The White Hat

I can still see her as she was when I opened the door to my waiting room on her first visit, a small woman, shoulders hunched as if protecting against the cold, her body wrapped in a long dark coat two sizes too big and far too warm for the balmy Fall day, and on her head, a small-brimmed white cotton hat jammed so low that it all but obscured her face. With her head bent low she mumbled an unintelligible response to my greeting and scurried past me, reminding me of a mouse as it scoots across the floor. By the time I=d closed the door and made my way across the room, she had plopped into a chair, where she sat slumped over, her eyes downcast, her fingers drumming steadily on her knees. Strange, I thought; she sounded perfectly normal when we spoke on the phone a week ago.

At moments like this I wonder sometimes how I got myself into this business. I=m reminded of a friend whose immigrant mother came to visit him when he was doing his psychiatric residency. As she toured the wards with him, she became more and more agitated until finally she burst out, **A**Tony, you can=t work here. You went to school to be a doctor, these are crazy people!**@**

I know why I=m here, just as he knew. In one way or another every therapist probably is drawn to the work as much to deal with his own internal issues as with those of the people who sit in the other chair. And indeed, I have at least as much reason to thank my patients for teaching me about myself as they may have to feel grateful to me.

Now, as I looked at the woman sitting before me, I tried to remember that I=m usually glad to be here. **A**It=s for the sun,**@** she said, straightening up and pulling off her hat; **A**My face can=t be in the sun,**@** she explained as she fell back into the chair, her chin once again on her chest.

AEva,**@** I began, **A**can you . . .**@**

She interrupted. "Eve,**@** she barked angrily, **A**it=s Eve, not Eva.**@** Then with an almost childlike mischievous smile, **A**You might as well get it straight right now so we can be friends.**@**

Relieved at this small sign of life and something approaching humor, I apologized and assured her I wouldn=t make that mistake again. **A**No,**@** she replied, peering up at me from under a furrowed brow and sounding like a cranky child, **A**but you=ll make lots of others.**@**

I laughed. **A**Yes, that=s probably true, and you=ll undoubtedly call me on every one.**@**

She looked up with the same puckish smile I=d seen earlier, relaxed visibly, and began to speak normally. We covered the usual ground for a first hour: her background, her parents, her siblings, her difficult and lonely childhood and adolescence. Now, at thirty-nine, Eve Gordon lived a life of virtual isolation. She was smart, capable, successful on the job, but a disaster in the social sphere. She ran a business out of her home doing payroll for small businesses and professional people, work that, once she got the client, required almost no further face-to-face contact.

The few people she knew, women who had made overtures to her at one time or another, had dropped away because she was **A**never good at friendship.**@**

As we came close to the end of the session, she began to sink into her sulky child mode and wanted to know if she=d **A**have to go soon.**@** I said she would, but that we could meet again next week. At that she flopped around in the chair and shouted in a child=s voice, **A**I thought we were going to be friends.**@**

Inside a voice said wearily, Uh-oh, what are you getting yourself into? Do you really want to take this on? I was already struggling with some patients where the work was hard and often unrewarding; I was in the middle of writing a difficult book; and I yearned for some time to myself. But there was something compelling in her plaintive plea for a friend, perhaps because I could still remember so well my own childhood and adolescence when I, too, wasn=t **A**good at friendship.**@**

A therapist isn=t a friend, of course, any more than a parent of a small child is, or ought to be. But this wasn=t the time to take that on. Instead, I responded to the child=s voice in Eve=s angry plea. **A**Yes, Eve, I hope we can be friends, too, but friends have to say good-bye when it=s time.**@**

AOkay,**@** she said, her eyes downcast, her chin back on her chest, **A**but I can=t wait a whole week."

I struggled with myself for a few seconds. Did I want to see her sooner? I didn't, nor did I have another free hour that week. But I=ve never figured out how to send someone away once I=ve seen them, since I know that no matter what reason I give, it will be experienced as a rejection. And despite my misgivings, I couldn't do

that to this woman who seemed like such a needy child. So I suggested another session three days later.

"That's still too long," she said petulantly and burrowed deeper into the chair.

"I know," I said as I rose from my chair and crossed the few feet to hers, "but it's the best I can do, and you really do have to go now."

Still she didn't move until finally I reached down, took her arm, and urged her to her feet. She pulled away from my touch angrily and rushed out of the room, leaving me feeling caught between relief and concern—relief because she was gone, concern because she was a deeply troubled woman who needed help. Was there something I could have said, anything I might have done, that would have allowed her to leave more comfortably? Would she come back? Did I want her to?

Three days later my questions were answered when the bell rang announcing her arrival. But if I had any illusion that our first session would have some effect on how she would present herself next time, it was quickly shattered when I opened the door. She darted past me without so much as a nod, but instead of sitting in the chair, she wedged herself into the corner behind it and sat hugging her knees to her chest and glowering at me defiantly as if to say **A**You can=t make me move.**@**

This was a first. I=d seen plenty of weird behavior, people unable to sit still, pacing restlessly, flailing about, but never this. I had no idea what to do about it, so I sat down in my chair and said quietly, **A**Eve, will you come sit in your chair, please?**@**

No answer. Instead she bent her head to her knees and brought her hands up to cover her ears. I wondered if I=d misjudged her, whether in my zeal not to label people, to focus more clearly on strength instead of pathology, I=d missed some elements of psychosis. But almost as quickly as the thought came, I realized it was my anxiety that asked the question and whatever I called it wouldn=t change my response. And one thing was clear: This was a test to see if I could respond to some need I didn=t know and couldn=t really comprehend.

I waited about five minutes, then tried again. No answer, but a barely perceptible head movement said no. Another five minutes, then desperate to find some way to break through, **A**Eve, if you won=t come up here, can I come sit with you down there?**@** A small nod of assent.

I sat next to her, my back against the wall, wondering what I was doing down there, thinking I=m too old for this, asking myself if this was therapy, worrying about how I could tell colleagues that I spent an hour sitting silently on the floor next to a regressed patient I hardly knew.

Although I fretted and fumed, that in fact is what we did for months. Twice a week Eve came in, curled up in her corner, and sat without speaking. Occasionally she=d raise her head and look at me with eyes that seemed to be pleading for something. But if I spoke, she quickly buried her head again. I couldn=t tell at first if she took comfort from my presence next to her, since she made sure there was at least foot of physical space between us.

I=m not a person known for patience and much of the time I sat there brooding restlessly. I decided I needed consultation and sought out a well-respected colleague with thirty years of experience. She was empathic and agreed that this was an extraordinarily difficult patient but offered little that was useful to the work with Eve, largely because her analysis of the case and my approach to it was so conventional: I was taking on too much. Didn=t I think I might be a little grandiose? I wasn=t Eve=s mother and had to learn the limits of what I could do. I had to set the boundaries of acceptable behavior and expect Eve to abide by them, else I was aiding and abetting her regression. A patient must be able to use what we can offer and if Eve couldn=t because her regression was too profound, then she needed much more intensive work than anyone could do in an outpatient setting. There must be some countertransference issues that allowed me to put up with sitting silently on the floor for weeks.

Transference-countertransference--twin concepts, each describing a central part of the therapeutic relationship, but from different sides of the couch. Transference is when the patient projects or **A**transfers**@** onto the therapist feelings that in fact were born in earlier relationships. To take a very simple example, a therapist says to a patient, **A**I wonder why you said that?**@** The patient responds angrily, **A**Why are you criticizing me?**@** As we examine the interaction, it turns out that he=s responding to the reality that his father was a constant, harping critical voice in his early life. That=s transference.

The other side of transference is countertransference where the therapist experiences, feelings toward the patient that come out of her own past experience and relationships. So, for example, it=s entirely possible that, although reasonable and seeming to be benign, the question **A**I wonder why you said that?**@** is at least partly a response to the therapist=s unconscious impatience or irritation and carries within it a latent critical message that the patient, exquisitely sensitized to criticism by his own past, gets.

Little attention was paid to countertransference when I was in training more than three decades ago, at least not by any of my supervisors all of whom were classically trained psychoanalysts. Nor was there much written in those years about it. The *analysis of the transference*, I was taught, was the centerpiece of psychotherapy. To the degree that the analytic community of that era acknowledged the existence of countertransference, it was thought to be an anomaly, the result of unresolved conflicts in the therapist that had to be rooted out with another course of psychoanalysis.

Today even the most classical psychoanalysts acknowledge that countertransference is an integral part of every therapeutic relationship, and that the continual examination of their own feelings is the crucible through which all therapists must pass if they=re to master the craft to which they=ve committed themselves. But countertransference comes in all shapes and sizes. The feelings can be positive (I wish this patient were my son), or negative (this guy gives me the creeps). Either

way they threaten to contaminate the therapy unless they=re brought to the surface, examined, and understood.

Sometimes the countertransference issues can be so profound that the therapist is simply unable to work with the patient. Imagine the mother of a child killed in the Oklahoma City bombing treating Timothy McVeigh. More often the countertransference is less dramatic, therefore easier to manage, if sometimes harder to recognize. A therapist like myself, for example, who tends to be impatient and easily bored notices the feeling and asks: Is this me? Is there something in the dynamic between us? Or is this person really so distant from her emotional life that the work can only proceed at such a torturously slow pace? Most of the time it=s some combination of all of the above.

These thoughts were far from my mind when I left my consultant=s office feeling agitated and irritated at what seemed to me her facile use of words like *grandiosity* and *countertransference.* It isn=t that I think I=m incapable of being grandiose, far from it, or that I=m immune to countertransference reactions. But she never really attended to the facts of the case, to who Eve was, or took seriously my request to address the pros and cons of my unconventional interventions. Nevertheless, I weighed her advice, even tried to give Eve a slight push in the direction she suggested. But it served only to frighten Eve so badly that she missed our next session.

Part of me was relieved when she didn=t show up. Good, I thought, maybe I=ve done all I can; maybe the conventional wisdom is in fact wisdom. But I didn=t

really believe it. Call it arrogance, call it hubris, call it egotism, call it determination--whatever the reasons, good and bad, I=m not good at giving up. So I phoned Eve and left a message saying I hoped to see her at our next scheduled session. She arrived and went to her customary place on the floor where I joined her. I had no idea whether something useful was going on, but so long as she was there we had a chance.

Then one day Eve began to inch closer until, little by little, she would sometimes lean up against me and put her head on my shoulder, still without words. I ached to touch her, to put my arm around her, to offer her the comfort of my body, but I had to fight it out with those who sat on my shoulder, the people who trained and supervised me, the consultant I had seen who I knew wouldn=t approve, my colleagues, all the injunctions that say we must never touch a patient, a prohibition that=s sometimes carried to appalling extremes.

A woman I saw in therapy some years ago told me such a story. She had been working with a therapist for three years when she was transferred to another city. As they were saying good-bye at the end of their last hour, my patient, in a gesture of gratitude, reached out to hug her therapist who pulled away and explained stiffly that it was inappropriate. Years later my patient wept when she told the story, feeling again the pain of rejection, the shame of humiliation.

Yet even when we don=t fully believe in the norms and rules into which we=re socialized in the process of becoming professionals, they aren=t easy to ignore in any discipline. Less so perhaps in doing therapy because the certainty of theory so

often conflicts with the ambiguity of practice. So somewhere inside me the questions can still linger: What if they=re right and I=m wrong? What if I do harm? What if . . .?

One doesn=t have to be an expert in human relationships to know that there are times when words are useless and touch the only thing that will comfort. To deprive a therapist of this tool because it breaches some arbitrary boundary, or because we fear the sexual implications, violates everything we know about what heals. It's true that sexual attractions arise and that it's not always easy to deal with them in the often overheated intimacy of the transference-countertransference feelings therapy engenders. But it=s no different from a sexual attraction in any other arena of life. We=re not animals in heat; we have a choice about whether to act.

A therapist who can=t keep his pants up or her skirt down shouldn=t be allowed to practice. Unfortunately, no behavioral code ever stopped those who would take sexual advantage of a patient from doing so. Yet our fear of our sexual impulses and our puritanical conviction that sexual control lies only in the most rigid restraints push us to promulgate rules that hamstring our work while doing little or nothing to stop miscreants from theirs.

A couple of sessions later I won my internal battle with **A**them**@** and put my hand on Eve=s shoulder. She flinched; I pulled back. **A**Has anyone ever hurt you?**@** I asked.

She shook head vigorously.

AAre you sure?**@**

She nodded.

AWould you tell me if someone had?**@**

ANo, and don=t ask me that again.**@**

Ten weeks and these were the first spoken words. But they were words and, in the end, honest ones. I was elated. I knew better than to stake too much on what felt like a magical moment, but in my excitement I forgot what I knew. So I not only congratulated myself, I felt smugly satisfied at having defied convention and won. But patients have a way of puncturing our vanity and reminding us that **A**pride goeth before a fall." I don't mean nothing changed; it did. Eve no longer resisted my touch. Instead when I didn=t reach out quickly enough to satisfy her, she took my arm and put it around her. But she retreated to silence and I to a frustrated humility.

After a few more weeks, I=d had it. **A**I=m sorry, Eve, but you have to talk to me, otherwise we can=t go on.**@**

She looked up at me, her eyes widening in surprise. **A**You=d send me away?**@**

AI don=t want to, but I don=t know what else to do, and I=m afraid I can=t sit here quietly like this for many more weeks.**@**

AWhy? I like it.**@**

AI know you do, and I=m glad. But I get restless and impatient. It=s time to take the next step. You have to sit up in the chair and talk to me.**@**

AIf I do it, can I come sit in the big chair with you?**@**

AWe=ll see, but first you have to sit in your own chair.**@**

AOkay, I=ll think about it.**@**

At our next session instead of hurrying into the room with her head bent, she walked in, albeit tentatively and, watching me every , went directly to the chair where she sat perched on the edge as if ready for flight. She was nervous, but contained, not exactly adult, but the infant I=d been dealing with for so long was held in check. As I watched her, I couldn't help wondering: Had I coddled her unnecessarily? Was there some way I had unconsciously encouraged her acting out so I could be the loving, understanding mother I myself had dreamed of? Or was it that vague, unknowable, indescribable thing we call intuition, that sight that sees without seeing, that allows us to act outside of thought, that knowledge that precedes knowing and that, in the final analysis, is the hallmark of a good therapist. I preferred to believe the latter, of course, to believe that I=d given Eve what she needed to feel safe and trusting enough to take what for her was a very big step.

Eve never got comfortable in that session and, after sitting on the edge of the chair and talking haltingly for about half an hour, she retreated to her corner on the floor. I joined her, held her, told her I was pleased with how well she=d done. She reveled in the praise like a two-year-old who=d found the toilet instead of the diaper for the first time, reached up to stroke my face, and nearly purred contentedly.

As the months went by, she became increasingly relaxed in the chair, conversation flowed more freely, and the time spent in the corner diminished. She began, fitfully at first, as if she were frightened of the words themselves, to talk about

her life in her family—about her mother=s drunkenness, about being eight years old and coming home from school to find her passed out on the kitchen floor, about her father=s alcoholic rages when he smashed the house up and put his fist through the wall, about the endless wait for dinner while her parents indulged in an evening-long Acocktail hour,@ about the many nights she went to bed hungry because they were too drunk to remember to feed their children.

When I asked again if her father ever hurt her, she reverted to baby talk, which she did every time a question or comment touched a psychological hot spot. AYou promised you wouldn=t ask me that again.@

ANo, I didn=t; you told me not to ask you again, but I never agreed.@

She glared at me and went to her corner. Only this time she didn=t want me to join her. AGo away; I don=t want to talk to you anymore. You=re not my friend.@

I was discouraged to see her slip back so quickly. It was hard not to feel angry at her, much like a mother who has done everything she can think to soothe a child who continues to cry. I tried to comfort myself with the reminder that at least she didn=t leave the room altogether as she had on a couple of other occasions when she was frightened by something we were talking about. But it was a dispiriting time, coming as it did when we=d already been working together for well over a year.

She stayed in her corner for several weeks. This time I didn=t join her and insisted that she talk to me, which she did reluctantly. Then one day she walked to the chair, sat down, and with a small smile said, **A**I can do it.**@**

AWhat?**@**

AI can be your friend again.**@**

AWe=ll need to talk about hard things,**@** I warned.

"I know." Then, her words rushing together as if the sentence was all one long breathless word, "Myfathernohedidn'thitmebuthecameintomyroomand . . . .Idon'twanttotalkaboutit."

But at least it was said, and she stayed in the chair talking in a normal voice until, halfway through the session, she reverted to baby talk. **A**Lillian, if I don=t go in the corner, can I come sit in the big chair with you?**@**

AYes, but only after we=ve talked some more.**@**

AHow much more?**@**

ALet=s wait and see; I=ll tell you when.**@**

I was struck by the juxtaposition of the two thoughts, the admission of her father=s abuse and her raising the question about the corner. **A**Eve, did you hide in the corner at home?**@**

She nodded.

ATo get away from your dad?**@**

ACan I come sit in the big chair now?**@**

ASoon, but I=d like you to answer my question first?**@**

AMy mom, too, when she got mad. At night I hid in the corner of the closet so my father couldn=t find me, but in the day, I just crawled behind the couch because Mom couldn=t get me there.**@**

ADid your mother hit you?**@**

AYou promised I could sit in the big chair.**@**

AIn just another minute, Eve. But first tell me if your mother hurt you.**@**

A slight nod of the head, then with her eyes glued to the floor, the words tumbled into each other again. **A**Butshedidn=tmeantosheonlydiditwhenshewas-drunk."

These are the moments every therapist waits for, the times when the frustrations and anxieties are forgotten, and we know why we do this work. We were both quiet, each preoccupied with her own reaction to the words that finally were spoken aloud, words that Eve had spent her life denying, fearing. I savored the moment and wondered what she was thinking and feeling. As if she heard my unspoken question, she lifted her head and, in a voice filled with wonder, said, "I can't believe it. I said it and nothing terrible happened. I'm still here, and God didn't strike me dumb." Then, in one of those quick switches I would probably never be quite ready for, she retreated to the child's voice. "Now can I come sit in the big chair with you, Lillian?"

"Yes," I said, moving aside to make room for her.

She curled up there while I wondered what new problems this would stir up and how I=d get her to leave. But when I told her the time was up, she just sighed,

shook her head sadly, and left. Until then she had always come and gone without a word, no greeting on arrival, no good-bye on departure. This time she stopped at the door, turned back to look directly at me, and said, **A**Goodbye, Lillian. Thanks.**@**

But like life, therapy doesn=t move in a straight line. Instead it bobs and weaves, moves two steps forward and, with luck, only a half step backward. Each time we touched on something that frightened her, Eve regressed. But now instead of retreating to her corner, she simply stopped talking. I told myself this was more than a small step forward, and although my head knew it, my frustration threshold was diminishing.

It was during this phase of the therapy that I went on a vacation to Alaska, where we spent four days sailing on Glacier Bay. Every now and then, we=d hear a deep cracking sound, followed by a rumbling thunderclap as a huge chunk of an iceberg dropped off into the bay. It=s a thrilling sight and sound show, but when it=s over, the iceberg stands, a new gash visible, a jagged edge that wasn=t there before, but still standing, touched but untouched.

Calving, the process is called, a term that fascinated me. Why use the language of birth when something is lost? I wondered when I first saw it. Then as the days passed, I realized that loss isn=t the only thing that happens in calving, since along with its new shape, the iceberg takes on a new identity, one that's visible to those trained to see it. As these thoughts floated half formed through my head, it was clear that Eve, not the iceberg, was preoccupying me. Working with her was like chipping away at an iceberg in which, it had seemed to me, each crack only revealed

more ice. Now I realized that there was something more, that each **A**calving**@** revealed a new form, the birth of a slightly different Eve. All I had to do was look harder to see it.

I came back to our work with a renewed commitment to keep my impatience in check, to see what wasn=t always clearly there to be seen. Unfortunately, Eve didn=t return on the same high.

A therapist=s comings and goings can be a challenge for patients, although one that I think is often vastly overstated. Indeed, I believe that therapists often encourage their patients to act out each time they go away because we=re taught that=s what to expect. In my more ungenerous moments about our profession and its rewards, I also think we get a certain amount of narcissistic gratification out of believing we=re so central to our patients= lives that they=re unable to manage without us and will, as we say to each other, **A**pay us back**@** for not being there.

The message we too often send, both verbally and nonverbally, therefore, is: I expect you to be upset and angry. We invite them to talk about it, to tell us how they feel; we assure them that anything they say is okay. And as with a child, if you expect untoward or regressive behavior, you=ll get it. It takes a wise patient with a solid adult sense of self to be able to say, as one said to me years ago, **A**Why should I act like a child? Will it get you to stay?**@**

Certainly, most patients will miss their therapist when they're gone, since it isn't easy when the work is disrupted, whether for other professional obligations the therapist may have or a vacation. And it's useful to talk about those feelings both

before and after the separation. But something different happens when that conversation takes place in the context of a therapist=s attitude that says, **A**I know this is hard for you but, as you already know, life=s not always easy, or even fair.**@**

All this is hindsight, however. I was too new at being a therapist during the time when I was seeing Eve to understand fully how complicit we can be in our patients= regressive behavior. Even if I had known, however, Eve clearly was one of those patients whose ability to connect was fragile enough so that any break in our contact left her feeling abandoned and affirmed for her what she thought she knew: No one could be trusted to be there for her consistently. Everyone would leave, metaphorically, as her parents in their alcoholic haze had, or physically, as I did.

At our first meeting after I came back, therefore, Eve announced that she wanted to reduce our sessions to once a week and refused to discuss it, saying only that she was too busy at work to come more often. I knew this wasn=t true and that it wasn=t a good idea, that she needed our twice-weekly sessions to sustain her connection with me. By coming once a week she could more easily put me and our work into a compartment she didn=t have to open until the next session. But that, of course, was exactly her point. She needed the distance to protect herself from the pain of my comings and goings. But why now? I reminded her that I=d gone away before, that she knew by now that I=d always come back, and asked why this time was different. She shrugged and changed the subject.

The session proceeded fitfully while I tried to figure out what to do. Should I insist we put off any decision until she was willing to talk about it? Was my focus

on the pathology underlying her behavior disabling me from seeing something positive here? I decided, finally, that this wasn=t only a regressive act but also an attempt at mastery, her way of asserting herself, of feeling less dependent. I knew it was premature, but I hoped something would be gained if she could feel less powerless in the relationship. So we settled on a single hour with my promise that we could revisit the decision should she wish to do so.

The weeks flowed one into the other. We neither progressed nor regressed, a common periodic state in any therapy as patients try to internalize and consolidate the gains they=ve made. Eve still wanted to **A**come into the big chair,**@** and we still did that at the end of every hour, although for shorter and shorter periods.

Outside the therapy sessions, however, her life was changing, not in large dramatic gestures, but in small incremental ones. She accepted new clients, allowing her business to grow beyond the one-woman show it had been for so long. She made a friend, the first since high school, with whom she went to an occasional movie or concert. She reported these events matter-of-factly, as if she didn=t want me to make too much of them. Then for the first time an hour went by when she didn=t ask to sit with me. Neither of us said anything, but in that nonverbal way that two people can share, we both noted it as a landmark event.

The following week she announced that she wanted to resume meeting twice a week. When I asked what brought the change, she said simply, **A**I=m ready.**@**

AFor what?**@**

AI don=t know. Why do I always have to know?**@**

ABecause I think you do know and it=s important for us to talk about what happened then and what=s going on now.**@**

She shifted around in the chair, her struggle with whether to retreat to her infantile position or speak from her strength written in both her face and body posture. Finally, as if a dam inside gave way, she began to talk about how frightened she had been when I left on my vacation. I had never seen her shed a tear, but now she wept as she recounted her dreams of that time, dreams in which I was lost or drowning or orbiting in space, unable to find my way back to safety; dreams in which she herself was lost or held captive in a forest or locked in a room from which there was no escape.

Once started, it was as if she couldn=t stop. For weeks she wept, she raged, she talked. Much of the time I just held her and listened. What was there to say?

She talked about how frightening it was to live in her parents= house, about the beatings she got from her mother, sometimes with her fists, more often with anything that came to her hand, a brush, a pot, an ashtray. **A**You can=t even imagine what it=s like, Lillian, never to know what=s going to come at you.**@**

I squirmed inwardly. Not only could I imagine it, I=d been there, although not with as much brutality as Eve described. My mother used only her hands and words, ugly bitter words that fell from her mouth and scarred my soul as deeply as her fists racked my body. Talk about countertransference! My throat clenched with the effort to stem the tears that filled my eyes. I didn=t know whether I was crying for Eve, for me, or for every child who has ever been abused.

These are sobering moments for a therapist, reminders that our peace with our own past may be more fragile than we know. As I struggled to control the emotions that swept over me, I wanted to tell Eve that it took no imagination to know what she=d suffered. But to speak the words would violate everything I had been taught about never revealing anything about myself to a patient. I wrestled with myself: Do I follow that injunction or go with my heart? Would it comfort Eve to know that I didn=t just understand her experience from a distance, that it was mine as well? I had no idea and nothing to rely on for the answer.

The **A**correct@ response to her remark, I knew, was to **A**analyze the transference,@ which meant asking her to speak about her fantasies about me and my life. I was caught: I didn=t dare speak what I was thinking, and I couldn=t imagine trivializing what she was experiencing by asking her to deal with her transference fantasies, which in that moment seemed irrelevant. Today I would make a different choice, one that would let a patient know she wasn=t alone. Then I kept silent.

As the weeks passed and the wall she had erected against both feeling and memory continued to crumble, she was able to speak about her father=s forays into her bedroom, about how, at six, she was inducted into the art of manual stimulation and within a year into fellatio. I=ve had many patients who were abused sexually and always it plays havoc with both the child and the woman. But I also know that in at least some of those cases, the woman understands that, horrible as the experience was, the child got something out of it--some special attention, small gifts to make her feel loved, some tenderness in a family where there was little, something

that told her she was important, had a special place in the world. **A**He called me *princess*,@ was the way one patient put it.

I don't mean to suggest that a child is ever at fault, that this most heinous kind of abuse is ever forgivable, or that whatever she might have gained, the child didn=t also hate what was happening. But it's worth noting that, like all human behavior this, too, can be complicated and that a therapist must listen carefully to what women say about their guilt before jumping to reassuring words that can seem empty to the patient.

With Eve, however, there was no suggestion of any gain for her. It was a brutal, wordless exploitation, not a hint of caring by a man who used his child=s body and left her curled up in her bed wishing she could die before the next time. He never actually penetrated her, but it was rape, nevertheless--the rape of her body, her mind, her innocence, her belief in her own humanity.

She tried to tell her mother who brushed her off and returned to her drink. Desperate, she ran away and was picked up by the police to whom she told her story. They called her parents who explained that Eve was a troubled child and an habitual liar. The police sent her home to more beatings and more sexual abuse.

Despite her efforts to rescue herself, she could never fully believe that she wasn=t somehow at fault, even if only by what she called her *female presence* in the household. The words struck me: *female presence*. It isn=t as if I hadn=t thought before that the clothes she wore were designed to hide her sexuality--a capacious coat under which were dark, unattractive clothes that were far to big for her small

frame, all of it topped off by the white hat that hid her face. But now here was the evidence; her own words opened the door. **A**I=ve always wondered why you try so hard to make yourself so unattractive. You must have wanted to do whatever possible to hide yourself from him, and now from other men.**@**

Startled, she sat quietly for a while, then said teasingly, **A**You think you=re pretty smart, don=t you?"

Two weeks later the coat was replaced by a handsome leather jacket. I remarked that I liked how she looked in it. She replied that she=d seen me on the street wearing such a jacket and had wanted one since then. I asked why she hadn=t bought it before.

AI guess I wasn=t ready.**@**

AMeaning what?**@**

AYou know, Lillian,**@** she exclaimed in exasperation, **A**there=s more than one kind of closet."

Change came quickly after that as week by week she added something new--clothes that mimicked the kind I wore as she sought both to fortify her identification with me and to reclaim her sexuality, a stylish haircut, some makeup, lipstick, eyeliner, a faint blush on her cheeks, none of which she=d ever worn before. But the white hat, jammed low on her head, persisted. Then one day it disappeared, signaling the way no words could that the main part of our work was finished.

A year later I watched Eve walk out the door, tearful at having to part but with her head held high. I stood at the window, my eyes following her small figure

cross the street and climb into her car, my heart filled with the same mix of pride and sadness I felt when I saw my daughter off to college. I knew I=d see Eve again; we had agreed that she could come back for what she called *a tune- up* whenever she wanted to. But just as I understood on the day my daughter left that our lives would never be the same again, so I knew that, no matter how many hellos and good-byes Eve and I might have in the future, nothing to come would match the intensity of this moment or the power and importance of the relationship we=d shared.