

I GAVE UP

Handwritten note on a card with a black ink blot at the bottom right. The text is illegible due to cursive script and fading.



WHY CARLA MARKHAM GOT OFF THE COUCH

I GAVE UP my psychotherapist, who was Freudian orientated, after about nine months. During that period I went to see him three times a week for 50-minute sessions. I was lying on a couch, while he sat behind me out of sight. I hated every minute of it. I thought the whole procedure daft. In my opinion, it is only useful to very healthy, well-adjusted and unemotional people. Especially extrovert, aggressive specimens. Of course, my doctor would throw up his arms in despair and declare: 'But you are full of aggression!'

All right, accepted, but this is not the way to get it out. If you are well brought up you just think: 'that poor man, he's doing his best, I must not upset him or be rude'. More to the point: 'you just don't feel aggressive on call... just because it is Friday and 10.45, and you're spread out on a couch.' He was a nice man, very refined and cultured, an old Etonian, which appealed to me as a foreigner. His movements—on the rare occasion that I 'saw' him—were noticeably agile. He seemed to leap around me like an over-excited puppy... perhaps a legacy from those famous playing fields! I guess it all has to do with him wishing to remain anonymous as it were, and at all accounts not to appear 'real'. I don't think he was very pleased with me as a patient. My defences are formidable. Only once did I see him animated and looking hopeful, that was when I asked to be excused, as I had to go somewhere, and where was it. He started leaping again to show me the way. When I returned to the couch he stood there, and I felt he was hoping that my physical needs would set off my emotional ones. It irritated me, like everything irritates me that the 'whispering Freudians' do. At this point all arms of Freudian analysts are raised, crying out: 'By Jove, here's one needing treatment!' Indeed she does, but not this *sotto voce* stuff. With all due respect, they really appear to do absolutely nothing for you.

I gave it up and was sent to a hospital to see a behaviour-therapist. My long cry of 'Do something... give me an injection... anything...' was going to be answered at long last. This time the session lasts 15 minutes. I get an injection of methohexatone sodium, which makes me very relaxed. During this period of deep relaxation the doctor presents me with my particular troubles.

This latest therapist—I have been treated by three so far—is very matter-of-fact, and endowed with tremendous good looks. He emerges from his consulting room like an actor on location. My first interview with him was a revelation, compared to the ones I had been used to. Having an

air of suave chic around him it was difficult to concentrate at first.

He asked me very little about my past. 'Any rapes? No? You're lucky there then.' In that kind of spirit. All he is interested in is the present and your symptoms at the moment. Whereas my former doctors would have loved me to get emotional, with this one the possibility seems almost an obscenity. No place and time for my well-planned heart-breaking tragedies here! The treatment now is onto the couch... on with the injection... all that matters: can you or cannot you face your particular troubles yet, and don't blame your mother!

One would perhaps be inclined to think that this type of therapy might just as well be done by a computer. Definitely not so—the man's persuasive and highly confident personality has a lot to contribute—if not all perhaps.

The most hilarious incident so far in my 'psychiatric career' was the day he sent me back because I was too depressed. 'The callous swine' I thought. 'No injections today. Cannot desensitise depressed patients. Take those tablets.'

Home I go, to find out they have no effect. Paralysed with fear and guilt, I confess on the next visit that I threw half of them down the drain. 'That's all right,' he says with his casual chic, 'best place for them probably. I'll give you something else, and don't come next week; come in a fortnight.' After a little talk I leave. Sent away by a psychiatrist because I am depressed! I have come a long way.

He is right of course. Nothing registered in that mood, whether lying on a couch or sitting in a chair. The tablets this time partially blind me, make me lose my balance, cannot remember where the bathroom is... but they cover up the depression.

I wonder sometimes, when they grumble about my reticence, whether they realise how lucky they are that I say anything at all. I don't speak my mother's tongue, and one is much more free in a foreign language. I am sure for an English person it is easier to say: 'J'ai mal au coeur', than the emotionally laden words 'I am sick'.

For all of us who are not riotous successes on the chair or on the analytical couch, there is still hope. All my psychiatrists have been different, all had a different approach, all were concerned and exceedingly kind. But knowing how to accept and make use of kindness can be a difficulty in itself for some people. Obviously for me the time had come to try the hypodermic needle and give behaviour-therapy a chance.