

Square Peg podcast

Part 5: Diagnoses

<https://www.squarepegpodcast.com/part5>

Transcript

NOTE: Square Peg is intended to be heard, not read. If possible, please listen to the audio, which relays feeling and tone not captured by the transcripts.

ROB: All right, this is glass number one, this is a, it's actually a Drambuie-branded glass, got off eBay. We're going to set my hinge here and—

[glass hits but doesn't break]

ROB: All right, let's try that again.

[glass hits but doesn't break]

ROB COLLINS (narration): Despite everything, I still want to believe in Frank, somehow. Weeks go by and I'm clinging to any scraps of faith I have left. And there still is one thing: The original thing. That moment on New Year's Eve 1964 that changed the lives of both brothers to this day.

John says it was a "tragic accident," but he can't remember the exact details of what happened. Which I guess I get, it was 54 years ago. But John maintains that he somehow accidentally broke the Drambuie glass on Frank's cheekbone.

But Frank contends that John must have really shoved the glass at his face with a lot of force. Which would mean it was a violent attack. How else could you break the glass? This makes sense, but is it true?

[glass hits but doesn't break]

So far, yes. I'm conducting an experiment with the help of my son, Charlie.

ROB: Describe what we've got here, son, as best as you can. This is a bit of a contraption, huh?

CHARLIE: Yeah. It's two pieces of wood that are hinged together and sandbags on the one that's going vertical, so when it falls, it will give about the same amount of pressure as a cheekbone so we can test to see how much pressure it actually needs.

Two variables here, as I see it. The glass is the first, and of course I don't have the exact one used. But I scoured local thrift stores and eBay and I found four liqueur glasses that should be pretty close. I sent Frank a photo of these and he confirmed it. Which was interesting because I wouldn't consider these glasses to be especially robust. When he said "robust" I pictured thick crystal type things, but these were regular glass, tulip shaped.

ROB: I'm gonna really shove it this time.

[glass hits but doesn't break]

The other variable is Frank. Or rather, his forward momentum. John said that Frank was drunk and that he leaned in at the exact moment that John went to toss his drink in Frank's face. That would mean it could have taken less force on John's part to break the glass. To refresh your high school physics: two cars hitting each other head on at 30 miles an hour has the same force as one car hitting a wall at 60 miles an hour.

[glass hits but doesn't break]

ROB: Charlie's very surprised it's not broken yet. I kind of am too.

So we've made this contraption to simulate a drunk person falling toward me. I was going to do this in the garage, but it's cold today, so we're in our living room, tarps spread across the floor. My wife is thrilled.

I'm wearing some protective clothing and shoving the glass at it. I just want to feel subjectively how hard I'd have to push to break the glass. And so far, it's pretty hard.

[glass shatters]

CHARLIE: There we go.

ROB: All right, one broken.

So it takes a lot of effort to finally break one of the glasses. But then I pick up another one.

ROB: Let's try to do it again here.

[glass shatters]

ROB: Now that broke very easily.

CHARLIE: Yeah. That's what I thought would happen to all of them

ROB: And that, I didn't really have any pressure. I hardly stabbed it at all.

Dammit. I know this doesn't prove anything scientifically. But I guess it is possible that the whole thing was just a freak, tragic accident. It probably was. Which sort of destroys my last scrap of faith.

So now I need to clean up all this broken glass, and this broken story.

[music]

This is Square Peg. I'm Rob Collins. Part 5: Diagnoses.

BETH: Yeah, really surprising. I was very taken aback to learn that everything we learned, were led to believe about John wasn't quite as it seemed.

I'm talking to Beth and Marie over Skype. This is the first time I'd spoken to Beth since Marie and I met John.

ROB: Were you totally shocked by that? We had some indications, but you were still surprised that it was quite so extreme?

BETH: From talking to Frank, you got the sense that he was exaggerating his story, but the fundamental basis of the story was founded in truth. But now it seems like Frank is not someone who is prone to exaggerate, but someone who is prone to imagine completely, and to fabricate and potentially almost delude himself.

MARIE: I don't think— Maybe he exaggerated but I truly think he has this picture of his brother. I think he really thinks John was always trying to hurt him. When he said John was dangerous and everything, he might really think so, that he can't see him as he truly is.

BETH: I think when he said that he felt like John was going to hurt him, I don't think that was a lie. I just think he didn't mean physically. I think in some senses you talking to John has hurt Frank, because it's hurt the imaginary picture he's built of him and his story.

[music cue]

I had lied before though. I don't think I've really given up my last scrap of faith. I don't do that easily or at all really. I still rolled all things Frank over in my mind, day after day. Is this it? Is Frank delusional? Is he a liar? What the hell am I gonna do with this strange man and his strange story? And now my strange story.

MARY KAY: That sounds disappointing.

This is my wife, Mary Kay.

MARY KAY: That's probably why I've spent a lot of time saying, why are you doing this? [laughs]

ROB: OK but I've done it and now I've got to figure out, do I just call Frank and say, "all right I talked to your brother and I got a very different picture"? And do I just see— I mean, I think I know how he's going to react to that. He's gonna get mad at me and say John's lying, and—

MARY KAY: Possibly that's the end of it, or--

ROB: But that just seems like a terrible ending.

MARY KAY: Well, you don't know—I mean, you don't have control over it.

ROB: But... maybe I do.

MARY KAY: You're gonna try to manipulate it.

[laughs]

ASHLEY: I've said from the beginning, and for better or worse, one of the Carver brothers is a sociopath.

That's Ashley Hall, my co-producer.

ASHLEY: Unfortunately, I think we know which one, and it's Frank. So I feel like we need to confront Frank, or you need to confront Frank, and see how he reacts. I know it's not easy, but—

ROB: I guess, I mean, I'm not yet totally sold that he's a sociopath. I mean, I think there can be a lot of things going on, but I agree I need to do something, I need to talk to him again, I need to tell him about John, but I can't—I don't feel like it can be on the phone.

ASHLEY: Why?

ROB: I mean, it's like breaking up with someone on the phone, it just seems like. But even if I went back over to talk to him in person, I feel like I need to know more what I'm dealing with, like— Reality, in terms of dealing with his family, his brother, is different from the way Frank either believes it is, or says it is, and maybe he just honestly doesn't know that, and maybe I can help him by, I don't know, showing him the truth, but I just... [sighs]

ASHLEY: How do you know somebody, how do you know many somebodies have not already tried to help him. Has he seen a therapist before?

But then I suddenly realize that I already knew the name of a psychiatrist who had examined Frank.

[phone ringing]

MORGAN: Morgan O'Connell.

ROB: Good morning Dr. O'Connell, this is Rob Collins.

MORGAN: Hello Rob. It's Morgan.

ROB: Morgan, thank you. Thank you for speaking with me...

So I learned about Morgan while I was researching Frank's lawsuit. The lawsuit basically came down to this: Frank claimed that all the bad things that happened to him in the Army caused him to have mental health challenges later in life.

I'm summarizing 25 years of legal drama here in a few words, but the case went to the High Court of Justice and the judge there called for an expert opinion. So in 2005, Frank was sent to London to see Dr. Morgan O'Connell. Morgan's now retired, but he had a distinguished career in the military.

MORGAN: I joined the Royal Naval Medical Service as a medical cadet in 1965. I was halfway through medical school in Galway in the West coast of Ireland. I did my first house job in the Naval hospital in Portsmouth, where I would then meet my wife to be. Then my ship took me around the world, playing rugby, drinking beer, and having fun, getting to know the ship's company. Then I spent some time in submarines, following which with a view to being a general practitioner, I did six months of psychiatry and stayed in psychiatry

Morgan ended up serving during the Falklands War in 1982. That was a conflict between Argentina and the UK.

MORGAN: It was the first time the Royal Navy sent a psychiatrist to sea. My mere presence would provoke the question, "why is there a psychiatrist on board?" Then there was the recognition that there might be psychiatric casualties and how to recognize them and what to do about them and how to reduce the risk of somebody becoming a psychiatric casualty.

But Morgan didn't think that Frank was a psychiatric casualty. In 2005, Morgan examined Frank and studied his case. He determined that the Army was not responsible for any mental health problems Frank experienced.

MORGAN: Of course, I was seeing him many years later. There were no contemporaneous medical records relating to his time in the military, if my memory serves me right. You've got to ask yourself, "If there was a disorder, how profound was it, and why is it that he's only presenting it in 1990, or whenever it was?"

Morgan generously allowed me to tell him much more about Frank and my experience with him. I told him the whole story. And in response, he offered this:

MORGAN: There is a concept that has emerged in the last 15 years or so of Post-traumatic Embitterment Disorder.

ROB: Hmm.

MORGAN: If you look that up, it's a German psychiatrist who did a lot of work with the East Germans, following on the unification of Germany. He developed a concept of embitterment disorder.

I just want to pause to make sure you got that. Morgan was suggesting for Frank something called Post-traumatic Embitterment Disorder, which I had never heard of.

MORGAN: And I see quite a lot of that in the ex-servicemen that I continue to be involved with.

Morgan added that he would not have been aware of this concept when he examined Frank in 2005. But it sounds almost tailor-made: Post-traumatic Embitterment Disorder. PTED. I did a little research, and learned that this concept was introduced in 2003 by Dr. Michael Linden. He's now with Charity University Hospital in Berlin, and he's done a lot of big studies about this. I'm kind of surprised I've never heard of it.

But here's the gist. Dr. Linden writes that:

"Embitterment is an emotion of having been let down, a feeling and cognition of injustice, together with the drive to fight back but not being able to find one's proper goal. Embitterment is nagging and self-increasing. There is even something addictive to memories of the trigger events. There are also feelings of revenge. Persons who suffer from embitterment can from one second to the other turn from terrifying despair to smiles at the thought that revenge could be theirs."

ROB: That's Frank Carver to a tee right, Ashley?

ASHLEY: Yes. The whole thing that you just showed me that I just read, that describes him in every single way. So I think that embitterment is right. So can we talk to this Dr. Linden?

That's after the break.

[break]

Post-traumatic Embitterment Disorder. PTED. Frank has gotten several mental health diagnoses over the years, but never this one. It feels right to me, though, and it could explain so much about him. I'm kind of excited about it.

So I got in touch with the German psychiatrist who discovered this condition, Dr. Michael Linden.

DR. LINDEN: We have good evidence that there's also a state of mind, which one could call Post-traumatic Embitterment Disorder, where people are caught in embitterment. These people have, always, a finger pointing to somebody else. He or she did something or the system or society or sometimes even God, did something. They think also that the solution to the problem is that the other person or whoever it may be, should change, but that's not true. That doesn't help.

ROB: What is the role of, how should I put it? Is there ever a case where there's an element of delusion involved as well? Where someone is fixated on getting revenge or justice, but the object of what they are seeking is in some sense delusional?

LINDEN: This is a very interesting word you use, delusions. Delusions are typically a sign of psychotic disorders, right?

[music cue]

LINDEN: This is not a psychotic illness. It is not a delusion in the way you typically would use the word "delusion," but it looks like that.

ROB: I'm looking at one man's particular case. He's variously been told he's delusional, perhaps a personality disorder, perhaps—

LINDEN: Yes, people get all diagnosis.

ROB: —bipolar disorder.

LINDEN: They get all diagnosis which are in the book. Looking at these people from the outside and not having an idea what it could be, they are coined "personality disorder." After that, nobody takes care of them anymore.

ROB: The person who I'm looking at, the original thing that happened to him, left him with a physical disability. In this case, it's his vision. He lost one of his eyes as a result of something that happened that's left him embittered.

LINDEN: The important question is, why did he lose it? It's probably not important that he lost it. Who did what? What happened? What was the injustice part of what happened?

ROB: Would you like me to answer that, or are you asking that rhetorically?

LINDEN: Yes, that would be interesting.

ROB: I would be delighted to tell you. So 53 years ago, he was...

Just a few minutes later...

LINDEN: Very interesting. As a therapist, I would know now, going to this story more in detail. That an accident happens? That can happen. That the army doesn't allow you to become an officer if you only have one eye? Well, that can happen. But somehow, somebody, in this development must have said something. That would be the interesting part to your story. What happened in the first second? [laughs] After that, 50 years of trouble, OK that's PTED. But what made it? The ingredients you were talking about are very good conditions where embitterment can be elicited.

ROB: There are a number of things that come to mind. One is that in the immediate aftermath, my subject says that his brother did not apologize sufficiently for what happened.

LINDEN: For example, that could be it. That could be it. [laughs] I don't know, but could be it.

I tell Dr. Linden about how all these years later, Frank still goes back and forth between wanting revenge and reconciliation.

LINDEN: What you're describing, isn't it terrible?

ROB: Yes.

LINDEN: It's really terrible. Once I've written, "If I had the choice of being depressed or embittered, please give me the depression."

ROB: Huh. And depression, I know personally, is nothing to trifle with, so that's a—

LINDEN: No, but if you have a choice, I would prefer depression over embitterment.

I then let Dr. Linden become *my* therapist.

ROB: The dilemma I have is, is my relationship with my subject, because we've become friends to a certain extent, but yet I have to also report what I learn about his story objectively and that's where the-- He really didn't want me to speak with his brother. I've kept enough distance. He doesn't yet know that I have even spoken to his brother. So I'm a little nervous about how he will react when he finds that I did speak to his brother and got a different impression--

LINDEN: You're on the enemy's side.

ROB: Yes.

[laughter]

ROB: I'm sure that's a possibility.

LINDEN: It could be an interesting thing if this person couldn't even be cured, I would say, after 50 years.

[laughter]

LINDEN: Would be an interesting—as a therapist, I would try.

[laughter]

Just in case you missed that, Dr. Linden said that it would be interesting to see if Frank could be cured, and that he would try!

Yeah, he was laughing and probably joking, but in the weeks after, I begin to think about it seriously, about getting Frank a session with Dr. Linden, in Berlin. Well, a session for Frank and me. I'd want to record it, of course.

I still feel a need to help Frank, and maybe this is how I can do it. Maybe if he can understand himself, things could change. It almost seems meant to be. I mean, what are the chances that this military psychiatrist, Morgan O'Connell, would even talk to me first of all, and that he'd remember Frank from 15 years ago and be able to make the connection to this recent discovery of Post-traumatic Embitterment Disorder? And that Dr. Linden would suggest curing Frank? I mean, I don't really believe in fate, but *come on*.

MARY KAY: So you are now considering taking Frank to Berlin to see this doctor that you found.

My wife, Mary Kay.

ROB: Well, I'm just entertaining the idea. I don't know if Dr. Linden would really agree, and really I wouldn't worry about it, because I don't think Frank will probably agree. Do you think he would go?

MARY KAY: I think Frank might be up for a trip. I'd like to go to Berlin! If you're offering.

[laughter]

ROB: Well, maybe, we'll have to look at the finances, but I just—I need to find a way to tell Frank that I spoke to John. I mean it seems like that's the least I can do for him. And if I could do that in front of the world's leading psychiatrist in the field of Post-traumatic Embitterment Disorder, which Frank probably suffers from, I mean, how great would that be?

MARY KAY: That would be really great, sounds like you're really excited about this.

ROB: You say that but you don't sound like you think it would be really great.

MARY KAY: No, I don't think it would be really great. I just think that this-- It's a very long shot that you are... I mean, it's risky. And you have a vision and a plan of the outcome, and it just might not happen that way. But, if you had all the resources in the world and this is what you wanted to do with your time, then you should do that.

A few weeks go by. Keep in mind I'm doing this now in my spare time. I'm back to my career in corporate video production. My current projects include a sales strategy video for a carpet manufacturer, and operation videos for a commercial vacuum sealer.

So... yeah, Berlin sounds good for a number of reasons.

I ran the idea of a session with Frank by Dr. Linden, and he was open to it. I still haven't told Frank anything. We've just had a few superficial calls and emails checking in. I still can't shake the feeling like I'm being deceptive. And now I'm gonna ask him to go to Germany? Between Frank and me, I don't know who's worse now. I call Beth to ask what she thought.

BETH: If you could get a professional opinion to chat to Frank and say, "Yes, this is what we're seeing," then I think that would be absolutely amazing.

ROB: Potentially then, I could have a space in front of the therapist, in front of Dr. Linden, to start to tell Frank some of this stuff, in as thoughtful and gentle a way as I can. I'm just trying to find the situation where I could have the best chance of Frank not feeling totally betrayed. I've already dug myself a big hole in terms of being potentially deceptive with Frank. Am I digging it further by dragging him to Berlin without telling him all this other stuff?

BETH: I don't think so, because I think you're taking him to Berlin to get evaluated by a doctor and you'll be truthful of that. You're also taking him in the hope that Frank might gain some benefit from this whole project. If he can leave with a diagnosis of something and maybe a bit of explanation as to some of his previous feelings, then you've helped him out. It's quite a unique position Frank has found himself in. I think we've got to ask him if he wants to go.

[phone rings]

FRANK: Hello Rob!

ROB: Hello Frank!

FRANK: I've gotcha. [fades out]

ROB: Okay, this is what he wrote. He said that "embitterment is an emotion of having been let down, a feeling and cognition of injustice together with the drive to fight back, but not being able to find one's goal."

FRANK: Yes.

ROB: "Embitterment is nagging and self-increasing. It does not stop by itself, but goes on and on."

FRANK: Can I just stop you at that point?

ROB: Yes.

FRANK: There is something you just said there. A lot of people said to me, "Look Frank, why don't you just accept it and put it behind you?" That to me is a contradiction of what you just said. Yeah, you were quite right with what you said there. You're quite right. You can't let go of it.

ROB: So this is my crazy idea. If we can work it out, would you be willing to, I would go with you, to go to Berlin for a day or two and meet with this Dr. Linden. I would pay your expenses. I would come and get you. We could go to Berlin for a couple of days and record a session with this Dr. Linden to explore this idea of

Post-traumatic Embitterment Disorder, which again, I can tell you right now more about this condition.

FRANK: It's a good idea if there's something in it. If it's of any use to anybody else who's got a problem like I've had, oh yeah, it certainly needs bringing to light. Yeah, this guy in Germany, it would be very interesting to see what he's got to say. Very interesting.

A few hours later, Frank emailed me: "Hi Rob, Thank you for the call today, what you had to say sure put a smile of unexpected happiness on my face for a change. Can't remember when I last experienced the feeling of having someone on my side, willing to stick his neck out and help me. And know what Rob? It's called Fate, and it all started by me pressing 'one' wrong key on my keyboard. No, not a wrong key... the 'right' key. Thanks again, Frank."

[Sigh.] I am on his side for sure, but I also have ulterior motives. Would I be doing this if I wasn't able to record the session? I'd like to think I would.

Anyway, we get a date on the calendar with Dr. Linden in Berlin. Thursday, April 19, 2018. When booking Frank's flight, I had to provide his date of birth. I didn't know it so asked him, and learned that it is April 22nd. So if all goes well, I'll be spending Frank's 71st birthday with him.

In the meantime, Frank got some more medical results, which are still confusing, but he does seem to have some kind of lung cancer, though they're still not sure about his prognosis or treatment options.

That's terrible news, clearly. I'm beginning to wonder if telling Frank about John is less about helping him and more about helping me get rid of my guilt. Either way, I don't feel great.

AMY: It's not a bad thing if things blow up in therapy, and then there's time for Frank to present his symptoms and his behavior in the moment.

This is Amy Rose, my friend who's a therapist and social worker. You heard from Amy in Part 1.

AMY: So it wouldn't be a bad thing if things blew up. I would rather it happen there, because then you'd have a professional on your side to A, observe him and offer soothing techniques in the moment and then there would be some sort of reality check for him. Because don't forget, he sees himself as this innocent victim. From his perspective, everything is true. So everything you're doing, to tell the truth, will seem wrong to him. And that could be very difficult. So I get your anxiety [laughs]. It's not fun. And here you are doing a really good thing for him. It's complicated because you care about him. You have a genuine fondness for

him. You don't want to hurt anybody. And this is a story and your creative work, and your right to tell it.

ROB: Yeah. I think ideally, I would like to get it all out there in a session with Dr. Linden. The problems with that, one, are, just I don't know what Dr. Linden's process is, how much time. The greater part is, just logistically, if we do that and it does all blow up—yeah, I agree, it'd be better to be with a therapist but on the other hand, I'm also stuck in Berlin with Frank [laughs]. I've got to fly back with him.

AMY: Yeah. You've got to get him home [laughs]. That might be a very unpleasant flight home. Yes.

AIRPLANE AUDIO: Welcome to Manchester, the local time is approximately 8:30...

So not the most efficient way to get to Germany, but I fly to England on Tuesday to bring Frank to Berlin on Wednesday for our session on Thursday. I spend the first night in Scunthorpe.

Besides being nervous, I'm getting a little bit excited too. I mean, what if this all goes really well? Yeah, John said some things Frank won't like, but John also accepted responsibility and expressed remorse for what happened with Frank's eye. Frank claims he's never heard that, but what if that's because of PTED, and with the help of Dr. Linden, Frank could finally take that in? And then what if I explained to John that Frank has PTED, maybe that would help John understand Frank?

I call my co-producer Ashley Hall to discuss.

ROB: Fingers crossed, I'm just hoping that somehow it's all gonna work out with Linden and... I don't know.

ASHLEY: That makes sense. The other thing I would be interested in is... The answer's probably nothing but, is there anything John could do at this point that would make Frank forgive him? You know, if he called tomorrow and said, "I'm so sorry," would Frank even care at this point?

ROB: Well, I would love for on Frank's 71st birthday on Sunday, to have some kind of reunion. I don't think that's likely to happen, but it would be pretty cool.

ASHLEY: Yes, I think that would be great. I think that a phone call is more likely than them meeting in person, but yeah, that would be great.

[music cue]

ROB: All right, so we are— What road are we driving down?

FRANK: I'm just asking you. Why are you recording a conversation between us three in a car?

KIKI: I'm not talking.

ROB: No. It's good. I want you to talk. Let's set the scene where we are. We're driving. I'm in the car with-- Kiki is driving us to Manchester. What road is this? The one?

FRANK: M180.

ROB: M180.

FRANK: Yeah.

ROB: We're driving to the airport in Manchester to then get an airplane to go to Berlin, which is kind of a crazy adventure, huh?

FRANK: Well, it's crazy okay cause I don't know what we're going there for.
[laughs]

I remind Frank about PTED and why it may apply to him. As I've thought about it more, it seems to me like Frank's main embittering incident wasn't the thing with his eye per se, it was being discharged from the Army.

ROB: I think for you when you were just kicked out of the army with no pension-- You're just given a one-way ticket after what you'd been through.

FRANK: Not just that. No, it wasn't just that. It was, I'd grown up with an ex-company sergeant major, with a decorated guy. A letter from King George VI. What I wanted to do and I got this in my head. It was in my heart. I wanted to join the Army and I wanted a crown on my shoulders. Not on the bottom of his arm where he had his, I wanted a better one. I wanted to be an officer. I wanted him to salute me. This was my dream. If I could get into the Army today I would fight like hell to get up that ladder and get that crown.

Frank's tapping his shoulder, where the officer's insignia would be displayed on his Army uniform. He's almost 71 years old, and his dream is still alive.

ROB: When you're in the army— I don't know, I never was in the army, but it would seem like it's about proving your worth and your value.

FRANK: Absolutely.

ROB: As a man and as a person. Then for that dream of yours to just be taken away so suddenly.

FRANK: It was heartbreaking. It destroyed me.

[airplane noise]

ROB: Yeah, here we are. Both you and I-- I'm 44 years old. You're almost 71. And here both of us for the first time, we are going to Germany to a major city. It's pretty-- I'm excited about it. You excited?

FRANK: Yeah. Oh, yeah. Good. Good.

[music]

Square Peg is a LUSID48 production. It was written and produced by Ashley Hall and me. Visit our website, squarepegpodcast.com, to learn more.