

*Commentary*

# Theory Ignores Those Who Have "Survived" Stressful Experiences

by Seth E. Many, M.D.

Today was my second appearance at Tristan's sixth-grade class. Tristan is my neighbor and the son of my ex-significant other. We have a kind of unusual relationship. Last month, Tristan and Mr. "B," his teacher, invited me to come to the social studies class and do a little thing on psychiatry. The class is grouped into sets of six tables, with anywhere from four to six students at each, boys separate from girls. I was going to do an exposition of "Tommy, the Rock Opera" (by The Who), but I didn't get it together in time (it would be a great basis for a late high school or college seminar). Instead, I started off with some music by Robin Williamson from "A Glimpse in the Kindling," especially one song about a "Mad, Mad Girl" that offers a traditional, poignant, and sympathetic image of darkling attraction and misunderstanding, a sampler in the universe of odd mismatch we call "crazy."

The class went well, as we covered giant historical and clinical domains in seven-league boots, stories, fables, and some theatrics, like when I did a brief mental status exam on some of the students. They liked this—and invited me back.

On the day of my second visit, up to

and including the last minute, I could not organize my notes or decide on what direction to take. When I walked in, the class was getting on someone's case because he had a "girl's name." This inviting entre enticed me to make the somewhat obstreperous comment

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that names didn't have sex, people did. An appreciative response emboldened me to relate the story of my own name, "Seth," and my deep abhorrence for it. It is largely due to an obnoxious older woman, a neighbor of ours, who used to make fun of it (and me) by calling out whenever I got near, "Here comes Thethie," in a sort of high-pitched, lisping redefinition of a despised effeminacy, one that wedged into my own unsettled and somewhat alien psyche, like a worm in an apple, eating away at my gender identity.

### *Discussed Labeling*

The class understood. I asked them, "How many hate your names?" About one-third admitted to extreme dislike,

slightly more to like, and the rest didn't care. We went on in a similar vein, talking about the power of names and naming, labeling, and diagnosis. One example I used is that what the psychiatrist calls in the office "oppositional and noncompliant," in school, the teacher calls "unruly, undisciplined, or truant." The students, lacking a "place" of power, may call it "talking/fighting back."

### *Post-Traumatic Label*

When it came time to talk about another such label—"post-traumatic"

and its relationship to painful (or impassioned) experience—the class seemed even more interested. What followed was a session in which they related one case after another of their important life events.

One 11-year-old told me how he first learned to ride a bike, driving it off the curb and hitting a car. Another told me how he fell from a loft. Another related a fight with his cousin. A young girl told me of the dog that chased her. The remarkable aspect of these tales came when I would ask, "Well, are you afraid now of riding (or heights, or lofts, or cars, or cousins, or dogs)? In most cases the answer was, "Heck, no. I just went back and did it again."

At first I wondered, was I hearing this right? Were they debating the point that painful experiences imprint and cause us to have semipermanent fear, panic, neurosis, etc.? No, they were telling me what actually happened with them—sources of pride, retrieval, efforts to surmount, overcome, and triumph. In the objectively small, but manifestly significant memories, they had triumphed over pain, won the game—not

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everyone, every time, but most, and spontaneously, without pressure from peers, teachers, or parents.

As I left that class, and a good one it was, I pondered this simple idea. We, as psychiatrists, are busy extrapolating from the experiences of the wounded in an incessant search for the causes of their "going mental" (a phrase from my class). We have ignored or glossed over the extensive domain of those with similar experience who have evolved along different and more successful paths.

Our taxonomy is based upon metapsychophysics, for we fail to include the other (larger) domains, those who recover spontaneously and those to whom the experience is a condition for further growth. The point has been partially exemplified in the research on the "exceptional child." But I wonder there, too, if the point is not blunted by the "exception." Can we not venture that disturbance, including the experience of pain, is a vast motivating force, one that is persistent in its effect but not necessarily with the pathologic vector that has become the staple assumption of contemporary clinical practice?

We need to take another longer and closer look at our own social theories, especially in the domains of panic, abuse, and neglect, and especially with an eye to the majority of the population that has "suffered the event" but not the effects. What I am talking about is the obverse of the conclusion that finds how many of the supposedly well are "tainted" by psychiatric symptoms. We need rather to examine the well for "stress" and reckon its positive contribution to their growth. This is the only way in which a valid inference about cause or "etiology" might be supportable. I think we are in for a huge surprise.

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