

Current Comments®

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Psychiatrist and Biographer Differ over Anne Sexton's Suicide. Was It Preventable or Inevitable?

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ABSTRACT

Anne Sexton: A Biography by Diane Middlebrook is discussed in terms of the role Martin T. Orne played in its creation, particularly the controversial release of the psychiatrist's therapy tapes with the poet. Orne's Foreword to the biography, in which he expresses the view that Sexton's suicide was preventable, is reprinted. Middlebrook argues that Sexton had reached a point in her life where the act was inevitable.

When I first learned that Diane Middlebrook was writing a biography of Anne Sexton,¹ I was fascinated by the coincidence of several isolated events. In the first place, I had originally met Diane through her husband, chemist Carl Djerassi. Secondly, I had learned to respect her competence as a humanities scholar and was aware of her influence in the creation of Djerassi's *Cantor's Dilemma*,² a novel about a scientist winning the Nobel Prize.

Another coincidence was my acquaintance with Martin T. Orne. I first met him when I was seeking an expert on hypnosis, the subject of a *Current Contents*® (CC®) essay³ and a topic discussed peripherally in other essays.⁴⁻⁶ Later I met Martin at several social functions. And still later, we met at an annual get-together of the Unit for Experimental Psychiatry at The Institute of Pennsylvania Hospital.

Last but not least, suicide is unfortunately a subject of which I have firsthand knowledge. My daughter Thea committed suicide more than 10 years ago. Concomitantly, the subject of depression, inseparable from suicide, has been discussed in CC in many different contexts.⁷⁻¹² Clearly, there is a widespread belief that it is an affliction common among creative people.^{13,14} However, some

observers like Albert Rothenberg¹⁵ do not believe that depression and poetic creativity are necessarily linked. The fact that depression is largely undiagnosed in the general population may give the impression that it is more prevalent among highly creative people.

I must confess that before encountering Middlebrook's biography, I had not read Anne Sexton's poetry. Of course, like many others, I had heard about her work and what she symbolized to her many admirers.

Perhaps the most controversial aspect of Middlebrook's biography is the role that Martin Orne played in its creation. He has been widely criticized, perhaps unfairly, and also supported for having agreed to release the tapes to the biographer of his therapeutic sessions with Sexton over a three-and-a-half-year period.

Sexton kept chronological therapy notebooks that detailed each session of her treatment with Orne. Sexton's estate had provided these to the biographer years before the release of the tapes. However it is one thing to read about the therapy process and quite another to actually be able to hear the work of therapy—both the anguish as well as the triumphs. There were no new facts brought out from the tapes, but listening to

them allowed the biographer to live with Sexton and Orne for 311 hours.¹⁶ The impact of actually being with Sexton was sufficient to change Middlebrook's feelings about her; she said that the person she came to know from the tapes required her to revise her portrayal of the poet in the final biography.¹⁷

In his Foreword to the biography, reprinted below, Orne explains some of his reasons for having released the tapes and also expresses fundamental disagreement with Middlebrook on the question of whether Sexton's suicide could have been prevented. Middlebrook argues that Sexton had reached a point in her life where her desperate act was inevitable. While by 1974 suicide might have been inevitable, Orne takes the position that proper therapy in the preceding decade would have prevented her suicide.

These matters have been widely discussed, even on the front page of *The New York Times*¹⁸ and in numerous other publications. If a measure of a book's success is the number of reviews and news stories it generates, then this publication is a blockbuster.

I will not attempt to review all the arguments for and against the general subject of public release of information about patients. I observe that Middlebrook indicates in her preface "Everything I have learned about her [Sexton] suggests that she would not have held back from the archive of her manuscripts and private papers the full collection of tapes."¹ (p. xxii)

Orne had Sexton's explicit verbal permission and request in 1964 to use the tapes in any way that could help others. Middlebrook and Orne believe that if Sexton were alive today she would still have enthusiastically approved publication of the biography. Since the biographer had the encouragement of Sexton's daughter and literary executor, as well as other family members and friends, the exception to the inviolate rule of confidentiality may be justified.

Understandably, no ethical physician would want to be seen as encouraging the

disclosure of information provided by a patient in confidence, but Sexton was a patient who wrote confessional poetry about her mental illness and who requested that details of her therapy on tape be used to help others; thus, the unusual circumstances in this case may warrant public disclosure.

A Little About Sexton and Orne

Anne Sexton committed suicide in 1974 at the age of 45. She went into her garage, turned on the ignition to her car, and died by carbon monoxide poisoning. Her life as a poet and mother had been tumultuous. Tragically, over the years she had become addicted to drugs and alcohol. Nevertheless, she was able to maintain the discipline required of an artist and teacher almost to the end.

Sexton was born in 1928. She was the third of three daughters to Ralph and Mary Gray Staples Harvey, described by Middlebrook in the biography as being "like characters out of a Scott Fitzgerald novel, children of the Roaring Twenties: good-looking, well-to-do, party-loving, and self-indulgent."¹ (p. 4)

The family called Wellesley, Massachusetts, home. At age 20, Anne married Alfred Muller Sexton II, nicknamed Kayo after the character in the comic strip Moon Mullins. They had two children, Linda and Joy. Anne had divorced Kayo shortly before she committed suicide.

After her second daughter, Joy, was born, Sexton, suffering from severe depression, sought the help of a psychiatrist who had treated her briefly once before. This was Martha Brunner-Orne, the mother of Martin Orne. She would recommend her son as a therapist, and he treated Sexton for some eight years, playing a pivotal role in her life.

Martin Orne was 29 when he became Anne's psychiatrist. At that time, he was an MD from Tufts University and was completing his PhD in psychology at Harvard, where he had earned his undergraduate degree. He also was a resident in psychiatry at the Massachusetts Mental



Martin Orne



Diane Middlebrook

Health Center. Today he is professor of psychiatry at the University of Pennsylvania Medical School, director of the Unit of Experimental Psychiatry at The Institute of Pennsylvania Hospital, and adjunct professor of psychology at the University of Pennsylvania.

Orne has written extensively in his field and served on the board of many psychiatric journals. He is a Fulbright scholar and has received other awards, particularly for his work in hypnosis. His most-cited paper, "On the Social Psychology of the Psychological Experiment, With Particular Reference to Demand Characteristics and Their Implications,"¹⁹ published in 1962 in *American Psychologist*, had been cited more than 740 times when Orne wrote his *Citation Classic*[®] commentary in 1979.²⁰ Since then, it has been cited an additional 350 times in the *Social Sciences Citation Index*[®].

After diagnostic tests in 1956 revealed that Anne Sexton had considerable undeveloped creative potential, Orne encouraged her as part of therapy to develop herself as a poet and writer. But Sexton had very low self-esteem. At the time of entering therapy, she indicated only one possible talent she

could pursue—prostitution. Given her difficulty in remembering significant emotional interactions in therapy, a new therapeutic technique was devised which included the taping of therapy sessions, Sexton's writing up of everything she remembered from the session, and then listening to the tape the next day and correcting her initial report to reflect what actually transpired during the session. In this way, over time, her memory recall was strengthened.

Orne's encouragement to write evidently proved to be just what she needed. Within four years of entering therapy, Sexton published her first book of poetry,²¹ followed by a second only two years later.²² During this time, she also became a Radcliffe scholar. This, indeed, was an accomplishment for a patient of such low self-esteem whose only scholarly accomplishment before therapy was finishing high school.

While the professional ethics of releasing the therapy tapes turned out to be the focus of press attention, Middlebrook had anticipated a greater reaction to the revelation that Sexton had had a prolonged love affair with the psychiatrist who treated her after Orne moved to Philadelphia.

Middlebrook Comments on the Biography's Reception

I asked Middlebrook to comment on the reception of the Sexton biography and any second thoughts she might have on questions raised by readers. That request resulted in this communication:

"The most provocative questions I have been asked since the book came out center on the way I handled Sexton's recollections of a sexual overture from her father and of sexual feelings toward her great-aunt. Child sexual abuse is a widely discussed social issue, and a focus of many psychotherapies; readers come to the book expecting Sexton's memories of childhood to be discussed in terms of feminist issues, or at least from the perspective of current research. As one very disappointed person wrote to me, 'I am an incest survivor. I read *Anne Sexton: A Biography* because I heard it dealt with incest.' This person saw the biography as perpetuating society's and the family's worst crime against the victim of incest: not believing her story.

"The attitude of biographers toward incest has become an issue itself in literary criticism, heightened by the publication of Louise DiSalvo's study, *Virginia Woolf: The Impact of Childhood Sexual Abuse on Her Life and Work*.²³ DiSalvo's book opens with a one-sentence paragraph: 'Virginia Woolf was a sexually abused child; she was an incest survivor.' All DiSalvo's reasoning is, of course, deductive: 'the survivor of incest abuse may...are more likely...often...': for each category of symptoms, a match is found in the subject. Her conclusions about Woolf are phrased in terms of *what must have happened*, given what we know about symptoms.

"Perhaps such a book will someday be written about Anne Sexton, too—a good book—but I didn't want to write it. Such a book has a defenseless victim as its central

character, toward whom the stance of the author is that of investigative journalist or analyst. I wanted to write a narrative—a story—that would foreground Sexton's resourcefulness in accommodating herself to her intractable psychological disabilities. Moreover, I was convinced that she did not herself know the truth status of her own memories, and eventually came to a wise insight about them: that once she had put a feeling into words, the words were what she remembered. Sexton's work explores the psychodynamics of ordinary family life by tapping into the fantasies it generates. In my view, it is reductive to insist that she could only have represented what she had experienced firsthand. Truth to *feeling* was the hallmark of her work, and this kind of truth had great power over the imaginations of her readers and listeners, whatever its sources in her life."

Having earned her PhD from Yale University in 1968, Middlebrook came to the writing of the Sexton biography with a considerable knowledge of her subject. She has written and edited a number of books on poetry, and was coeditor of the 1988 *Selected Poems of Anne Sexton*.²⁴

Middlebrook has taught in the English Department at Stanford University since 1966. She also has held positions as director of Stanford's Center for Research on Women, as associate dean of Undergraduate Education, and chairperson of the Program in Feminist Studies. She was a Guggenheim Fellow in 1988/1989. The biography of Anne Sexton was a finalist for the 1991 National Book Critics' Circle Award for Biography.

* * * * *

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Foreword to *Anne Sexton: A Biography* by D.W. Middlebrook By Dr. Martin T. Orne

I recall clearly my first therapy session with Anne Sexton. Her vivid description was poignant with regard to her total inability to live the life she believed was demanded of her. She felt helpless, unable to function as a wife or mother, and expressed resentment at having her children taken away from her, yet at the same time she

recognized that she was truly unable to care for them. In many ways she loved her children and family dearly, but she simply could not cope with the roles required. Although she was trying her best to live up to the 1950s image of the good wife and mother, she found the task completely beyond her.

Since I have always believed that it is at least as important to understand a patient's resources as to determine the amount of psychopathology, I sought to explore Anne's resources and goals. She had married early and had barely finished high school. She particularly regretted her lack of formal education, which contributed to her feelings of inadequacy. It is difficult to communicate fully how pervasive Anne's profound lack of self-worth was and how totally unable she was to think of *any* positive abilities or qualities within herself. When I pressed her to think hard about what she might be able to do, she finally revealed that there was only one thing that she might possibly be capable of doing well—to be a good prostitute and to help men feel sexually powerful. It was clear that in her case, goals were not a place to start to find positive facets to bolster a sense to self.

Early in therapy, I focused on Anne's developing her skills, suggesting among other things that she begin writing about her experiences in order to help other patients. This idea struck a responsive chord in her, and we were able to work on it together without her immediately getting so discouraged as to reject it. Developing the supports for a sense of self that Anne could appreciate was not easy. It took some months, but there finally came a time when we were able to begin to discuss the possibility of her continuing her education. While this was a goal that she was now willing at least to talk about, her fear of strangers left her unwilling to take the necessary steps to attend formal courses. At that point, however, she herself returned to my original, almost offhand comment, "How about writing?" and she began to bring poems to our sessions.

In the beginning, her poems obviously needed much additional work, but they were clearly pieces with a compelling communication and a flair that Anne and I could discuss—a meaningful project on which she could begin to build a foundation. The sheer existence of the task of writing poetry, through which she could describe her pain, her confusion, and her observations, provided the basis for a critical sense of self-

esteem. The impetus to go forward with it eventually gave her the strength to follow up by participating in poetry workshop sessions. She was able to obtain and use the necessary criticism and feedback she received in these sessions to improve her work in a way that is very unusual early in an artist's career. Once Anne was assured that she really was able to write poetry, she almost could not stop. Writing poetry became the driving force.

Thus began an incredibly rocky but strengthening period in Anne's life. Little by little, she began to deal with the practical problems of correspondence, of submission and resubmission, of reviewing and rewriting. At last she could connect with peers and teachers, with whom she could for the first time begin to communicate *outside* the therapy setting. Even though Anne was among my first long-term patients, my experience had been, and still is to this day, that the sicker the patient is, the more important it is for the therapist and the patient to work on a task together, so that the patient can develop a stronger sense of self from the work accomplished. If the patient can fully involve herself in a task that takes on its own meaning in her life *outside* the therapy sessions, then resolution of the other problems we need to deal with in the sessions can also carry over to her world outside.

Originally, when Anne sought help following the birth of her second child, she had been diagnosed as having postpartum depression. When I first saw her in therapy in the hospital in August 1956, a year after the birth, her thoughts and behaviors were not really consistent with the presumptive diagnosis. As I began to get to know Anne, I realized that she was showing ideation that one might expect in a patient with a thought disorder. Fortunately, she happened to mention that she was spending a good deal of time with two patients who suffered from a schizophrenic disorder, and thus I became aware of her tendency to take on symptoms that were like those of the people with whom she was currently interacting. Indeed, because of this tendency, I was even more careful not to have

Anne stay in a hospital setting any longer than was absolutely necessary, lest she adopt new symptoms from other patients.

As we continued to work together, it became increasingly evident that in addition to her tendency to absorb symptoms and mannerisms from those who impressed her, Anne's core problem was that she suffered from a severe difficulty of memory. While to some extent each of us is selective in what we remember, Anne's selectivity was extreme in the sense that she literally remembered almost nothing of relevance from one session to the next. In short, for this and other reasons, it was clear that she had a condition that traditionally was known as hysteria.

Anne's severe memory problem was eventually to lead to an impasse in her therapy. That is, although within an individual session she was able to work effectively during treatment, it emerged over a period of months that each therapy session had the quality of having a beginning, a middle, and an end—which gave both therapist and patient the feeling that something meaningful was being accomplished. Yet, in looking back over the work of the sessions, I gradually realized that each session was a vignette unto itself, with very little progress being made *across* therapy sessions. In other words, even though Anne was expressing and working with intense feelings, the therapeutic process somehow failed to move forward in the larger sense.

At first I tried to aid Anne's memory by taking more extensive notes myself, so that I could more easily help her recall the important aspects of the previous sessions in order to achieve a much-needed feeling of continuity. After several false starts in this endeavor, I realized that it was necessary for Anne herself to become the one responsible for remembering what we were doing together. In other words, it was not my role to take on the responsibility to remember what occurred in our previous sessions, but hers.

Together we worked toward evolving a procedure to deal with the problem that resulted from Anne's inability to recall what had occurred in previous sessions. I tried to have Anne make extensive notes as an



Photo courtesy National Educational Termination/Bohannon Mifflin

Anne Sexton

aid to her memory, but performing this task interfered with the process of treatment. I then suggested that we audiotape our sessions and that it would be *her* responsibility to review what had happened in the session. It turned out, however, that simply listening to the audiotape was by no means sufficient to break down Anne's tendency to develop amnesia for the events of the past session. Furthermore, it did not have the consequence of making *her* aware of the difference between what she *remembered* of a session and what actually *occurred* during that session. However, we eventually hit upon a viable procedure.

First we would audiotape the therapy session, and afterward Anne was asked to make extensive notes about everything she could remember from the session. The next

day she would come to the office, and my secretary would put the tape on the recorder and leave her alone to listen to the session. She was asked to note particularly the discrepancies between her memories, her notes from the previous day, and what actually happened on the tape. In the beginning, it was necessary for Anne to listen to the audiotape *twice* before she was able to recall on her own what we had dealt with during the session. This tedious approach demanded a great deal of Anne, but its consequences were profound. For the first time in her life, she was able to recall *why* she had been upset about something someone had said, or why she had been angry at me, without knowing the reason. In other words, Anne could really remember and learn about her feelings, whereas in the past she had been unable to recall more than fragments of what occurred—many of which she recalled incorrectly.

The constructive consequences of this audiotaping, listening, and note-taking procedure for increasing memory and for making progress in therapy cannot be overemphasized. Though it is fair to say that the procedure led to some embarrassing moments for me as the therapist—since Anne was able to point to errors in *my* memory of prior sessions—it was a unique experience for Anne to know more about what transpired in her treatment than her therapist did. In many regards, it made the relationship between us far more equal than in the past—a true collaboration, in which Anne could discover important insights and share them with me. Thus, her sense of self had developed to the extent that she could attend to her own behavior as well as to that of others. Whereas the therapist usually holds all the cards, the patient now could know more about what was happening in treatment than the therapist did. Indeed, Anne made a major step forward when she was first able to show me that I was wrong!

By listening to and being able to tolerate her own pain and anger on the audiotapes, and by developing the ability to recall emotional events that mattered to her, Anne was gradually able to deal with these emotions in her poetry. Soon after her poetry

began to be published, she found that many troubled individuals sought her guidance and counsel. Indeed, she took great pride in being able to help others with similar pain. She spent an inordinate amount of time answering letters from strangers, and undoubtedly helped many of them. Although she became a professional poet in a remarkably short time, Anne never stopped recognizing the importance that her poetry might play in the lives of her readers.

When Professor Diane Middlebrook requested an interview to discuss my work with Anne, it was uppermost in my mind how important it had been to Anne always to try to help others, especially in their writing. Although I had many misgivings about discussing any aspects of the therapy, which extended over eight years, I also realized that Anne herself would have wanted to share this process—much as she did in her poetry—so that other patients and therapists might learn from it. After much soul-searching, and after being assured that Anne's family had given their encouragement and approval, I allowed Professor Middlebrook to have access to the audiotapes and my therapy file, including the early unpublished poems Anne brought to therapy. It is in the spirit of helping others that I also offer here a view of what I believe contributed to Anne's untimely death.

There is one aspect of Anne's life that has not been clarified, that is, her tendency to become uncommunicative in a self-induced trance, which could last minutes, hours, or, in a few rare circumstances, even days. Typically, the trance episode could easily be ended by a therapist familiar with the symptom. But in therapy and out, the problem persisted: when Anne was extremely angry, she was given to entering a trance and becoming unresponsive. Treatment helped to decrease these events, but they were never eliminated. Anne also had a remarkable fascination with death, and it seemed likely that she used some of the trance episodes to play the role of dying, which perhaps helped her not to suicide. However, when her relationship with significant others was diminished, and if she was in a period when death seemed attractive, there was always the danger that she

would do the deed rather than play the role. Unfortunately, Anne's relationships with a number of significant others, especially her husband, were diminished through a series of events that began with my move from Boston to Philadelphia.

When I made the decision to leave Harvard to come to Pennsylvania to further develop the Institute for Experimental Psychiatry, Anne and I had the opportunity to work together for several months before she transferred to another therapist in Boston. By then she had progressed in treatment in many areas of functioning, though she continued to need therapeutic help. At that time she was already a well-known poet, having published two collections and having written a play. She was also soon to win the Pulitzer Prize and to be accepted by the academic world, which had become a major goal for her. Equally important was the fact that by this time Anne's relationship with her husband, Kayo, had improved significantly, and she was earning sufficient funds from poetry to begin to save toward a safari in Africa, which her husband had long wanted.

It was always clear to me that her husband was a crucial part of Anne's life. This was evident even in the beginning, when Anne described becoming markedly worse whenever Kayo had to go away on business trips. Although many therapeutic gains had been made from 1956 to 1964, I felt that Anne's emotional health still depended heavily on the support she received from her husband and many other people who cared for her. When I left Boston, I arranged to return once a month for several years to see a number of patients for follow-up. It was clearly necessary for Anne to have another therapist on an ongoing basis, but I also saw her during my regular

visits to Boston. Although Anne initially did extremely well with another therapist, the therapeutic contract became untenable because of a change in their relationship. Unfortunately, this change also undermined her crucial relationship with her husband, thereby depriving Anne of what had been a vital interpersonal support.

During this difficult time, Anne continued to see me in treatment on follow-up, and I was eventually able to help her in the difficult process of finding yet another therapist. Finally she decided on a female therapist who had been suggested by her previous therapist. Unfortunately, this new therapist decided she could treat Anne *only* if Anne stopped seeing me completely, because in her view, Anne's transference relationship with me would undermine treatment. In this way Anne lost yet another support, which further eroded her ability to withstand a serious therapeutic setback. Not long thereafter, she and her husband were divorced.

Although I felt obligated not to interfere with the guidelines that had been established for Anne's treatment, in the last year of her life, Anne called to say that she would be in Philadelphia to give a reading at the public library and that she hoped she could see me. I expected to see her, but she never made it. Sadly, if in therapy Anne had been encouraged to hold on to the vital supports that had helped her build the innovative career that meant so much to her and others, it is my view that Anne Sexton would be alive today.

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