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Supervision of the

First-Year Psychiatric Resident

PART XI — HISTORY-TAKING AS THERAPEUSIS*

Some years ago, I heard that young trainees at a medical clinic had to spend an entire year learning how to take a careful history. Impressed by the existence of such a program, I began to look at the quality of psychiatric history-taking. The range was the usual one. The more conscientious workers took long detailed histories, which occupied anywhere from three to six interviews. Some completed their history-taking in one interview, even without the pressure of time, and only added to their knowledge of the patient’s history as information was presented during the course of the therapy. Few appreciated the richness of the data accumulated, or the opportunity it gave the patient to touch himself in ways he had not done for some time, or the use of this beginning phase as actual therapy.

While most therapists and supervisors were aware that history-taking (1) gave the inexperienced worker an opportunity to establish rapport on familiar grounds with a patient, and (2) contrib-

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uted to the making of a more accurate diagnosis, it was not primarily regarded as a therapeutic tool. This section is prepared to describe the way in which history-taking can be used for the purpose of therapeusis.

There are many features common to all psychiatric patients. It is well for the beginner to familiarize himself with them as soon as possible. One of these is the feature often referred to as alienation, one extreme of which is the phenomenon of depersonalization. Patients will refer to feelings of depersonalization (the therapist’s term) as a sense of separation from self, from body, from mind.

“I don’t feel I have a core.”
“I don’t know who I am.”
“I sometimes don’t think that anyone can see me.”
“My head seems to be floating above my body. They are not connected.”
“I feel all the parts of my body are disconnected.”

Other lesser forms of alienation are evident in remarks such as:

“I can’t remember blocks of time in my past.”
“I don’t remember my father before the age of seven.”
“Things that I remember seem to have happened to somebody else.”

“While I learn things and get good grades, I don’t think I know anything or that I deserve the recognition I receive.”
“I can block anything unpleasant out of my mind.”
“I don’t ever feel enthusiastic or excited about anything.”

You are undoubtedly aware that the latter remarks may be heard from anyone in the population, and not necessarily from a psychiatric patient.

I cannot define alienation here. Reams have been written about it. But I will say that it is a process having to do with the quality of one’s relatedness to himself and to others. One may feel at a distance from any or all of his present and/or past experiences, including those of childhood, adolescence, education, training, associations, memories, achievements, and so forth. Some of these areas are completely blocked out from awareness. Some are merely vague. Some incredible. The term “unreal” is often used to describe the quality of involvement. Absent is a firm sense of ownership, of autonomy, or authenticity.