

Humble pie

Henry R. Rollin

All doctors are fated at some time in their career to have to include in their diet a slice of humble pie, the variety of which is determined by the speciality they practise. But for the psychiatrist, as I see it, there are two varieties lurking in their larder – the Simplex and the Complex.

In the Simplex variety the braces and belt are cut from our trousers by the scissors of our own incompetence and our humiliation is publicly exposed. Such humiliation can be minimal or maximal according to whether or not we are wearing underpants. The Complex variety is, as its name implies, less simple. The most important ingredient is *fear*, fear that our trouser-supports will be snipped and our crass ignorance exposed to the jeers and cat-calls of the public. Now when it comes to fear, or its synonym anxiety, we psychiatrists hold a monopoly. The murky depths of the unconscious where anxiety lurks are our preserve: we are the sole card-carrying, paid-up High Sheriffs of this nether-land of the mind.

It is incumbent on all of us to pass on our accumulated knowledge to the rising generation, and it is as a teacher that I have been able to give the best recipes for Humble Pie à la psychiatry. Our nocturnal hallucinatory experiences are, as everybody knows, the highroad to the unconscious. Dreams, I explain to my students, are the fulfilment of our fantasies: nightmares the realisation of our fears. I tell them of my own recurrent nightmares that serve unconsciously as pegs on which to hang my contemporary cares and woes. Their revelations prove in a peculiarly perverse way that the unconscious is a much more honest broker of anxiety than is generally realised. There are two that return to plague me from time to time. The first, styled by me 'The reverse Walter Mitty with single twist' is played out on reasonably simple lines. I hold academic degrees and must therefore by definition be a man of learning. My fear is that I will be exposed as an ignoramus, and even worse, as a charlatan. The nightmare, terrifyingly real when it erupts, is that I am within days of my finals: I have done no work and know nothing. Failure is inevitable; but not only failure – disgrace is what awaits me.

The tale is received with nods of comprehension, even sympathy. After all, who has not failed, or feared failure?

The second nightmare, called 'The reverse Walter Mitty with double twist' involves one of

my major passions, music. There are a number of top-flight musicians I am proud to call my friends. From them I have picked up a certain amount of the jargon of their profession, some of which I tend to use, or perhaps on occasion, misuse. Furthermore, I am considered to be something of a 'nark' in what has come to be called 'music therapy'. As a result of many years of experience in this field I have added to my veneer of musical sophistication, which, even so, remains microscopically thin. Nevertheless, a music enthusiast I certainly am: an executant I decidedly never was. Not that as a boy determined efforts were not made to have me taught the piano, but it was all to no avail: at that time I loved my newly acquired bicycle with the same passion as I loathed my music teacher, a one-eyed thumper who waited hopefully for me at home for the scheduled half hour, then collected his shilling for his pains and was gone.

The nightmare, a spine-chilling, sweat-promoting, Kafka-like experience is set in the Festival Hall, packed to the ceiling with an expectant and discriminating audience. The high-spot of the programme is reached – the piano concerto, to be played by one of the world's leading exponents. The orchestra, England's best, waits for the conductor, a maestro of international pre-eminence, to lead the soloist onto the platform. Nothing happens. The seconds tick away and stretch into an eternity. Something is wrong. There is a tap on my shoulder. I turn my head. "Dr Rollin", says a hushed voice in evening dress, "Mr X can't go on. Will you take over?" Not for a moment do I hesitate. I thread my way through the audience to the platform. The leader, an old friend, smiles gratefully as I manoeuvre myself round his desk and take my place at the piano. The conductor, who by now has ascended the rostrum, also smiles his gratitude, raises his baton, and in a fruity, guttural accent whispers, "Ready?" I indicate my readiness with a nod. The hall fills with music; alas not the majestic opulent harmonies of the opening solo passage of the Brahms B flat concerto, but the tinkle-tinkle of the only piece I can competently play – *Chopsticks!*

This recitation, rehearsed to perfection, invariably produces an appreciative response. More often than not, members of my class will volunteer their personalised nocturnal halluci-

natory experiences, all of them with the same common denominator—the unconscious fear of being unmasked.

But the years have rolled by and I have drawn on the same stock of anecdotes to illustrate whatever it is I am talking about. Inevitably, because it is a most important subject, I come to dementia. I explain that the senile variety is the most common form and that if we live long enough all of us are doomed to dement. Then comes a résumé of the major symptoms, laying emphasis on the increasing vagaries of memory, leading eventually to instant forgetting. To give point to this insidious process I tell them of the uncle of a very dear friend of mine. The said uncle, himself a doctor, had adopted my friend as a small child and had brought him up with the same love, affection and generosity he would have given his own son. Eventually, the uncle's wife died. My friend immediately insisted that uncle come and live with him and his family. It soon became obvious that the old gentleman was dementing, and because he felt insecure in his own mind and in his new environment he kept strictly to the house. He made no demands save only one: all his life he had been an avid reader of 'who-dunnits' and the one favour he asked was that he be supplied daily with a different example of the genre from the public library, such as his

appetite. Came a day when this routine task was unfortunately omitted: yesterday's thriller was left on the hall table. My friend remembered his omission too late and returned guiltily home to find to his amazement that uncle had found the book where it had inadvertently been left and was happily devouring it. What had happened became obvious. Uncle had completely forgotten having read the book and had not only re-read it, but had enjoyed so doing immensely. From then on he relished the same work on each remaining day of his life.

I waited for the customary reaction from my class, but instead of the laughter I usually drew there was a stony, uneasy, almost painful silence. They were a particularly responsive lot and I was completely at a loss to know why I had drawn such a blank. The impasse was broken by a bright young man who was obviously embarrassed by what he felt impelled to do. "Excuse me, Dr Rollin, but you told us that story yesterday," he said.

Perhaps, after all, there is a third variety of humble pie, to be served with Sauce Tartare—or Ta Ta—especially prepared for psychiatrists on the way out.

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