



LOVE'S EXECUTIONER



“Sometimes a cigar is just a cigar”

I selected *Love's Executioner* for a number of reasons. Firstly, the book delved into a variety of disorders, rather than concentrate attention on just one; I felt an overview of different conditions would invoke more reflection and learning than the alternative. As an adjunct, it also gave considerable weight to the concept of therapy itself, whereas most of the other texts focus upon experiential aspects of the disorder from the perspective of the afflicted. Though I acknowledge it is important to gain a sympathetic understanding, my curiosity leans more toward the interactive dynamics between patient and therapist, so this text was the logical choice. I also undertook some research on the author; and found existentialism, a school of thought which I subscribe to, was a key aspect in his practicing technique. Further, I wanted refine my approach when counseling friends informally – I found reading accounts of professional psychotherapy and subsequently drawing parallels and contrasts was indeed an effective way of improving my methodology.

Evidently, a distinction between this text and the DSM-IV-TR is the fashion in which symptoms are described and conveyed. As it is widely known, the DSM is clinical by nature, attempting to attribute diagnostic 'rules' to mental conditions. For example, to justify a diagnosis of depression, the individual would need to have one of a depressed mood or Anhedonia, plus exhibit at least five of the supplementary behaviors listed in the DSM over at least two weeks (such as disturbed sleeping patterns and psychomotor retardation. By contrast, the diagnoses are more lithe and less 'mechanical' in that Yalom doesn't explicitly follow such a 'checklist process.'

In Yalom's anecdote of the *Two Smiles*, this divergence is illustrated. The patient, Marie, had depression. Instead of identifying the symptoms in the DSM's prescribed 'checklist' style, Yalom observes (by behavior and interaction) and reports the nuances of Marie's emotive and psychological state: "frozen in grief," "desperately lonely," "wept every night," "felt her life was over."

Though the symptoms are expressed as provenances by the therapist, they are implicitly tied to the DSM symptoms for Major Depressive Disorder. The quotes above indicate a cornerstone symptom (**depressed mood**) and also some of the supplementary symptoms, namely **overwhelming sadness**, **loneliness** and **hopelessness**. Essentially, Marie's underlying symptoms in *Two Smiles* are congruent with those for major depression in the DSM. The key contrast is that Yalom often paints a picture of the symptoms by telling the patient's story, for example, the symptoms of Thelma's depression in the feature account, *Love's Executioner*, are revealed by anecdote; first we are told what happens, then the patient's reaction or emotive response; for Thelma, the first indication is her **attempted suicide**, which is a symptom for depression. In this way, symptoms are described with background, a concept of why, whereas the DSM is prescriptive. Respectively, the difference between Yalom and the DSM boils down to the old show versus tell.

Diagnosis follows in similar fashion - in reading the series of accounts, I discerned a patent underlying theme: the importance of treating the patient as a unique individual over objectification. One of the major criticisms of the DSM is indeed that it de-individualizes by attempting to generalize disorders by using descriptive criteria or 'rules,' contributing to **micro** and **uniform** diagnoses. In contrast, Yalom illustrates that a **macro** or holistic grounding is imperative to psychotherapy. Reading *Love's Executioner*, this became evident in the vivid emphasis given to context, and Yalom's evaluation method which assessed a patient's conditions and situation collectively. Therapy is akin to military strategy. The DSM itself does not give adequate guidance as to context (hence the need for Axis IV), nor can it capture interaction (see appendix). The therapist is best positioned to win the battle when they know the terrain and weather (context of abnormality) and the state of affairs between nations (interaction between conditions).

From a **uniformity** standpoint, A DSM purist would assess Marge (*Therapeutic Monogamy*), tick symptomatic boxes and diagnose 296.34, 300.02, 301.83, a likely 307.1 in remission and perhaps 307.0 for good measure. Such a diagnosis is a major point of contrast to this book, where Dr. Yalom appears to follow a more **flexible** methodology, basing his diagnoses upon the person, nuances of their character and situation. It is less rigid, more organic and recognizes that no two cases are alike.

These two contrasts (micro/ macro and uniform/ flexible) give us the essence of the distinction between ‘descriptive’ and ‘contextual’ diagnosis. The latter, a broader, more malleable method of diagnosis presents itself in *Fat Lady*, where Yalom is treating Betty, a patient who had previously been diagnosed with depression.

Betty’s depression in *Fat Lady* manifested itself as a direct product of context, and the treatment and outcome were grounded to that context stalwartly. Analyzing Betty’s depression, context is critical from the onset. Background provided – she grew up on a poor ranch, her father died when she was twelve, she was “always” overweight, friendships and relationships were lacking makes for rich contextual material. These circumstances are strong impetus for depression, and would have contributed to the onset of depression, noting that the vicious cycle between the eating disorder and the depression means causality cannot be implied in either direction. These elements of context also influenced the course and treatment of Betty’s depression because they were in the background, sustaining the problem. Yalom took the approach of first attempting resolving her weight/eating issue with the foresight it would improve her ability to interact, which would subsequently feed through to higher self-esteem, a better mood, and eventual alleviation of the depression. The

outcome of the therapy was a significant improvement in Betty's quality of life and mood, undoubtedly the product of tackling the contextual issues of the overeating and death anxiety.

Context is further epitomized in *If Rape Were Legal*. Carlos' death anxiety is inexorably linked to circumstance, namely the fact his mother died giving birth and his father died of the same lymphoma when Carlos was nineteen. Such heavy exposure to the stigma of death, may partially explain Carlos' lack of friendships, antisocial and womanizing tendencies that feature in his story.

Interestingly, these characteristics predated the cancer and related death anxiety. Though the severe death anxiety itself is a core function of his being terminally ill, it is magnified by aspects of context.

When faced with impending mortality, relationships and moral support become crucial. Carlos has depraved attitude toward women, has never had a male friend, and has a strong antisocial streak. It is obvious that forming relationships will be a feat of tremendous difficulty – the lack of in-depth interaction worsening the anxiety. Again we see how context sets the course for therapy – Yalom first works around Carlos' attitudes toward women and unsociable nature. Resolving these background personality issues opened the way for Carlos to become more open and understanding, which made it easier to develop friendships and relate to people. This endowed him with newfound perspective and his paradigm was overturned to the point where he changed completely and came to confront and accept his mortality with candor and humor.

Probably the most inspirational account in the book, Carlos' metamorphosis from wanton womanizer to enlightened father-figure illustrates the significant influence context exerts over the onset, course, treatment and outcome of a mental condition. Together, Betty and Carlos' cases reveal an unwritten truth of psychotherapy; that therapy cannot occur without consideration of context.

Context defines ‘the nature of the beast’ and successful treatment is contingent, nay, relies upon a more sophisticated understanding of the problem which it provides.

In reviewing the text, I encountered obscurity because the criteria are conducive to books that cover the course of a single mental condition for one individual through onset, duration and conclusion.

Love’s executioner presented problems for two reasons. The most obvious was that the short accounts were quite superficial and didn’t delve into the complexity of the conditions, making it hard to compare the stories with the DSM-IV-TR, which is intricate in nature. Secondly, it was difficult to denote where in each story the person’s problem became a disorder or an abnormality, because, being episodic rather than biographic, the book does not lend to turning points. It is impractical to identify when problem became disorder because the accounts are from a psychotherapist’s perspective, meaning identification is *post factum*. By contrast the other books tend to follow chronologically and thus the transition from problem to disorder can be identified. Generally speaking however, a problem becomes a disorder when it begins to impair aspects of an individual’s psychosomatic function and ability to lead a ‘normal’ life and interact as a member of society.

In closing, it was curious to note that *Love’s Executioner* is underpinned by the notion of existential or death anxiety as a predisposing cause for the majority of problems affecting the patients.

Existential angst occurs where constructs to avert coming to terms with mortality fail. Yalom’s belief “it’s the relationship that heals” is a humanistic response to this dilemma. The point is left to ponder: should the psychotherapist see oneself as a detached, technical ‘problem solver’ of mental disorders, or as a practitioner of the human solution to the human condition.

Appendix: Mathematical interpretation of diagnostic limitation in the DSM

It is possible to cautiously assess the DSM's failure to account for correlations between disorders in a mathematical framework. Note that the oversimplification and assignment of actual values is for illustrative purposes only.

Let's take a person whose functioning is equally impaired by depression and anxiety. Their depression is severe, varying an arbitrary 50 from 'normal;' their anxiety is mild, varying 20 from 'normal;' and there is a positive correlation of 50% (i.e. $\rho = 0.5$) between the two conditions.

This gives us the inputs to calculate total variance (level of abnormal function)

Ψ^2	?	<i>Total Variance (Level of abnormal psychological function)</i>
Var(d)	50	<i>Abnormality resulting from depression</i>
Var(a)	20	<i>Abnormality resulting from anxiety</i>
ω	0.5	<i>Weights for conditions (0.5 for both)</i>
Cov(a,d)	15.81	<i>Covariance between anxiety and depression when ρ is 0.5</i>

This is the ideal or 'correct' diagnosis of abnormality, which captures the interaction between the patient's depression and anxiety in the final term:

$$\begin{aligned}\Psi^2 &= \omega_a^2 \text{Var}(a) + \omega_d^2 \text{Var}(d) + 2\omega_a \omega_d \text{Cov}(a, d) \\ \Psi^2 &= 0.25(20) + 0.25(50) + 2(0.5)(0.5) \\ \Psi^2 &\approx 25\end{aligned}$$

The DSM is limited because it defines conditions independently and cannot account for relationships between conditions. As such, if one were to use the DSM religiously in diagnosis, this interaction would be ignored, resulting in the final term dropping off. The effect is significant misappropriation of the level of abnormal functioning. The error or difference between the two values for reflects the 'diagnostic error' that is inherent in the DSM's inability to reconcile interaction.

$$\begin{aligned}\Psi^2 &= \omega_a^2 \text{Var}(a) + \omega_d^2 \text{Var}(d) + 2\omega_a \omega_d \text{Cov}(a, d) \\ \Psi^2 &= 0.25(20) + 0.25(50) + 0 \\ \Psi^2 &\approx 17.5\end{aligned}$$

For this reason, Axis V of the DSM attempts to proxy a number on the general functioning scale for the degree of abnormality (which is inversely related to level of functioning).