaimer, that he would say "no." I wanted to take the moment to call into question Mrs. Kaplan's use of the word "selfish." And I wanted to use the moment, if possible, not only to raise it as an issue but to strengthen my connection with the family. What could I say that could be heard?

For some patients it would be enough to ask, "What's so bad about being selfish?" Indeed, for many members of our culture, looking out for Number One is the *summum bonum*. I wanted to move Mrs. Kaplan to compassion for herself, without sounding like the voice of pop culture. If I ventured beyond the secular and quoted something from the Scripture I know well, it might needlessly underscore our difference.

I had been taught one beautiful short passage from the Talmud, and this, years ago. It suited the moment perfectly, but I felt presumptuous holding forth like an insider. And what if, nervous as I was, I got it wrong?

"Mrs. Kaplan, isn't there a wonderful passage in Scripture that begins, 'If I am not *for* myself . . . '?"

She nodded, and recited the three lines in Hebrew.

Eem ain a-nee lee mee lee?
Uch-sh'a-nee l'atsmi ma a-nee?
V'eem loh achshav ei-matai?

The rabbi's smile was luminous. He was clearly moved as he translated the passage into English for me:

If I am not for myself, who will be for me?
If I am only for myself, what am I?
If not now, when?

Husband and wife looked at me with warmth and respect. Then they looked at each other, and Mrs. Kaplan said to her husband, "Moshe, I need more of your help with—" and again English disappeared from the airwaves.

This time I did not feel excluded. They were talking to each other about things obviously personal. Mrs. Kaplan had taken the topic I raised and used it to ask her husband for something for herself. More help with the children, more support on the matter of his mother, or perhaps simply more recognition for how much she was already doing. I don't know. But of one thing I felt sure—that Judith's improvement depended on their speaking their minds more fully to each other.

"Dr. Luepnitz, are you telling us that this family dilemma caused Judith's life-threatening crisis?" asked Mr. Kaplan.

Events are multiply caused, I replied. But I did think that Judith's recent troubles had to do with worrying: about the family as a whole, about her grandmother's welfare, about how hard her parents worked, about her mom, especially. She was clearly a very sensitive child who took on the distress of others as her own. This sensitive child had also recently lost someone supportive in whom she confided—Miriam. I had noticed also that the first hospitalization coincided with the anniversary of Mrs. Kaplan's mother's death, a loss I imagined to be particularly devastating. (So devastating, perhaps, that she had had to negate it in response to Dr. Shapiro's questions. "There have been no deaths, no accidents. . . . ") It was not long after her mother's death that Mrs. Kaplan had been asked to take in her mother-in-law. In some situations, a new person in the household could attenuate the pain of mourning. However, the elder Mrs. Kaplan was herself unwell, requiring extensive daily care. And difficult as it is to admit, most of us have had a

thought, however fleeting, like the following: If one grandmother had to die, why that one?

Mrs. Kaplan's reservations about the move, her fear of being depleted, her shame about her selfishness, her anger with her husband for posing the question in the first place—much of this had gone unspoken. Judith's symptom had the unintended effect of solving the problem. As long as she was in trouble, it made sense for her grandmother to live elsewhere, while no one had to take responsibility for saying, "We've decided against it." No one had to seem selfish.

It was a satisfying session, but for me only a kind of beginning. My preference would have been to pick up these themes and work through them thoroughly over weeks and months. I might have held sessions with the parents alone, focusing on communication and mutual aid so that their grown-up anxieties did not slip into the hearts and minds of their children. I might have worked alone with Judith on the issues Dr. Shapiro had raised in the beginning: puberty, sexuality, competition, and anger. Judith's first crisis had occurred just after she refused to finish bathing her brother. What feelings about her own changing body had that soapy little boy evoked? Also, Judith had reached the "magic" age of eleven, the year that psychologist Carol Gilligan has noted as pivotal for girls. This is the age when girls are expected to make a psychological break from their mothers—one that boys are required to make at a younger age. Girls are supposed to reorient themselves toward a heterosexual world, preparatory to marriage and motherhood. Given the difficult lives of their mothers, no wonder some adolescent girls look at them and protest, verbally or otherwise.

These topics were on *my* agenda, not the family's. The parents had revealed a great deal in the emergency-room session.

Afterward, the windows seemed to close a bit, and I was asked to focus on Judith, and to bring the therapy to an end.

I did. Judith had a good week following her hospital visit. Not only were her blood-sugar numbers good, but she was acting livelier and brighter. When we met alone, she said she felt much better having spoken about Nonny. Her parents had continued to speak of the problem during the week, and she listened at their door. She had fallen behind in her Hebrew studies, and really wanted a tutor. I told her that if she were to speak up in a family session, I would support her.

Judith asked how many more sessions we would have to have. I was curious about her own desire for further treatment. Some adolescents will make it known directly or indirectly that they object to their parents' attempt to rush the process. In such cases, I argue on behalf of the patient, and the majority of parents cooperate. In this instance, it seemed that both Judith and her parents wanted to do the minimum amount of work and return to business as usual.

Before we finished the hour, Judith asked me to give her some tips for lowering stress. I helped her come up with two. She wrote them slowly on notebook paper and said she would post them in her room. They were:

1. Trust parents to handle their own worries.
2. State clearly what I want and be prepared to compromise if necessary.

In the next family meeting, Judith asked for a new tutor and also for study time with her father. Mr. Kaplan said he would be pleased to spend time with her, but that he would discuss the matter first with Dr. Shapiro and his colleagues. He wondered if the doctors would advise her to take it easy for the

moment and worry less about school. I pointed out that, for Judith, studying was more reward than stressor, and that exams had never triggered a diabetic crisis.

I made another suggestion. Her brothers had gone from doing no housework to doing all of it when Judith was ill. Would it be possible to distribute evenly both chores and study time with Father from now on?

The parents said it seemed eminently sensible.

Three sessions remained—two with Judith alone and a final family meeting.

I wanted to be sure that Judith was feeling as strong as she looked in that last session. She seemed confident and chatty in those two hours with me alone. She said she had decided she could worry less about her parents. And why was that? I asked.

"I don't know," she said. "I just get the feeling that they can take care of things themselves. They never wanted me to worry about them."

In order to understand this change in psychoanalytic terms, we again need the construct of projective identification—the splitting off of painful emotions and "storing" them in another person. Judith's parents had had a difficult time managing their grief, anger, and frustration, and Judith had unconsciously "volunteered" to carry the feelings for them. Talking redistributed the emotional weight. The parents agreed to take on more, and Judith experienced relief.

She was looking a bit plumper and had better color. I asked about school, and she said she had done a report on diabetes for the class. Her classmates were impressed with how much she knew, and how much she had experienced.

"Remember the movie? When the other kids wanted to see a comedy and I didn't? The one I wanted to see was called *Shoah*, because I had heard my father talking about it with

David and my uncles. They said it was the best movie about the Holocaust, and it takes place in Poland, where my grandparents were. And I felt really upset when they laughed at me, but I don't think they were laughing at me *per se*, but at the suggestion of such a serious movie, and so long a movie, like eight or nine hours instead of one or two."

"I see what you mean, Judith. You know, the first time we talked about this, you didn't mention the name of the movie. Was there a reason?"

"I didn't know if you had seen it."

"Right. Actually, I have seen it. It's a very good and important movie, and indeed very long. Did you mention the incident to your parents?"

"No, because I was afraid they might be really upset about the kids who laughed, and call the school, and then they would just be meaner to me. Because they're all into boys and clothes, and I'm not."

I asked if she had the chance to talk at home about her family's own experience during the *shoah*.

"My Nonny was in a camp. I know about it. They don't hush it up or anything."

Judith added that this was a topic she used to discuss with Miriam, the friend who moved away. It was at this point that we spoke of ways she could stay in touch with Miriam.

There were several indications that the Holocaust weighed monumentally on Judith's mind. As I looked at her drawing of the house bellowing black smoke, I wondered if she had represented something about her grandparents' wartime trauma. I asked Judith directly if she thought her nightmares had to do with the Holocaust. She said she didn't know.

We can say without a doubt, however, that as challenging as adolescence is for children in our culture, those who grapple

with racism or poverty—or family memories of genocide—face a much more complicated developmental task.

Judith feared that if her grandmother moved in, she herself would get even less attention from both parents. The notion that she had chosen her own needs over those of someone who had suffered so much had filled her with anxious self-reproach, just as it had her mother.

"I feel more like I can speak up now, since we started coming here. I was feeling so guilty all the time. But really, no one thinks I'm bad," said Judith.

On the afternoon of our last session, Mrs. Kaplan phoned to say that all four children would be attending, but that her husband would join us late, following a meeting.

At the stroke of six, the receptionist called to say that the Kaplans had arrived. In the waiting area, I asked Judith to introduce me to her brothers David and Nathan. Sam gave me a little wave and darted ahead for the toy-box.

When we were settled in my office, Judith announced that her diabetes was back under control. She began cracking her knuckles to make her brothers laugh and groan. Judith seemed less encumbered than before, almost silly.

In order to engage the children as a group, I asked about the Bubby stories Judith had written. I learned that David had illustrated the books, and that all three boys liked hearing Judith read them aloud. I liked the titles: *Bubby and the Kangaroo, Bubby Is a Detective, Astronaut Bubby.* I hadn't seen Judith's lighter side until now, and I wondered if the stories were as comical as they sounded. In the session, the children began to talk about their grandmother, whom they greatly missed.

Nathan, the seven-year-old, changed the subject to ask why they had come here. As he spoke, I heard Rabbi Kaplan tapping on the door, and I rose to let him in. The kids seemed glad

to see him; he apologized for being late. Wanting to include him, I asked if he would mind responding to Nathan's question about the purpose of our meeting. He said:

"Diabetes is a problem that gets worse when a person is upset, and sometimes the person doesn't even know what's bothering them, so the doctors invite the whole family to come figure it out together, like a puzzle."

It was a fine answer, I thought. I glanced over at Mrs. Kaplan, who was smiling and nodding. We were on the same page.

"So, what was bothering her?" asked David.

Judith laughed. "Everything!"

"Judith is such a caring person, as you boys know, and she was just worrying about everyone, about us and Nonny and Mrs. Schwartz and Miriam, about everybody without end, like the twenty-four-hour store," said Mrs. Kaplan. "She was trying so hard to help us and her teachers that it wore her out."

Rabbi Kaplan looked at me and said warmly:

"Judith likes to be a Good Samaritan."

I was touched by this reference to the New Testament. It felt like a gift. I had shown my acquaintance with their tradition, and he was acknowledging mine. I said to the family:

"It's a good thing, to show compassion, isn't it?"

"It's what we love about Judith," her father said.

"But there has to be a balance between giving and taking," Mrs. Kaplan said. "Between doing and resting."

And the six of them talked about giving and receiving and about why they had decided to divide the chores more equally among them.

"Judith was worrying way too much. Is it possible to worry too little?" I asked.

"Yes," said Mrs. Kaplan, and she pointed to her husband with both hands.

"What's this? I'm needed to worry more? I don't follow—"

"You follow," said Mrs. Kaplan amiably. "You agreed to react a little more to things so that Judith and I can react less."

"Oh yes, fine. We talked about that."

"Don't tell me you forgot!" she said, pushing her point.

"I didn't forget, Ruth. I said, 'Yes, we talked about that.'"

"OK. Sorry. You sound very tired."

"Tired, yes, can we move on? Yes?" His pique was rising. I felt the tension move right up my spine.

My eyes were glued to Judith during this exchange. She was fiddling with her hair ribbons and using them as a mustache to entertain Sam. The last time her parents had disagreed in a session, she had spilled the marbles, creating a distraction. Once again, sparks were flying, but Judith was sitting in her chair like an eleven-year-old girl, not standing over us like a human lightning rod.

I had a decision to make about her parents' brief tiff—to open it up, or not. I had agreed to the goal of getting Judith back on track medically, and we had accomplished that without probing into their relationship. What was obvious was that they had continued the therapy conversation at home, and that is always a good sign. Even more auspicious was Judith's ability to hear conflict without reacting. I decided to comment on that.

"Judith, you asked me for tips on handling stress. I said the first one was: 'Trust parents to handle their own worries.' It looks to me like you've worked on that one."

She put two hands in the air and said, "Thank you!"

Everyone clapped except the rabbi, who seemed a bit distracted. Only ten minutes remained.

Mrs. Kaplan glanced down at the Bubby books and said she had not seen the latest volume in Judith's oeuvre: *Astronaut Bubby*.

I invited Judith to read from that book, and to show us David's wonderful illustrations.

She did, and everyone clapped, including her father.

Our time was up. They thanked me profusely, and we said our good-byes with the understanding that they could call me again at any time.

No such call ever came.

Henceforward, Judith would carry the diagnosis of ordinary Type I diabetes, no longer "superlabile." Whatever it was that once made her dangerously "prone to slip" had been righted, we agreed, by *talking*.

Psychotherapy doesn't cure all ills. It can't mend fractured bones or fix a damaged pancreas. But it is particularly good at addressing the perilous slips involved in psychosomatic illness, when the body is forced to speak for us.

Lacan's concept of the three registers is helpful here: By this I mean his interlocking circles labeled the symbolic, the imaginary, and the real. According to Lacan, a failure in the *symbolic*—the realm of language and representation—is bound to return in the *real* (in this case, Judith's physical calamity). One could think of our work as addressing this catastrophic slip between registers.

In many families, six sessions' worth of talking would not be enough to produce meaningful results. In a family like the Kaplans, however, in which adults are willing to reflect, take in new data, and change family rules, even a bit of therapy can make a difference. This is particularly true when the presenting complaint is discrete, as with a medical crisis, and of recent onset. Three months of work were enough to reduce one of the famous "four factors of diabetes"—stress.

What, we may well ask, is this stuff? No one has ever seen it, few can define it accurately, but we all know when we have it.

We seem to want less of it and with good medical reasons. Physicians consider stress a compelling factor not only in diabetes but also in heart disease, hypertension, and cancer.

The word "stress" derives from the Latin *strictus,* meaning "compressed." Etymologically, then, stress has to do with too little room and a need to spread out.

This etymology puts me in mind of Winnicott's notion of *potential space*—that intermediate area between the subjective and objective in which creativity and play occur. Psychotherapy is akin to play, according to Winnicott. Therapy takes place neither inside the mind of the patient nor inside that of the therapist, but in some middle area, in the potential space between them.

Judith and her parents were concerned with their household's physical space, and also with the psychological space they needed to provide for various family members. The family used my consulting room—two rooms, actually—to spread out emotionally. A debate formerly waged inside Judith's head moved out to fill the airwaves of the family meetings. This opened new avenues of communication all around. Thus did the Kaplans, and Judith in particular, lose some compression, some stress.

Is it possible to speak of a transference relationship in a therapy of such brief duration? I believe so, although it could not be developed or interpreted. Most of the time, I felt not like a good or bad mother or father with the Kaplans, but like a respected family friend. It's my impression that I played the part of Miriam in the family's unconscious. The parents, although wary of psychological intervention, permitted Judith to confide in me about things personal, as they had allowed her to confide in Miriam. As a teacher of Hebrew, she would have understood the rabbi's initial greeting.

I received a note from the family three months later saying Judith was doing well. Her health was fine, and she had a new Hebrew tutor.

For many years afterward, Ken Shapiro would see me in the hospital cafeteria and say, "Your girl is still doing great!" I was delighted, but continued to wonder about the rest of the family: How would the parents manage their marital conflict over time? Would another child become symptomatic?

Judith, in any case, never returned to the emergency room after the age of eleven.

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Therapy opens up the imaginative worlds of both patient and therapist. I learned a good deal from working with the Kaplans, and one small example speaks volumes.

Several months after our final session, I reread the story of the Good Samaritan in the Gospel of Luke. The parable, well known, concerns a man who is set upon by thieves and left for dead. He cries out for help, but passersby, including a priest, turn a blind eye. Only one person stops to help, a Samaritan.

> [The Samaritan] bound up his wounds, pouring in oil and wine, and set him on his own beast and brought him to an inn and took care of him. And on the morrow when he departed, he took out two coins and gave them to the innkeeper and said unto him, "Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee."

"*Take care of him*," says the Samaritan. He delegates the caretaking of the victim to another! The story of the Good Samaritan is not, as I had vaguely recalled, one of selfless, endless

availability, "like the twenty-four-hour store." The biblical passage suggests the ethical possibility, even the ethical necessity of doing a finite amount, engaging others to help, and then moving on.

The story now strikes me as a kind of bookend to the passage from the Talmud, "If I am not for myself. . . ." Both point to a balance between concern for self and a concern for others—a lesson for all times. And for all porcupines.

3 DON JUAN IN TRENTON

You know my motto. "Who is true to one only is untrue to all others."

—Don Giovanni

DAVE JOHNSON rang from the lobby for his first appointment, then seemed to disappear. I stood in the doorway of my eighth-floor office, checking the clock and shifting from one foot to the other like a nervous prom date. *Where was he?* Was he lost somewhere in the building? Had he felt a sudden change of heart? Run out for a latte?

At a quarter past the hour, flushed but detectably tickled with himself, Dave turned the corner.

"Holy smokes, Doc, I goofed!" he greeted me.

We shook hands, and I welcomed him inside.

(*Holy smokes? Doc?*)

"So this redhead on the seventh floor," he explained, removing his blazer, "cute as a button, opens the door, her arms full of folders. I go, 'Is this the therapist's office?' She goes, 'No, that's upstairs. Do you want to use my phone?'"

(Was he making this up?)

"What went through your mind, Dave?"

"Honestly? That I could chat with her and ask her out."

managed to store their fears in the child. She was not acting afraid at that point—they were.

CHAPTER 2: CHRISTMAS IN JULY

66 "Superlabile diabetic" is a term that was used routinely by researchers and clinicians at the Philadelphia Child Guidance Clinic in the 1980s to refer to diabetics whose condition was governed by psychosomatic factors. See S. Minuchin, *Families and Family Therapy* (Cambridge, MA: Harvard University Press, 1974), p. 7. Diabetic science has greatly advanced since then.

68 "research on children's psychosomatic disorders": See S. Minuchin, B. Rosman, and L. Baker, *Psychosomatic Families* (Cambridge, MA: Harvard University Press, 1978).

79 "Give me another family": This is the kind of parapraxis that Freud describes in *The Psychopathology of Everyday Life* (1901) (New York: Norton, 1960).

80 "This family plan . . ." is in S. Freud, "Notes upon a case of an obsessional neurosis," in *Three Case Histories* (1909) (New York: Collier Books, 1963), pp. 56–57.

85 "Squiggles": See D. Winnicott, "The Squiggle Game," in *Psychoanalytic Explorations* (Cambridge, MA: Harvard University Press, 1989), pp. 299–317.

90 "If I am not for myself . . . ": *Pirke Avot*, Vol. 1, p. 14.

92 "This is the age when": C. Gilligan, *In a Different Voice* (Cambridge, MA: Harvard University Press, 1982). See also *The Birth of Pleasure* (forthcoming).

99 "three registers": Lacan's concept of the three registers appears in his first seminar and is developed throughout the course of his work. See *The Seminar of Jacques Lacan, Book I, 1953–4*, translated by J. Forrester (New York: Norton, 1988). For a good introduction to the three registers, see R. Samuels, *Between Philosophy and Psychoanalysis* (New York: Routledge, 1993).

100 "potential space": See D. Winnicott, *Playing and Reality* (London: Tavistock, 1971).

101 The story of the Good Samaritan is found in Luke 10:30–35.

CHAPTER 3: DON JUAN IN TRENTON

105 "uncanny . . . in the Freudian sense": See S. Freud, "The uncanny" (1919), in *Studies in Parapsychology* (New York: Collier, 1963), pp. 19–62.

109 "'false self' or 'as if' personality": "False self" is Winnicott's term, whereas "'as if' personality" originated with H. Deutsch (see "Some forms of emotional disturbances and their relationship to schizophrenia," in *Neuroses and Character Types* [New York: International Universities Press, 1965]) and was adopted by M. Khan (*The Privacy of the Self* [London: Hogarth, 1974]).

109 "true self goes into cold storage": D. Winnicott, "Mirror role of mother and family in child development," in *Playing and Reality* (London: Routledge, 1971), pp. 111–118.

109 *El Burlador de Sevilla y el convidado de piedra*, translated by G. Edwards (Warminster, UK: Aris & Phillips, 1986). *Burlador* means "trickster."

110 O. Rank, *The Don Juan Legend*, translated by D. Winter (Princeton, NJ: Princeton University Press, 1975), p. 41; originally published in 1930.

111 "terrible Argentine movie": My reference here is to *The Dark Side of the Heart*.

115 "King Nebuchadnezzar": The king says to a group of servants, "The thing is gone from me: if ye will not make known unto me the dream, with the interpretation thereof, ye shall be cut in pieces, and your houses shall be made a dunghill" (Daniel 2:3–6). Daniel prevails by asking for more time.

118 "with women he was what . . . ": G. Byron, *Don Juan* (New York: Penguin, 1973), Canto XV, 16, p. 501.

121 "Something deadening happens to boys": C. Gilligan, *The Birth of Pleasure* (forthcoming).

122 "refusing to be a man": J. Stoltenberg, *Refusing to Be a Man* (Portland, OR: Breitenbush Books, 1989).

129 "depression as an achievement": Here, Winnicott was building on Melanie Klein's work, which describes the infant's depressive position as a developmental stage beyond the early paranoid-schizoid position. See D. Winnicott, "The value of depression," in *Home Is Where We Start From*, edited by C. Winnicott (New York: Basic Books, 1986), pp. 71–79.

132 "anti-abortion people who become *de facto* pro-choice": Clinic workers who endure daily attacks by anti-choice fanatics have wrestled with the question of whether to provide abortions to those very women when they come in as clients. The Allentown Women's Center in Pennsylvania faced this problem and asked such women, as a condition for obtaining an abortion, to sign a paper stating that the procedure should remain legal. Then NOW president Molly Yard opposed the move, saying the clinic should offer its services to all women, unconditionally. See "Testing patients' politics: Clinic puts conditions on abortion foes," *Philadelphia Inquirer*, August 2, 1989.

132 "the compulsion to repeat": See S. Freud, *Beyond the Pleasure Principle* (1922) (New York: Norton, 1961).

141 "that woman's face": Karen Horney's essay "The dread of woman" (in *Feminine Psychology* [New York: Norton, 1967], pp. 133–146) describes men's primitive contempt for women as a reaction formation against their own feelings of inferiority. The little boy desires his mother, but also fears his body is inadequate to please her. Instead of experiencing himself as small and vulnerable, he sees the mother as huge, devouring, dangerous. In a similar vein, note that powerful and unruly aspects of nature are often feminized. See also D. Dinnerstein, *The Mermaid and the Minotaur* (New York: Harper & Row, 1976).

148 "political topics in the consulting room": A. Samuels, *The Political Psyche* (London: Routledge, 1993). See also *Politics on the Couch* (New York: Other Press, 2001).