



The Patient's "Confusions" – Chance or Purpose?

"I've tried my level best," protested a woman patient, "but I cannot for the world of me stop working myself up. Can I help it if I'm confused and don't understand what you mean by spotting?" This is the stock excuse of sabotaging patients who claim a strange inability to understand when I ask them to spot and stop their self-diagnosing and their tempers. And the more thoroughly they "*misunderstand*" the more fiercely do they work themselves up, and all the while they insist that they "*can't help it*" although they try their "*level best*." As explanation they advance the claim that they are confused. But if confusion has any discernible meaning, it means lack of discrimination, that is, an inability or difficulty to distinguish between one thing and another. It may also mean blunted judgment and obscured vision. What is it that the patient is unable to distinguish? Which are the happenings or observations that defy his judgment and elude this vision?

I tell him to spot his symptoms as distressing but not dangerous. Does it require the mentality of a wizard to understand this clear statement? Or, I try to persuade him that symptoms are maintained by tenseness, and that to avoid tenseness he will have to control his temper. The average intellect can certainly grasp this simple formulation. Why, then, does the patient claim inability to understand? The fact is that the patient is told one thing by me and another thing by his symptoms. I tell him that his condition is a nervous ailment, severe but harmless. At the same time I assure him that I can and will cure him. As against this, his symptoms suggest an organic disease, threatening that he is doomed, that health will be denied him forever, that he cannot regain control of his functions. My message is one of optimism and encouragement, theirs one of pessimism and defeat. If a person is presented with two sets of contrary suggestions one would expect him to choose, nay to grab the one which is more promising and more helpful.

Why does the patient prefer to choose those suggestions which are menacing and harmful? Is confusion the proper explanation? I shall admit that if an individual is confused he will have difficulty choosing correctly. He will try and miss, will try again and perhaps miss again. But, assuredly, if he continues his trials he will be bound to make a hit sometimes. Confusion, it is true, makes for hit and miss scores. But even the most confused person will make a few hits among his many misses. However, when I listen to the complaints of my sabotaging patients they tend to have a perfect record of nothing but misses. How can confusion yield a nearly perfect score, something like a one hundred percent result? A record of this kind cannot be achieved unless the person securing it has unerring discrimination, extreme determination and superb skill. Such a performance is impossible under conditions of confusion. And if my patients, asked to choose optimism instead of pessimism, somehow manage to obtain misses practically *all the time* and to score a hit practically *no time*, I shall advise them that a genuine confusion cannot possibly accomplish clear-cut results of this kind. This can only be the outcome of persistent planning and intending and wanting, that is, of design. True enough, the wanting and designing are not deliberate. They are intuitive. It is the intuitive desire to cling stubbornly and doggedly to the diagnosis of an organic condition and the equally intuitive tendency to retain temper. The inevitable conclusion is that the patient has excellent understanding of what I want him to do but prefers to plead a mythical confusion which permits him to continue his favorite game of sabotage.

In all of this a principle is involved which I shall try to state as briefly as I can. You know, of course, that every act is either produced by chance or engineered by a purpose. The best known example of the operation of chance is a game of cards. Suppose a party of men play 100 games in succession. If everything is left to chance, it will be impossible for any one of the players to win all or nearly all of the 100 games. If he does we suspect fraud, that means, purpose. Chance operates on a fifty-fifty basis or close to it. Purpose, on the

other hand, may produce a one hundred percent result or something close to it. If my patients play the game of manipulating symptoms on a one hundred percent basis or close to it, the inference is inescapable that a purpose is involved and not chance. The patient says he “*can’t help it*” if he is in a state of confusion. The implication is that he is confused by chance which, of course, “*cannot be helped.*” But if he is confused practically “all the time” the symptom is manipulated with nearly a one hundred percent regularity, which is unknown in the realm of chance but very well known in the domain of purpose.

A few more words about chance and purpose: Leaving your home after an argument with your wife you are in an ugly mood. A stranger approaches you asking for directions. Smarting yet from the effect of the preceding domestic quarrel, you return a discourteous answer. Presently a man turns up who is both a close friend and neighbor to you. Your mood brightens, and a pleasant conversation ensues. While you chat on, a merry flow of good-natured jokes and recollections, a person bumps into you, hurrying past without even the pretense of an apology. Your mood darkens again but instantly takes on a brighter hue when your genial neighbor, on taking leave, requests the honor of your visit to his new summer home. In this sequence of events, you had five separate experiences, three of them irritating (the temper spat with your wife, the inquiry of the stranger, the collision with the hurrying person); two were stimulating (the chat with the neighbor and the invitation to the summer cottage). All the encounters “*happened by chance.*” None of them were produced by intent or purpose. The ratio of stimulation to irritation was two by three, close to the fifty-fifty ratio expected by chance happenings. Suppose now you are a salesman in a department store where customers gather at your counter by sheer chance. Be certain that a great many of them will irritate you with senseless demands, unreasonable impositions or plain rudeness. Yet, your mood will remain even all the time. You will establish a 100 percent record of courtesy and will not permit your temper to “take chances” with the prospects of a sale. You do that because it is your set *purpose* to please all your clients regardless of the irritations they may “*chance*” to inflict on you. You will now understand that chance behavior “has no chance” when a purpose governs a situation.

You will also understand that if a patient has an almost 100 percent record of “working himself up” or an almost “continuous inability to understand what I tell him; if he complains incessantly and practically never succeeds in spotting his self-diagnosing; in other words, if he manages to “leave nothing to chance” in the matter of sabotaging the process of getting well; you will understand that such a well nigh 100 percent performance can be nothing but the outcome of a set purpose to obstruct the physician’s effort. The difference between the salesman and that patient is that, with the one, the purpose of establishing a 100 percent record is deliberate and conscious while with the other it is intuitive and apart from consciousness. With the one, the purpose is group-minded, with the other it is self-minded. But whether conscious or intuitive, group-centered or self-centered, in either case, it is a determined will which acts “on purpose” and “leaves nothing to chance.”