

A man in a brown suit, white shirt, and orange tie is shown from the chest up. His head is replaced by a bright, glowing yellow light. He is sitting at a dark table with his hands resting on it. A single chocolate chip cookie is on the table in front of him. The background is dark and textured.

THE
Schopenhauer
CURE

A Novel

IRVIN D. YALOM

Author of When Nietzsche Wept

The Schopenhauer Cure

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 HarperCollins e-books

To my community of older buddies who grace me with their friendship, share life's inexorable diminishments and losses, and continue to sustain me with their wisdom and dedication to the life of the mind: Robert Berger, Murray Bilmes, Martel Bryant, Dagfinn Føllesdahl, Joseph Frank, Van Harvey, Julius Kaplan, Herbert Kotz, Morton Lieberman, Walter Sokel, Saul Spiro, and Larry Zaroff.

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1

Every breath we draw wards off the death that constantly impinges on us.... Ultimately death must triumph, for by birth it has already become our lot and it plays with its prey only for a short while before swallowing it up. However, we continue our life with great interest and much solicitude as long as possible, just as we blow out a soap-bubble as long and as large as possible, although with the perfect certainty that it will burst.

Julius knew the life-and-death homilies as well as anyone. He agreed with the Stoics, who said, “As soon as we are born we begin to die,” and with Epicurus, who reasoned, “Where I am, death is not and where death is, I am not. Hence why fear death?” As a physician and a psychiatrist, he had murmured these very consolations into the ears of the dying.

Though he believed these somber reflections to be useful to his patients, he never considered that they might have anything to do with him. That is, until a terrible moment four weeks earlier which forever changed his life.

The moment occurred during his annual routine physical examination. His internist, Herb Katz—an old friend and medical school classmate—had just completed his examination and, as always, told Julius to dress and come to his office for a debriefing.

Herb sat at his desk, rifling through Julius’s chart. “On the whole, you look pretty good for an ugly sixty-five-year-old man. Prostate is getting a little swollen, but so is mine. Blood chemistries, cholesterol, and lipid levels are well-behaved—the meds and your diet are doing their job. Here’s the prescription for your Lipitor, which, along with your jogging, has lowered your cholesterol enough. So you can give yourself a break: eat an egg once in

a while. I eat two for breakfast every Sunday. And here's the prescription for your synthroid. I'm raising the dose a bit. Your thyroid gland is slowly closing down—the good thyroid cells are dying and being replaced by fibrotic material. Perfectly benign condition, as you know. Happens to us all; I'm on thyroid meds myself.

“Yes, Julius, no part of us escapes the destiny of aging. Along with your thyroid, your knee cartilage is wearing out, your hair follicles are dying, and your upper lumbar disks are not what they used to be. What's more, your skin integrity is obviously deteriorating: your epithelial cells are just plain wearing out—look at all those senile keratoses on your cheeks, those brown flat lesions.” He held up a small mirror for Julius to inspect himself. “Must be a dozen more on you since I last saw you. How much time you spending in the sun? Are you wearing a broad-brimmed hat like I suggested? I want you to see a dermatologist about them. Bob King's good. He's just in the next building. Here's his number. Know him?”

Julius nodded.

“He can burn off the unseemly ones with a drop of liquid nitrogen. I had him remove several of mine last month. No big deal—takes five, ten, minutes. A lot of internists are doing it themselves now. Also there's one I want him to look at on your back: you can't see it; it's just under the lateral part of your right scapula. It looks different from the others—pigmented unevenly and the borders aren't sharp. Probably nothing, but let's have him check it. Okay, buddy?”

“Probably nothing, but let's have him check it.” Julius heard the strain and forced casualness in Herb's voice. But, let there be no mistake, the phrase “pigmented differently and borders aren't sharp,” spoken by one doc to another, was a cause for alarm. It was code for potential melanoma, and now, in retrospect, Julius identified that phrase, that singular moment, as the point when carefree life ended and death, his heretofore invisible enemy, materialized in all its awful reality. Death had come to stay, it never again left his side, and all the horrors that followed were predictable postscripts.

Bob King had been a patient of Julius's years ago, as had a significant number of San Francisco physicians. Julius had reigned over the psychiatric community for thirty years. In his position as professor of psychiatry at the University of California he had trained scores of students and, five years before, had been president of the American Psychiatric Association.

His reputation? The no-bullshit doctor's doctor. A therapist of last resort,

a canny wizard willing to do anything he had to do to help his patient. And that was the reason why, ten years earlier, Bob King had consulted Julius for treatment of his long-standing addiction to Vicodan (the physician-addict's drug of choice because it is so easily accessible). At that time King was in serious trouble. His Vicodan needs had dramatically increased: his marriage was in jeopardy, his practice was suffering, and he had to drug himself to sleep every night.

Bob tried to enter therapy, but all doors were closed for him. Every therapist he consulted insisted that he enter an impaired physician recovery program, a plan which Bob resisted because he was loath to compromise his privacy by attending therapy groups with other physician-addicts. The therapists wouldn't budge. If they treated a practicing addicted physician without using the official recovery program, they would place themselves at risk of punitive action by the medical board or of personal litigation (if, for example, the patient made an error of judgment in clinical work).

As a last resort before quitting his practice and taking a leave of absence to be treated anonymously in another city, he appealed to Julius, who accepted the risk and trusted Bob King to withdraw on his own from Vicodan. And, though therapy was difficult, as it always is with addicts, Julius treated Bob for the next three years without the help of a recovery program. And it was one of those secrets that every psychiatrist had—a therapeutic success that could in no way be discussed or published.

Julius sat in his car after leaving his internist's office. His heart pounded so hard the car seemed to shake. Taking a deep breath to quell his mounting terror, then another and another, he opened his cell phone and, with trembling hands, called Bob King for an urgent appointment.

"I don't like it," said Bob the next morning, as he studied Julius's back with a large round magnifying glass. "Here, I want you to look at it; we can do it with two mirrors."

Bob stationed him by the wall mirror and held a large hand mirror next to the mole. Julius glanced at the dermatologist through the mirror: blond, ruddy faced, thick spectacles resting on his long imposing nose—he remembered Bob telling him how the other kids taunted him with cries of "cucumber nose." He hadn't changed much in ten years. He looked harried, much as when he had been Julius's patient, huffing and puffing, arriving always a few minutes late. The Mad Hatter's refrain, "Late, late for a very important date," often had come to mind when Bob rushed into his office. He had gained

weight but was as short as ever. He looked like a dermatologist. Whoever saw a tall dermatologist? Then Julius glanced at his eyes—oh oh, they seemed apprehensive—the pupils were large.

“Here’s the critter.” Julius looked through the mirror as Bob pointed with an eraser-tipped stylus. “This flat nevus below your right shoulder under your scapula. See it?”

Julius nodded.

Holding a small ruler to it, he continued, “It’s a shade less than one centimeter. I’m sure you remember the ABCD rule of thumb from your med school dermatology—”

Julius interrupted, “I don’t remember squat from medical school dermatology. Treat me like a dummy.”

“Okay. ABCD. *A* for asymmetry—look here.” He moved the stylus to parts of the lesion. “It’s not perfectly round like all these others on your back—see this one and this one.” He pointed to two nearby small moles.

Julius tried to break his tension by taking a deep breath.

“*B* for borders—now, look here, I know it’s hard to see.” Bob pointed again to the subscapular lesion. “See in this upper area how sharp the border is, but all around here on the medial side it’s indistinct, just fades into the surrounding skin. *C* for coloration. Here, on this side, see how it’s light brown. If I magnify it, I see a tad of red, some black, maybe even some gray. *D* for diameter; as I say, perhaps seven-eighths of a centimeter. That’s good-sized, but we can’t be sure how old it is, I mean how fast it’s growing. Herb Katz says it wasn’t there at last year’s physical. Lastly, under magnification, there is no doubt that the center is ulcerated.”

Putting down the mirror, he said, “Put your shirt back on, Julius.” After his patient finished buttoning up, King sat down on the small stool in the examining room and began, “Now, Julius, you know the literature on this. The concerns are obvious.”

“Look, Bob,” replied Julius, “I know our previous relationship makes this hard for you, but please don’t ask me to do your work. Don’t assume I know anything about this. Keep in mind that right now my state of mind is terror veering toward panic. I want you to take charge, to be entirely honest with me, and take care of me. Just as I did for you. And, Bob, look at me! When you avoid my gaze like that, it scares the shit out of me.”

“Right. Sorry.” He looked him straight in the eyes. “You took damn good care of me. I’ll do the same for you.” He cleared his throat, “Okay, my strong

clinical impression is that it's a melanoma."

Noting Julius's wince, he added, "Even so, the diagnosis itself tells you little. Most—remember that—*most* melanomas are easily treated, though some are bitches. We need to know some things from the pathologist: Is it melanoma for certain? If so, how deep is it? Has it spread? So, first step is biopsy and getting a specimen to the pathologist.

"Soon as we finish I'll call a general surgeon to excise the lesion. I'll be by his side throughout. Next, an examination of a frozen section by the pathologist, and if *it's negative, then great: we're finished*. If it's positive, if it is a melanoma, we'll remove the most suspicious node or, if necessary, do a multiple node resection. No hospitalization required—the whole procedure will be done in the surgery center. I'm pretty sure no skin graft will be needed, and, at most, you miss only a day of work. But you'll feel some discomfort at the surgical site for a few days. Nothing else to say now until we learn more from the biopsy. As you asked, I'll take care of you. Trust my judgment on this; I've been involved with hundreds of these cases. Okay? My nurse will call you later today with all the details about time and place and prep instruction. Okay?"

Julius nodded. They both rose.

"I'm sorry," Bob said, "I wish I could spare you all, this but I can't." He held out a folder of reading material. "I know you may not want this stuff, but I always distribute it to patients in your situation. Depends on the person: some are comforted by information, others would rather not know and just toss it on the way out of the office. Hope after the surgery to tell you something brighter."

But there was never to be anything brighter—the later news was darker yet. Three days after the biopsy procedure, they met again. "Do you want to read this?" said Bob, holding out the final pathologist's report. Seeing Julius shake his head, Bob scanned the report again and began: "Okay let's go over it. I gotta tell you: it's not good. Bottom line is that it *is* a melanoma and it has several...uh...notable characteristics: it's deep, over four millimeters, ulcerated, and there are five positive nodes."

"Meaning? Come on, Bob, don't talk around this. 'Notable,' four millimeters, ulcerated, five nodes? Be straight. Talk to me as if I were a layman."

"Meaning bad news. It's a sizable melanoma, and it has spread to the nodes. The real danger here is more distant spread, but we won't know that

till the CT scan which I've arranged for tomorrow at eight."

Two days later they continued their discussion. Bob reported that the CT scan was negative—no evidence of spread elsewhere in the body. That was the first good news. "But even so, Julius, this adds up to a dangerous melanoma."

"How dangerous?" Julius's voice cracked. "What are we talking about? What kind of survival rate?"

"You know we can only address that question in terms of statistics. Everyone is different. But for an ulcerated melanoma, four millimeters deep, with five nodes, the statistical charts show a five-year survival of less than twenty-five percent."

Julius sat for several moments with head bowed, heart pounding, tears in his eyes, before asking, "Keep going. You're being straight. I need to know what to tell my patients. What will my course be like? What's going to happen?"

"It's impossible to be precise because nothing more will happen to you until the melanoma recurs somewhere in the body. When it does, especially if it metastasizes, then the course might be quick, perhaps weeks or months. As for your patients, hard to say, but it would not be unreasonable to hope for at least a year of good health ahead of you."

Julius nodded slowly, head down.

"Where's your family, Julius? Shouldn't you have brought someone in with you?"

"I think you know about my wife's death ten years ago. My son is on the East Coast and my daughter in Santa Barbara. I've said nothing to them yet; I didn't see any sense in disrupting their lives unnecessarily. I generally do better licking my wounds in private anyway, but I'm pretty sure that my daughter will come up immediately."

"Julius, I'm so sorry to have to tell you all this. Let me end with a little good news. There's a lot of energetic research going on now—perhaps a dozen very active labs in this country and abroad. For unknown reasons the incidence of melanoma has risen, almost doubled in the last ten years, and it's a hot research area. It's possible that breakthroughs are close at hand."

For the next week Julius lived in a daze. Evelyn, his daughter, a classics professor, canceled her classes and drove up immediately to spend several

days with him. He spoke at length to her, his son, his sister and brother, and to intimate friends. He often woke in terror at 3 A.M., crying out, and gasping for air. He canceled his hours with his individual patients and with his therapy group for two weeks and spent hours pondering what and how to tell them.

The mirror told him he didn't look like a man who had reached the end of his life. His three-mile daily jog had kept his body young and wiry, without an ounce of fat. Around his eyes and mouth, a few wrinkles. Not many—his father had died with none at all. He had green eyes; Julius had always been proud of that. Strong and sincere eyes. Eyes that could be trusted, eyes that could hold anyone's gaze. Young eyes, the eyes of the sixteen-year-old Julius. The dying man and the sixteen-year-old gazed at each other across the decades.

He looked at his lips. Full, friendly lips. Lips that, even now in his time of despair, were on the edge of a warm grin. He had a full head of unruly black curly hair, graying only in his sideburns. When he was a teenager in the Bronx, the old white-haired, red-faced, anti-Semitic barber, whose tiny shop was down his street between Meyer's candy store and Morris's butcher shop, cursed his tough hair as he tugged at it with a steel comb and cut it with thinning shears. And now Meyer, Morris, and the barber were all dead, and little sixteen-year-old Julius was on death's call sheet.

One afternoon he tried to attain some sense of mastery by reading the melanoma literature in the medical school library, but that proved futile. Worse than futile—it made things more horrendous. As Julius apprehended the truly ghastly nature of his disease, he began to think of melanoma as a voracious creature sinking ebony tendrils deep into his flesh. How startling it was to realize that suddenly he was no longer the supreme life form. Instead he was a host; he was nourishment, food for a fitter organism whose gobbling cells divided at a dizzying pace, an organism that blitzkrieged and annexed adjacent protoplasm and was now undoubtedly outfitting clusters of cells for cruises into the bloodstream and colonization of distant organs, perhaps the sweet friable feeding grounds of his liver or the spongy grassy meadows of his lungs.

Julius put aside the reading. Over a week had gone by, and it was time to move past distraction. The hour had come to face what was really happening. Sit down, Julius, he told himself. Sit down and meditate upon dying. He closed his eyes.

So death, he thought, has finally made its appearance on stage. But what a banal entrance—the curtains jerked open by a roly-poly dermatologist with a cucumber nose, magnifying glass in hand, and costumed in white hospital coat with his name stitched in dark blue letters upon his upper breast pocket.

And the closing scene? Destined, most likely, to be equally banal. His costume would be his wrinkled pinstriped New York Yankees night-shirt with DiMaggio's number 5 on the back. The stage set? The same queen-sized bed in which he had slept for thirty years, crumpled clothes on the chair beside the bed and, upon his bedside table, a stack of unread novels unaware that their time would now never come. A whim-pering, disappointing finale. Surely, Julius thought, the glorious adventure of his life deserved something more...more...more what?

A scene he had witnessed a few months ago on a Hawaiian vacation came to mind. While hiking he had quite by chance come upon a large Buddhist retreat center and saw a young woman walking through a circular labyrinth, constructed of small lava stones. Reaching the center of the labyrinth she stopped and remained motionless in a lengthy standing meditation. Julius's knee-jerk reaction to such religious ritual was not charitable, generally falling somewhere in the territory between ridicule and revulsion.

But, now, as he thought about that meditating young woman, he experienced softer feelings—a flood of compassion for her and for all his fellow humans who are victims of that freakish twist of evolution that grants self-awareness but not the requisite psychological equipment to deal with the pain of transient existence. And so throughout the years, the centuries, the millennia, we have relentlessly constructed makeshift denials of finiteness. Would we, would any of us, ever be done with our search for a higher power with whom we can merge and exist forever, for God-given instruction manuals, for some sign of a larger established design, for ritual and ceremony?

And yet, considering his name on death's roster, Julius wondered whether a little ceremony might not be such a bad thing. He jerked away from his own thought as if scorched—so thoroughly dissonant was it with his lifelong antagonism to ritual. He had always despised the tools by which religions strip their followers of reason and freedom: the ceremonial robes, incense, holy books, mesmerizing Gregorian chants, prayer wheels, prayer rugs, shawls and skullcaps, bishop's miters and crosiers, holy wafers and wines, last rites, heads bobbing and bodies swaying to ancient chants—all of which

he considered the paraphernalia of the most powerful and longest-running con game in history, a game which empowered the leaders and satisfied the congregation's lust for submission.

But now, with death standing next to him, Julius noted that his vehemence had lost its bite. Maybe it was simply *imposed* ritual he disliked. Perhaps a good word could be found for a little personal creative ceremony. He was touched by the newspaper descriptions of the firemen at ground zero in New York, stopping, standing, and removing hats to honor the dead as each pallet of newly discovered remains was brought to the surface. Nothing wrong with honoring the dead...no, not the dead, but honoring the life of the one who died. Or was it something more than honoring, more than sanctifying? Wasn't the gesture, the ritual of the firemen, also signifying connectivity? The recognition of their relationship, their unity with each victim?

Julius had a personal taste of connectivity a few days after his fateful meeting with his dermatologist when he attended his support group of fellow psychotherapists. His fellow doctors were stunned when Julius revealed the news of his melanoma. After encouraging him to talk himself out, each group member expressed his shock and sorrow. Julius couldn't find any more words, nor could anyone else. A couple of times someone started to talk but did not, and then it was as if the group agreed nonverbally that words were not necessary. For the final twenty minutes all sat in silence. Such prolonged silences in groups are almost invariably awkward, but this one felt different, almost comforting. Julius was embarrassed to admit, even to himself, that the silence felt "sacred." Later it occurred to him that the members not only were expressing grief but were also removing their hats, standing at attention, joining and honoring his life.

And perhaps this was a way of honoring their own lives, Julius thought. What else do we have? What else other than this miraculous blessed interval of being and self-awareness? If anything is to be honored and blessed, it should simply be this—the priceless gift of sheer existence. To live in despair because life is finite or because life has no higher purpose or embedded design is crass ingratitude. To dream up an omniscient creator and devote our life to endless genuflection seems pointless. And wasteful, too: why squander all that love on a phantasm when there seems too little love to go around on Earth as it is? Better to embrace Spinoza's and Einstein's solution: simply bow one's head, tip one's hat to the elegant laws and mystery of nature, and

go about the business of living.

These were not new thoughts for Julius—he had always known of finiteness and the evanescence of consciousness. But there is knowing and *knowing*. And death's presence on the stage brought him closer to really knowing. It was not that he had grown wiser: it was only that the removal of distractions—ambition, sexual passion, money, prestige, applause, popularity—offered a purer vision. Wasn't such detachment the Buddha's truth? Perhaps so, but he preferred the path of the Greeks: everything in moderation. Too much of life's show is missed if we never take off our coats and join in the fun. Why rush to the exit door before closing time? After a few days, when Julius felt calmer with fewer sweeps of panic, his thoughts turned to the future. "One good year" Bob King had said, "no guarantees, but it would not be unreasonable to hope for at least a year of good health." But how to spend that year? One thing he resolved was not to make that one good year a bad year by grieving that it was not more than a year.

One night, unable to sleep and craving some comfort, he restlessly browsed in his library. He could find nothing written in his own field that seemed even remotely relevant to his life situation, nothing pertaining to how should one live, or find meaning in one's remaining days. But then his eye fell upon a dog-eared copy of Nietzsche's *Thus Spake Zarathustra*. Julius knew this book well: decades ago he had thoroughly studied it while writing an article on the significant but unacknowledged influence of Nietzsche on Freud. *Zarathustra* was a brave book which more than any other, Julius thought, teaches how to revere and celebrate life. Yes, this might be the ticket. Too anxious to read systematically, he flipped the pages randomly and sampled some of the lines he had highlighted.

"To change 'it was' into 'thus I willed it'—that alone shall I call redemption."

Julius understood Nietzsche's words to mean that he had to choose his life—he had to live it rather than be lived by it. In other words he should love his destiny. And above all there was Zarathustra's oft-repeated question whether we would be willing to repeat the precise life we have lived again and again throughout eternity. A curious thought experiment—yet, the more he thought about it, the more guidance it provided: Nietzsche's message to us was to live life in such a way that we would be willing to repeat the same life eternally.

He continued flipping the pages and stopped at two passages highlighted heavily in neon pink: “Consummate your life.” “Die at the right time.”

These hit home. Live your life to the fullest; and then, and only then, die. Don’t leave any un-lived life behind. Julius often likened Nietzsche’s words to a Rorschach exam; they offered so many opposing viewpoints that the readers’ state of mind determined what they took from them. Now he read with a vastly different state of mind. The presence of death prompted a different and more enlightened reading: in page after page, he saw evidence of a pantheistic connectedness not previously appreciated. However much Zarathustra extolled, even glorified solitude, however much he required isolation in order to give birth to great thoughts, he was nonetheless committed to loving and lifting others, to helping others perfect and transcend themselves, to sharing his ripeness. *Sharing his ripeness*—that hit home.

Returning *Zarathustra* to its resting place, Julius sat in the dark staring at the lights of cars crossing the Golden Gate Bridge and thinking about Nietzsche’s words. After a few minutes Julius “came to”: he knew exactly what to do and how to spend his final year. *He would live just the way he had lived the previous year—and the year before that and before that.* He loved being a therapist; he loved connecting to others and helping to bring something to life in them. Maybe his work was sublimation for his lost connection to his wife; maybe he needed the applause, the affirmation and gratitude of those he helped. Even so, even if dark motives played their role, he was grateful for his work. God bless it!

Strolling over to his wall of file cabinets, Julius opened a drawer filled with charts and audiotaped sessions of patients seen long ago. He stared at the names—each chart a monument to a poignant human drama that had once played itself out in this very room. As he surfed through the charts, most of the faces immediately sprang to mind. Others had faded, but a few paragraphs of notes evoked their faces, too. A few were the truly forgotten, their faces and stories lost forever.

Like most therapists, Julius found it difficult to seal himself off from the unremitting attacks on the field of therapy. Assault came from many directions: from pharmaceutical companies and managed care, which sponsored superficial research orchestrated to validate the effectiveness of

drugs and briefer therapies; from the media, which never tired of ridiculing therapists; from behaviorists; from motivational speakers; from the hordes of new age healers and cults all competing for the hearts and minds of the troubled. And, of course, there were doubts from within: the extraordinary molecular neurobiological discoveries reported with ever-increasing frequency caused even the most experienced therapists to wonder about the relevance of their work.

Julius was not immune to these attacks and often entertained doubts about the effectiveness of his therapy and just as often soothed and reassured himself. *Of course* he was an effective healer. *Of course* he offered something valuable to most, perhaps even all, of his patients.

Yet the imp of doubt continued to make its presence known: *Were you really, truly, helpful to your patients? Maybe you've just learned to pick patients who were going to improve on their own anyway.*

No. Wrong! Wasn't I the one who always took on great challenges?

Huh, you've got your limits! When was the last time you really stretched yourself—took a flagrant borderline into therapy? Or a seriously impaired schizophrenic or a bipolar patient?

Continuing to thumb through old charts, Julius was surprised to see how much posttherapy information he had—from occasional follow-up or “tune-up” visits, from chance encounters with the patient, or from messages delivered by new patients they had referred to him. But, still, had he made an enduring difference to them? Maybe his results were evanescent. Maybe many of his successful patients had relapsed and shielded that information from him out of sheer charity.

He noted his failures, too—folks, he had always told himself, who were not ready for his advanced brand of deliverance. Wait, he told himself, give yourself a break, Julius. How do you know they were *really* failures? *permanent* failures? You never saw them again. We all know there are plenty of late bloomers out there.

His eye fell upon Philip Slate's thick chart. You want failure? he said to himself. *There* was failure. Old-time major-league failure. Philip Slate. More than twenty years had passed, but his image of Philip Slate was crisp. His light brown hair combed straight back, his thin graceful nose, those high cheekbones that suggested nobility, and those crisp green eyes that reminded him of Caribbean waters. He remembered how much he disliked everything about his sessions with Philip. Except for one thing: the pleasure of looking

at that face.

Philip Slate was so alienated from himself that he never thought to look within, preferring to skate on the surface of life and devote all his vital energy to fornication. Thanks to his pretty face, he had no end of volunteers. Julius shook his head as he rifled through Philip's chart—three years of sessions, all that relating and support and caring, all those interpretations without a whisper of progress. Amazing! Perhaps he wasn't the therapist he thought he was.

Whoa, don't jump to conclusions, he told himself. Why would Philip continue for three years if he had gotten nothing? Why would he continue to spend all that money for nothing? And God knows Philip hated to spend money. Maybe those sessions had changed Philip. Maybe he *was* a late bloomer—one of those patients who needed time to digest the nourishment given by the therapist, one of those who stored up some of the therapist's good stuff, took it home, like a bone, to gnaw on later, in private. Julius had known patients so competitive that they hid their improvement just because they didn't want to give the therapist the satisfaction (and the power) of having helped them.

Now that Philip Slate entered his mind, Julius could not get him out. He had burrowed in and taken root. Just like the melanoma. His failure with Philip became a symbol embodying *all* his failures in therapy. There was something peculiar about the case of Philip Slate. From where had it drawn all that power? Julius opened his chart and read his first note written twenty-five years before.

PHILIP SLATE—Dec. 11, 1980

26 yr old single white male chemist working for DuPont—develops new pesticides—strikingly handsome, carelessly dressed but has a regal air, formal, sits stiffly with little movement, no expression of feelings, serious, absence of any humor, not a smile or grin, strictly business, no social skills whatsoever. Referred by his internist, Dr. Wood.

CHIEF COMPLAINT: "I am driven against my will by sexual impulses."

Why now? “Last straw” episode a week ago which he described as though by rote.

I arrived by plane in Chicago for a professional meeting, got off the plane, and charged to the nearest phone and went down my list of women in Chicago looking for a sexual liaison that evening. No luck! They were all busy. Of course they were busy: it was a Friday evening. I knew I was coming to Chicago; I could have phoned them days, even weeks earlier. Then, after calling the last number in my book, I hung up the phone and said to myself, “Thank God, now I can read and get a good night’s sleep, which is what I really wanted to do all along.”

Patient says that phrase, that paradox—“which is what I really wanted to do all along”—haunted him all week and is the specific impetus for seeking therapy. “That’s what I want to focus on in therapy,” he says. “If that is what I want—to read and to get a good night’s sleep—Dr. Hertzfeld, tell me—why can’t I, why don’t I, do it?”

Slowly more details of his work with Philip Slate coasted into mind. Philip had intellectually intrigued him. At the time of their first meeting he had been working on a paper on psychotherapy and the will, and Philip’s question—*why can’t I do what I truly want to do?*—was a fascinating beginning for the article. And, most of all, he recalled Philip’s extraordinary immutability: after three years he seemed entirely untouched and unchanged—and as sexually driven as ever.

Whatever became of Philip Slate? Not one word from him since he abruptly bailed out of therapy twenty-two years ago. Again Julius wondered whether, without knowing it, he had been helpful to Philip. Suddenly, he had to know; it seemed a matter of life and death. He reached for the phone and dialed 411.