

A doctor asks:

## HOW ARE YOU?

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ACCORDING TO SOME anonymous wit, a bore is the kind of person who, when you ask him how he is, tells you. In the ordinary world, there is nothing more dispiriting than a lengthy detailed account of the ailments of a casual acquaintance. There is no more pathetic sight at a party than a reluctant listener trapped in a corner by a voluble hypochondriac or even a genuine invalid. The average man has all the medical complexities he can handle in the health problems of himself and his immediate family. Symptoms that would fascinate a medical man leave him as cold as stone, whereas he will respond warmly to any social topic from the amours of Hollywood stars to the zigzags of his alma mater's fullback.

But the doctor, in his office at

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least, is an entirely different sort of individual. An endless recital of complaints and groans, aches, pains, twinges and tics, is as familiar and engrossing music to his ears as the tuning up of an orchestra to a conductor. He is not only willing to listen, but deeply grateful for any information his patients can give him about their physical and mental condition. Unfortunately, the number of people who can be trusted to tell the truth, when the doctor asks them how they are, is minimal. Scarcely one person in ten is able to give a straightforward, intelligent report on his health. As a result most practitioners must learn not only to interpret physical signs, but the ordinary speech of people, to find out what lies behind the garbled, confused, grudging, or garrulous responses he receives when he begins probing verbally into the condition of a patient.

Thus, when the doctor asks the simplest and most common of all

human questions, "How are you?" your answer is loaded. It can be anything from a grunt to an intricate, half-hour analysis of your innermost problems. It can be as clear as a mathematical formula or as logically incoherent as the rantings of a demagogue. But it always reveals your basic attitude toward your symptoms, the doctor, and the course of treatment. Your answer is, indeed, a kind of cipher of your personality that a good doctor can decode. The patterns of these responses repeat themselves until from them alone the doctor can infer a good deal about what is going on inside the patient and how he will be affected by treatment. The experienced general practitioner misses little. What does he find in his patient's reply to his initial question?

First of all, the ability or inability to communicate effectively is revealed. It does not take any great innate intelligence to talk about one's pains. Clear, objective communication is merely a sign of a psychologically healthy individual. Defective communication, on the other hand, indicates resistances, frustrations, fears, and other psychic obstacles hindering the patient in his relations to the world around him and undermining his health. Stereotyped responses, mechanical or meaningless talk, evasive answers, are among the most common examples of faulty communication. If these patients were sick enough in

this respect, the general practitioner would be able to send them off to a specialist in psychological ailments, just as he sends heart or kidney cases to the proper specialist. But most of them live mentally as well as physically somewhere in the twilight zone between good health and disease.

PERHAPS THE MOST COMMON type of faulty communication is that provided by the excessively well-bred patient. The doctor may chance to ask him how he is when he is lying stripped naked on an examining table. "Very well, thank you," he answers in a way that Emily Post would approve. The doctor feels a little different about it. "Then what the devil are you doing here?" he is tempted to reply but usually restrains himself. The temptation to jar such a person into some recognition of reality becomes irresistible when he follows up his conventional response of "Fine, thank you" with another conventional "And how are you?" At which point, an honest doctor may reply, "None of your business." If someone protests against such rudeness, he will point out that asking about people's health is *his* business, and in his office he is privileged to make this interrogation.

Of course, these excessively courteous responses are often merely harmless and superficial slips. In most cases, however, the inappro-

priateness goes far below the surface and is rooted in basic attitudes as inadequate to life as these replies. What makes this patient adopt the same well-bred, absent-minded manner when he is sick in a doctor's office as when he is at his ease in a drawing-room or a board meeting? He has been trained to worry primarily about how he looks to the world and what other people think of him. He so values externals that he is prepared to sacrifice himself on the altar of a civilized appearance. If he were drowning, he would find it literally impossible to shout for help. He is so accustomed to concealing feelings of pain or distress that he ends by concealing them from himself, and, of course, from the very doctor to whom alone he has recourse when his plight becomes unbearable.

Courtesy is a wonderful quality up to the point where it interferes with the workings of nature. Through years of repressing his natural impulses, the over-polite patient has gradually encased himself in "a front" as rigid as the carapace of a lobster. The doctor knows that when he breaks through the armor he will usually encounter violent hostility or panic, resentment or hysteria. But some kind of break-through, if only to establish communication, is an absolute prerequisite for any kind of cure.

Another common type of patient is the uncomfortable patient. He

can be spotted the moment he enters the office. He never sits down, but perches rigidly on the end of the chair like an Indian who has just come into town off the reservation. He doesn't lie down fully on an examining table but keeps himself awkwardly suspended over a small strip of it. Standing, sitting, or recumbent, he looks uncomfortable. As a matter of fact, he *is* uncomfortable, but astonishingly enough, he is utterly unaware of his condition.

"Well, doctor," he will say, "my stomach has been sort of bothering me and I can't sleep much. Of course, this is inventory season, and, to tell you the truth, I have so much on my mind . . ." and so on.

The vagueness of the description of the symptoms and the mention of inventory season show that this man's mind is so completely immersed in his business that he doesn't really have any idea if he is sick or well. The doctor is in no way surprised, then, when he gradually extorts the information that this patient has had sharp, persistent stomach pains for months, that he has vomited blood, is highly nervous, and has been an insomnia victim for years. It is also obvious that he has gastric ulcers.

Why hasn't he consulted a doctor before?

"It didn't seem very serious at first," the patient explains. "It never really interfered with my

work." It never occurs to this patient that his work, or more accurately, his anxieties about his work, most of which are unnecessary, are interfering with his physical well-being. The one thing he never inventories is his health. His replies only confirm the information conveyed by his manner of sitting and standing, namely, that *he doesn't live in his body.*

A great many people today — mostly tense, high-strung individuals absorbed in occupations which keep their brains intensely active — have almost completely lost touch with their bodies. Symptoms of all kinds — headaches, sleeplessness, backaches, loss of appetite, fatigue, colds, constipation — come and go, and automatically, individuals of this type take an aspirin or a laxative, have a couple of drinks or develop a vicious temper as an outlet for their discomfort. Fundamentally they are unaware of their ailments, for they have gradually become so accustomed to them that they have forgotten what it feels like to be in good health. When a man no longer takes conscious pleasure in functioning in a healthy, coordinated manner, he is no longer living in his body.

A major part of therapy for this patient consists of helping him, as the psychiatrists say, to "integrate" his improvement. He must be helped consciously to know when he is better or worse. He must learn to be-

come aware of his body, to use it as much as possible, to realize instantaneously and by reflex when he is sitting, standing, or lying in an uncomfortable position. He has, in short, to renew the physical life he discontinued when he became an adult, to accept and even enjoy the fact that physical pleasures and pains, comforts and discomforts, are a large part of life and cannot simply be written off. If he fails to accept the physical aspect of life and accord it some of the attention he gives his work, his body will rebel sooner or later, and a new cure will only be followed by a new sickness.

**T**HEN THERE IS THE COMMON TYPE represented by Mrs. Jones, a plain-looking, plainly-dressed, elderly woman. Mrs. Jones stares sorrowfully at the doctor as she sits on the other side of his desk, her shoulders sagging and the corners of her mouth drooping in a woebegone fashion. She is a perfect picture of hopeless misery and exudes pessimism like a powerful perfume.

Her answer to the doctor's first question is an explosive sigh followed by a gloomy noise that sounds like "M-m-m-m-uhhh." Then she shrugs her shoulders, stares dolefully into space, and perhaps sighs again.

A doctor who first encounters this type is liable to be surprised when he discovers that Mrs. Jones is not suffering from a mortal ailment.

One who has seen numbers of Mrs. Joneses has already deduced quite a bit about her before proceeding to an actual diagnosis. He knows that if he suggested to her that she may shortly be well and happy, he would probably provoke an outburst of disbelief, anger, and resentment. Such a suggestion would knock the props out from under her and sweep away the most important and interesting part of her existence — her troubles. For Mrs. Jones is typical of numerous people who have retired, whose children have grown up and left home, who feel that they have no place in life and that they are unnecessary and unwanted.

Since the lives of such people are very often darkened by real tragedy it would be a mistake to assume that their sufferings are nonexistent or their symptoms imaginary. But Mrs. Jones derives a secret satisfaction from her symptoms, a satisfaction which substitutes for something missing in her life. The problems and worries of raising a family are behind her and, difficult as they were, she has found nothing else to substitute. Her troubles serve the function of making her feel important. So, naturally, she thinks more and more about the husband who passed away five years ago, about the small growth on her back, or the pain in her legs, or about the married daughter in San Francisco who doesn't write often enough.

To eradicate her symptoms will

only afford her temporary relief. Sooner or later, the same symptoms will recur or she will develop new ones. She will never get well until she learns that, regardless of the tragedy, loneliness, and neglect in her life, she can be well and happy. Furthermore, she must learn to want to be happy, to derive satisfaction from being healthy and enjoying herself, rather than dealing with vexing problems. Her chief trouble is that she has made herself dependent on trouble.

THE ENTHUSIAST is a familiar character to the doctor, recognizable by the admiring, eager glances he bestows while he is impatiently waiting his turn. He answers the question almost before it is asked, then makes up a few subordinate questions himself and answers these too. In the first few minutes the doctor has more information than he knows what to do with, and his chief problem is to separate the real from the imaginary. The Enthusiast is so carried away that he is not concerned with such prosaic qualities as accuracy and makes the doctor feel somewhat petty if he examines his answers.

The extreme Enthusiast may see in the doctor all his religious, sexual, and emotional idols combined. Nor does he expect the doctor merely to deal, prosaically and scientifically, with what may be a serious and stubborn ailment. Primarily, he

wants magical relief from his illnesses, and once he has experienced the doctor's ministrations, he will renounce all further responsibility and leave his cure entirely in the hands of the physician. The reason he is so prompt with his inaccurate information is that he does not wish to confront the true facts about his condition.

Essentially, the doctor realizes, if he is not taken in by the Enthusiast's adulation, that he is dealing with an emotional child looking for a superhuman being in whom to place his faith. He has never faced up to reality or assumed adult responsibility. Sooner or later, however, he will be forced to deal with facts, for few people over forty can remain emotional children these days and expect even a moderate success in life. The first time an unpleasant truth is forced upon him, he is apt to break down. In his bewilderment at the disagreeable intrusions of fact into his fanciful world, he will blame the nearest person handy. If he overvalued his doctor at the first meeting, he will soon hurl him from his pedestal and treat him as if he were the worst kind of villain. Such patients are like the primitives who slap the images of their gods when rain does not follow their prayers.

Thus, when a patient answers his first inquiry with exaggerated eagerness, the doctor merely waits for the disillusion that is bound to follow. After both attitudes have been given

every opportunity to express themselves, after the doctor has been every kind of god and devil in turn, a stable attitude may gradually develop — if the patient has not long before consulted another doctor or series of doctors.

A DISTANT COUSIN of the Enthusiast, with something of a similar life history but a different emotional pattern, is the Resister, or the physician's nightmare. Every doctor has one of these among his patients, probably placed there by the Almighty to help him keep his feet on the ground when things are going too well. Conversations with Resisters invariably follow the same pattern:

"Well, well, Mrs. E! And how are you today?"

"Who, me?" (There is no one else in the room.)

"Yes. How are you feeling?"

"Oh, I'm not so bad today, only. . ."

"Only what?"

"That injection you gave me the day before yesterday. It made me feel dizzy."

"Did it relieve the rheumatic attack?"

"I suppose so. But whatever it was, don't give it to me again. It made me dizzy . . ."

While a doctor keeps himself in existence by his fees (the type that resists payment will not be discussed here), the chief reason that has

drawn him to the arduous practice of medicine is his desire or ability to alleviate human suffering. Believe it or not, his deepest pleasure, his creative satisfaction, arises from having assisted in the rehabilitation of a human life. Each patient constitutes a separate challenge to his instinctive need to heal. The Resisters, and they are numerous, cause a deadlock in the free flow of sympathy between doctor and patient so essential to successful therapy.

Sometimes, although it is useless, the doctor tries to pound a little rationality into individuals of this type. "Look here," he says, "last week you could hardly crawl into the office, your pains were so intense. Now you look practically normal. You admit your symptoms have disappeared. What about that?"

The Resister directs a reproachful glance at me. "Naturally it's not so bad any more, but . . ." Not even a truth-serum, administered in a wild attempt to save the doctor's battered self-esteem, could draw forth the admission that this patient has been helped and that a complete recovery is imminent. He always finds a bone of contention. There are, for example, a number of medications which have mildly disagreeable side effects, effects which are unavoidable if a major disorder is to be relieved. The Resister will only discuss the side effects and dismiss the cure of the serious ailment, if indeed they ever remember they

had it. "*Your* pills," he will inform the flabbergasted physician, "made me so sleepy I couldn't do my work." "*Your* injections spoiled my appetite!"

Several reasons may lie behind this emphasis on negative details. There may be a personal resistance against this specific doctor. When a patient consistently delays consulting him or habitually cancels appointments, an animus of this kind may be present. A subtler reason, and one more difficult to cope with, is that, consciously or unconsciously, the patient feels that he is losing control of himself, that his body has gotten out of hand. To him, consulting a physician is a public confession of weakness, and he resents the doctor's ability to restore what he has allowed to deteriorate. An admission that the doctor has helped him involves the realization that in the past he has failed to take care of himself and may not be able to do so in the future.

PROBABLY THE MOST COLORFUL of all these types is the overconsiderate patient. He disobeys all the doctor's orders about medication or such pet indulgences as alcohol and rich eating, never shows up when he is supposed to, and then is almost sentimentally anxious about the poor doctor's welfare chiefly because he feels guilty about his own misbehavior and wants the doctor to overlook it. When you ask him how

he feels, he indicates that he is suffering and promptly adds: "Oh, doctor, I know I should have come in sooner but I didn't want to bother you. You're such a busy man, you deserve some consideration . . ."

It is bad enough that this patient disobeys his instructions, he then must make matters worse by concealing his disobedience as if the doctor were a schoolteacher handing out grades rather than somebody he pays to help him get and stay as well as possible. Sometimes his approach is pure Surrealism: "I got sick on Sunday so I waited till today." It is now Wednesday. "Why didn't you call sooner?" "Well, I thought you wouldn't be in on Sunday."

He knows that he should have called Sunday, but on Monday he felt so guilty and embarrassed that it took him two more days to nerve himself up to it.

The considerate patient tends to compensate by suddenly switching his tactics. He broods about his own misdeeds till he can't endure it, then decides that after all it is the doctor who isn't treating him fairly. He'll show him. He rushes into a crowded office at noon and shouts at the nurse. "I must see the doctor immediately. My plane leaves at one-thirty!" Why couldn't he have come in the morning?

On still another occasion, he will show up and sit in the anteroom for

twenty minutes with an angry stare and a grim countenance. When the nurse tells him the doctor is ready, he fairly snaps at her: "Tell him I'm sorry. I have a business appointment I can't afford to miss." When the nurse inquires why he did not say so at once, the only response she elicits is a dignified silence followed by a slammed door.

Primarily, the considerate type is simply an oversensitive, introverted, and immature person who wants to hang on to the way of life that has caused his ill-health without suffering the painful consequences. The doctor can't help him much till he realizes that no medical legerdemain will allow him to have his cake and eat it. In a sense he can be included in my last classification, the slapdash type, the most common of all, under which rubric a great many of the aforementioned individuals might fall. The haphazard approach to life and therapy of the slapdash individual doubles his sufferings, his visits to his doctor, and his medical bills. Some typical conversations with him are possibly worth recording:

"Good morning, Mr. F. How are you?"

"Just got back from Boston."

"I didn't ask you that. How are you feeling?"

"Oh, so-so. Could be worse. Got those pains back . . ."

"Did you take the medication?"

"Uh-uh . . . I ran out of it last week."



"Why didn't you order more?"

"Well it happens I was very busy and . . . say Doc, do I have to go on taking those darn pills forever?"

"If you live that long."

A PEEP into nearly all these busy minds quickly reveals that they contain no accurate concept of what good health means. Very few of them have made the simple discovery that neither business nor personal affairs nor any pattern of life can be maintained for long with a sick body. Most of the resentment against the doctor and his arsenal of medicines is due to the desire to maintain the self-destructive pattern that has brought the patient into the office in the first place. The attractions of an irrational plan of life that allows people to dream that they can defy natural laws are great but, fortunately, most people sooner or later succumb to the greater attraction of well-being and sanity. Only it takes precious time and compels the doctor to serve, besides performing his usual duties, as a kind of combined salesman, cheerleader, confessor, and philosopher.

Nearly every doctor has at the back of his mind an ideal patient

whom he never meets. This figment of his imagination comes to his office solely to get well, obeys all instructions and takes it upon himself to keep the doctor accurately informed as to his condition. When first asked by the doctor how he is, like the proverbial bore, he tells him. He doesn't give him a diagnosis larded with technical terms and almost certain to be wrong like the self-made doctors one frequently encounters. He describes his symptoms, tells the doctor when they began, what their intensity is, how often they recur, and how long they last. It sounds simple, but the amount of suffering, time, and money that would be saved if every patient responded in this manner is incalculable.

In the meantime, the author hopes he has not made the most common of all questions boring to you. It is the most common because it is a good one and because good health will always be the most valuable of all possessions. When you look into your mirror in the morning, take time out to ask it of yourself. And if the answer is not too favorable, do something about it — immediately.

MAX EASTMAN

*New light  
on the mind  
and opinions  
of a famous  
thinker*

# **SEX and SANTAYANA**

**I**F AMERICA were more intellectual, George Santayana would, I suppose, be regarded as her most distinguished writer. I don't know who can beat him. But he is a philosopher, and most of his twenty-eight volumes give the cerebral cortex a workout for which the average United States reader is ill prepared. One of his former students at Harvard told me the boys used to wear heavy overcoats to his lectures, he carried them to such icy pinnacles of abstract speculation. At the age of seventy-two, however, he descended from those pinnacles and captured

the world with a best-selling novel, *The Last Puritan*, a feat heretofore unknown in history. And he has since published two autobiographical volumes as knowingly delightful in their comments on concrete men and women as though he had passed all his life in the cozier valleys where they live. The third and final volume is finished, he told me, but held up by the publisher for fear of a libel suit from some obscure girl-mistress of a prominent friend of his, perhaps a sly old woman now and only perhaps dead.

Notwithstanding these signs of earthy alertness, Santayana is commonly thought of as looming above, rather than occupying a place in, American literature. His Spanish name and parentage give force to this notion, although he grew from

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*In our November issue, Max Eastman described his visits to George Santayana who has retired to a convent in Rome. In this article, he discusses the life story and character of the American philosopher.*