9/26/69

Dear Gary,

I presume you are interested in my psychiatric consulation day before yesterday so I tell you about it, briefly. It is as you indicated in advance.

I presume it is a shrink I saw, not a psychologist, but he never said. I examined the roster when I left out medical coop, and he is listed as M.D. I began by telling him of the tentative medical diagnosis of anxiety, told him I could get no explanation of what this reallt is, and said my chief purposes in seeking the consultation were learning what anxiety really means, medically, and to learn how I can, if it is possible, go about isolating that of the full set of tensions I have is likely causing this for none is new. Or to learn, I asked, if they are cumulative, that now new straw need be added to the camel's back. And whether or not it is possible for others to help isolate the triggering mechanism.

I never got any answer. We spent an hour chatting. In response to his questions I outline the tensions I have (or those for which there was time and the ones seeming more important) and that was it. I did get a kind of answer to two questions. Would a determined effort to stop smoking increase my anxiety problem? And what about the medication. In response to the first he said it would make me disagreeable, short tempered, would probably have other effects and would, without doubt, have a bad effect on the anxiety. But before saying this, he asked me why I asked about quitting smoking! I never did get an answer on the medication, however, I got an elimination and a needless caution. He did say I should, for a while, take the meprobamate, not, as I have been, eliminating it until the anxiety was strong. He finally confirmed my own estimate of how I should take it, when I could get no answer from him. Whether I feel I need it or not I'm to take one when I get up and one in the middle of the day sometime, trying to divide the waking day with them evenly, and I'll eliminate the two before retiring because I have not trouble falling asleep. But he wouldn't tell me how long. We finally decided, between us, with me nudging him, that I would do this for two weeks and then stop them. If this didn't work, I'd do it again for two weeks. Then, I said, I could be in touch with him again. He didn't want this. Instead, he returned to what he had earlier referred to, the possibility of what I believe he called deep therapy, with my choice of three non-staff shrinks. In fact, he asked me if I wanted this. I told him I didn't practise any kind of medicine, that I had gone to him for his advice.

As a result of all of this I have no more understanding of myself, or my problem, or of what I can or should do about it. I come out of it with the conviction I am more alone that I believed in trying to eliminate the anxiety and with a lower opinion of shrinks than the low one with which I entered. I am to decide if I need whatever "deep theraphy" is- and I didn't get any explanation of that, either, except that it would mean two of three hourly visits a week to whichever man I selected. It might help if, when you have time, you explain "deep theraphy" to me. Meanwhile, I am due for my annual checkup, and for whatever new futility it can result in, I can seek the advice of the GP I'll see. I also saw his nurse after this consultation. At that time, with the length of time he has carefully measured, I asked that an additional brief period be added so I can discuss this with him, and she said there would be enough time anyway. I know better, for if he takes it, it will come from the next patient. That is a month away. I'm surprised this doesn't depress me.