

Insights and Innovations in Community Mental Health

The Erich Lindemann Memorial Lectures

**organized and edited by
The Erich Lindemann Memorial Lecture Committee**

hosted by William James College



**WILLIAM JAMES
COLLEGE**

Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The insights and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this approach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated. For a listing of all the Erich Lindemann Memorial Lectures, please visit www.williamjames.edu/lindemann.

The Erich Lindemann Memorial Lecture Committee presents

THE THIRD ANNUAL
ERICH LINDEMANN MEMORIAL LECTURE

Dying and Growth in Contemporary Society

Speaker

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I chose as a title, "Dying and Growth in Contemporary Society," a relationship that I am serious about. By death I don't mean symbolic death but real death and the real people who face it: those who are dying quickly in our Intensive Care Unit, slowly in our nursing homes, people who live next door, or perhaps one sitting next to you. By the time we finish this hour more than 200 people in the United States will have gone to their graves. The reality of death is impressive. It occurs all around us. When it happens, it happens for everyone and it is well taught to us by the inscription on the hippie's tombstone, "Don't dig me now man, I'm really gone."

Growth refers to emotional growth, emotional maturity in the sense of what it takes to become or to be a really mature man or woman. I am arguing that our culture encourages immaturity in the guise of self-development; and that this has produced a contemporary plague affecting the lives of most of us. The plague is narcissism. I shall argue that the more successful this cult of the self, the more immature and emotionally deformed a person becomes. One natural antidote to this plague and to its spread is involvement with people who are doomed to die, or who suffer from illnesses that one might construe as "worse than death"—a spinal cord injury, paralysis, or slow wasting neuro-muscular diseases. You may have heard the wry adage, "Death is just nature's way of telling us to slow down." I would also argue that death is nature's way of telling us to grow up.

The Disease

What is this disease of narcissism? It is now officially defined as a personality disorder by the American Psychiatric Association. Ten years ago, when I was a Resident, it was a diagnosis that didn't exist. There are five elements that make up this personality disorder: (1) a grandiose sense of self importance or uniqueness, for example exaggeration of one's problems—"nobody has problems like mine"; (2) preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love; (3) exhibitionism: the person requires constant attention and admiration; (4) cool indifference or marked feelings of rage, inferiority, shame, humiliation or emptiness in response to criticism, to indifference of others, or to defeat; and, finally, (5) two of the four following characteristics of disturbed interpersonal relationships: (a) entitlement—the expectation of special favors without assuming reciprocal responsibilities: e.g.

surprise and anger that people will not do what is wanted; (b) interpersonal exploitativeness—taking advantage of others to indulge own desires for self-aggrandisement, disregard for the personal integrity and rights of others; (c) relationships that alternate between extremes of idealization and devaluation: e.g. doctors are either perfect or they are villains, "I thought this was the greatest history teacher and it turns out he doesn't have the references" and again shock, dismay, rage, a feeling of being cheated as though that was owed to me personally; (d) lack of empathy—inability to recognize how others feel: e.g. unable to appreciate the distress of somebody who is seriously ill.

That's the narcissistic personality disorder. Some examples in contemporary society: In January of 1980, the University of Minnesota concluded a 21 month study on the phenomenon of employee theft which costs, by the American Management Association estimates, \$29 billion per year. The University, studying 5,000 employees in 35 companies in the Minneapolis area, found: (1) Ironically, the younger workers most inclined to steal from the company were often also those who reported high career goals and were most concerned with self improvement. (2) Younger, unmarried workers do most of the stealing because they have the least to lose if they are caught and fired. (3) Many workers admitted having stolen money, merchandise, tools and supplies, not from the company, but from their fellow employees. Some said that if they found they could get away with long coffee breaks or take paid days off when they were not sick, then they were more tempted to steal.

Another study was completed last November by the University of Michigan Institute for Social Research. It reminded us that their survey of twenty years ago found younger persons more likely than older persons to describe themselves as very happy. The current study found that the reverse was true: that not only were the younger persons the ones who reported being least happy, but that the concentration of unhappiness occurs primarily among the educationally and economically advantaged.

The young people are less satisfied with their education, work, marriages, family life, friendships, standard of living, savings, housing, community, neighborhood, and country as a whole. It's a strange thing— the phenomenon seems to be, the more advantaged, the more the dissatisfaction. That to me sounds like narcissism. The expectations are grandiose.

Christopher Lasch, in his book *The Culture of Narcissism*, says of contemporary times that the final product of our bourgeois individualism is "psychological man" who lives entirely for the present, demands instant gratification, and yet exists in a state of restless, unsatisfied desires. "He depends on others to validate his self esteem," even though this strategy exploits others and impoverishes himself. He is "facile at managing the impressions he gives to others, ravenous of admiration but contemptuous of those he

manipulates into providing it; unappeasingly hungry for emotional experiences with which to fill an inner void; terrified of aging and death." I pick up on that "terrified of aging and death."

The narcissist is "consumed by his own appetites" but the "needs of others appall him." Some of these individuals cannot tolerate persons who look unattractive to them, ugly, or deformed as though their existence were an insult to the narcissist's existence. I remember one fellow who said there ought to be a law against ugly people –somebody ought to just get them off the streets. I reminded him that there had been an historical effort to purge a race and he said, No, no he wasn't advocating anything like Nazi Germany, but it would be a lot better if somehow we could just get those people away from him. They reminded him of his own unattractiveness (usually imagined) and thus were very threatening.

What does the culture offer us? What does it advocate for the self? The quest is usually for a sense of well-being and contemporary hucksters promote the belief that well-being is immediately available. A lot of people fill their pockets telling us what we want to hear. I read an article about the many books devoted to telling men and women how to look "right." For example, for men we have Dressing Right, The Man's Book, The Power Look, Manstyle, among others. For women we have A Year of Beauty & Health, Adrien Arpel's 3-Week C*R*A*S*H Makeover, Shapeover Beauty Program. We have Designing Your Face, Instant Beauty, Diane von Furstenberg's Book of Beauty. (There are photos in this book, all of the author, who without doubt is a "dish"; the message is clear: "Duckling becomes swan".) The limited nature of these offerings is portrayed in the opening of the book The Man's Book, which gives us this advice, "Keep looking in the mirror, smile, wave `hello'. That person staring back at you...can be changed into your most essential friend. The secret ingredient is Tender Loving Care."

Now if that isn't an emetic agent, I don't know of one! But in many ways that is the model for some of the modern therapies. Among the forms of psychobabble is EST, for example, which tells us that we're almost perfect and self-sufficient...almost. We'll make it if we keep a sharp eye on our own interests, meanwhile putting the other person down. For the narcissist any fad will do. "Anything can interest him till he tires of it, but nothing can touch or teach him...Promiscuity is common, intimacy is rare and deeply feared." Jerry Rubin, in his book Growing (Up) at 37, says "In five years from 1971-1975 I directly experienced est, gestalt therapy, bioenergetics, rolfing, massage, jogging, health foods, tai chi, Esalen, hypnotism, modern dance, meditation, Silva Mind Control, Arica, acupuncture, sex therapy, Reichian therapy and More House—a smorgasbord course in the New Consciousness." His end, he claims, for this was to learn, "to love myself enough so that I do not need another to make me happy."

Cultivation of self is a goal of many modern therapies. Another thing we are reminded to do all the time in modern culture is to preserve our youth. David H. Fisher, another historian, came to Boston and made these observations reported in his book *Growing Old in America*. He saw "a Boston matron on the farside of fifty, who might have worn a graceful palla in ancient Rome, dressed in miniskirt and leather boots. He saw a man in his 60s, who might have draped himself in the dignity of a toga, wearing hip hugger jeans and a tie-dyed T-shirt. He witnessed a conservative business man, who in an earlier generation might have hesitated each morning, wondering whether to wear black or charcoal grey, going to the office in white plastic shoes, chartreuse trousers and cerise shirt, purple aviator glasses and a Prince Valiant haircut." Then he noted how anything that the teen age generation adopted would be copied by the Harvard professors. "Old was out and young was in." This is not a cult of youth: it is a cult of the self.

So it is clear, then, that for one preoccupied with the self, with the quest for attention and instant gratification, exposure to the old and dying—the dying whether they are old or young— can be terrifying. Woody Allen said, "I'm not afraid of dying, I just don't want to be around when it comes." In the movie, "Sleeper" which came out in 1973 somebody asked him what he believed in. He said "Sex and death—two experiences that come once in a lifetime." What I want to focus on here is a paradox: in the narcissistic person there is a tremendous fear of and preoccupation with death.

Contemporary society shares this fascination with death. It's as though suddenly death is very popular. People are "doing" Death and Dying. I often want to ask, "Is there a lab associated with that course?" It is important that people are interested in it, although I maintain that the first part of the interest is narcissistic because they are so afraid of it. But it could become something very beneficial.

The use of the material or, worse, patients, to reinforce one's own sense of invulnerability would, of course, be a misuse and would be pathological. There is a sense, to some extent, that we would like to be voyeurs. We come to the bedside of someone who is dying not consciously wanting to exploit them. There are two hopes: one is a narcissistic hope that we will come away unscathed, like cemetery whistlers; but then I think there is another hope that is healthy and might be encouraged: this is the constructive part of most people, the part which looks to suffering for mastery over dying. Not to omnipotence, which is grandiose, but to skills which prove that personhood can be preserved in suffering, even suffering unto death.

The Antidote

So with that I turn to the second part of my thoughts, which has to do with dying as an antidote to narcissism. I don't want to say that the self should not be defended, or that persons should not get their just due. One of my heroes is Rodney Dangerfield, who always feels that he never gets proper respect. He says, "I get no respect from my kids. Every morning when I leave they wish me heavy traffic...I went into a store to buy a new suit. I told the fellow I wanted to see something cheap and he told me to look in the mirror. I never got any respect when I was a kid. Whenever I got hurt they gave me second aid. I get no respect at all."

We need a little respect, but what about this business of encountering the sick? People have real suffering and how do I deal with that? I would think, for example, that if everyone were to do something like volunteer in a hospice program it would bring one into contact with people who are suffering disability, or sometimes suffering unto death. What would that do? Point by point, it might well help reduce those abnormalities which are the five diagnostic criteria for narcissism.

The first is the tendency to a grandiose sense of self importance or uniqueness. Encounters with some of these people presents an excellent chance to give up your one-up-manship. You know, someone tells you his story and you say "That's nothing. My Uncle Joe had a lot worse cancer than that, and he did such and such." Few things are more irritating to a patient than to be one-upped by a visitor who, instead of listening, always has a better story. There are traumas of confrontations that help make us feel smaller, less grandiose, less proud of our achievements. I think of a little girl aged eleven with a brain tumor. She said to her doctor, "My parents won't tell me anything, but I know I have a tumor. People die of it...Of course I know that I won't get better. Children do sometimes die. I'm going to die too."

If a person has any temptation to give some perfect answer to all the unsolved problems of life, a little child like that would cure them of it. It's a wonderful antidote for thinking one knows all the answers. This sort of experience can be therapeutic. People don't say the wrong thing because they necessarily want to act that way—it's probably more out of nervousness. Incidentally, that little girl woke from a coma two hours before her death and said to her doctor, "I've got two teddy bears. One I don't like and the other I really like a lot. Since I'm going away in a box, you must put the one I really like by my side and the other one at my feet." She's going to take them both along. It's a lovely combination of a child who has a very good intellectual comprehension and is still a little kid.

In my experience, the sufferings of people who have these real illnesses inflict some narcissistic trauma on anyone who encounters them, stands there. This could come from

seeing the deformities or the wasting away, or it could come from the feelings of the patient. The sufferer may be angry, shocked, numb, bitter, or just despairing. Such feelings may also inflict a wound on us; they can be hard to take. Instead of going there for self-gratification you're actually exposing yourself to a little trauma. I maintain that's beneficial and promotes growth.

The second note in the narcissistic character is the preoccupation with fantasies of success, power, beauty, etc. There is nothing like a contact with someone with a fatal illness to give us a good dose of helplessness. What can you say to a parent to bring back a child who has died? There are no words for that. What can you say to make death acceptable? One of my favorite stories comes from Fr. Neil Decker, a chaplain at Boston City Hospital, a wonderful man who is very good with people. He told me he learned a lesson about giving facile answers. A man was brought dead on arrival to the Emergency Ward one night and Father Decker was asked to talk to his distraught wife. He spent about an hour and a half talking with this anguished woman who finally said she was going home. He walked with her outside. They got out to the quadrangle, he was still groping for words, and she kept saying, "It's unfair, it's unfair." Then it came to his mind to say that maybe God had a reason for it to which she screamed, "BULL SHIT!" It reverberated off the surrounding walls shattering the stillness of the night. After that time, he says, he has not been so concerned with giving a ready answer for someone whose predicament doesn't yield readily to a verbal resolution.

I want to read you a poem written by a young woman who died recently, someone whom I knew. She had incurred Hodgkins Disease at the age of 13, and three years later was cured, not without a lot of suffering from chemotherapy. At the age of twenty one she showed another primary tumor that required the amputation of her arm, and six weeks later her lungs showed up filled with metastatic disease. A few months after that she died. Her haunting poem is called "Sand Castles."

*You like to build sand castles,
I gave you my soul, a fine grain mound on which to
practice all your art.
Magnificent images took shape, lofty towers, solid walls,
Spirals reaching to the sky for heaven.
Then the waters rose and so did you;
You dusted your hands and sighed,
And, striding inland from the shore,
You left me at high tide to drown.*

I don't know who that poem was written to, but in the many hours I spent with her I often felt if only there was something more that I could do. But again, I wouldn't have traded knowing her for anything. That painful realization that there are some things you have no answer for is traumatic. This is very beneficial in a world that would like us to believe in our power to make everything the way we'd like it.

The third note of narcissism is exhibitionism -- requiring constant attention and admiration. If your job is to go to the houses of people who are suffering, one of the requirements, instead of talking, is being a decent listener. It is often quite painful to hear about another's plight. But for those who are brave enough to get involved and be wounded, sometimes it will be rewarding. I give you an exchange between a woman and her child: The little girl, seven, had a brain tumor. The mother was doing housework and the little girl said to her mother, "Are you and Daddy going to come visit me when I'm in the grave?" The mother was appalled by the question, and, not being at all prepared, was a little flustered. She said, "Well, Chrissie, what do you want? What would you like us to do?" That was good. The mother didn't brush her off. She thought, "I'll hang in there; she can tell me more." The child said, "I think that would be a good idea." Then she switched and made it even worse: "When will I die?" Her mother, again becoming very uncomfortable said, "Well, I don't know." "What does the doctor say?" "Well, even the doctor isn't terribly sure of the timing of something like that. Why did you want to know?" The little girl said, "I wanted to know because when I get to heaven I have a special favor I want to ask God. I'm going to ask him to make me a boy." The mother wasn't terribly surprised by that but, being a terrific listener, she stayed right in that image. She thought for a little bit and she said, "By the way, how will I know you?" That seemed to stump Chrissie for a moment or two, and then she said, "Just ask for Tim."

Now in this exchange the mother had no guarantee that it would turn out well, but she was brave enough to hang in there, to listen to what her daughter was saying and to go on with the conversation. The result was very beneficial for her, this priceless cameo memory of her daughter.

The fourth element is reacting with rage when people criticize or seem indifferent. In caring for the dying we're bound to get a lot of criticism; we're not going to make everything right, so people are going to be frustrated. "Why can't you do more for me?" is an inevitable complaint. I think it's a therapeutic one, because again it challenges us to do better and divests us of some of those temptations of thinking we're omnipotent.

The fifth element includes the menu of disturbances in interpersonal relationships. It begins with entitlement to special favors; surprise and anger that people don't do what we want. You may be working with someone and think you have a wonderful plan: "We're going to die at home." Then the patient may get panicked, feel unable to breathe,

and wants to go to the hospital. You must say "OK, that's fine. You can die in the hospital too." The patient's needs come before our own.

Next is exploitativeness: using other people for your own advantage. Some may use the dying to further their own philosophies and beliefs at the patient's expense. Fortunately either the patient or other caregivers are likely to sense this and object. Purification of motivation usually accompanies honest perseverance in caring for the dying.

Third are relationships that alternate between the extremes of idealization and devaluation. These are generally destructive as well as unrealistic. One of Dr. Lindemann's great lessons from studying grief was that you can't make statues out of real people. They are flesh-and-blood people. All of us have many failings. In our efforts to keep the dying person in perspective (with real virtues and real faults) we come more to accept human imperfection, and even to admire how well a person can do in spite of rough moments in relationships.

The last point is lack of empathy. Here one finds another advantage: how we may help to protect ourselves from becoming narcissistic, self-enclosed, self-centered, because the requirement to sit down with another person who is suffering may be paralyzing. It means giving up some autonomy; it requires some violence done to the self. This is therapeutic and keeps us, in a sense, healthy.

In summary, I think the encounters people have with the sick are useful for the following reasons: We learn (1) that people do cope sometimes with very severe illnesses, and that persons can remain themselves even though they have many disabilities; and (2), we hope we learn that cultivation of the self is not the "be all and end-all" of life.

In order to gain the greater satisfaction we want out of life, dread of aging should be minimized by investment in and care of a younger generation. Dread of dying should be lessened by the conviction that one's life was meaningfully subordinated to others and to causes. It's a hard lesson. I'm saying we'd better learn it. The dying people we meet in the course of trying to do this are models. I've met many heroines and heroes whom I hope I can be like.

Finally, the contact with death has a way of italicizing certain things that ought to be important. Nothing does that as well as the way in which some people encounter death. Let me read you a letter from Sandy Albertson. Her husband died in 1972 at the age of 27, leaving her with a one-month old and a two-year-old daughter. A month after his death she wrote this letter:

To all of you I would say, as I'm sure Mark would wish me to: Live out your lives now. Don't assume the future. Don't assume all kinds of healing time for the bruised

places in your relationships with others. Don't be afraid to touch and share deeply and openly both the tragic and joyful dimensions of life.

If you lose a friend and there's a wake, even though you don't like to go to wakes, try to go! That's a meaningful exposure of yourself, because the person means something to you. It would be a meaningful exercise in self-punishment. If you do these things for yourself few things would be more rewarding than to learn how to trust other people, how to recognize what their needs are, how to identify with them, because, ironically, if you become debilitated and you still have that capacity those who take care of you will like you and give you good care. So, even from the selfish viewpoint, learning to be empathetic with others is rewarding.