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Sylvia's Therapy

Sylvia slumped in the over-sized leather easy-chair. This was her third session; her insurance company had agreed to pay for five hours of therapy with Dr. Steven Marlowe, a prominent cognitive-behavioral psychiatrist. Dr. Marlowe specialized in adults who had been raised in dysfunctional families, and who were still having difficulties adjusting.

Sylvia was 36 years old; she had gotten divorced four years earlier from a man who drank a lot and who psychologically abused her. Sylvia explained that she was having problems with her self-confidence and self-esteem, and that she became easily depressed; she said that she had difficulties showing her emotions and becoming emotionally involved with a man. She told Dr. Marlowe that she was presently in an intimate relationship with Michael, who worked as a nurse at a local hospital where Sylvia also worked as a secretary; they had been seeing each other for one year. She explained that Michael, who was forty years old and had never been married, also came from a dysfunctional family, and that this created a bond between them.

Sylvia explained that both she and Michael were second children; both of them had an older sibling that received a lot of attention: in Michael's case, his two-year-older sister could do no wrong; his mother always treated her like a princess; Michael got very little attention and was physically and verbally abused. In Sylvia's case, her three-year-older brother was a star athlete from middle school through college; the conversation at the dinner table was primarily about his achievements. Both of their fathers drank heavily and were often psychologically abusive to their mothers and to them. Sylvia had a good

relationship with her mother, but her mother was often frustrated because of her father's behavior.

Sylvia told Dr. Marlowe that she and Michael were not living together, but that they saw each other several times a week. Since Sylvia was in an intimate relationship, Dr. Marlowe suggested that she try what he called the "meltdown" therapy. Whenever Michael came to visit her at her apartment, or when she went to visit him, they were to kiss each other just once, and then they were to hold each other, with no kissing or caressing or anything sexual. He instructed her to slowly count to herself to thirty while they were holding each other; after she got a feel for how long thirty seconds was, she was to stop counting and just estimate the time so that her counting would not interfere with the therapy.

Dr. Marlowe explained that on one of these occasions, she might start to spontaneously cry: "a soft sobbing," as he explained it. He said that this was the object of the therapy, and that she should not become alarmed. Dr. Marlowe explained that individuals who have been deprived of love and affection over a long period of time have bottled-up their emotions, and the only way to get to these emotions is through warmth and love.

He said that this could happen after a week, after a month, or it could take six months or longer. He explained that this sobbing would not be the result of pain or tragedy, but from the security of being held by someone who loves you. He asked her to call him to make an appointment after it happened. Dr. Marlowe explained to her that this sobbing was the result of a kind of meltdown of her nervous system, a kind of "nervous

breakdown.” He told her that he did not use the term “nervous breakdown” because it had a bad connotation, but that this is what it essentially amounted to.

Dr. Marlowe went on to explain that crying played a fundamental role in an individual’s development; he said that crying allowed the individual to adjust to new circumstances, to change, and to grow. Females generally cry more than males, he explained, because females have traditionally had to be flexible and adjust to the demands of males; the males made the rules, and the females had to adjust to those rules. In defense of this traditional male behavior, Dr. Marlowe explained that they made rules that would insure for the community’s survival.

Dr. Marlowe went on to explain that infants cry a lot because they are always adjusting to the demands of their parents. Crying allows the body to completely relax so that it becomes more malleable so that new ways of relating to others and new behavioral patterns can be formed. This new behavior would take the place of defense mechanisms and survival strategies that were once useful, but which are no longer needed, and indeed, counter productive. One such survival strategy is the “walking-around-on-eggshells” syndrome, Dr. Marlowe explained. Whereas this was necessary to stay out of the way of an abusive father, such behavior in adult life is an impediment.

Dr. Marlowe said that after this “meltdown,” she was not to talk about it and not to apologize for it. He instructed her that she and Michael were to continue with their plans for that day as though the “meltdown” had not occurred.

“Concerning Michael,” Dr. Marlowe suggested: “Tell him that this therapy will likely provide such a strong sense of security in you that it might result in you becoming emotional and possibly crying softly. Tell him that he should not get alarmed, and that he

is to let you finish crying without talking to you or trying to kiss you, and that he should just hold you until you regain your composure and pull away from him. Afterwards, you can proceed with what you had planned, but, again: do not talk about the crying or apologize for it.”

That evening, when Michael came over for supper, Sylvia explained the “meltdown” therapy to him. He told her that he would do whatever she asked. Sylvia took Michael by the hand and said, “O.K., here goes: this is our first session.” She kissed Michael tenderly on the lips and then said, “Just one kiss, and then, just holding.” They stood in the living room in each others arms, and Sylvia counted to herself to thirty. “O.K.,” she said, “that’s it: the therapy is over for today.”

“Does that mean that we can’t hug or kiss each other anymore for the rest of the evening?” Michael asked with a grin.

“Oh, no,” Sylvia replied, “we can do that all we want, but the therapy requires doing it in a certain way when we first see each other, and for a certain length of time. We’ll just give it a try and see what happens.”

The following evening, Michael came to Sylvia’s apartment. After she had closed the door, she walked up to him, wrapped her arms around him, and kissed him on the lips. She counted to thirty, released her arms and said, “Come on, let’s eat. We’ll have to hurry if we want to get to the movie on time.”

They continued with the therapy for the next few weeks; by this time, Sylvia was estimating the thirty seconds, but, so far, nothing had happened. After they got into their fifth week, Michael asked Sylvia how long Dr. Marlowe had said it would take. “He said it could take months,” she replied, “but I can imagine that it might never happen.”

“That’s O.K. with me,” Michael said, with a big smile on his face; “I don’t mind this therapy at all, as a matter of fact, I really enjoy it.”

Time passed, and they were soon in the third month of the therapy. One evening - on which they had planned to watch a movie on television after eating supper - as soon as Michael came into Sylvia’s apartment, they started the therapy. Sylvia had kissed Michael on the lips, and they were now holding each other. After a while, figuring that it had been about thirty seconds, Sylvia started to open her eyes, when suddenly, she felt a slight trembling; she could feel vibrations of irregular breathing in her breast. Finally, she thought: this was the moment she had been waiting for. The sobbing became more audible, and then, Sylvia realized that the sobbing wasn’t coming from her: it was coming from Michael.

She held him tighter and remained perfectly still. Michael sobbed quietly for about two minutes; she could feel warm tears dropping onto her neck and shoulder. After his sobbing had subsided, they continued to hold each other for another few minutes; then, Michael relaxed his arms and gently pulled away from her. Sylvia knew exactly what to do. “I’ll start fixing supper,” she said matter-of-factly, as if nothing had happened. “Come into the kitchen to keep me company.”

She walked into the kitchen and opened the refrigerator to get out the fish she had thawed. Michael slowly followed her; he stood silently next to the counter as though in a mild trance. Sylvia put some oil into the frying pan and then put in the fish filets. Michael walked up to her; “I’m really sorry,” he began, “I really don’t know what happened.” His voice was very deep, and he talked more slowly than usual.

Dr. Marlowe had specifically told Sylvia that there were to be no apologies afterwards. She turned quickly toward Michael, reached her face up to him and kissed him on the lips. “Nothing happened,” she whispered. She put her arms around him and held him tight and reached up and kissed him again. She gently released him and asked him if he was hungry.

“Yes,” he answered, “I’m really hungry;” his voice was heavy and slow. Sylvia smiled; she recognized that he was in an altered state-of-mind. It was probably a lucky thing that he had melted down first, she thought, because I know exactly what to do. Dr. Marlowe had told Sylvia that the individual’s nervous system is reduced to a simpler form from which it can be gradually restructured.

Michael began to speak again: “Sylvia, I’ll ... I’ll try not to let it happen again,” he stammered. She had to stop him from talking; she jumped toward him, threw her arms around him, and kissed him passionately on the lips. “Sweetheart,” she said softly, “I told you: nothing happened.” She continued to kiss him on the lips to keep him from talking. Sylvia could feel that Michael was becoming sexually aroused. Dr. Marlowe had suggested to Sylvia that they try to become more spontaneous with sex: she had told him that they had fallen into a routine. She had also told Dr. Marlowe that Michael sometimes had problems becoming aroused; Sylvia was convinced that these problems were a result of his mother’s browbeating. But now he was aroused. She had to act. She quickly turned off the stove, turned back to Michael and took him by the hand leading him into the bedroom. Once next to the bed, she got in front of him and put her arms around him. “What about supper?” he asked in his new deep voice.

“We’ve got plenty of time,” she said; “we’ve got the whole evening.” She started to unbutton her blouse. Michael was often hesitant to undress her; now was the time to try to change that behavioral pattern, she thought. She took his hands and placed them on her breast, “Here,” she said softly, “you do it.” Michael slowly unbuttoned the rest of the buttons. She directed his hands to her brassiere. “Take this off, too,” she whispered tenderly.

Sylvia briefly thought about what she would say to Dr. Marlowe; he would really be surprised, she thought. He would probably have them continue with the therapy until it happened to her. Then the thought flashed through her mind that she and Michael could continue with this therapy for the rest of their lives; they would continually be adjusting and then growing, and then adjusting and growing again; it was a never-ending process, she thought, as she pulled Michael close to her, it was a never-ending process.