THE INITIAL INTERVIEW contains possibilities for benefit to patient and therapist that have not always been fully appreciated. For the patient this may be the first contact with therapy and therapist, the first serious attempt at revealing and discussing personality problems. To this interview he brings his conscious and unconscious doubts, reservations, fears and oppositions, as well as a greater or lesser degree of lack of knowledge concerning psychoanalytic treatment. At the same time, he may also bring to this interview his conscious or unconscious hope that he may find here the help which can enable him to free himself from the neurotic web in which he is entangled. For the patient, then, the initial interview, and all that goes on during it, may have a very great significance.

For the therapist, the initial interview has many important functions. In this initial meeting, which may consist of several interviews, the therapist makes a tentative psychiatric and psychoanalytic diagnosis. He obtains a picture of the general outlines of the patient's neurotic structure and the main difficulties stemming therefrom. This picture contains the longitudinal view of the person's development and the horizontal view of his present state of being. At the same time the analyst seeks for evidence, in the past and present picture, of constructive forces in the individual, evidences of aliveness, relatedness, energy, a genuine interest in growth and self-realization. These observations enable the analyst to prognosticate concerning the possibilities and probable duration of therapy. They permit him to determine whether the individual is ready for analytic work. If it is felt that he is, the initial interview includes the important function of helping to prepare the patient for analytic therapy. If such treatment is not indicated, the analyst must consider in what other ways he can help the patient to deal with his problems.

In addition to these diagnostic, prognostic, and preparatory functions, the initial interview can have important therapeutic functions, either in terms of helping the individual to deal more effectively with a specific and immediate problem, or in helping the patient to see the necessity for intensive work on the roots of his problems.

The following is an abstract of an initial interview conducted with these general principles in mind.

Mrs. Kay N. was referred to me by a friend. When she called for her appointment her voice was tremulous but sharp. She put her request for a consultation in the form of an urgent plea for help. When I told her what hour I had open she immediately agreed, then paused and rather querulously added that this would mean...
she would have to break another appointment. There followed another long pause. Then she again asked what time the appointment would be and said she would be there. Following this she hung up quite abruptly.

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She arrived quite early for the interview and had a marked startle reaction when I greeted her in the waiting room. When she came into the office she asked me where she should sit and after seating herself in the chair she again asked whether this was where I wanted her to sit. Kay is a 29-year-old woman, moderately attractive, of medium height, thin and bony looking. Her face is long, thin. Her eyes are very dark, somewhat bulging. Her hair is drab and lusterless. Her make-up was poorly and excessively applied. Her dress was black, unrelieved by any ornament or other color. It seemed to hang loosely on her and gave me the impression that she had lost a good deal of weight. Her face was deeply flushed and she was perspiring profusely. She was obviously agitated and moved restlessly about in her chair. Her hands ceaselessly played with a pack of cigarettes. Her hands were strong, her fingers tapering. They suggested a strong grip, in contrast to her otherwise rather debilitated physique.

She waited for me to begin. When I suggested that she tell me what was troubling her she smiled and said, "My God, I wouldn't know where to begin. There is so much to tell." At this point I told her that it would be better for her not to rush, that I would see her again if necessary. She appeared to be tremendously relieved, and expressed this relief. Rapidly she took a batch of notes out of her purse, gripped them tightly, almost frantically, and glanced at them once, but did not refer to them at all during either of our two interviews. She then began to talk, very rapidly, hardly pausing for breath, her expression very intense. She talked this way for almost 30 minutes, with hardly a pause. In spite of her intense absorption in what she was saying, I could feel that she was at all times aware of me. She spoke with warmth and often with passion.

She began by saying that she needed advice. "But," she added, "I can't believe psychoanalysis can help. It's too dangerous. Too much probing goes on. From what I know I consider it too experimental. I've always been proud of managing without aid. I even feel defeated to be here. Besides, I can't afford costly treatment. I've lost my way. I'm looking for an abiding faith in something—in religion, in life, in love, marriage, myself. I feel helpless and confused. The man I love and I can't let each other go. He suspects me of being psychotic and that's why he's postponed our marriage again and again. It was his suggestion that I come here. I feel I might as well be hopelessly dead. I've hurt him, my son and my parents. Now he's afraid of me."

In spite of her obvious agitation and anxiety, she then proceeded to present her past history in fairly well organized fashion. It dealt almost entirely with her two previous marriages, her two brief periods of hospitalization, and her present affair.

Kay is an art teacher whose main interest in life, "outside of my search for love," has been her art. Her present boy-friend is an artist of some note. Kay at first stated that her early life was quite uneventful, that her relationships with her parents and her sister, who is two years younger than she, had always been happy and warm. She then added, however, that she had been sickly throughout her childhood. She recalled an episode during childhood when her mother had violently punished her for failing to perform an errand promptly. "I've always loved my mother but she's hated me. Recently she told me so." At this point she broke into tears which ended rapidly as she continued. "She's very pretty. I look like dad. She thought I'd be the world's cockeyed wonder as an artist, always pushed me. I never felt I could measure up. I'd feel guilty when she bragged to friends about me. It must kill her that I've been a failure at so many things."

At 18, Kay eloped with a man of whom her parents strongly disapproved. He was