

6/17/70

Dear Phil,

Prior to hearing from you or Gary about the girl, in response to a letter from her in which she said my correspondence did her more good than her shrink, who she hates, I told her it was time to stop talking and start doing and asked her to do certain writing for me. I also told her she was still being untruthful, dominated by sorrowing over herself, and all of this was negative. I'll see what the result is. This is one of the more proficient liars, so I really do not know if she really has been on the hard stuff or if her accounts of it are part of her being Golden Caulfield, girl style.

To me, any use of any such drugs is a manner of copping out, so I've had no experience with it or its practitioners. I am satisfied that when I knew her she was at least on some form of speed or bennies, probably more, but I saw enough of her body in the hot N.O. summer to be satisfied that unless she could inject her own buttocks she was not then shooting anything. She did then have a most serious orthopaedic problem, tells me it continues and that the prognosis for surgery, recommended and rejected, was not comforting.

Your advice confirms my own fears and is consistent with what I had already decided. She says, for whatever it means, she wants to come here when she is clean, not until then, so she will not be a great burden. Part of her problem is her home life and another part is that she cannot now escape it, being unemployed. She is not without a means of making a living when she is physically and emotionally up to it. She is an X-ray technician. My own checking of her elicited the opinion of other professionals with whom she worked that she is good at it. She apparently can use one leg but little. But I am handicapped in evaluating by the certain knowledge she lies, even when no useful purpose is served thereby.

I wish I knew more about the facilities available for her in the N.O. area, but I am also certain that she'll not kick this as long as she is there, for she'd have no trouble finding whatever she needs or wants with a phone call. Which means more problems. She was at DePauls, but not long enough, her parents not being able to swing the rest of the recommended hospitalization. Her shrink is named Rees. He apparently tells her mother everything she says, which is bad, for the kid and her mother never got along, and the mother throws everything up to her. I had wondered about the advisability of letting her come here for a visit while she is on methadone, assuming she is, to give me a chance to make an evaluation, see what physical changes, if any, have taken place, and what her attitudes really are. My request that she report to me the psychiatric diagnoses led to little but generalities, including paranoia (which I doubt, unless it is hidden under schizo). Above all, I want to determine whether she is really going to make a serious effort, for if she isn't, I cannot waste the time.

This kid had a remarkable expressiveness, in the lingo of her peers, and could do a real job of communicating with them, which can be converted into both income and usefulness. She lacks the techniques and the experience, but has a natural flair for it. She is really sharp, too. On the other side, without my ever learning how and despite her apologies for telling me so many lies, she has led me to some of the best information I have gotten. I am baffled when I ask myself how she knew. I took her word for nothing. And nothing I checked out didn't check out! Some, of course, was so wild I didn't try. What seemed reasonable was true. It is that simple. I still want to learn how she knew these things, for that also could be valuable. Some day we'll be together again and I'll tell you all of it. She has practically given me two novels! Best to you both, and thanks,

13 June 70

Dear Hal,

Forgive this long delay in answering--between the magazine & the hospital I have been unusually hard pressed for many weeks, with no end seemingly in sight.

Good to hear the tests show nothing grossly unusual. Would still suggest, though, as much care being taken of yourself as you can manage.

Congratulations, too, on decision re: Freedom of Information Act. Climate of the Nation continues to shift, however, and I wonder if the times will allow you to continue unhindered. But we here continue to pull for you, of course.

The matter of the girl in New Orleans is a difficult one. I've been trying to come up with some advice to give you, with of course basic conflict between emotional & rational approaches doing its best to cloud everything. Who ~~knows~~ wouldn't want to help such a person as you describe? Obviously she has received little enough of it and need can hardly be questioned. O.K. --but the plain truth is that ~~she~~ she clearly needs, in my opinion, a staggering amount of professional help of a very specific type. You can to some extent advise her on how to get it, but you yourself cannot provide it. In addition, outcome of treatment (especially re: drug addiction) not at all predictable. Methadone seems to be working in some cases I've seen recently, but long-range results still unknown. If you decide to bring her to Maryland you would have to probably undertake having someone with her almost all of the time, and emergency treatment arrangements should be made in advance so that they would be at hand the instant you need them. Quite aside from the physical problems you describe, there is the matter of drug-induced psychosis--which I can assure you is sometimes most difficult to deal with, even in a psychiatric hospital. Violence, most often to one's self but not always, is ever a good possibility. At the present time about the only reasonably safe attitude to take is that very likely long-term hospitalization is necessary, followed by some sort of preparation for staying off drugs after release--which means training for some sort of work that would make the patient at least nominally independent and self-sustaining. A tall order, inevitably. And as you quite rightly note, her drug ~~problem~~ problem & your own alcohol experience cannot really be equated. About all one can say is that yes, she does have a much better chance of kicking the habit if she truly wants to do so...but wanting to help yourself and being able to help yourself are not the same thing. Too, heroin is more than a bit different than slipping martinis.... For what it's worth, Hal, my advice would be to try & encourage her to voluntarily enter the hospital which seems to offer the best facilities--with so much research now being done there may well be more than one hospital that would be very happy to take her, gratis. I would think it probably unwise to consider taking her into your home until such a hosp. had given best clearance possible. --But about the writing, I see no reason not to strongly encourage her in this direction. In haste, but with warmest regards,

RLI