

Messages From “Fran”

I got a phone message the other night from a person I do not know. The man represented himself as the partner of a patient I had never met. I shall call her “Fran.”

Fran had telephoned me over the past several years: sometimes weekly, sometimes only once every few months. On occasion, her messages praised my telephone voice and my outgoing message, which she told me were far, far better than those of my colleagues in my on-call group. At times, she left messages pleading with me to see her. In other messages, she would excoriate me for being cold and indifferent to her. Once she said she was leaving her home, strongly hinting that she planned to kill herself. In that message, she simply wished to say goodbye and to have me know what was to happen to her. On some occasions, her message would be limited to her sincerely promising that she would never bother me again with more messages. Moreover, I suspect, many of the mysterious hang-ups I have gotten, where no messages were left, originated with her.

Once she called at a time when she likely believed I would not be in my office. Because I was still there, I lifted the phone and introduced myself. I sensed that she felt both surprise and embarrassment.

I am one of six members of a psychiatric on-call group. We cover each other's practices on weekends and vacations. One member, Charles, had seen Fran at his office over a period of several years, before she moved many hundreds of miles away. Although she occasionally returned to our area on visits and would

see him then, he had referred her to a psychiatrist in her new community. My colleague told me that the new psychiatrist seemed to be largely pharmacologically oriented.

It was after her move that she began the habit of calling Charles, me, and several of the other on-call group members. My impression is that, for whatever reason, she telephoned me more frequently and persistently than the others. I would like to believe that this was because of the high quality of my telephone voice. I cannot confidently assert the superiority of my outgoing message because, over the years, the outgoing messages that each of us leaves on our answering machines have come largely to resemble one another.

When the calls to me first began, they were presented as being efforts to reach Charles, for whom I was covering. On those early occasions, I would return Fran's calls, listen to her complaints—about him, about her medications, about the on-call group, about both her old and new psychiatrist, about me—and then I would speak to her about my not contacting Charles and about her need to work with her new psychiatrist. Eventually, I chose not to return her calls.

The message from the man I do not know but who represented himself as Fran's partner, the patient I had never met, started by saying that Fran would want him to call. She was now in an intensive care unit and terminally ill. Barring a miracle, she would soon be dead. After a pause, he added, “So no more calls.... She got a great deal out of keeping in touch with all of you up there, so she would have wanted you to know this.”

There is a possibility that the message he left was not factual, but the emotionality with which it was delivered satisfied me that, at least, the closeness to death was likely true. In any case, his call to me and the message it contained stirred up many feelings in me: loss, sadness, guilt for having decided—for the most part—not to respond to her messages with return calls, irritation upon recalling the times I had been perplexed by

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and made anxious by her messages, and annoyance because of needing to sort out if I should respond to her at all or in some different way.

Even when I know my patients well and see them on a regular basis, I can be puzzled by what leads them to feel “better.” If they, in my or their perception, appear to benefit from our work together, I often cannot be clear as to what has allowed their improvement to occur. Obviously, in a relationship as tenuous as the one with Fran, it is harder still to imagine the forces that drive it.

However, what comes through clearly in this situation is the powerful regard with which patients so often hold us. There is such a strong relational pull that it causes me to marvel at the power of the interpersonal.

Given that Fran was never my patient, given her seductiveness and her tirades, the sporadic nature of her calls, and the aggravation often associated with them, it would have been easy to overlook what her partner’s message meant. Whether it was clearly helpful or not to Fran—or to me—we had a relationship, and it was significant to both of us. We may not know or understand exactly what uses one might make of the relationship, but we should never make the error of underestimating the power of connection.

Four days after the first message from Fran’s partner, I received a second: Fran had died. I was asked to relay the message to Charles.

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