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Are You Analyzing Me?

I was at a party in my first month of residency talking to this young lady, a legal secretary.

"So, you're a psychiatrist?" she asked.

"No, I am in residency," I demurred, but she dismissed that with an elegant wave of her hand, and asked me, somewhat flirtatiously, "Are you analyzing me?"

I was single at the time, and she was quite attractive, and so I found myself nodding, eyes half shut trying to look inscrutable and mysterious.

Over the years, I've been asked that question a few times—it's one of the hazards of our occupation. In the beginning, I used to feel flattered by the idea that we psychiatrists could read people's minds. But as my training progressed, and as I began to take psychiatry more seriously, the question started to irritate me. By my final year of residency, I was no longer pleased by a question that equated psychiatry with some esoteric self-indulgent practice like tarot card reading.

"Yes, my dear child," I responded one time, speaking in a Jamaican accent, mimicking the once infamous Miss Cleo. "Hand me your credit card and I will reveal everything about you."

"Huh? What? Why are you talking like that?"

The reference was apparently too subtle, and my sarcasm was wasted.

These past few years, my social circle has been mainly limited to other physicians, and it had been a while since anyone asked me that question. Then, recently, while at a fundraiser that my wife insisted we attend, a lady asked me, "Do you analyze people when you meet them at parties?"

This time, I was neither irritated nor flattered, and although I shook my head and joked, "No, I don't work for free," I gave the question some more thought.

The lady asking the question was wearing a bright red dress complemented by rather large earrings. Her voice was dramatic and loud, replete with colorful adjectives, as she told stories that cast her in the role of a damsel in distress, often rescued by a heroic male figure. To emphasize a point, she had the habit of touching one lightly on the arm.

None of this had escaped me, so perhaps, yes, in a sense I had been analyzing her.

It struck me that the question was usually asked by a woman. I am not sure why—maybe men feel too vulnerable to even consider that their psyche is open to analysis, or perhaps they think they lack the complexity that makes them a fascinating case study. The question was always asked in a lighthearted, almost off-hand manner, as if the answer didn't really matter. I wondered if this was an attempt at masking a deeper anxiety, a fear that the questioner's own perceived neuroses are visible to the trained eye, making her feel understood and exposed at the same time.

Now, I am not always sure what people mean by the word *analyze*. All of us, psychiatrists and nonpsychiatrists alike, make observations about people when we meet them, judgments about their personality and mood, their attitude, and demeanor. So when a person asks a psychiatrist—"Are you analyzing me?"—I suppose she is really wondering if the psychiatrist's observations are somehow different, perhaps more informed and accurate than someone else's. I wondered, Are a psychiatrist's observations about human behavior, in a nonclinical setting, qualitatively different—more informed and accurate—than a layperson's?

If these observations are to be deemed an "analysis," they should be informed and aided by the psychiatrist's training and expertise. In other words, the critical question is this: In a social situation, would your observations have been the same, if you were not a psychiatrist?

A few months ago, my father-in-law visited us in Springfield. He is a successful architect, well known in Bangalore for his use of terra-cotta bricks and natural earth elements. Over the week of his visit, I saw how his world was defined by space and structure. When I took him to see the Dana-Thomas house, a Frank Lloyd Wright design, he pointed out its finer aspects—the Japanese influence, the use of external space to enlarge the interior, the sumac motif.

When we went to the mall, he commented on the ceiling, the balance of water and light elements, the noise our feet made in the corridors contrasting with the softness of footfalls inside a store, the location of the food court—we walked in the same space, but inhabited different worlds. For him, buildings were rendered in his consciousness in detail, shape and form and angle and light effortlessly unfolding in his mind. For me, unless a building is unusually beautiful or ugly or dramatically different, it barely registers in my consciousness.

“You know, it’s interesting how you are always aware of buildings and their design,” I remarked one day, after he pointed out the symmetry of the brick work on our house, something that I had thought perfectly unimpressive until then.

He looked surprised as if it had not occurred to him, this degree to which architecture colored his worldview.

If an architect’s vocabulary is space, form, and order, then a psychiatrist’s is behavior, thoughts, and feelings. So if an architect’s world is defined by his profession, how does my own profession shape my world?

Is it possible not only that we as psychiatrists are aware of the subtleties of human behavior to a greater degree than other people, but that this awareness changes our perspective of the world, perhaps changes our *selves* in some fundamental manner?

But what exactly is the nature of this change? What profound aspect of our nature does our profession affect?

The other day, someone—an internist—made the comment that psychiatrists are more neurotic than other physicians.

“We have insight; you guys are just in denial about your own neurosis,” I said to the internist jokingly, but deep down I wondered if he was right.

I thought of my father-in-law again. His own house in Bangalore is not exempt from his professional expertise. When I first saw it, I was struck by the unexpected use of glass in the front lawn, the eccentric musical bidet in the bathroom, the fenestrated clay bricks on the roof. “My father tries out his work at home,” my wife had told me.

We psychiatrists are no different. It isn’t just someone else’s thoughts and feelings that we analyze. After all, we are always confronted with our own emotions, thoughts, and feelings, and as we sharpen the tools of our trade—of observation and judgment of thought, emotion, and behavior—we are in danger of turning our expertise onto our own psyche. In the years since I have become a psychiatrist, I certainly have noticed an increased tendency to introspect, to be more aware of my own thoughts and emotions.

Erich Fromm interpreted the parable of Adam and Eve as a story about the dangers of human self-awareness. When Adam and Eve ate from the Tree of Knowledge, they became aware of themselves as being separate from nature while still being part of it. This is why they felt “naked” and “ashamed”: they had evolved into human beings, conscious of their own weakness and mortality.

This story of the perils of self-awareness is even more applicable to psychiatrists. Before, our interpretations of human behavior were simplistic. Now, as psychiatrists, we expertly deconstruct behavior and thoughts and feelings, trying to frame them in familiar paradigms. We are not satisfied by superficial explanations about behavior and emotions. We analyze our patients, perhaps our colleagues, family, and friends, and ultimately, ourselves.

Having eaten from the Tree of Knowledge of Psychiatry, we have been cast out of paradise. We have lost our innocence forever.

Are you analyzing me?

How can I not? ♦